

# Mid-Year report



International Federation  
of Red Cross and Red Crescent Societies

## Somalia

Appeal No. MAASO001

31 August 2010

This report covers the period  
01/01/2010 to 30/06/2010.



Somalia Red Crescent volunteer giving a vaccine dose to a child at Adadley clinic, Somaliland: Photo by SRCS

## In brief

**Programme outcome:** In line with the strategic aims of the [Strategy 2020](#) the Somalia Red Crescent Society (SRCS) aim to contribute to saving lives, protecting livelihoods and strengthening recovery from disasters and crises, health living and promoting social inclusion and a culture of non-violence and peace..

**Programme(s) summary:** With the support of the International Federation of Red Cross and Red Crescent (IFRC) Somalia Country Representation office, the SRCS implementation programme aimed at the reduction the impact of disaster, health emergencies and poverty among the most vulnerable people.

The integrated health care programme (IHCP) remained the SRCS flagship programme that provides essential health and care to the communities throughout Somalia. This is achieved through its network of 64 maternal child health and put-patient department (MCH/OPD) and mobile clinics. The IHCP services include treatment of common diseases, antenatal and postnatal care, immunization for children under five and women of child bearing age, children growth monitoring, community-based health and First Aid (CBHFA), HIV and AIDS awareness, general health education and raising awareness of harm practices such as Female Genital Mutilation/Cutting (FGM).

The disaster management programme focused on disaster risk reduction (DRR), enhancing community resilience and strengthening the human resource capacity of SRCS to respond to disasters, such as seasonal floods, storms, fire and diseases outbreaks.

The organizational development (OD) programme focuses on governance support and providing technical and managerial support to SRCS coordination offices. Through the IFRC OD support the SRCS was enabled to activate its website <http://www.bishacas-sracs.org>, now functional and updated regularly by the web master. The branches in Gaowe, Bosaso, and the coordination office in Mogadishu received financial support to upgrade their internet connectivity to improve communication and bridge the digital gap. The SRCS strategic development plan for 2010 – 2014 was adopted and published during the reporting period.

The principles and values activities focused on reducing stigma and discrimination against people living with HIV and AIDS, promotion of tolerance and reduction of violence has been integrated in all SRCS programmes, especially the IHCP where awareness sessions on HIV and AIDS, anti-discrimination and fighting of harmful practices have been regularly addressed through the CBHFA activities implemented at community level.

**Financial situation:** The total 2010 budget is CHF 3,386,819 (USD 2,929,598 or EUR 2,311,843), of which CHF 1,612,908 (48 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 911,994 (27 per cent) of the budget.

[Click here to go directly to the attached financial report.](#)

**No. of people we have reached:** The IHC reached 104,675 people who were treated at the MCH/OPD and mobile clinics. Out of these 32,165 children and mothers received vaccination and 31,479 children were screened for growth monitoring.

The health education sessions conducted at the clinic and community level reached 452,780 people. This included distribution of SRCS-developed information, education and communication (IEC) materials.

The disaster response activities benefited people affected by seasonal floods, storms, fire outbreak in the rural villages and internally displaced persons (IDP) camps in Bosaso, Ghardo, Garowe in Puntland and Toghdeer and Galbeed regions in Somaliland, in addition people displaced by inter-clan fighting at the border between Somaliland and Puntland. An estimated number of 26,700 people have been assisted in the IDP camps and the host rural and urban communities who are affected by the floods, fire outbreak and inter-clan fighting.

**Our partners:** The SRCS/IFRC Somalia Country Representation worked closely with the health authorities in Somaliland and Puntland, strengthened partnership with UNICEF, WHO, UNFPA, WFP, and Somalia Food Security and Nutrition Analysis Unit (FSNAU). The Movement partners include the ICRC, the Finnish, German, Norwegian, British, Japanese, Swedish Red Cross, and Qatar Red Crescent. The INGOs include World Vision in Somaliland and MSF, Norwegian Refugee Council and Danish Refugee Council in Puntland.

