

somalia



The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi since 1994. It focuses on providing emergency aid to people directly affected by armed conflict, often in combination with natural disasters, and runs extensive first-aid, medical and basic health care programmes to treat the wounded and sick. It endeavours to promote respect for IHL, focusing on the protection of civilians and medical staff and infrastructure. It also carries out agricultural and water projects designed to improve the economic security of vulnerable communities over the medium term. It works closely with and supports the development of the Somali Red Crescent Society.

EXPENDITURE (IN KCHF)

Protection	611
Assistance	46,943
Prevention	552
Cooperation with National Societies	1,093
General	-

► **49,200**

of which: Overheads 2,959

IMPLEMENTATION RATE

Expenditure/yearly budget	106%
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PERSONNEL

15	expatriates
32	national staff (daily workers not included)

KEY POINTS

In 2007, the ICRC:

- enabled some 866,000 IDPs to set up makeshift homes by providing them with relief goods, and delivered food rations to the most needy
- ensured over 5,000 weapon-wounded received appropriate medical care by supporting 2 main referral hospitals in Mogadishu and other medical facilities in and outside the capital
- helped to provide health care and stem the spread of disease by supporting rehydration and health centres and improving access to clean water for over 500,000 people
- maintained a regular dialogue with all parties to conflict, stressing their obligations under IHL to protect and respect civilians, wounded and captured fighters, and medical staff and infrastructure
- enabled thousands of separated relatives to restore and maintain contact through the tracing and RCM services
- worked closely with and provided substantial support to the Somali Red Crescent Society, the ICRC's main partner in the field

CONTEXT

Armed conflict intensified in Somalia during 2007, plunging the population into deeper poverty and reliance on outside aid.

After ousting the Somalia Islamic Courts Council from its areas of influence in late December 2006, the forces of the Somali transitional federal government, backed by Ethiopian troops, met sustained armed resistance from various groups. Intense military confrontations erupted in Mogadishu in March, April and October. From April, the capital and surrounding area also suffered almost daily hit-and-run incidents, including bombings and ambushes targeting prominent Somalis and regular armed forces.

In the countryside, the heightened tensions contributed to a resurgence of clashes between various groups vying for control of key areas and resources. Crime also rose, including Somali piracy at sea. In the north, the longstanding territorial dispute between Puntland and the self-declared republic of Somaliland erupted into fighting in late 2007 in the Sool region.

Thousands of civilians, mainly in Mogadishu, were killed or wounded in the fighting and hundreds of thousands forced to flee their homes. A cholera epidemic and a poor rainy season that reduced the harvest worsened an already dire humanitarian situation.

International initiatives, including a national reconciliation conference held in Mogadishu and the deployment of African Union (AU) peacekeepers in the capital, failed to stem the violence. The UN had authorized an 8,000-strong AU peacekeeping force to help restore stability in Somalia, but by year-end only 1,600 Ugandan and 200 Burundian soldiers had been deployed.

MAIN FIGURES AND INDICATORS

	Total		Total	Women	Children	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			CIVILIANS			
Detainees visited and monitored individually	2	<i>Economic security, water and habitat</i>				
Number of visits carried out	2	Food	Beneficiaries	456,690	17%	66%
Number of places of detention visited	1	Essential household items	Beneficiaries	865,938	17%	63%
RESTORING FAMILY LINKS		<i>Health</i>				
<i>Red Cross messages (RCMs) and reunifications</i>		Health centres supported	Structures	24		
RCMs collected	6,322	Consultations	Patients	222,342		
RCMs distributed	10,725	<i>of which curative</i>			62,820	88,705
<i>Tracing requests, including cases of missing persons</i>		<i>of which ante/post-natal</i>			44,980	
People for whom a tracing request was newly registered	1,061	Immunizations	Doses	99,279		
<i>of whom females</i>	551	WOUNDED AND SICK				
<i>of whom minors at the time of disappearance</i>	560	Hospitals supported	Structures	13		
Tracing cases closed positively (persons located)	367	Admissions	Patients	7,602	1,419	946
Tracing cases still being handled at 31 December 2007 (people)	1,488	Operations	Operations performed	10,255		
<i>of which for females</i>	788					
<i>of which for minors at the time of disappearance</i>	816					
DOCUMENTS ISSUED						
People to whom travel documents were issued	102					

ICRC ACTION

The ICRC remained one of the few humanitarian organizations operational in Somalia. As conflict intensified, the delegation stepped up its relief operations throughout central and southern Somalia. In May, it appealed for additional funds to assist the growing number of conflict victims.

