

Appeal 2002-2003

 International Federation
of Red Cross and Red Crescent Societies

SOMALIA

(Appeal 01.12/2002)

Click on programme title or figures to go to the text or budget

	2002 CHF	2003 ¹ CHF
1. Disaster Preparedness	35,730	35,730
2. Health & Care	2,111,685	2,111,685
3. Organizational Development	218,764	218,764
4. Coordination & Management	341,573	341,573
Total	2,707,752	2,707,752



Introduction

National context

After a decade without an effective central administration Somalis are among the poorest people in the world. The majority of the population lack access to basic medical facilities. The southern part of Somalia is for the most part lawless, although international efforts continue to support a central administration based in Mogadishu. This Transitional National Government (TNG) was formed after months of deliberations in Djibouti, starting in May 2000, and aims to hold countrywide elections after three years. The main faction leaders, who control areas of the south and central Somalia, united to form a rival organisation calling itself the Somali Reconciliation and Restoration Council (SRRC) opposed to the TNG. The north-west and north-east administrations calling themselves Somaliland and Puntland who have established relatively peaceful areas also refuse to recognise the TNG.

National society priorities

The Somali Red Crescent Society (SRCS) played a major role in the humanitarian work carried out during and immediately after the conflict that followed the toppling of the late President Mohamed Siyad Barre. The SRCS is recognised as the only national institution that is active throughout the country. With the support of the International Red Cross and Red Crescent Movement the SRCS is now active in primary health care and its ten branches support activities including first aid training, dissemination and tracing, and a campaign of information and advocacy about HIV/AIDS. Its network of 48 primary health care clinics have saved many lives and helped the most vulnerable people in society, especially mothers and children. The Society runs three rehabilitation and physiotherapy

¹ These are preliminary figures for 2003, and are subject to revision in the course of 2002.

training centres for mine and polio victims. The centres, in Mogadishu, Galkaiyo and Hargeisa, are given bilateral assistance by the Norwegian Red Cross. The SRCS also supports the Garoe Community hospital, with funding from the Italian Red Cross.

In recent years the Society has put most of its efforts into sustaining the health care programme and has had to overcome difficulties at branch level. Practical objectives set out at the January 2000 meeting of the Movement and SRCS management in Djibouti have not been fully met, for example, financial reporting, statistics about membership and volunteers remain unsatisfactory. New ventures, such as the Federation/World Bank Community Health project in Puntland, the web site and the HIV/AIDS campaign, are promising, but have made slow progress. The President and Secretary General, based in Nairobi, have been unable to make enough visits to the branches to engage in “hands-on” management and thus ensure compliance with agreed targets. Supervision of the work at the clinics also needs to be more rigorous.

Nevertheless, in 2001 there has been a new understanding that the Society needs to progress. The senior managers were energised in a disaster preparedness (DP) meeting in Garoe (November 2000) and at an HIV/AIDS meeting in Hargeisa (October 2001). These were the first opportunities in a decade for the leading members of the SRCS to meet each other on Somali soil. After the regional partnership meeting (Mombasa June 2001) and an SRCS executive committee meeting at the same time a number of key decisions were made. The result is that the SRCS is restructuring to: cut down paid staff members in its branches; increase community involvement; build up a network of volunteers; and seek new ways of raising funds and extend its services to regions where it is not represented.

The challenge for the Society and its Movement supporters in 2002-2003 will be to put into effect, manage and support these essential changes.

Priority programmes for Federation assistance

The programme continues the support given by the Federation to the SRCS health care programme and activities to raise funds from Somalis at home and abroad. It also continues to assist the SRCS with the development of its human resources at national and regional levels, and to strengthen its institutional capacity for disaster preparedness.

To respond to the humanitarian needs and provide the required assistance to the SRCS, the Federation formulated a strategy to support the SRCS by focusing programme activities on the health sector, and more specifically to:

- **provide** essential health services through the SRCS Integrated Health Care programme; supporting the Garoe Community Hospital and introducing a community based first aid programme;
- **help** to create an HIV/AIDS awareness campaign;
- **provide** technical support for a Somali Red Crescent Society web site; and
- **improve** the emergency response capacity at branch level.