## Context

The general humanitarian situation in Somalia remains volatile and precarious. The accessibility to the vulnerable people in south and central Somalia was constrained by restrictions on movement of personnel and aid convoys. The political and security environment in the south and central Somalia remains fragile and confusing, with majority of the regions being under the control of the opposition groups led by Al Shabaab. The Transitional Federal Government (TFG) supported by the African Union Mission in Somalia (AMISOM) controls a small enclave in the capital Mogadishu.

The intractable conflict and surge in violence especially in south and central Somalia and the capital Mogadishu in particular has caused massive population movement. According to UNOCHA updates (May, 2010), 165,000 people have been displaced country-wide, of these an estimated number of 100,000 have been displaced from the capital Mogadishu alone.

In other parts of Somalia, clashes between the Ethiopian security forces and insurgents in Buuhoodle, Toghddeer region, Somaliland led to displacement of an estimated 1,800 families (OCHA, May 2010). The Puntland-Somaliland border demarcation conflict in the Sool and Sanaag regions escalated in May 2010 in the run up to the presidential elections in Somaliland leading to skirmishes between Somaliland and Puntland security forces and their associated clans.

In Somaliland, the presidential elections were concluded peacefully on 26 June 2010. The opposition party (KULMIYE) presidential candidate Mr. Ahmed Mohamed Mahmoud (Silanyao) won the elections and sworn in as Somaliland's third democratically elected president. The democratic space, success in conflict resolution, peace building and creation of governance structures in Somaliland created a conducive environment for a sustainable humanitarian action and long term development initiatives.

The general food security and nutrition in Somalia remains critical. According to the Food Security and Nutrition Analysis Unit (FSNAU) reports 42 percent of the population or an estimated 3.2 million people are in need of emergency humanitarian assistance and/or livelihood support. The IDPs continue to be the largest single population group in crisis representing the 44 percent of the total 3.2 million people. The most vulnerable group among these populations are women and children with 50 percent of all women, 30 percent of all school children and 60 percent of children under five years are anaemic. The FSNAU assessment results indicate a sustained nutritional crisis both in the IDPs settlements and rural livelihoods.

After a prolonged drought the previous years, the *Gu* (long) rainy season, which started in early March in most parts of the country have recorded normal to above normal rainfall. There are good indications that a bumper harvest is expected in most regions of Somalia that will increase the food availability and accessibility to many Somali households and. The adequate rains also improved the pasture and water levels for livestock grazing leading to general improvement in food security. However, the above normal rainfall resulted into severe flooding in Shebelle and Juba river basins and flash floods in Awdal and Woq Galbeed regions of Somaliland. In Puntland, a tropical storm in the Bari region caused heavy flooding in Aluula, Iskushuban and Gardo districts. This led to loss of livestock and damage to crops, houses and roads.

The lifting of the ban on export of livestock to Saudi Arabia and other Gulf states has increased the activity in livestock trade. This has eased the pressure on the nomadic communities and increased work opportunities for many Somali households.

The piracy along the Somali coast has increased during the first half of the year, despite efforts by the international community to curb the menace. According to the International Maritime Bureau, Somali pirates accounted for more than half the reported piracy incidents worldwide in 2009 and nearly all the hijackings.

# Progress towards outcomes

## Disaster Management

### Programme Component 1: Emergency Response

**Outcome:** Impact of disasters and emergencies on people's lives in Somalia reduced through adequate and timely response measures (life-saving assistance, shelter and basic health care).

#### Achievements:

The disaster management component was incorporated the 2010 annual plan after the tsunami funding ended. It has however not attracted funding to date. Disaster management activities have thus been scaled-down significantly. Despite this funding challenge, SRCS/IFRC managed to mobilise resources internally for limited response to the emergencies occurred in the reporting period.

