



ANNUAL REPORT-2013

SOLUTIONS FOR HUMANITY (SFH)

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Message from the Director

2013 was a year of remarkable achievements having reached more than 75,000 beneficiaries in our thematic areas of Health and Nutrition, , Shelter and NFI, and Protection.

Am grateful to all staff, and partners associated with SFH interventions in the various working regions, who demonstrated a high level of expertise and commitment in our interventions.

We are grateful to our donors who provided us with funds and donations to run and implement relief and development projects to the most vulnerable in Hiran, Banadir, Bay, Bakool, Lower and Middle Juba, Somalia.

During the year 2013, we developed a legitimate base of our activities and we hope that we will expand and grow in the region with more expertise and commitment in the coming years.

As has been seen the coming years may be the making of a new Somalia, and we plan to play a constructive role in this. We want to ensure that others can do so as well, as an organization by Somalis, for Somalis. We express our gratitude to all of you, funders, partners, staff and volunteers, for your support. As we look forward to continue our work with you in the years to come

Sincerely,
Mohamed Bashir Abdi
Board Chairman



Working in Somalia

Somalia has experienced decades of conflict, violence, human rights violations and recurrent natural disasters. It has had no effective central government for well over two decades, until the inauguration of the post-transitional Federal Government in August 2012. Following the civil strife, much of the public infrastructure was destroyed and social services collapsed. As a result, most of the services offered by central governments have been glaringly lacking. Somalia's economy is traditionally based on pastoralism, some farming and fishing. There are persistent high levels of poverty in Somalia. The wandering nature of pastoralists and their cross-border movements in search of greener pastures often makes them hard to trace. Hence, affected populations often miss out on humanitarian assistance. Droughts and famines natural phenomena have also contributed considerably to the predicaments the Somali people. Due to the hot climate and irregular rainfall, Somalia experienced ever worsening cycles of drought and flooding. Droughts and famines – such as the one in 1992 and more recently in 2011 – have had grave consequences on the livelihoods of pastoral communities. Food insecurity is a constant theme across afflicted communities. Remote, rural areas without support from NGOs or diaspora are especially affected.



Did you know?

In August 2012 Somalia inaugurated its first permanent central government since the start of the civil war in 1991? ~ Somalia is divided into 18 regions~ Somalia has a population of 9, 5 million, of which 24 % is urban, 31% is rural, and 45% is nomadic? ~

Telecommunications firms provide wireless services in most major cities? ~ Despite the lack of effective

national governance, Somalia has maintained a healthy informal economy? ~ 43% of Somalis live on less than US\$1 per day, and 73% live on less than US\$2 per day? ~ Livestock, hides, fish, charcoal, and bananas are Somalia's principal exports? Source:

Operational Challenges

Recurrent violence, threats, looting and bad roads parties to the conflict have hampered access to populations in need. The various militant outfits have repeatedly violated international humanitarian law by conducting indiscriminate attacks against civilians and impeding humanitarian access. From 2005 to date - although the security situation has greatly improved in 2013 - control over South-Central Somalia has been consistently disputed. Hence, providing humanitarian assistance has been extremely risky, causing organizations to minimize or stop their assistance altogether. Others changed their approach, including security elements in their humanitarian programmes. This however diminished the image of neutrality and independence NGOs need to maintain in order to cooperate with local stakeholders. In 2013, the violence and the difficulty in reaching people in need were the major operational challenges, especially in the hiran and part of Bakool district where more than 70% of those urgently needing assistance are located. Continuing military operations and heavy rains, which rendered the roads almost impassable, have also caused limited access of the internally displaced population.



Another difficulty is the storage of equipment. Every kind of equipment in the country runs the risk of being looted or confiscated by armed militia. Not only staff, but also community members who implement or take part in programmes run risks. They may be threatened by local militia 'It is crucial that local communities

support SFH's programmes 100% in order for them to continue, in the face of threats by local militia.' or warlords not to send their child to school, to have their daughter undergo FGM etc. Hence, it is crucial that local communities and authorities support the programmes 100% in order for them to continue in the face of dangers.