Federation activities are coordinated with the ICRC which is the lead agency in Somalia, as well as with the United Nations agencies, major NGOs and relevant ministries (wherever administrations exist in the country). The Norwegian Red Cross is expected to continue bilateral support for three rehabilitation and physiotherapy centres in Somalia. It is also a major contributor to Federation programmes and work closely with the Delegation to support the Somali Red Crescent Society, especially in fostering institutional development.

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1. Disaster preparedness

Background and achievements/lessons to date

In addition to the continuation of conflict in much of the southern part of the country, Somalia is subject to a cycle of floods and drought. Although the SRCS is present in most regions of Somalia, it lacks the management capacity and resources to deal effectively with large-scale emergencies. Branches of the SRCS report regularly on conditions inside Somalia, but the process is not comprehensive and there is no provision for detailed follow-ups not consistency in reporting.

Therefore, the Federation plans to continue to train senior SRCS personnel, in order to improve their assessment and reporting skills. This will be effected by the regional Disaster Preparedness delegate with ICRC support.

Goal To improve the capacity of the Somali Red Crescent Society to predict, plan and respond effectively to emergencies within Somalia.

Objectives and activities

Objective 1 To train national society senior staff in: disaster management and needs assessment planning; the linking of relief and development; and in the use of the Federation standard guidelines (National Society guidelines and the SPHERE programme).

Activities to achieve this objective are:

To design and implement one planning/training workshop for senior staff of the SRCS at branch level from Mogadishu, Kismayo, Baidoa, Hargeisa, Boroma, Berbera, Burao, Garoe and Galcayo. This would be supervised by the Regional Disaster Preparedness Delegate and demonstrate the use of the appropriate systems of reporting and introduce the most recent Red Cross experience in disaster awareness and monitoring. The workshops will also emphasise the link with key players such as the ICRC, the United Nations family, and non-governmental organisations. There will be an emphasis on the continuing and enhanced liaison between the SRCS and the Food Security Analysis Unit for Somalia (FSAU). The programme will use the Federation vulnerability and capacity assessment guide as a tool for targeting high risk areas and the most vulnerable groups. To furnish the senior staff of the SRCS with the necessary tools and methodology to enable them to make thorough, timely and comprehensive assessments of areas of vulnerability within Somalia.

Objective 2 To assist the SRCS in the preparation of plans in the event of major outbreaks of conflict in the country, especially in Mogadishu with appropriate acknowledgement of the ICRC lead role and liaison with their delegation.

Activities to achieve this objective are:

- Training and formation of Red Crescent action teams at selected high risk areas
- Public awareness, training and dissemination about RC/RC principles and roles among public and security personnel
- Setting up first aid posts
- Rehearsal of preparedness plans
- Coordination with other key players (administrations, hospitals, security forces, other humanitarian actors)

- Monitoring political developments

Activities to achieve this objective are:

To assist the staff of the SRCS in the preparation of plans for drought and floods. In the case of floods:

- Preparation of annual plan for high flood risk areas
- Seasonal public education and awareness campaigns
- Training and employing action teams
- Providing materials for flood mitigation
- Sharing plans and materials with the FAO

In the case of droughts:

- Strengthening the nutritional monitoring system at branch level in partnership with FSAU
- Training community members in drought-prone areas on data gathering areas and reporting
- Distribution of seeds and tools

Expected results

Expected results are that the SRCS will be enabled to provide timely and professional warning and assessment of emergencies within the country, and therefore contribute to international monitoring and response to disaster situations. National Society staff will also be capable of emergency planning, using Federation global standards. Links are improved with key disaster preparedness response players in Somalia, especially ICRC and FSAU.

Indicators

- SRCS staff are trained in disaster management.
- SRCS branches provide regular and comprehensive reports to headquarters, which will share them with the Red Cross Crescent Movement and international community.
- The SRCS: prepares an effective monitoring system for disasters, especially floods and drought; improves and enhances links with the FSAU; improves preparation for cholera emergencies and links with the FAO. The SRCS also works closely with FAO officers responsible for flood disaster management.
- The SRCS prepares appropriate plans.

