

SOMALIA

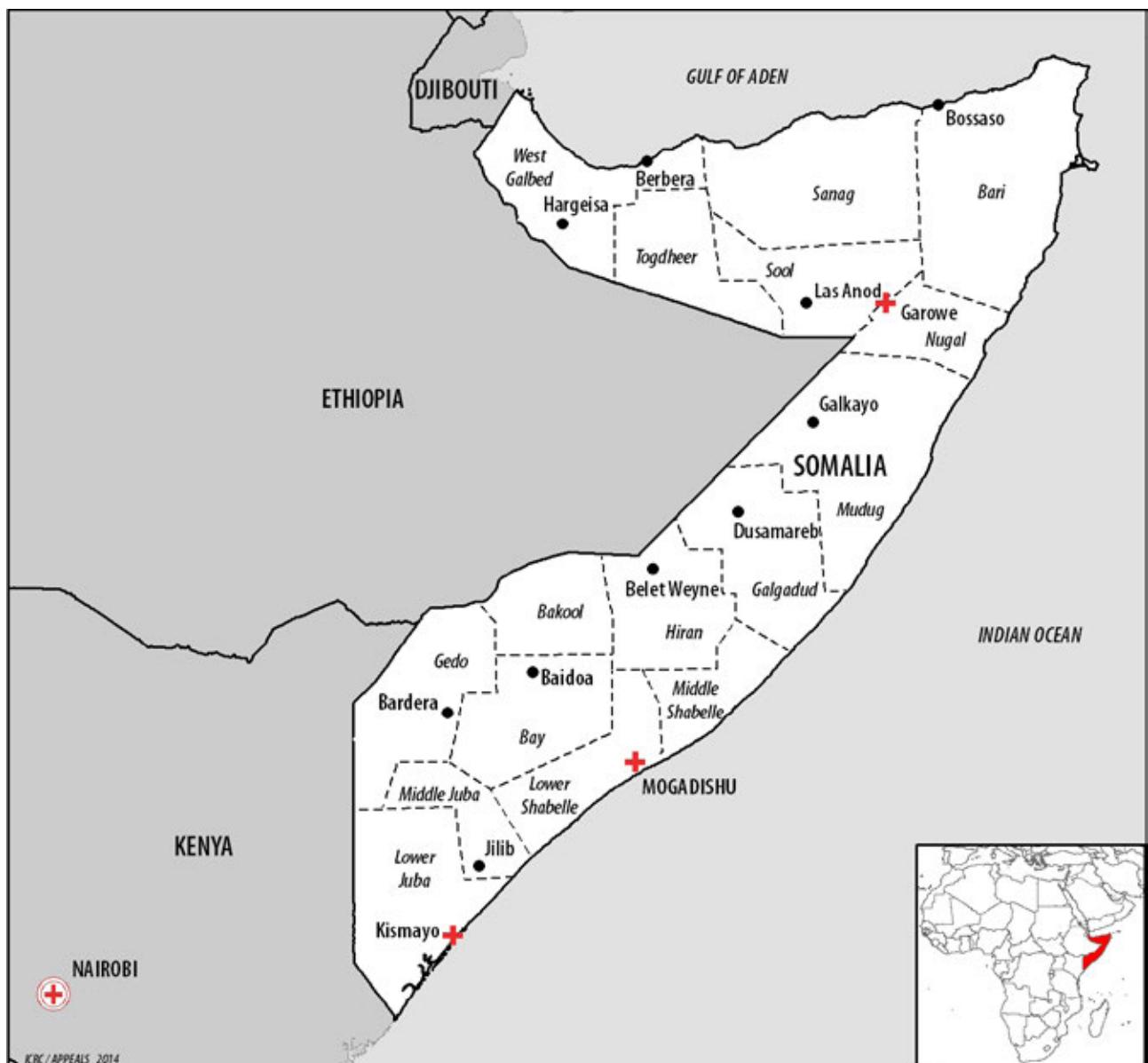
The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people directly affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It works closely with and supports the National Society.

BUDGET IN KCHF

Protection	4,034
Assistance	58,143
Prevention	4,192
Cooperation with National Societies	1,756
General	-
Total	68,125
<i>Of which: Overheads</i>	<i>4,158</i>

PERSONNEL

Mobile staff	35
Resident staff (daily workers not included)	107



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ICRC Somalia delegation in Nairobi, Kenya