Fire outbreaks are a common phenomenon in IDP camps especially in the coastal town of Bosaso, Bari region, Puntland. In March 2010, fire broke out in one of the IDP camps leaving many IDPs homeless. The IFRC and the German Red Cross mobilized limited resources and supported the local branch volunteers to respond to the emergency. On 13 June 2010, another fire outbreak occurred in Shebelle and Girible IDPs camps in Bosaso leaving one person dead and five others injured. SRCS volunteers from Bosaso branch provided First Aid to the injured and erected a tent to shelter affected families especially women and children from the scorching sun (over 40 degrees Celsius then).

In Sool region, SRCS Lasanood branch volunteers and health staff provided First Aid to the victims of the inter-clan fighting at the border between Somaliland and Puntland. They evacuated the injured to Lasanood general hospital and mobilized their staff and volunteers from Ainabo clinic to support the hospital to cope with the emergency.

The SRCS Burao branch in Toghddeer region, Somaliland responded to the clashes in Buuhoodle at the border with Ethiopia which displaced an estimated 1,800 families by distributing 300 pieces of plastic sheeting and provided First Aid to the injured.

In Galbeed region, Somaliland, heavy rains, strong winds and hail storm caused wide flooding in the region, which destroyed 415 houses both in town and in the IDPs camps. It also resulted in the death of 11 persons due to floods and electrical shock. SRCS Hargeisa branch responded to the disaster by distributing 110 pieces of plastic sheeting and 198 pieces of soap and other hygiene materials. The mobile health teams provided First Aid and treated the injured. SRCS was tasked by the Ministry of Health and Labour to lead the chlorination of water sources to prevent the outbreak of diarrhoeal diseases.



SRCS Volunteers carry out clean up campaigns after flooding in Gardo town in Bari region. Photo by SRCS

Heavy rainfall accompanied by strong winds hit most parts of Bari region in May 2010, causing flooding and damage to water and sanitation facilities, houses and farms. Bosaso branch dispatched an assessment team to Aluula district that was worst hit by the storm. In this district, two people died and scores were injured, 725 households were affected (houses, farms and water facilities were damaged, livestock died). The team shared the assessment report with other agencies in Bosaso. The IFRC supported the branch financially to mobilize 150 volunteers who were dispatched to assist UNHCR in registration and support in the distribution of shelter materials provided by the Danish Refugee Council, Norwegian Refugee Council and WFP. The branch also provided First Aid and psychosocial support to the affected population and distributed sanitation tools to the IDPs community health committees.

In March 2010, Acute Watery Diarrhoea (AWD) outbreak was reported in Togwajaale area in Galbeed region Somaliland. Two people died due to the outbreak. The SRCS outreach team from Allaybaday clinic treated 175 cases of reported AWD. The SRCS volunteers in Togwajaale distributed chlorine tablets to households in the area and educated the community on diarrhoea prevention. The SRCS is an active member of the task force on AWD preparedness and prevention established by the Ministry of Health and Labour in Somaliland. The task force meets regularly to discuss issues such as water safety, social mobilization, case management training, identification of available supplies, pre-positioning of supplies, strengthening surveillance system and establishment of subcommittees. It is worth mentioning that the SRCS used the cholera kit positioned in Hargiesa during the outbreak.

#### **Programme Component 2: Disaster Preparedness: Community and institutional levels**

**Outcome 1:** Increased SRCS capacity to organise effective and efficient disaster response.

**Outcome 2:** Improved SRCS capacities (structural and human) to effectively respond to and recover from common disasters/emergencies (including drought, flood, cyclone, and disease outbreaks).

#### **Achievements:**

The disaster management programme has for the last five years been funded primarily from the tsunami operation that ended in March 2010. The IFRC in consultation with the American Red Cross commissioned an external evaluation to evaluate the American Red Cross-supported component of the (that focused mainly on disaster preparedness) of the tsunami recovery programme in Puntland and Somaliland. The final evaluation report is expected by the end of July 2010. Final narrative and financial reports have already been sent to the donor.

#### **Programme Component 3: Disaster Risk Reduction**

**Outcome:** Vulnerability of communities to the impacts of disaster in disaster-prone areas reduced through timely information, capacity building and livelihood resilience to disaster risk.