Programme Focus:

- ~ Basic Health Care
- ~ Mother & Child Health Centers
- ~ Treatment centers for malnourished children
- ~ Immunization of children
- ~ Training of Health Care Workers
- ~ Food distribution to IDPs Rehabilitation and/or digging of shallow wells
- ~Water treatments at household and community levels
- ~Water testing at water point and household levels
- ~Promote safe water transport and storage- Water trucking
- ~ Water catchments and sanitation facilities in IDP Camps
- ~Training of communities on PHAST and CHAST
- ~ Establishment and or training of sanitation/ hygiene groups
- ~Protection (CP, MRE & GBV)
- ~Shelter and NFI
- ~Agricultural and livestock program- Enhancing Productivity and Asset
- ~Economic recovery and Market systems
- ~Cash, Voucher and Non-food programs
- ~ Food Aid- Provision of in-kind Assistance

Healthcare:

Somalia's public healthcare system was largely destroyed during the civil war. There are few functioning hospitals in large towns, and basic health care services are wholly absent in the rural areas. The Hiran, Banadir, Bay, Bakool, Lower Juba and Middle Juba in South-central Somalia are one of these areas. The inhabitants live in poor rural communities. Hardly the minimum healthcare is available. As a result of this, many women die each year from pregnancy or childbirth related complications. These could have been prevented through various interventions, such as correct and timely information from a trained health care worker, the assistance from a trained midwife, or interventions by an emergency obstetrician. SFH runs 4 Mother and Child Health Centers (MCH) and 6 health posts in lower Juba primarily providing medical health care services for pregnant and lactating women, and children up to the age of five. The centers offer pre- and postnatal care, immunization, and information on hygiene, nutrition, FGM, and transmittable diseases. Each center attends to about 15 patients a day. In general, our health facilities record average annual consultations, treatments and referrals of **12,000** patients.



Did you know that: - A Somali woman gives birth to an average of 6 children during her life time? - Only 9% of births are attended by skilled health personnel (doctors, nurses or midwives)? - Somalia's child and maternal mortality rates are amongst the highest in the world: * 1 out of 12 women die due to pregnancy-related causes? * 1

out of 10 infants die before their 1st birthday? - In most regions in the South, 1 in 5 children is acutely malnourished, and 1 in 15 is severely malnourished, at exceptionally high risk of death? - Somalia is ranked one of the world lowest in immunization coverage rates?

Water, Sanitation and Hygiene

In arid and semi-arid lands where we work, communities are water-stressed for many months of the year. Even where water supply is adequate, its quality is often poor. Water is sufficient during the rainy season only, and yields decrease as dry spells progress. In 2013, with partners, to address this, we designed innovative water management and treatment interventions tailored to local needs, and trained community members on how to better manage water resources. In Somalia, we trained Community Hygiene and Sanitation Committees to improve hygiene and sanitation practices and empowered them to act as agents of change. Committee members conducted monthly outreach sessions and organized garbage collection and disposal. Households in the targeted areas now practice safe potable water management and have improved their hand washing, water treatment, and waste disposal

Activities undertaken:

Activity	District	No. of Beneficiaries
Digging of shallow well		
Rehabilitation of well		
Distribution of WTT, WTK		
Hygiene campaigns		



Did you know? Only 30% of the population in Somalia has access to improved drinking water sources (67% in urban areas, 9% in rural areas) - 23% of the population has access to improved sanitation facilities (52% in urban areas, 6% in rural areas) - In rural areas, one in 17 children has access to improved sanitation facilities, while one in 11 children has access to improved drinking water source - Cholera is

endemic in Somalia, and Acute Watery Diarrhea(AWD)/cholera peaks generally follow the rains. The rain pattern in Somalia is: Hagar rains along the southern coast in August, Deyr rains across the country in October to December and the Gu rains across the country in April to June. Cholera at this time could be devastating, especially for regions in famine.

