ANNUAL REPORT

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOMALIA

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

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Appeal No.01.12/2002; Appeal target: CHF 2,707,752; Budget revised in August 2002 from CHF 2,707,752 to CHF 2,328,396; Appeal coverage: 112%

Overall analysis of the programme w

The main activity of the Somali Red Crescent Society (SRCS) is the provision of basic primary health care to the most vulnerable through its network of 49 maternity/child health and out patient department (MCH/OPD) clinics covering all the regions of Somalia. In addition it runs two hospitals in Mogadishu and Garowe in the north-east and three physiotherapy and rehabilitation centres for the disabled and polio victims in Mogadishu, Galkayo and Hargiesa supported by the Norwegian Red Cross. Health and care is the service SRCS knows best and where it added value through the years. Though the national society is aware of this fact, however, the delegation and the national society made ambitious plans to address other priorities like disaster management, finance development and resource mobilization at a time when the national society embarked on its long awaited restructuring process to create new branches, establish new branch committees and reactivate the existing ones.

From the outset, the disaster management, the development of a standard accounting manual and the local resource mobilization planned activities were overtaken by the restructuring process which was seen by the leadership of the national society as the main priority in the area of organizational development during 2002. In view of this and, due to the deteriorating security situation and lack of access to most parts of the country, the national society and the delegation made little progress in achieving the objectives related to disaster management, organizational development and local resource mobilization. However, the national society did record some achievements in responding to seasonal epidemic outbreaks such as cholera.

The main lesson learned from this experience is that both the International Federation and the SRCS have to remain focused on the health and care programme being the society's strength and the activity it knows best and where it has built a good capacity over the years. Moreover, it is the programme where there is volume and a measurable impact and preference by donors.

A decade of donor support for the rehabilitation and development of the health sector in Somalia has created some dependency on donor funding. A recent decline in donor funding for Somalia gives a clear indication of donor fatigue in supporting the country's humanitarian needs. This expected

development calls for researching local resource mobilization initiatives to engage the local communities to contribute to the sustainability of their health services. The introduction and encouragement of the community involvement in the management and financing of the MCH/OPDs since 2000 has been a positive development in ensuring the sustainability of the primary health programme.

Major events and operational developments
Somalia remained in turmoil during 2002. The country is fragmented, disintegrated and most of the regions are lawless. The Transitional National Government (TNG), which formed after the Arta peace talks in Djibouti in January 2000, remained ineffective and it controls only some parts of Mogadishu and few pockets in the south. In the northeast region, known as the regional administration of Puntland, several battles were fought in key areas of the region during the better part of 2002. This forced international humanitarian organizations to withdraw their international staff from the region and restricted travel to the region throughout 2002.
The central, south central and southern regions of Somalia have seen escalation in violence. In Mogadishu, kidnapping for ransom was on the rise; four of the UN's national staff were kidnapped at different intervals. The city remained insecure and divided into two zones, north and south, each controlled by various factions, whereas the TNG controlled some enclaves mainly in the south. Mogadishu is off limits to the UN's international staff, however, the Federation and International Committee for the Red Cross (ICRC) carry out missions for short periods. In the Bay region in the south west a power struggle between the leadership of the Rahanweyn Resistance Army (RRA) led to a rift in the faction. Since June 2002, the region has seen no stability while rival groups struggle to gain control of Baidoa town. The continuos attacks and counter attacks aggravated by increased banditry activities and lawlessness caused heavy loss in human lives and destruction of property. The deteriorating security situation led the UN to suspend its ground and air operations in the region. This situation has severely restricted the access by international humanitarian actors to the region.