#### **Achievements:**

The disaster management programme did not attract funding by the end of the reporting period. The IFRC County Representation and SRCS prepared concept notes on food security and disaster risk reduction, which were shared with DG-ECHO, Somalia Technical Unit and Partner National Societies (PNS) based in East Africa Region. A consolidated project proposals on the themes will be prepared after concluding the discussions with partners and ECHO.

## Health and Care

#### **Programme Component 1: Maternal and Child Health/Out Patient Department (MCH/OPD)**

**Outcome:** Improved health services are provided to the target communities through the network of MCH/OPDs, outreach and mobile clinics.

#### **Achievements:**

The purpose of this programme component is to develop, promote and strengthen community-based health and care programmes focusing on preventive, promotion and curative health. Through the IHCP, the SRCS continued providing health services to the Somali community

focusing on maternal and child health. In the reporting period, 79,630 consultations were recorded at the OPD services, while the MCH antenatal/postnatal services recorded 25,045 visits.

The Expanded Programme on Immunisation (EPI) vaccinated 12,915 children against the six child killer diseases while 19,250 women of child bearing age received tetanus toxoid vaccine. The immunization coverage in the SRCS clinics catchment areas reached 80 percent in Somaliland and 60 percent in Puntland. In some areas like Dangoroyo clinic in Puntland under Garowe branch, the immunization coverage reached 100 percent according to UNICEF, Bosaso sub-office immunization field monitors who visited the area early this year.

Routine screening of children less than five years is monitored at the clinic level to assess their nutritional status. During the reporting period 31,479 children were screened out of these 33 diagnosed with oedema, 1,672 severe malnutrition; 2,025 moderate malnutrition and 22,759 recorded normal weights. The severely malnourished children without complication were enrolled in the Outpatient therapeutic program (OTP) run at the SRCS clinics for the provision of plump nuts supplied by UNICEF. Those with complications were referred to therapeutic feeding centres or the nearest hospitals for further management

Out of the 25,045 ANC/PNC consultations, 9,468 women received iron prophylaxis to reduce anaemia during pregnancy and pauperism and 3,054 mothers received vitamin A supplementation. The midwives and Traditional Birth Attendants (TBAs) assisted 2,347 women to deliver at home (742 by midwives and 1,605 by TBAs) while 81 pregnancies with complications were referred to hospitals for further management.

Through the SRCS volunteers' network, community health committees (CHCs) and the clinics health staff, the health education and promotion programme reached an estimated 85,000 community members comprising women, men and youth. Areas addressed include: water related diseases including watery diarrhoea, discouragement of Female Genital Mutilation (FGM) practice, personal hygiene and sanitation, importance of immunization for both children and women, importance of vitamin A prophylaxis, nutrition education, exclusive breastfeeding, proper weaning practices, early identification of high risk pregnant mothers and referral of cases, and HIV and AIDS prevention and control.



Health education at community level at Baadweyn clinic, Galkayo branch. Photo by SRCS

The training of volunteers on basic First Aid is a routine activity in all SRCS branches in Somalia. Active volunteers receive further advanced training on Community Based Health and First Aid (CBHFA). Three branches in Puntland supported IDP communities in Garowe, Galkayo and Bosaso towns with sanitation tools to be used by the volunteers during the hygiene and sanitation campaigns. Bosaso branch mobilized 50 volunteers during the clean-up campaign following the fire outbreak in the IDP camps. An estimated 15,000 IDPs benefited from this campaign.

The SRCS volunteers drawn from the IDP camps who received CBHFA training carried out health education activities focusing on personal hygiene (hand washing before preparing foods, eating, handling baby, after visiting the latrine). They have reached 400 families through this programme.

In Garowe and Galkayo branches, 70 volunteers participated in the water chlorination activities targeting households, water points and water trucks. Estimated 4000 community members benefited, majority of them in the IDPs camps.

The SRCS HIV and AIDS activities are integrated in the overall health programme throughout the country. The clinic staffs, volunteers and community-own resource persons, disseminate information on HIV and AIDS to their respective communities through health education sessions, campaigns meetings, media, and focus group discussions, distribution of posters, brochures and leaflets at branch, clinic and community level. An estimated 150,000 people benefited from these campaigns.