Critical assumptions

The leadership and staff of the SRCS are committed to the programme.

Security within Somalia allows workshops to be conducted in the key areas.

Timely, stable and adequate funding is available to mount and complete the programme.

Sufficient trained staff are retained.

The ICRC and other key players are cooperative.

Monitoring and evaluation arrangements

The regional disaster preparedness delegate will monitor, assess and report on the progress and quality of the reporting, in cooperation with the staff of the Somalia Delegation, and the ICRC.

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2. Health and care in the community

Background and achievements/lessons to date

Support to the SRCS's primary health care programme

The Somali Red Crescent Society Primary Health Care programme serves 900,000 of the most vulnerable people in the country, roughly one-fifth of the population. The Federation aims to continue its support for the Society's health clinics throughout Somalia under the Integrated Health Care programme and to assist in its support for the community hospital in Garoe, Nugaal region. The Integrated Health Care programme (IHC) of the SRCS began in 1993. Its Mother and Child Health/ Out Patient Department (MCH/OPD) clinics give promotive, preventive and curative primary health care to the most vulnerable groups of the community, especially mothers and children. Two new clinics were opened in September 2000, bringing the total number of Federation-supported clinics to 24. The location of the clinics, among the most remote and vulnerable communities, gives them a key place in polio and other vaccination campaigns, coordinated by WHO and UNICEF.

The SRCS has provided assistance to the community hospital in Garoe since 1994, providing a regular supply of drugs and medical equipment, payment of incentives to hospital staff as well as training and technical advice. The hospital's young administrative and medical staff lack experience in modern management and administration, control and storage of drugs and the latest medical practices.

The Federation works closely with ICRC, UNICEF, UNDP and NGO partners in supporting the SRCS programmes. The SRCS runs 50 clinics throughout Somalia. The ICRC supports clinics in south and central Somalia and aids the SRCS in running the surgical hospital at Keisaney, close to Mogadishu. It has also helped to improve facilities in Madina hospital, Mogadishu, and supplies medical equipment to other hospitals. The Norwegian Red Cross plays a prominent role in sponsoring the SRCS branch offices and their staff, in addition to funding and helping to manage rehabilitation centres and their associated activities for crippled or limbless victims in Mogadishu, Hargeisa and Galcayo. The British Red Cross has been active in its support for four clinics in Somaliland.

The World Bank continues its funding of the 12 Puntland clinics. Its support is linked to a study, conducted jointly with the Federation, of health sector rehabilitation in the Puntland State of Somalia. The objectives of the study are: to understand the wider socio-economic and political context in Somalia; examine and document the SRCS's role in the provision of health services over the last ten years; conduct a broader study of the health sector in Puntland; explore ways in which the SRCS can play a catalyst role in the provision of a sustainable service to the population of Puntland; and draw out lessons that can be used to guide International Federation policy-making when supporting other National Societies in their post-conflict reconstruction efforts. The third stage in the programme is a pilot project running from April 2001 for one year at the MCH/OPD clinic in Qarhis, Puntland. This clinic is typical of the 12 clinics in Puntland, serving a primarily pastoralist community. Under the agreement, the community is investing 15 percent of the cost of the clinic and the Puntland Ministry of Social Affairs 5 percent. The community pays their share in advance as a joint contribution. Under the scheme, individuals are not required to pay at the point of delivery except for specific tests done by the new laboratory at the clinic. WHO and UNICEF have helped to enhance the facilities at the clinic.

In addition to its support for the health care programme of the SRCS, the Federation intends to take a more dynamic interest in the role and management of the MCH/OPD clinics throughout the country, in conjunction with other international partners, notably the ICRC and the World Bank. A health economist delegate was recruited (third quarter 2001) to assist the delegation in analysing the data

from the clinics and to study community participation and cost recovery. In Somaliland cost sharing was implemented in three clinics, Burao, Adadley and Sheikh. In these clinics patients pay for treatment at the point of delivery unless they are in an exempt category. The Federation plans to seek alternative, Somali-based sources of income to support the clinics, which rely heavily on donor funds, mainly from the Red Cross Red Crescent Movement, to pay clinic staff, supply drugs and monitor standards.