In northwest Somalia, Somaliland has maintained its position as a self-declared independent state, though no country has recognized its independence. Somaliland continued to be stable and peaceful and relatively well-governed though its founding president died in South Africa on 3 May 2002. The succession by his deputy was smooth. In December 2002, the municipal elections were conducted in four of the six provinces in a peaceful manner as a first step towards the parliamentary and presidential elections slotted for March 2003. Humanitarian access to Somaliland is guaranteed and it is always possible, with the exception of the disputed regions of Sool and Sanag which regional administration in Puntland is claiming to be part of its territory. The dispute between Puntland and Somaliland over these two regions caused tensions - still unresolved - between the two authorities, though no serious armed confrontation.

The Somalia national reconciliation process brokered by the intergovernmental authority on development (IGAD) started on 15 October 2002 in the town of Eldoret in western Kenya. The peace talks brought together almost all the warring factions, the TNG, civic societies and women groups. Phase one of the talks has seen the formation of six technical committees: Charter/Constitution, disarmament/demobilization, land and property, institution and governance structures, conflict resolution and reconciliation, regional and international relations. On 27 October 2002, the participants of the process signed a declaration on cessation of hostilities and on the structures and principles of the Somalia national reconciliation process. The declaration was signed by 22 prominent faction leaders and the TNG. In addition, the faction leaders committed themselves to abide by the final outcome of the conference, set up an all-inclusive government, combat terrorism, and enhance the safety of aid workers in the country. The pledge regarding humanitarian access and safety of the aid workers has, however, seen little success. The cessation of hostilities and ceasefire did not hold, and soon after the announcement of the declaration, fighting erupted in several parts of Somalia. The process has faced enormous difficulties which threatened its continuity and brought it to the verge of collapse. The differences were mainly over the representation and the management of the process.

Despite the hurdles and the hitches the six committees continued to work on their assignment. However, the whole process is moving very slowly and the progress achieved so far is not encouraging.

Somaliland maintained its position as an independent state and distanced itself from the whole process. However, some individuals from the northwest participated in the talks, but were warned by the Somaliland government that they only represent themselves as individuals and have nothing to do with the position of Somaliland. This has put the whole process into jeopardy as some leaders insist that Somaliland should be part of the process.

The above average Deyr rainy season between October-December 2002 compensated for the below average Gu rainy season between April-June 2002 in most of the regions of Somalia, especially the central and southern zones. The harvest and pasture are adequate and there is minimal threat of food shortage in the country. The risk comes from the escalation in inter/intra clan fighting and banditry which prevent the farmers from harvesting and transporting their crops. Lack of humanitarian access continues to be the main concern for all the humanitarian organizations working in Somalia.

Objectives, Achievements and Constraints w

Disaster Preparedness w

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

The in-country training of the senior officers of the national society in disaster management and needs assessment planning was not achieved as this priority was overtaken by the ongoing restructuring programme of the national society.

Achievements:
The branches of the Somali Red Crescent Society continued their training on preparedness to respond to the epidemic outbreaks and seasonal floods. In the south and central zones around the middle, lower Shaballe and Juba valleys where cholera is endemic, the national health officers with support from the delegation's health team, the ICRC and the World Health Organization (WHO) trained the volunteers and clinic health staff of the SRCS in Afgoi, Bala'd, Belet Weyne, Baidoa, and Buale on the prevention and response to the cholera outbreaks. Clinical staff members, volunteers and local community health committees have worked together in setting up cholera prevention and control activities including set up and manning of oral rehydration centres, organizing referrals to cholera treatment centres and chlorination of the water wells. In northwest Somaliland the training of the health staff focused on prevention and control of meningitis with support from WHO and the Ministry of Health and Labour of Somaliland. The clinic's staff members and the volunteers in Sheikh, Burao, Adadle, Borama, Berbera played a key role in the mass vaccination campaign for meningococcal meningitis. More details on the vaccination activities are provided in the health and care section.

The branches in lower Shabelle and Juba basins have been put on high alert to respond to the seasonal flooding. The ICRC distributed sand bags to the high-risk areas for any eventuality.

The SRCS branches in Hiran, Bay, Bakol and Gedo regions worked closely with the Food Security Assessment Unit (FSAU) in monitoring the nutritional status in these regions. The SRCS clinics are considered a reliable source of data for WHO, United Nation's Children's Fund (UNICEF) and FSAU.