As a result of the continuous awareness campaigns, Sheikh Clinic in Somaliland referred suspected cases (a family of six) of HIV infection to Burao hospital for further testing and counselling. This is a breakthrough in a very conservative community where HIV and AIDs is a taboo and highly stigmatized.

Training to enhance the capacity of the SRCS at clinic and branch levels is an on-going concern. In the reporting period, seven clinic nurses received training on case management, four midwives participated in raising the awareness on the harm of FGM practice seminar organised by the Ministry of Women Affairs in Puntland, and two auxiliary nurses participated in the Outpatient Therapeutic Programme training organised by UNICEF. Two national health officers from Somaliland and Puntland participated in the HELP course in Nairobi organized by the ICRC and Kenya Red Cross.

The SRCS continued discouraging harmful practices such as FGM through weekly health education sessions both at clinic and at community level. The topics discussed include basic facts on FGM, immediate and long-term health complications of FGM, relationship between FGM, reproductive health, HIV and sexually transmittable diseases, Islam and FGM practice to enhance awareness and influence change of attitude of the community towards the practice. An estimated number 8,350 person including women, men and youth benefited from the campaign.

The SRCS in collaboration with the Ministry of Health and Labour (MOHL) in Somaliland and associated partners organised a public gathering in February 2010 to sensitise communities about the harmful effects of FGM practice. A debate on FGM was conducted where 66 participants from SRCS branches, health practitioners, religious leaders, teachers and youth took part.

With support from the IFRC and facilitation by the National Society health team, annual health review meetings were conducted in Somaliland and Puntland to take stock of the achievements, identify gaps, challenges, constraints and adjust plans. Issues discussed were: low child immunisation coverage, reduction in immunisation defaulter rate, timely reporting, development of training package for the clinics staff, strengthening community based activities and engagement of the community health committees in the health campaigns. Documentation of best practices and motivation and management of volunteers was also discussed.

## Organisational Development

### **Programme Component 1: Support National Society OD Process**

**Outcome:** SRCS governance and management ability to effectively lead the NS and its service delivery improved.

#### **Achievements**

The SRCS 2010-2014 strategic development plan process was concluded early this year. On the 23 and 24 February 2010, the SRCS General Assembly was conducted in Garowe, Puntland where all SRCS 19 branches attended. The meeting adopted the National Society strategic development plan 2010 – 2014 and elected new members to fill the vacancies in the executive committee.. The strategic plan was published and posted on the SRCS website and hard copies were distributed internally to the branches and the partners.

Volunteer recruitment and training is an on-going activity in all the branches. In the reporting period Galkayo branch trained 60 volunteers on CBHFA and 40 volunteers in basic First Aid, Bosaso branch trained 40 volunteers in CBHFA and Garowe branch trained 72 volunteers in basic First Aid.

### **Programme Component 2: National Society leadership and management development**

**Outcome:** The HIV and AIDS, CBHFA and disaster management activities in South and Central Somalia are effectively operating.

#### **Achievements**

Regular consultation meeting between the SRCS leadership and the IFRC Country Representation were held to discuss policy issues and progress of programme implementation. A meeting was organized in February attended by the three SRCS coordinators from Somaliland, Puntland and South and Central in addition to the SRCS OD and communication director to discuss the plan of action for 2010-2011. Two partners meeting were held during the period attended by SRCS, IFRC, ICRC and the PNS based in East Africa. The meetings discussed progress in programmes implementation, challenges and constraints facing the humanitarian action in Somalia.

Due to the prevailing security situation in South and Central Somalia, the activities were not implemented as planned.

## Principles and Values

### **Programme Component 1: Promotion of Fundamental Principles and Humanitarian Values**

**Outcome:** Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values.

#### **Achievements**

The principles and values component is integrated in other programmes. All health and disaster management interventions include messages to disseminate and promote the Red Cross and Red Crescent Movement principles and values, tolerance, ant-discrimination and respect for human dignity.