HIV/AIDS has not hit Somalia as hard as its neighbours. The level of the disease is thought to be 1% or less, although statistics are hard to come by in Somalia. Nevertheless, the rate of sexually transmitted diseases, as evidenced by returns from the SRCS clinics, is rising and the health-carers are worried that HIV/AIDS may spread, especially in the towns. Tackling the disease in Somalia needs an understanding of the cultural and religious background. An insensitive approach can be counterproductive. Nonetheless, now is the time to continue the information campaign started last year. The countrywide network of SRCS branches and clinics are best placed to deal with the communities that most need help.

Goal The programme aims to alleviate suffering by providing primary health care for the most vulnerable groups in twelve out of the eighteen regions recognised in Somalia. Efforts will be continued to develop more community participation through local committees and support groups. In 2002-2003, an emphasis will be placed on the long term sustainability of the IHC programme and a gradual lessening of dependence on donor funding.

Objectives and activities

Objective 1 To continue support for 24 MCH/OPD clinics, with the provision of essential health services for up to 900,000 people with the aim of improving the quality of the treatment.

Activities to reach this objective are:

- Assess the quality of professional health care provided.
- Procure and deliver drugs, medical, communications and other supplies.
- Provide training for staff and assess their work.
- Develop health education and increase the coverage of immunisation.
- Provide salary support for the health workers in 24 clinics.

Objective 2 To continue support for the Garoe community hospital until the end of 2002, with an increasing participation from the local community, authorities and management committee of the hospital.

Activities to reach this objective are:

- Monitor the services of the Garoe Hospital and supply it with equipment and medical supplies.
- Develop the skills of the staff and management of the hospital, providing training in administrative, medical and pharmaceutical skills.
- Achieve more efficient cost recovery and promote community participation and a staged Somali State of Puntland ownership of the hospital.

Objective 3 To reduce dependence on donor funding for the clinics.

Activities to reach this objective are:

- Support the SRCS in a drive to raise funds inside Somalia, from authorities, institutions and the public and private sectors.

- Support the SRCS web site aimed at Somalis at home and abroad in order to raise awareness of SRCS activities. In addition, support the ICRC tracing programme and solicit funding.
- Extend cost recovery in the clinics.

Objective 4 To mount a campaign in Somalia to inform people about the dangers of HIV/AIDS and promote preventative measures.

Activities to reach this objective are:

- Engage the interest and support of the various Somali administrations, religious and community leaders in the campaign.
- Organise training and information workshops for SRCS staff and volunteers about the dangers of HIV/AIDS and preventative measures.
- Disseminate this information to the public through SRCS clinics.
- Reinforce the messages by a campaign using oral communications, such as music, drama and radio commercials, phone ins and awareness programmes.
- Develop baseline data against which results may be measured.

Expected results

Related to objective 1:

- In 2002 and 2003, the 24 MCH/OPD clinics supported by the Federation through the SRCS continue to provide primary and curative health care to approximately 900,000 of the most vulnerable Somalis.
- Health staff are trained internally and externally in drug management procedures, control and treatment of specific diseases, and enhanced medical skills.
- The administrative staff of the hospital are given management training.
- Immunisation services are enhanced and health awareness in the community improved.

Related to objective 2:

- In 2002 and 2003 the Garoe community hospital, supported by the Federation through the SRCS, continues to provide enhanced medical care and the general skills and knowledge of its staff are improved.
- Hospital facilities are upgraded to provide better bed facilities for patients, an enhanced TB clinic and a better laboratory facility.
- A consultant provides training for doctors in the hospital for three months.

Related to objective 3:

Funds from within Somalia - from public, private and institutional sources - are raised at branch level to support the MCH/OPD clinics, with a target of 15% of the total cost of each clinic.

Related to objective 4:

Awareness of HIV/AIDS and preventive action is enhanced in Somalia, against baseline data to be developed.