To enhance the capacity of the branches of the SRCS to respond to the disasters and increase their level of preparedness, the delegation, with financial backing from the Norwegian Red Cross, supported the installation of a communication network in Merca, Bardera, Huddor, Buale, Jowhar and Bosaso. By installing these new radio stations, all branches in the SRCS in the 19 regions of Somalia now have radio communication facilities.

Constraints:
Adequate funding was not available to conduct the risk mapping and vulnerability capacity assessment.
The deteriorating security situation has restricted the travel of the delegation's staff to give support to the branches to implement the training activities.

Objective 2: To assist the SRCS in the preparation of plans in the event of major outbreak of violence in the country, especially in Mogadishu with appropriate acknowledgment of the ICRC lead role and liaison with its delegation.

The conflict preparedness activity supported by the ICRC was revitalized through the step up of the first aid training activities and the provision of training materials. Training of Trainers courses (ToT) for first aid trainers were conducted in Somaliland. Participants from 13 branches benefited from the training. The trainers began to use the training skills gained during these courses to intensify the training of the volunteers and the local community members at the branch level so that these trained groups will form the action teams in the high risk areas. A plan to adapt the community-based first manual (CBFA) to the Somali context was prepared. The Federation's delegation will provide the technical support to the process.

Constraints:
The deteriorating security situation and increased banditry in most of the regions in the northeast, central and southern zones hampered access to the branches and clinics. The delegation's staff members are unable to frequently travel to these regions to provide the technical support, monitoring and implement the planned activities.

Travel overland is hazardous. This has constrained the travel between the branches to provide peer support and coaching to enhance the training activities.

Health and Care w

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

The projected beneficiary figure includes the beneficiaries of the 25 clinics supported by the ICRC, bringing the total number of clinics operated by the SRCS to 49.

Achievements:
The year 2002 recorded a 20 per cent decrease in coverage compared to the figures for 2001. The total outpatient attendance registered 252,476 against 314,297 in 2001. Morbidity and mortality resulting from the most common diseases saw a moderate reduction in the year under review though in varied degrees among the regions. The immunization coverage against the vaccine preventable diseases dropped by 29 per cent, from 95,115 in 2001 to 67,059 in 2002. The reasons for the reduction in the case load of the outpatient visits and the drop in the immunization coverage are attributed to the improvement in record keeping and correction of the double counting of the visits to the clinics, and on- the-job training for the clinics' staff in compiling accurate statistics. Others include the occasional break down of the cold chains and the vaccine carriers which delayed the immunization activities in some instances.The population movement due to insecurity caused some beneficiaries to move out of

the catchment areas of the SRCS clinics and seek health services from the traditional healers or other health facilities not run by the Somali Red Crescent Society.

Following the two workshops in March and April 2002 at which the Africa Red Cross and Red Crescent Societies' Health Initiative (ARCHI 2010) strategy and the use of the volunteer tool kit were introduced, the mobilization of SRCS branch volunteers to provide community services such as tracing of immunization defaulters contributed to the significant reduction in the defaulting rates for immunization. UNICEF's donation of deep freezers and refrigerators to the branches in Garowe and Galkayo boosted the EPI activities in the Puntland clinics. Static immunization days in some of the clinics were subsequently increased as follows:

- Harfo and Badweyn (from once/month to 3 days/week)
- Baalibusle and Jeriban (from once/month to 3 days/month)
- Galkayo (from once/week to 4 days/week)

Growth monitoring and nutritional surveillance for the children under age five constituted a key activity in all the MCH/OPDs. With technical support from UNICEF, refresher courses on nutrition and common diseases of the under five group and pregnant mothers were organized for the clinics' midwives as an ongoing activity. Food demonstration activities to educate the mothers on how to prepare nutritious meals for their children were initiated in the clinics, specially in Puntland.
Health promotion activities to encourage individual and group behavioural change were carried out by the health staff through the health education sessions at the clinics. At the community level, the volunteers of the SRCS carried out campaigns to educate the community on the prevention of common diseases. Measurable impact of these campaigns on the larger community however cannot be immediately determined as causes of morbidity and mortality remained almost unchanged.