Protection

Following protracted natural disasters, threat of drought, clan conflict, military offensive and evictions, the number of IDPs and other affected vulnerable people in southern Somalia in undoubtedly doubling day by day as Somalia move towards achieving stability. Appropriate responses and in-line with the 'do no harm principle' is indeed inevitable.

SFH protection activities focuses on the South Central Zone, which has the highest level of displacement and where cases of gender-based violence (GBV), separated and unaccompanied children, children formerly associated with armed forces and groups, rampant ERW (explosive, remnant of war) and IED explosives, and violation of basic rights become the order of the day.

SFH is currently active and a member of the following working groups:

- I. Child Protection Working group-National and Hiran Sub-working
- II. GBV working group at National/Nairobi level
- III. Mine Risk education working group.

In 2013 SFH undertook the following activities districts:



SFH Team complete training with MAG Country Director

Did you know that: - 1.1. million Somali are internally displaced and live in camps? - 60% of IDPs are children? - Only 30% of the population has access to clean water and only 20% in the worst affected areas of the south? - Living in unprotected and congested IDP settlements, women and girls are particularly exposed to sexual and gender-based violence?

Livelihoods

SFH's programs in Livelihoods cover a broad range of activities focused on enhancing self-reliance through Agriculture and livestock program, cash, voucher, and non-food programs and food aid.

SFH's livelihood programs work towards wealth creation, stimulating credit systems and empowering small businesses.

SFH's programs further work to be all inclusive, drawing beneficiaries from existing program areas and working to ensure the needs of the most vulnerable are met through linkages within Protection, Health and WASH.

In 2013, SFH's activities worked to respond to the needs of 15,548 in 9 districts of Lower Juba.

Activities undertaken:

Total Households served: 1400

Districts served: Kismayo, Afmadow, Baidoa, luuq and Bulo burte.



Did you know? Somali Livelihoods are broadly based on subsistence farming and pastoralism with limited opportunity to earn wages. Predominant livelihood are: Pastoralism, Urban Residents and IDPs, Fishing: Fishing as a livelihood system involves fishermen along the Somali coast as well as casual labor migrants from further inland: Agro-pastoralist – mix of agriculture and livestock production based livelihood, Agriculturalist - agriculture based livelihood. Agriculture is primarily rain fed making this livelihood extremely vulnerable to climatic hazards. IDPs are a particularly vulnerable sub strata of urban populations concentrated in the large town.

Donors and partners:

SFH receives funding from the International Non-governmental and UN organizations such as: - MAG UK (Mine advisory group), Arc Solution (USA), and UNHCR, UNFAO and WFP.

The organization further works to ensure the appropriate use of funds and program development through representation on in relevant UN clusters, consortiums and working groups

Organizational structure:

SFH Kismayu is the main office. Its main task is strategic planning while the Nairobi office is for national level coordination's, information sharing and Advocacy purposes. It also engages in fundraising activities, and takes care of project application, administration and reporting.

SFH also partakes in high-level events in order to raise awareness on the vulnerable in Somalia. These include Child Protection Working group-National and Hiran Sub-working, GBV working group at National/Nairobi level, Mine Risk education working group-In Banadir, Hiran, Galgadud and Lower Juba

This is now a fully functioning office with about 10 permanent employees. They take care of the implementation of the projects, and have offices in various regions in Somalia, and in Nairobi. We have offices in Doble (Afmadow District), Raskamboni-(Badhadhe District),Balatweyne-Hiran regions, Baidoa- Bay region. SOLUTIONS FOR HUMANITY has (5) Board of Directors. The Board is the decision-making arm of the organization charged with networking, fundraising, overseeing, and other important roles. The Board sits once every 3 month and in the case of extraordinary meeting, it may be called by 2/3 of BOD or the Chairperson.

SOLUTIONS FOR HUMANITY (SFH) has an operating team of **24** permanent staffs in all its existing offices and over **150** contractual staffs. They are charged with the day-to-day actual implementation of projects.