Indicators

- Staff at the clinics improve the quality of their service and their financial and medical reporting, and respond to training.
- Increased potential number of patients; recorded immunisations increase; better and more detailed reporting.
- Garoe hospital provides better and more comprehensive reporting on its services.
- Puntland administration takes an increasing role in funding and management.

- Skills and knowledge of staff improve through reports by trainers.
- Funding from the community and local donors lessens the need for donor support by the end of 2003.
- The number of HIV/AIDS cases at the SRCS clinics diminishes against established baseline data assessments, which signals increased awareness of the causes and prevention of HIV/AIDS.

Critical assumptions

- Sufficient funds are available to sustain the work of the clinics and provide them with drugs and other medical supplies.
- The community is willing and able to contribute to the clinic costs.
- Political stability in Somalia permits the clinics to continue operations.

Monitoring and evaluation arrangements

Monitoring

The health delegate and health officer of the Somalia delegation will make regular visits to the SRCS branch offices and the clinics they supervise to assess, advise and monitor their performance. They will document the use and performance of the clinics.

The regional health delegate will provide support and advice for the monitoring process.

Evaluation

The health specialist staff of the Somalia delegation will prepare analyses of the clinics' work. The delegation pharmacist will evaluate and advise on the control and usage of drugs in the clinics and the hospital.

The ongoing World Bank/Federation study of health care in the Somalia State of Puntland will provide essential documentation and additional evaluation of the clinics and the Garoe hospital, besides illustrating innovative ways in which lessons can be learned from the health services run by the SRCS.

The Italian Red Cross study of Garoe Hospital (May 2000) has already provided a useful evaluation of its services. The Italian Red Cross propose to follow up their study with further investigative work as well as action to remedy inadequacies in its systems and facilities.

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3. Organizational development

Background and achievements/lessons to date

Support for the Leadership and Organisational Development of the SRCS

For a decade, Somalia has been a fragmented country where, despite the achievement of relative peace in the north-west and north-east, the southern regions have seen continuing conflict. The Somali Red Crescent Society has, remarkably, survived as a national institution and been able to operate - often with great difficulty - in most of the nineteen regions of the country. Its efforts have been mainly aimed at providing primary health care for the most vulnerable people in the country. In addition, branch offices have attempted to recruit volunteers, conduct first aid courses, carry out tracing and dissemination programmes in partnership with the ICRC, and give advice about humanitarian values and health care. Despite the respect given to the SRCS by all sections of society, the difficulties of working in a country without a central government are daunting. Funding has come almost entirely from the international community. The president and secretary-general of the Society are still located in neighbouring Kenya; a significant contributory factor to difficulties in communication with the membership of the Society. The situation is further complicated by insecurity which forces the society to operate at branch rather than national level.

In November 2000 the leadership and senior officers of the SRCS met in Garoe, capital of the Puntland State of Somalia, for a disaster preparedness workshop facilitated by the Federation Regional DP delegate. The SRCS took the opportunity to have intensive discussions about their way forward and in June 2001 the executive committee, meeting in Nairobi and Mombasa, continued this process. The Federation regional OD delegate played a key role in facilitating discussion on the future of the Society; and in preparation of the SRCS plan of action for 2002-2003.

At local levels, the 10 SRCS branches developed separately and, for the most part, without inspiration since the ending of the major civil conflict which followed the ousting of the Siyad Barre regime in 1991. Clearly, many branch officers found it difficult to adjust to a less active role in the community after playing a major humanitarian role during the emergency situation. However, the five or more salaried each branch need to concentrate their efforts on improving the effectiveness of support for vulnerable people. The lack of engagement with the senior management of the Society (who are located in another country) has also contributed to the problem. Moves to increase membership, encourage a standby task force of volunteers in each branch area and raise funds locally have been difficult to measure, largely because the branches have not produced statistics in support of their efforts. All the branches have health professionals on their staffs and the most effective work is undoubtedly their management and monitoring of the primary health care programme.