The national society is considered a key partner in the national immunization days (NIDs) conducted under the technical direction and supervision of UNICEF and in collaboration with the relevant local health authorities to eradicate polio in Somalia. The senior health staff of the national society were selected as independent supervisors while others participated as district field assistants or vaccinators. In Somaliland, over 240 volunteers were mobilized under the six branches to participate in the NIDs.
The clinic's staff and volunteers similarly responded to measles outbreaks reported mainly in the nomadic communities in Balibusle, Harfo, Badweyne, Galkayo, Jeriban in Puntland, Baidoa in the south zone and Adadley in Somaliland. The campaigns were carried out with the support of and in collaboration with UNICEF in the respective zones.

Monitoring and supervision by the SRCS branch and field health officers was stepped up and improved in varied degrees with the use of the revised supervision checklist leading to timely correction of identified gaps in the service provision by the health staff. As a result the clinics have seen better case management, record keeping and follow up of cases.

The delivery of drugs and supplies from the delegation in Nairobi to the field improved by resorting to the commercial flights when the European Commission's Humanitarian Office (ECHO) flights are interrupted. This ensured regular supply of drugs to the clinics and in some instances, provided a stop gap for the UNICEF kits when delays were encountered.

Constraints:
Northeast Somalia "Puntland" and Bidoa in Bay region remained inaccessible throughout 2002 due to the escalation in fighting. This has made it difficult for the delegation's staff members and the senior officers of the SRCS to carry out their planned monitoring visits. Similarly, the supply of drugs was interrupted due to the frequent suspension of ECHO flights to these regions. The delegation and the national society resorted to the commercial flights to ensure that the medical supplies reach the clinics in a reasonable time, though this has budgetary implications due to the high cargo charges.

While the case management, recording and reporting have improved in many of the clinics, there were still identifiable shortfalls in some respects, especially in clinics in Puntland due to lack of accessibility to give the necessary technical support to the staff. The delegation is assisting the national society in coming up with simple guidelines for effective record-keeping. Diaries were procured for all of the clinics' staff to assist them in carrying out follow-ups and to plan for the next static immunization schedule as well to monitor the cases of malnutrition reported to the clinics. Occasional shortages of vaccines or delays in repairing some dysfunctional cold chain facilities were encountered from time to time. This interrupted and affected the immunization coverage in such instances. Particular reference can be made to the Jeriban and Harfo cold chain facilities in Puntland that did not function for four months until repaired in December 2002. The problem was discussed with UNICEF who promised to provide adequate technical support to improve the services of the cold chains.

Although UNICEF donated a deep freezer and a refrigerator to the Garowe and Galkayo branches to ensure the availability of the vaccines supply, the irregular power supply has affected the availability of bulk vaccines at the Garowe branch and thus affected the vaccination coverage.

The delegation's support to increase the technical capacity of the health staff in all the regions was hampered by lack of accessibility due to increased insecurity with the exception of clinics in Somaliland which received adequate technical support through regular monitoring and supervision visits due to the good security situation.

The state of insecurity remained an obstacle to the effective discharge of the health services to the community. Outreach services to the Yaagori clinic catchment areas in Sool region in the north of Somalia had to be suspended due to the tension between Puntland and Somaliland over the control of the Sool and Sanag regions. In Galkayo in Puntland, the field health officer who supervises the five clinics under Galkayo branch could not carry out supervision and monitoring visits to the clinics for three months due to the escalation in the inter clan fighting.