Together with the Somali Red Crescent Society, the ICRC distributed relief goods to some 866,000 IDPs (nearly three times the budgeted number) and food rations to some 456,600 IDPs and near destitute farmers (over seven times the budgeted number). The majority of IDPs were women and children, as many men had stayed behind in Mogadishu to protect their homes against looters. Alongside the emergency distributions, the ICRC ran 60 scheduled water and livelihood-support projects aimed at helping the worst-off resident communities boost food production and income and reduce health risks.

ICRC-supported medical facilities treated over 5,000 weapon-wounded, compared with some 3,600 in 2006. Hospitals, clinics and first-aid posts received 206 tonnes of medical supplies (40% more than in 2006). An ICRC surgical team helped out at four key Mogadishu and district hospitals, and a Qatar Red Crescent Society surgical team, working in partnership with the ICRC, joined Keysaney referral hospital in Mogadishu from August.

Free primary health care was available to some 260,000 IDPs and residents through 24 ICRC-supported Somali Red Crescent clinics in the countryside. The ICRC also helped contain a cholera epidemic by assisting the National Society in running five rehydration centres and chlorinating wells and by improving access to clean water for some 500,000 people.

The delegation fostered a dialogue with all parties to the conflict, stressing their obligations under IHL to protect and respect civilians, wounded or captured fighters, and medical staff and infrastructure. Through its contacts with the media, the ICRC also frequently appealed for respect for IHL, deploring the high number of civilian casualties.

The delegation followed up with the relevant stakeholders all information related to people allegedly detained in connection with the Somalia conflict. The interim government authorized ICRC visits to detainees, but such visits were not possible, mainly because of security constraints.

Thousands of uprooted Somalis restored contact with relatives at home and abroad through the tracing and RCM services run by the ICRC and the Somali Red Crescent. The network was evaluated and plans approved to implement the recommendations.

Despite the increasingly difficult security environment, the ICRC remained operational throughout 2007, mounting large-scale emergency actions relatively rapidly and effectively. To do so, the organization benefited from its regular contact with all the parties to conflict, the in-depth local knowledge of its field officers and the Somali Red Crescent, its longstanding presence in the country, and its strict principles of neutrality, independence and impartiality. Flexibility was also key. Operations were constantly adapted to the scale and urgency of needs and based on a realistic assessment of the delegation's own capacity and the activities of other organizations.

With substantial ICRC support, the Somali Red Crescent developed its emergency response capacities and strengthened its tracing and dissemination programmes. As lead agency for the Movement in Somalia, the ICRC also ensured the coordination of the activities of all Movement partners. To further maximize the impact of humanitarian efforts, the delegation remained in close contact with aid organizations in the field and attended the meetings of Nairobi-based Somalia coordination mechanisms comprising donors, UN agencies and international NGOs.

CIVILIANS

Delivering food and relief goods

Hundreds of thousands of people fled Mogadishu in 2007 amid the resurgence of armed conflict. The majority were women and children, as many men stayed behind to guard the family homes against looters. Many IDPs sought safety with their clans, some

travelling as far as Galkayo or even Somaliland, hundreds of kilometres away. Most host communities, however, had few resources to spare. Large numbers of displaced families, especially those near Mogadishu, were living in the open, with no shelter, or crowded together under trees for protection. Many who returned to the capital had to flee again amid renewed fighting.