Goal The goal of the programme is to reinforce the leadership and capacity of the Somali Red Crescent Society, especially in relation to branch development.

Objectives and activities

Objective 1 To enhance the management and programming capacity of the senior officers in branches of SRCS.

Activities to reach this objective are:

- A workshop to be organised in Somalia for branch chairmen, directors and senior officers of the society on updating of information on basic RC knowledge and identification, planning and management of branch programme activities, including the formation of branch committees.
- Three visits by the Secretary General, the head of delegation and other regional delegation delegates to follow up with the workshop participants in implementing new knowledge gained; to provide further guidance on branch development; and on narrative reporting on activities.

Objective 2 To improve financial reporting and financial resource mobilisation at branch level.

Activities to reach this objective are:

- In conjunction with the ICRC, continue the development of a new standardised system of financial accounting.
- Four visits by the Somalia Delegation finance officer to help supervise the accounting systems in branch offices.
- Two workshops in Somalia for SRCS branch finance officers.

Objective 3 To significantly increase the level of Somali Red Crescent Society income from voluntary contributions at home and abroad and thereby lessen the dependence of the society on donor funding by the end of 2002.

Activities to reach this objective are:

- Continue the support for the Somali Red Crescent Society web site which seeks to inform Somalis throughout the world in English and their own languages about the activities and needs of the SRCS and provide a source of funding from the Diaspora. The web site is also designed to be a source of information for a wider audience of those interested in Somalia and the activities of the Somali Red Crescent Society. It will be enhanced with an audio segment and be regularly updated, providing an attractive source of information about Somalia through the activities of the SRCS.
- Encourage and support branches of the SRCS to produce innovative ways of raising funds locally. The Federation will arrange a meeting of branch chairmen at senior level in Somalia to brainstorm on this and develop action plans.

Expected results

- Branches: adopt common and more effective systems of management and programming; produce better and more detailed narrative reports of their activities; and provide timely, pertinent and detailed reports of their financial income and expenditure.
- SRCS programmes are better coordinated nationally and their officers demonstrate that they are effective.
- The web site continues and is accessed by Somalis in the Diaspora. Enhanced funding for the SRCS is donated by Somalis living abroad in response to the society's web site.
- Branches respond by launching new initiatives for local fund-raising.
- Functioning committees are established in all branches.

Indicators

- Cost recovery brings in additional income at branch level. The Qarhis pilot project allows for 15 percent of the cost of the clinic to be provided by the local community. This is a target which the Federation/ World Bank team will apply to the other clinics once the year's experience at Qarhis is analysed (May 2002). In Somaliland, the SRCS introduce cost recovery in all the clinics in line with the administration and UNICEF policy.
- Branches: launch fund raising initiatives and money is raised and accounted for; provide timely and more pertinent reporting with standardised formats and more detail; demonstrate that their offices

are effectively managed and staffed; ensure that their committees meet regularly and play an effective part in the Society.

- Financial reports are received on time, with full details and in the new agreed format.
- Programmes are shown to be professional and effective, through monitoring, reports and visits by senior staff and Red Cross/Red Crescent visitors.
- Following the launch of the web site, Somalis and others respond by accessing the site, communicating with the SRCS and contributing funds.

Critical assumptions

- The SRCS staff and management support and respond to the initiatives to enhance their structures and organisational systems.
- The economic situation of Somalis enable them to contribute significantly to the work of the SRCS.
- The political situation inside Somalia permits access and interaction for international and national staff.
- Sufficient funds are available to fund the continuing operation of the web site.
- Sufficient funds are raised to implement other planned activities

Monitoring and evaluation arrangements

The ICRC and Federation will continue to co-operate in their visits to Somalia and liaison with the SRCS branches, to evaluate the activities *in situ*.

Assistance from the regional delegation's specialist delegates - finance and institutional development - will be enlisted to assist in the evaluations.

The web site will be monitored and evaluated by the regional delegation with assistance from the Federation Media Service.

A formal end-of-the-year review will be conducted.