Stock management has significantly improved in most of the MCH/OPDs, but appears to be ineffective due to the nature of UNICEF delivery of kits. The kits with the standard drugs and other supplies, are pre-packed in Copenhagen and consigned to the respective clinics without any regard to the existing stocks and utilization rates. This resulted in the building up of huge stocks of some drug items with low turn over in some of the clinics. Efforts were made in some of the branches to reallocate these excess stocks to where there is need.

Although the national society is committed to play a lead role in the roll back malaria initiative in the south and central regions of Somalia, the distribution of the 19,000 insecticide treated mosquito nets (ITNs) donated by WHO faced acute transportation problems. The WHO donated the nets to the national society in the first quarter of the year 2002 for distribution to mothers and children in these zones as part of the programme. But by the close of the year, only 1,600 pieces had been airlifted to the field due to lack of cargo space in ECHO and the ICRC flights. The delegation and the national society are negotiating with the ICRC to assist in the transportation of the bed nets by sea to Mogadishu and to support the distribution plan to be carried out by the national society in early 2003. Detailed statistics of the clinics are provided in an annex to this report.

Objective 2: To continue support for the Garowe Community Hospital with increased participation from the local community, authorities and the hospital management committee.

Garowe and its environs continued to experience insecurity due to the escalation in fighting which caused displacement of the local communities in the catchment areas of the hospital. Despite this, the 85-bed Garowe community hospital continued to provide its services to the community, particularly in the area of surgery which has seen a marked increase during the year. The recruitment of a surgeon in the last quarter of the year improved the surgical services in the hospital. Surgical operations of

various categories carried out at the hospital increased by 24 per cent from 124 in 2001 to 154 in 2002. Other medical services in the hospital recorded some decrease in the overall utilization of the services compared with the previous year. The total number of patients treated dropped from 19,457 in 2001 to 19,040 in 2002 This is due to the movement of the people to safer areas in the coast fleeing the fighting and looking for better livelihoods after they were hit by the drought.

The new 16-bed maternity ward supported by CARE International's reproductive health project became fully operational from the third quarter of the year. This has significantly improved the quality and range of care at the maternity wing.

The malaria prevention programme at the hospital also received a boost with the donation of 80 ITNs from UNICEF. In the long run this will help in reducing the cases of malaria among the inpatients at the hospital.

Constraints:

Although the establishment of a tuberculosis (TB) programme at the hospital was identified by the Ministry of social affairs (MoSA) of Puntland as a priority undertaking, another year passed without the programme taking off due to the inability of the hospital board and the community to raise the needed funds to construct the appropriate structure to accommodate the outpatients and the drug dispensing outlet. WHO, however, remained committed to train the programme's technical staff at the hospital, provide drugs, registers and quality control services in the implementation of the daily observation treatment programme at the hospital.

Only one short monitoring and supervision mission could be carried out by the national society's deputy medical coordinator to the hospital during the entire year due to the continued insecurity that prevailed in the region. This severely affected the level of the technical support provided to the medical staff in the hospital. Neither on the spot verification of the reports nor any objective assessment of the operations of the hospital could therefore be made.

The hospital component of the Federation/SRCS/World Bank Health Service Recovery Project similarly suffered a delay due to lack of access to Garowe for the greater part of the year under review.

Although the hospital committee was reactivated in the previous year with representation from the community and the directorate of health of the Puntland hospital's administration, the committee remained largely ineffective in mobilizing the community to honour the commitments pledged to support the hospital apart from a small self-help initiative supported by Daikonia Swedish Group to repair the road leading to the hospital.

The continued status of insecurity which led to the displacement of the beneficiaries in the hospital catchment areas, coupled with the lack of training opportunities for the committee and the absence of an operational health directorate due to the constitutional crisis in Puntland contributed to the limited community involvement in the financing and management of the hospital. The income generated from the cost sharing scheme at the hospital during the year was the equivalent of CHF 708, about 0.18 per cent of the annual budget of CHF 388,655, compared with CHF 18,290 which is 4.8 per cent of a budget of CHF 375,275 in 2001. This is a far cry from the 25 per cent target set under the memorandum of understanding reached with the Italian Red Cross following its evaluation of the hospital's activities in 2000.