Through large-scale relief operations, some 866,000 IDPs throughout central and southern Somalia were able to set up makeshift homes using shelter materials and mats, blankets, kitchenware, clothing and jerrycans delivered by the ICRC aided by over 400 Somali Red Crescent personnel. Just over one-third of the beneficiaries also received three months' worth of food rations. This allowed them to feed themselves and share food with their host communities or even return to Mogadishu, security permitting.

During 2007, families displaced by the November 2006 floods, by clan clashes or by the fighting between Puntland and Somaliland also received relief goods to help them get back on their feet.

With media attention and international aid focused on IDPs, another potentially life-threatening crisis went virtually unnoticed. In September, following sporadic rains and a harsh dry period, poorer farmers in central and southern Somalia had little food and insufficient seed for the upcoming planting season. To help them survive until the next harvest, 26,750 needy families received seed, farm tools and a two-month food ration.

- ▶ 865,938 IDPs (144,019 households) received essential household items
- ▶ 296,190 IDPs (49,365 households) received three-month food rations
- ▶ 160,500 people (26,750 households) affected by both conflict and drought received two-month food rations and seed and tools

Providing clean water and health care

The precarious state of public health was further threatened in 2007 by the resurgence of conflict, large population displacements and the lingering effects of the 2006 floods. Those developments put added pressure on already scarce drinking water and health facilities.

Some 260,000 residents and IDPs in conflict-affected areas of central and southern Somalia had access to free health care at 24 Somali Red Crescent clinics supported by the ICRC. These included a new clinic which opened in July in Afgoye, about 30 kilometres west of Mogadishu. The clinics received funds to cover salaries, as well as drugs, dressing materials and staff training for curative care, while UNICEF supported mother-and-child care.

In the 24 ICRC-supported health centres:

- ▶ 222,342 people given consultations, including 44,980 attending ante/post-natal consultations and 177,362 attending curative consultations
- ▶ 99,279 vaccine doses administered (84,673 to children aged five and under and 14,606 to women of childbearing age)

Reports of cases of acute watery diarrhoea in the south were followed in March by a cholera epidemic in Mogadishu, the first in two years. To stem the spread of disease, tens of thousands of people along the four main IDP routes out of Mogadishu received survival rations of 3 to 5 litres of chlorinated water per person a

day for 60 days, trucked in by the ICRC. Medical facilities across central and southern Somalia were provided with large quantities of oral rehydration salts, while four radio stations broadcast ICRC-produced cholera-prevention messages. In Mogadishu, a total of 4,169 patients were treated and received household water treatment chemicals at five ICRC-supported Somali Red Crescent rehydration centres, which reopened between March and June. In addition, over 360 wells, mainly in Mogadishu and Kismayo, were chlorinated. The epidemic subsided in late May.

When cholera resurfaced in November in the town of Baidoa, the district hospital treated 250 victims using ICRC medical supplies, and the two ICRC-supported Somali Red Crescent clinics provided oral rehydration treatment, reinforced by cholera-prevention messages on the radio.

Communities also faced fewer health risks after the ICRC completed various scheduled projects to rehabilitate vital water points and systems along nomadic migration routes and in main towns.

- ▶ 515,251 people benefited from water/sanitation projects, including:
 - 58,000 from water trucking
 - 305,624 from the rehabilitation of 52 wells, 24 rainwater catchments, 10 boreholes and 2 water treatment plants
 - 142,500 from the cleaning and/or chlorination of wells

Improving economic security

Somali farmers battled for daily survival against a host of problems, including a chronic lack of security, recurring drought and flash floods, and crumbling infrastructure. The worst-off communities in the agricultural hubs of central and southern Somalia received a variety of ICRC support designed to help them improve their economic situation and avoid destitution.

Farmers in the Juba and Shabelle river regions were better able to protect their homes and fields against seasonal floods and to irrigate their crops after the ICRC repaired collapsed riverbanks and sluice gates and distributed some 280,000 sandbags. Some 100 communities also received irrigation pumps. Families whose harvests had failed were given staple-crop and vegetable seeds to provide food and income. Over 6,000 near-destitute families received cash in return for their labour in rehabilitating rainwater catchments and irrigation channels. Those cash-for-work projects contributed to some communities doubling their amount of land under cultivation. Families who fished to supplement their diet or income, especially after poor rainy seasons, but could not afford new hooks and nets, were given fishing gear.