In the reporting period SRCS branches celebrated the Red Cross and Red Crescent day on the 8<sup>th</sup> of May, the message and theme of the was widely disseminated to the public through the SRCS volunteers, staff and branch committees in their respective communities. For example in Hargiesa Somaliland, the SRCS branch secretaries and coordinator addressed a public gathering focusing on the theme 'our *world your move*' to raise the awareness of the community about the humanitarian consequences of the climate change.

## Programme Component 2: Anti-discrimination and violence reduction

**Outcome:** Vulnerable communities' ability to combat discrimination, intolerance and violence is enhanced.

### Achievements

Branches in Puntland and Somaliland conducted awareness sessions focussing on HIV and AIDS stigma and discrimination reduction, ways of transmission, prevention and sites of voluntary counselling and testing (VCT) and antiretroviral treatment (ART) centres. An estimated number of 5,030 community members benefited from the awareness sessions (3,515 women and 1,515 men) including youth, women groups, students, taxi and lorry drivers. More than 1,000 posters and leaflets were distributed. The SRCS branches mobilized 40 volunteers to conduct these sessions.

### Constraints or Challenges

- Increased insecurity and violence in the south and central Somalia prevented the branches in the region from carrying out the planned activities.
- Increased insecurity has an implication on the programme budget as it became mandatory to use the services of armed police in all field trips including trips inside the main towns. The police escort always travel in a separate rented car plus the daily allowances paid to the police.
- Increased demand on SRCS health services and mounting pressure from the local authorities on SRCS to do more and reach further while there are limited opportunities to raise funds locally. Hence the total dependence on external funding which seen a steady decline due to the international financial downturn.
- The international financial crisis influenced the back donors' priorities and consequently Somalia has seen a declined funding in 2010. This situation forced the SRCS and the Federation to adjust the plan and revise the budget to match the available resources.
- Air lifting of medical supplies from Nairobi remains a persisting challenge as it is not always possible to get free cargo space in ECHO or ICRC flights, hence the Federation resort to commercial flights which is expensive.

## Working in partnership

The SRCS enjoys the confidence and full support of the Movement partners based in Nairobi. The Movement partners hold regular consultation meetings with the SRCS, bilaterally and multilaterally, with the SRCS leadership to review plans and harmonize the support to the national society

The SRCS and the IFRC Somalia Country Representation have renewed contacts with the World Bank country office in search of funding support for the health programme in 2010-2011. A proposal for a new grant from the Japanese Social Development Fund (JSDF) was submitted to the Bank in January 2010 for review and consideration. In the meantime, the World Bank has issued the audit report acknowledgement letter of the previous grant from 2006 officially closing the grant account which ended 31 December 2008.

The SRCS supported by the IFRC maintained and strengthened its working relationship with the UN agencies such as UNICEF, WHO, UNFPA, FAO/FSNAU-Somalia. The SRCS renewed its agreement with UNICEF for 2010 to continue supplying SRCS clinics with MCH kits, vaccines, cold chain, nutrition biscuits and training of the health staff. To secure funding for the HIV and AIDS activities, the IFRC Country Representation on behalf of the SRCS submitted a project proposal to UNFPA seeking funds to integrate sexual reproductive health and HIV and AIDS services in SRCS clinics.

The SRCS also work in partnership with other organizations such as World Vision to support the orphanages and vulnerable children in Somaliland, Danish Refugee Council and Norwegian Refugee Council in support of IDPs in Bosaso, Puntland and cooperate with MSF in the feeding programmes for malnourished children in Galkayo, Puntland.

## Contributing to longer-term impact

The SRCS continued being the lead agent for health service providers in Somalia. The integrated approach of the health delivery system through the networks of MCH/OPD clinics and mobile health units contributed to the improvement of the health status of the communities in its areas of operation. This is acknowledged and recognized by the local authorities as well as the partners. The immunization coverage in the SRCS clinics catchment areas is reported to be one the highest in the country, thus contributing to the improvement of child health.