Staff motivation at the hospital cannot be described as at its best, particularly in the areas of remuneration and training, compared to staff in similar grades in the MCH/OPDs managed by the national society. With the delegation's support, the SRCS is working within the framework of its restructuring scheme to streamline the salary scales of all the health staff to be standardized country

wide. The delegation's technical staff will step up the training activities as soon as safe accessibility to Puntland is guaranteed.

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

Achievements:
The joint Federation/SRCS/World Bank Somalia Health Service Recovery Project in Puntland which started in April 2000 achieved some progress in the implementation of its work plan during 2002. A research planning and survey workshop was organized in June 2002 in Hargeisa, Somaliland. The participants were drawn from the six Somaliland clinics' communities, and the SRCS Somaliland coordination office. In July 2002 the participants subsequently conducted a baseline household survey in the six old Somaliland clinics' communities and the two newly proposed clinics within the framework of the SRCS/German Red Cross bilateral project funded by the European Union (EU).

As part of the second phase of the project, a community service management system development workshop was organized in Navaisha in Kenya with two participants from each of the three zones in Somalia in October 2002. Capacity building tools and materials developed from the workshop included:

- terms of reference of the community health committee
- communication and reporting guidelines for the community health committee
- operating guidelines for the community health committee
- training schedule for the community health committees

An interim evaluation of the pilot project in Qarhis conducted in June 2002, indicated that due to the one year delay in funding by the World Bank, the subsequent inability of the Federation/SRCS to visit the field to provide the necessary technical support to community health committee, the ban on the livestock import imposed by the Gulf states, the drought and the continued clashes in the Puntland prevented Qarhis health committee from collecting their share in the operating costs of the clinic. Consequently, the Qarhis community could only make 25 per cent of their pledge by June 2002. This prompted a review of the clinic budget to reflect the real cost of the clinic to determine the exact amount of the community's contribution of 15 per cent according to the agreement . The review of the budget has brought down the community contribution from USD 240 a month to USD 118 a month. This has motivated the community to honor its annual pledge of USD 1,416 towards the operating costs of the clinic by September 2002.

Constraints:
The planned extension/replication of the user fee/cost sharing initiative which was piloted in Sheikh and Adadley clinics in Somaliland had to be abandoned pending the outcome of the workshop to validate the results of the Somaliland household survey and the determination of the methodology for the community participation. The introduction of the user fee as an instrument of fund raising to sustain the health services in Somaliland has been a key component of the health sector rehabilitation programme of the Ministry of health and labour (MoHL) of Somaliland. The alternative instrument, the community prepayment system which is applied in the pilot project of Qarhis clinic in Puntland has yet to be accepted by the MoHL.

The joint initiative with the International Medical Corps (IMC) to pilot the cost sharing initiative in the two clinics in Baidoa town (Isha and Hawaldaaq) could not materialize due to the renewed fighting and the deteriorating security situation in Baidoa town.

The implementation of the second phase of the joint World Bank/IFRC/SRCS Somalia health sector recovery project suffered some delays in its implementation in the first half of the year. This is due to the delay in processing the funding for the phase.

The inability of the delegation's staff and the senior officers of the SRCS to access Puntland to fulfill its part of the memorandum of understanding signed at the start of the project as well as the constitutional crisis in Puntland denied the Qarhis health committee the technical support it needed.

The constitutional crisis in Puntland led to the temporarily relocation of government to Bossaso. The government vacuum in Garowe created by this relocation denied the community health committee the support and guidance from the Ministry of social affairs of Puntland which also pledged to contribute five per cent of the budget and provide the policy guidance and directions.

Objective 4: To mount a campaign in Somalia to inform the population about the dangers of HIV/AIDS and how to prevent it.