ICRC office

MAIN TARGETS FOR 2014

- civilians and detainees in conflict/violence-prone regions benefit from ICRC assistance and protection activities as a result of the promotion of IHL and the Movement among authorities, weapon bearers and community leaders
- armed and police forces and other weapon bearers take steps to enforce respect for humanitarian principles among their members, particularly regarding the respect due to civilians, the wounded and sick, and detainees
- some 4,000 detainees in 5 places of detention benefit from access to health care services and the rehabilitation of water, food storage/processing and sanitation facilities
- conflict/disaster-affected people cover their immediate needs with emergency assistance, including therapeutic feeding for severely malnourished children provided by Somali Red Crescent Society clinics
- vulnerable communities improve their livelihoods by resuming food production, boosting the productivity of their herds or starting other income-generating activities, with the help of cash grants and training
- sick and injured people, including victims of clashes and sexual violence, receive treatment at the Keysaney and Medina hospitals in Mogadishu, and at 3 hospitals in other conflict-affected areas (Baidoa, Kismayo and Sanag)

ASSISTANCE		Targets (up to)
CIVILIANS (RESIDENTS, IDPS, RETURNEES, ETC.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	60,000
Essential household items	Beneficiaries	120,000
Productive inputs	Beneficiaries	312,000
Cash	Beneficiaries	3,000
Vouchers	Beneficiaries	60,000
Work, services and training	Beneficiaries	45,000
Water and habitat activities	Beneficiaries	320,100
Health		
Health centres supported	Structures	40
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
Water and habitat		
Water and habitat activities	Number of beds	514



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CONTEXT

Fighting continues between military forces supporting the Somali government, including the African Union Mission in Somalia (AMISOM) and defence forces from neighbouring countries, and armed groups, in particular the Harakat al-Shabaab al-Mujahideen (hereafter al-Shabaab). The authorities' efforts to consolidate a federal State are challenged by al-Shabaab and by local clans, who have assumed control of some areas and are attempting to take over others.

In the north, tensions between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland are reported in disputed areas. Puntland's stability is also undermined by the activities of al-Shabaab and piracy.

Thousands of civilians continue to suffer the effects of the protracted armed conflict, recurrent droughts and competition over scarce resources. Many are killed, wounded or displaced as a result of fighting. Insecurity hampers vulnerable communities' access to humanitarian assistance.

HUMANITARIAN RESPONSE

In 2014, the ICRC, with the Somali Red Crescent Society, its main partner in the field, will maintain its capacity to address the emergency needs of people affected by armed conflict and other situations of violence, particularly in southern and central Somalia, areas also prone to natural disaster. The National Society will receive various forms of support to maintain and develop its capacities to deliver timely assistance. ICRC delegates present in the field, working alongside National Society personnel, will promote the Movement's neutral, impartial and independent approach, maintaining contact with all relevant parties – the Somali authorities, armed forces, other weapon bearers and community leaders – and encouraging them to facilitate humanitarian access to people in need. They will raise awareness of IHL and humanitarian principles and promote respect for civilians, the wounded and sick, and medical personnel.

In case of emergencies, IDPs, returnees and other vulnerable people will receive relief assistance (food, water, essential household items), while strengthening their resilience to the effects of conflict/violence through sustainable initiatives enabling them to resume agricultural production and generate income safely. For example, communities will be able to restart farming activities following distributions of seed and tools, while pastoralists will have greater access to veterinary services thanks to the training of animal health workers and the rehabilitation of veterinary clinics. Vulnerable households, including those headed by women, will receive cash grants and training to start small businesses. These interventions will be complemented by cash-for-work and other projects conducted in cooperation with the local authorities and communities to improve water supply for human and animal consumption and to ensure the maintenance of these systems.

Given growing health needs, the ICRC will continue to cover the running costs of and provide medical supplies and

other support to National Society-run clinics providing primary health care. It will support therapeutic feeding programmes to treat up to 28,000 severely malnourished children and prevent complications. Treatment and counselling will be offered to victims of sexual violence. The ICRC will maintain its support to Mogadishu's two referral hospitals and extend support to hospitals in other conflict-affected areas to meet increased needs, providing them with medical and surgical equipment/supplies and/or infrastructure support and training, including for surgical teams. To ensure weapon-wounded patients receive adequate care, it will stand ready to send supplies and facilitate the deployment of additional staff to other hospitals when needed. To help address the consequences of weapon contamination, data on related accidents will be collected in all ICRC-supported health facilities.

The ICRC will seek access to all detainees falling within its mandate, including those allegedly held by AMISOM and other foreign troops. Whenever possible it will visit/continue to visit detainees, notably those held by the Somali, Puntland and Somaliland authorities. It will work with the prison authorities to improve detainees' treatment and living conditions, particularly access to health care. Efforts will include dissemination to and training of weapon bearers, including prison staff, in internationally recognized standards relating to arrest and detention.

Detainees and displaced Somalis will be able to exchange news with relatives through tracing, RCM and mobile phone services.

To maximize aid efforts, the ICRC will coordinate its activities with those of Movement partners, maintain contact with other aid organizations in the field and attend meetings of Nairobi-based humanitarian coordination mechanisms.