The disaster management programme strengthened the response capacity of the SRCS staff and volunteers and enhanced the resilience of the local communities. The SRCS response to the fire outbreaks in the IDPs camps in Bosaso, the outbreak of the watery diarrhoea in Somaliland is evidence of an enhanced response capacity of the National Society.

The SRCS is a key partner of Somalia Food Security and Nutrition Analysis Unit. Its network of clinics is one of the main sources of information on the status of nutrition in the country. In May and June, 2010 SRCS participated in the nutrition surveys conducted by FSNAU/UNICEF which assessed the nutrition status of the IDPs and five rural livelihood zones.

## Looking ahead

The IFRC Country Representation office in Somalia will continue supporting the National Society to finalize its plan of action based on the priorities identified in its strategic development plan 2010-2014. The programme focus will be on implementing the remaining activities for 2010 with special emphasis on the capacity building of the NS staff through regular training and coaching. IFRC Country Representation will follow-up on the new grant application submitted to the World Bank, the concept note submitted to ECHO for support of small scale disaster risk reduction projects and the concept note submitted to the Government of Japan through its Embassy in Nairobi to continue funding the health programme in Puntland.

The well acknowledged and recognized health services provided by SRCS need to be improved and sustained. The Federation will continue to work closely with the Movement partners to ensure that SRCS get the necessary financial and technical support to continue its humanitarian services in Somalia.

## How we work

The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the World.

The International Federation's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

For further information specifically related to this report, please contact:

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# International Federation of Red Cross and Red Crescent Societies

MAASO001 - Somalia

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAASO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	388,490	2,147,091	516,349	43,988	290,902	3,386,819
<b>B. Opening Balance</b>	0	-111,036	73,372	0	120,442	82,778
<b>Income</b>						
<u>Cash contributions</u>						
American Red Cross			9,831			9,831
Finnish Red Cross		25,245			4,803	30,048
Finnish Red Cross (from Finnish Government)		143,056			27,214	170,270
Japanese Government		317,393				317,393
Norwegian Red Cross		31,730	26,961			58,691
Norwegian Red Cross (from Norwegian Government)		285,567	242,653			528,220
Swedish Red Cross (from Swedish Government)		74,856	29,942		7,486	112,284
<b>C1. Cash contributions</b>		<b>877,846</b>	<b>309,388</b>		<b>39,503</b>	<b>1,226,737</b>
<u>Outstanding pledges (Revalued)</u>						
Finnish Red Cross		30,185			-4,778	25,408
Finnish Red Cross (from Finnish Government)		171,049			-27,073	143,977
Saudi Arabian Red Crescent		18,739				18,739
Swedish Red Cross (from Swedish Government)		70,323	28,129		7,032	105,485
<b>C2. Outstanding pledges (Revalued)</b>		<b>290,297</b>	<b>28,129</b>		<b>-24,818</b>	<b>293,608</b>
<u>Other Income</u>						
Services					9,785	9,785
<b>C6. Other Income</b>					<b>9,785</b>	<b>9,785</b>
<b>C. Total Income = SUM(C1..C6)</b>	0	<b>1,168,143</b>	<b>337,517</b>	0	<b>24,470</b>	<b>1,530,130</b>
<b>D. Total Funding = B + C</b>	0	<b>1,057,107</b>	<b>410,889</b>	0	<b>144,912</b>	<b>1,612,908</b>
<b>Appeal Coverage</b>	0%	49%	80%	0%	50%	48%

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0	-111,036	73,372	0	120,442	82,778
<b>C. Income</b>	0	1,168,143	337,517	0	24,470	1,530,130
<b>E. Expenditure</b>		-646,082	-168,761		-97,151	-911,994
<b>F. Closing Balance = (B + C + E)</b>	0	411,025	242,128	0	47,761	700,914