- ▶ 719,496 people (119,916 households) benefited from agricultural/micro-economic initiatives, including:
 - 426,600 from distributions of staple- and/or cash-crop seed and tools
 - 194,256 from distributions of sandbags and irrigation pumps and the repair of sluice gates and riverbanks
 - 36,330 from cash-for-work projects
 - 60,000 from distributions of fishing gear

Restoring family links

Somalis uprooted by conflict, natural disaster, economic necessity or a combination thereof located and exchanged news with their families at home and abroad through the tracing and RCM network. Somalis worldwide could have the names of missing relatives read out on the ICRC-supported "Missing Persons"

programme broadcast by the BBC's shortwave Somali Service. They could also click on www.familylinks.icrc.org and read the names of relatives sought through the radio programme or registered by the Red Cross and Red Crescent network.

An ICRC-Somali Red Crescent evaluation showed that the tracing and RCM services were still in demand, met current needs and were used equally by women and men. A plan of action was agreed on to implement the survey's recommendations, especially to speed up the response following sudden, large population displacements.

- ▶ 6,322 RCMs collected from and 10,725 RCMs distributed to civilians
- ▶ tracing requests registered for 1,061 people (including 551 females and 560 minors at the time of disappearance); 367 people located; 1,488 people (including 788 females and 816 minors at the time of disappearance) still being sought
- ▶ 8,642 names of people sought broadcast by the BBC and 9,673 registered on the ICRC's website
- ▶ 102 people issued with an ICRC travel document

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC made every effort to monitor and follow up with the relevant stakeholders all information related to the capture, detention and transfer of detainees held in connection with the Somalia conflict. It also offered its services as a neutral intermediary to all sides to facilitate the release and handover of detainees.

The Somali interim government accepted the ICRC's offer to visit detainees, but few such visits occurred because of security constraints. The security situation and fluctuating chains of command also made it difficult to collect and verify information on the identity and whereabouts of detainees.

WOUNDED AND SICK

Treating the weapon-wounded

ICRC-supported hospitals and clinics in and outside Mogadishu treated over 5,000 weapon-wounded, 40% more than in 2006. A total of 206 tonnes of ICRC medical supplies, compared with 140 tonnes in 2006, were distributed to help facilities cope.

Over 4,000 weapon-wounded were admitted to the hospitals of Keysaney (run by the Somali Red Crescent) and Medina (community-run) in Mogadishu, the two main referral facilities for central and southern Somalia. As in past years, both hospitals received ICRC funds for salaries and running costs, as well as medical supplies, equipment, training, on-the-job supervision and help with general maintenance. During heavy fighting, the two hospitals set up tents to accommodate an extra 300 patients and hired more staff. A two-person ICRC surgical team helped out at both hospitals over seven days in May to relieve staff who had been working around the clock. From August, two surgeons and an anaesthetist from the Qatari Red Crescent, working in partnership with the ICRC, joined Keysaney hospital.

Most of the other ICRC-supported hospitals were located far from the capital, lacked the resources to perform war surgery and faced security and logistic constraints in transferring wounded patients to Mogadishu. ICRC surgical staff worked briefly, for example, at Baidoa and Galkayo district hospitals, while Garowe and Las Anod hospitals and Hargeisa health officials received medical supplies following fighting in September between Puntland and Somaliland forces.

In the 11 ICRC-supported hospitals that provided data:

- ▶ 7,602 patients (including 1,419 women and 946 children) admitted: of whom 5,143 weapon-wounded (including 799 women, 432 children, and 134 people injured by mines or explosive remnants of war), 1,673 other surgical cases, and 740 medical and 46 gynaecological/obstetric patients
- ▶ 10,255 surgical operations performed
- ▶ 12,813 outpatients given consultations, including 12,805 attending surgical or medical consultations and 8 attending gynaecological/obstetric consultations

People with injuries, including weapon wounds, also had access to treatment at five first-aid posts situated in the regions of Bay, Galgudud, Lower Juba and Middle Shabele, which regularly received ICRC supplies. A small number of other first-aid facilities were given ad hoc supplies to meet demand.