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4. Coordination and management

Background and achievements/lessons to date

The Federation Delegation to Somalia was opened in 1993. The Somali Red Crescent Society (SRCS) worked throughout the country during the civil conflict that began in 1991, at first working with the ICRC in emergency relief operations. As the ICRC began to scale down its operations the Federation moved in to support the SRCS programme of health care support for the most vulnerable groups of Somalis, especially mothers and children under five. With the Federation's help the SRCS started to build up a network of Mother and Child Health/Out Patient Department (MCH/OPD) clinics providing urgently needed curative, preventive and promotive health care.

In recent years the Federation has helped the SRCS to extend and consolidate their Integrated health and care in the community programme despite having to work in a fragmented country without a central administration. Indeed, the SRCS is the only Somali humanitarian organisation to operate in all parts of the country. The SRCS runs 48 clinics. Twenty-four of them are supported by the Federation and the others by ICRC. The SRCS operates three rehabilitation centres mainly for victims of land mines, supports a community hospital in Garoe, central Somalia, and operates the Keysaney hospital just north of Mogadishu. Its ten branches run courses in first aid, health promotion, dissemination and have tracing services. Their network of volunteers has diminished since the years of intense conflict but is still active. One limiting factor in the governance of the SRCS is the president and secretary general are located outside Somalia, in the Kenyan capital Nairobi. The delegation is also based there.

The delegation will continue to support the SRCS during the period of this programme with an emphasis on improving its capacity, especially its control and governance structures, extending its community base, setting up systems for emergency preparedness and continuing the campaign of HIV/AIDS awareness. It will also prioritise support for the improvement of management systems, especially reporting from the field, financial and health care reporting and a more focused and effective governance from the Nairobi office. There will be an increased emphasis on the responsibility for reporting to be taken by the national society, which needs to improve its reporting systems, despite the problems of communication. It will also track the new political initiatives in Somalia which, if successful, will have a dramatic influence on the current political balance of power.

Goal The main goal of this programme is to build a more efficient SRCS that has increased capacity to manage and implement its programmes and develop its strategies throughout the country.

Objectives and activities

Objective 1 To provide appropriate support and assistance to the SRCS management.

Activities to reach this objective are:

- Weekly meetings with the president and secretary general of the SRCS and others on an ad hoc basis.
- Regular delegation and SRCS senior management meetings.
- Manage delegation technical input to SRCS programmes.
- Provide advice and support for the SRCS to improve the monitoring of its programmes at branch level and its feedback to SRCS management.

Objective 2 To ensure appropriate the coordination of Red Cross and Red Crescent and donor support to the SRCS.

Activities to reach this objective are:

- Encourage the SRCS to hold regular partnership meetings where SRCS and partners cooperation strategies are discussed and agreed.
- Support the SRCS in developing its planning systems and individual programme proposals and budgets.
- Support the SRCS in its regular reporting to partners on programme activities and expenditures.
- Ensure a proper flow of information about funding requirements of the SRCS and funding commitments by partners.
- Support the SRCS in arranging meetings with partners.

Objective 3 To increase liaison with administrative bodies in Somalia, the ICRC, NGOs, UN agencies, embassies and regional networks such as the OAU, IGAD and the SACB.

Activities to reach this objective are:

- Regular meetings with the above to further the understanding of the SRCS and Federation throughout Somalia. In addition investigate and develop areas of cooperation and possible sources of funding.

Objective 4 To ensure the effective management of the delegation.

Activities

Ensure that major issues are adequately addressed by holding regular delegation meetings as well as special discussions when necessary.

Agree action plans for all staff and conduct monthly reviews.

Ensure that quarterly reports are timely and shared with all partners.

Ensure that systems are in place for the efficient running of the delegation.

Expected results

Related to objective 1

The achievement of this objective will enable the senior management of the SRCS to assume full and active accountability for their society's programmes. It will enable them to better position the SRCS as an effective development and relief organisation carrying out responsive and focused programmes.

Related to objective 2

Partners being in a position to make fully informed decisions about support to the SRCS and resource commitments.

Related to objective 3

This will result in a higher profile for the SRCS and the Federation, an increased possibility of local funding and the development of links with other agencies.