# International Federation of Red Cross and Red Crescent Societies

MAASO001 - Somalia

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAASO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>388,490</b>	<b>2,147,091</b>	<b>516,349</b>	<b>43,988</b>	<b>290,902</b>	<b>3,386,819</b>	
<b>Supplies</b>								
Shelter - Relief	207,500							207,500
Clothing & textiles			7,030				7,030	-7,030
Water & Sanitation	6,384		146	64			210	6,175
Medical & First Aid	347,092		102,339				102,339	244,753
Other Supplies & Services	15,710		2,036				2,036	13,674
<b>Total Supplies</b>	<b>576,686</b>		<b>111,550</b>	<b>64</b>			<b>111,614</b>	<b>465,072</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles			17,250				17,250	-17,250
Computers & Telecom	38,412							38,412
Others Machinery & Equipment			474	166		-859	-219	219
<b>Total Land, vehicles &amp; equipment</b>	<b>38,412</b>		<b>17,724</b>	<b>166</b>		<b>-859</b>	<b>17,031</b>	<b>21,381</b>
<b>Transport &amp; Storage</b>								
Storage	134,021		4,467	1,268			5,735	128,286
Distribution & Monitoring			7,774	1,276		1,075	10,124	-10,124
Transport & Vehicle Costs	270,303		75,051	15,830		-2,110	88,771	181,532
<b>Total Transport &amp; Storage</b>	<b>404,324</b>		<b>87,292</b>	<b>18,374</b>		<b>-1,035</b>	<b>104,631</b>	<b>299,693</b>
<b>Personnel</b>								
International Staff	216,000					74,630	74,630	141,370
Regionally Deployed Staff	228,775							228,775
National Staff	0		63,488	22,593		24,985	111,066	-111,066
National Society Staff	780,594		143,375	48,548			191,922	588,672
Consultants				3,042			3,042	-3,042
<b>Total Personnel</b>	<b>1,225,369</b>		<b>206,863</b>	<b>74,182</b>		<b>99,615</b>	<b>380,660</b>	<b>844,709</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	447,768		18,035	25,600		-2,255	41,380	406,388
<b>Total Workshops &amp; Training</b>	<b>447,768</b>		<b>18,035</b>	<b>25,600</b>		<b>-2,255</b>	<b>41,380</b>	<b>406,388</b>
<b>General Expenditure</b>								
Travel	54,496		3,299	3,412		-816	5,895	48,601
Information & Public Relation	56,914		161	1,678		1,484	3,324	53,590
Office Costs	286,732		17,418	4,466		6,300	28,185	258,547
Communications	32,315		3,655	1,066		3,225	7,946	24,370
Professional Fees						-94	-94	94
Financial Charges	43,660		5,336	4,231		-11,954	-2,387	46,047
Other General Expenses			55,850	14,611		-58,443	12,018	-12,018
<b>Total General Expenditure</b>	<b>474,117</b>		<b>85,720</b>	<b>29,464</b>		<b>-60,298</b>	<b>54,886</b>	<b>419,231</b>
<b>Programme Support</b>								
Program Support	220,143		43,135	10,768		5,933	59,836	160,307
<b>Total Programme Support</b>	<b>220,143</b>		<b>43,135</b>	<b>10,768</b>		<b>5,933</b>	<b>59,836</b>	<b>160,307</b>
<b>Services</b>								
Services & Recoveries			1,420				1,420	-1,420
Shared Services						60,000	60,000	-60,000
<b>Total Services</b>			<b>1,420</b>			<b>60,000</b>	<b>61,420</b>	<b>-61,420</b>
<b>Operational Provisions</b>								
Operational Provisions			74,343	10,143		-3,950	80,536	-80,536
<b>Total Operational Provisions</b>			<b>74,343</b>	<b>10,143</b>		<b>-3,950</b>	<b>80,536</b>	<b>-80,536</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>3,386,819</b>		<b>646,082</b>	<b>168,761</b>		<b>97,151</b>	<b>911,994</b>	<b>2,474,825</b>
<b>VARIANCE (C - D)</b>		<b>388,490</b>	<b>1,501,009</b>	<b>347,588</b>	<b>43,988</b>	<b>193,751</b>	<b>2,474,825</b>	