In the 6 ICRC-supported first-aid posts that provided data:

- ▶ 4,910 patients with injuries (including 1,268 women and 1,673 children) treated

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The ICRC maintained a dialogue with all parties involved in the conflict in Somalia, reminding them of their obligations under IHL. It stressed the duty to protect civilians and medical staff and infrastructure and to take every precaution to avoid harming them during military operations and to respect the rights of wounded or captured fighters. ICRC updates for the media frequently deplored the high number of casualties and appealed to all parties to conflict to respect IHL. The ICRC also explained to all sides its mandate and strict principles of neutrality and independence to ensure safe access of its staff to people in need.

Security constraints prevented the ICRC from holding formal IHL presentations for armed forces and other weapon bearers, and plans to reach them through radio broadcasts had to be postponed (see *Civil society*).

CIVIL SOCIETY

The conflict in Somalia and its humanitarian consequences were widely covered by the media. International and national journalists were regularly informed about IHL, humanitarian issues, and ICRC and Somali Red Crescent activities through bulletins, press releases and interviews. Three video documentaries on the life-saving work of surgeons at Keysaney and Medina hospitals in Mogadishu, the situation of IDPs and ICRC relief distributions were picked up by several international news agencies and television stations. Another documentary, with Arabic subtitles, on ICRC operations in Somalia was set for distribution in North Africa and the Middle East in early 2008.

The security situation and the authorities' closure of some radio stations meant that the ICRC had to postpone plans to broadcast basic messages on humanitarian principles on local radio, Somalis' main source of information. However, during two workshops with local journalists, programmes linking IHL and the traditional Somali code of conduct were produced, ready for broadcast on Mogadishu's Radio HornAfrik and the Universal Television station.

Security constraints also forced the ICRC to postpone planned IHL-promotion activities with secondary schools.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent continued to be the ICRC's main operational partner in the medical field, the distribution of relief goods, and the collection and delivery of RCMs.

In an increasingly difficult environment, all 19 branches remained operational and united. As in past years, the leadership was based in Nairobi, Kenya, while the Mogadishu and Hargeisa coordination offices oversaw branch activities.

The situation in Somalia forced the cancellation of the National Society's planned general assembly, but the executive committee met in December in Nairobi. The Somali Red Crescent secretary-general resigned after being named as new prime minister of the Somali transitional federal government in November.

The National Society made steady progress in strengthening its management skills and health, tracing and dissemination programmes, assisted by ICRC funds, training, materials, equipment and logistic back-up.

Providing emergency aid

Over 2007, the Somali Red Crescent's emergency response capacity improved. Hundreds of National Society personnel took part in ICRC-led operations, providing food, relief goods, and medical, health and water services to hundreds of thousands of conflict victims. With ICRC support, the National Society increased the capacity of its Keysaney hospital (see *Wounded and sick*), ran 24 health centres and reopened its five Mogadishu rehydration centres to treat cholera victims (see *Civilians*).

Restoring family links and promoting IHL

After completing a countrywide evaluation of the tracing and RCM services with the ICRC, the Somali Red Crescent drew up a plan of action to implement the report's key recommendations. It also agreed on a new communication strategy to promote IHL, the Movement and the Fundamental Principles. The December executive committee meeting adopted both initiatives for implementation in 2008.

Coordinating Movement activities

Movement partners involved in Somalia met regularly. As the conflict intensified, the ICRC, as the Movement's lead agency in Somalia, convened additional meetings to ensure that activities to aid the Somali population and to support the Somali Red Crescent were coordinated. Movement partners active in the field also received ICRC support with logistics, management and security. In partnership with the ICRC, a Qatari Red Crescent surgical team joined Keysaney hospital from August to help treat the growing number of weapon-wounded.