Related to objective 4

The main result will be a well functioning delegation with competent and informed delegates and staff able to provide technical support to the SRCS within an agreed cooperation framework.

Indicators

Related to objective 1

Competent delegates providing effective support.
Monthly and quarterly meetings.
Agreed framework of assistance.

Related to objective 2

SRCS Strategic Development Plan and individual programme proposals and budgets.
Regular narrative and financial reporting.

Related to objective 3

Regular meetings held and attended.
Initiatives/programmes run in co-operation with locally based agencies.
SRCS in receipt of regular information bulletins from other agencies.

Related to objective 4

Monthly and quarterly meetings.
Quarterly reports from the delegation.
Action plans.
Delegation systems in place.

Critical assumptions

The main critical assumptions for the success of the programme are related to both the internal and external environment. These are that: adequate funding is available for the programme and delegation costs; senior management increase their efforts to build capacity within the SRCS; adequate levels of staffing with the right calibre is developed at both HQ and branch level and the Federation recruits and maintains human resources capable of carrying out the job. Externally, the assumptions are based around increased political stability and economic viability.

Monitoring and evaluation arrangements

Weekly meetings are held between the head of delegation and the senior management to monitor developments and make decisions. The SRCS senior management meets at reasonable intervals to discuss and review programme progress and weaknesses. Frequent meetings between the Federation delegates and the SRCS senior management to review achievements against targets as well as discussing the development of SRCS direction and Federation support. Regular reports will be issued on programme activities. The Federation/World Bank Puntland Health survey results will be presented in 2001.

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PROGRAMME BUDGETS - 2002								
Somalia								
PROGRAMME	Disaster Resp	Disaster Prep	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	0	0	0	0	0	0	0
Clothing & Textiles	0	0	4'500	0	0	0	0	4'500
Food & Seeds	0	0	42'000	0	0	0	0	42'000
Water	0	0	5'200	0	0	0	0	5'200
Medical & 1st Aid	0	0	241'100	0	0	0	0	241'100
Teaching Materials	0	0	3'800	0	0	0	0	3'800
Ustensils & Tools	0	0	0	0	0	0	0	0
Other Relief Supplies	0	0	45'300	0	0	0	0	45'300
Subtotal Supplies	0	0	341'900	0	0	0	0	341'900
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0	0
Computer & Telecom	0	0	50'000	0	0	0	4'500	54'500
Medical Equipment	0	0	0	0	0	0	0	0
Other Capital Equipment	0	0	0	0	0	0	0	0
Subtotal Capital	0	0	50'000	0	0	0	4'500	54'500
Programme Management	0	2'409	142'391	0	14'751	0	23'032	182'584
Technical Services	0	721	42'624	0	4'416	0	6'895	54'656
Professional Services	0	800	47'270	0	4'897	0	7'646	60'613
Subtotal Programme Support	0	3'930	232'285	0	24'064	0	37'573	297'853
Warehousing/Inspection	0	0	7'200	0	0	0	0	7'200
Transport & Vehicles	0	0	281'900	0	28'900	0	41'100	351'900
Subtotal Transport & Storage	0	0	289'100	0	28'900	0	41'100	359'100
Delegates & Expatriates	0	0	105'600	0	28'600	0	105'600	239'800
National Societies and Local Staff	0	0	787'500	0	53'300	0	79'000	919'800
Subtotal Personnel	0	0	893'100	0	81'900	0	184'600	1'159'600
Travel & Related Expenses	0	0	30'900	0	13'700	0	3'100	47'700
Information	0	0	41'100	0	0	0	2'200	43'300
Consultants	0	0	31'000	0	0	0	8'800	39'800
General Expenses	0	0	172'300	0	7'000	0	56'700	236'000
Training Workshops & Seminars	0	31'800	30'000	0	63'200	0	3'000	128'000
Security	0	0	0	0	0	0	0	0
Subtotal Training, Information & General	0	31'800	305'300	0	83'900	0	73'800	494'800
TOTAL BUDGET	0	35'730	2'111'685	0	218'764	0	341'573	2'707'753