Achievements:
While the prevalence rate of HIV/AIDS in Somalia is estimated at less than one per cent (UNICEF, 2001), there is increasing evidence that the rate is rising. In consonance with the global commitment of the Federation as a key partner in the fight against the affliction, the SRCS launched its HIV/AIDS strategy (2002-2004) in the second half of the year. With the support of the Nairobi regional delegation's HIV/AIDS department and the Somalia delegation, two workshops were organized for the leadership and the senior health staff of the national society in March and April 2002. Some 55 participants from the 19 branches of the national society benefited from these two workshops. The knowledge gained by the participants of the two workshops was an entry point to the implementation of the country-wide strategy of the national society. The workshops had the aim of increasing the knowledge and skills of the leadership and senior health staff to enable them to support the information campaigns on sexually transmitted diseases (STDs) and HIV/AIDS in their respective operational areas.

Following a presentation made by the SRCS to the inter-ministerial committee of Somaliland on HIV/AIDS during the HIV/AIDS workshop, the SRCS Somaliland was appointed to the membership of Somaliland national technical committee on HIV/AIDS. This was in recognition of the achievements of the coordination office of the Somaliland SRCS in raising the public's awareness on HIV/AIDS and the fight against stigma and discrimination against people living with HIV/AIDS (PLWHAs).

The Somali Red Crescent Society demonstrated its commitment to play a lead role in the fight against HIV/AIDS as well as against stigma and discrimination in Somalia. Without exception, all the 19 branches of the society were instrumental in the respective task forces in organizing activities in the various communities to mark the World AIDS Day on 1 December 2002. The SRCS mobilized over 1,500 volunteers to carry out diverse activities to mark the day. These included community awareness campaigns on HIV/AIDS prevention and the fight against the stigma and discrimination of PLWHAs, public debates, route marches, drama performances and football matches. The delegation and the regional HIV/AIDS department provided materials and technical assistance to the national society to enable it to commemorate the day.

Constraints:
The implementation of the national society's country-wide HIV/AIDS strategy took a slow pace due to lack of adequate funding. The British Red Cross however, has come to the rescue with a donation of ten thousand pounds in the last quarter of the year which enabled the national society to implement some of the planned activities.

The national society as a member of Somalia aid coordination body (SACB) submitted a proposal to the global fund committee for HIV/AIDS. Due to the absence of a national HIV/AIDS strategy for Somalia as a country, the processing of the proposal was put on hold until the national strategy is produced. This has deprived the national society from accessing the global fund funding during 2002.

UNICEF on behalf of SACB has, however, engaged a consultant to work on a national strategy for HIV/AIDS prevention in Somalia. The national society will resubmit its application as soon as the strategy is produced and approved by SACB.

While the volunteers of the national society are considered the biggest human resource and an effective driving force in the implementation of the community awareness campaigns, it was obvious that they were not very conversant with the use of the ARCHI 2010 tools to achieve fully the goals of the campaigns. Efforts will be made in 2003 to step up the volunteers' training and equip them with the necessary tools to be able to carry out an effective awareness campaigns. The delegation will solicit the assistance of the Africa volunteering delegate to help the national society to develop a volunteer policy that will utilize the power of the volunteers and strengthen their capacity to scale up the awareness campaign to fight the HIV/AIDS pandemic.

Organizational Development w

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

Achievements:
The restructuring exercise of the national society has taken priority over the training of the senior staff, so this objective was not achieved. However, the national society supported by the Federation, the ICRC and the Norwegian Red Cross liaison office for East Africa made progress in other organizational development (OD) areas.

The establishment of nine new branches brought the total number of branches to 19, one in each of the country's 19 regions. Branch committees were established in 18 branches. A total of 12 branches in the central and southern zones established district committees to make the SRCS a more community-based institution.

The establishment of the branches followed by a reduction in the paid staff members and changes in the terms of their employment along with 163 positions cut brought down the number of total staff of the national society paid through the Federation, Norwegian Red Cross and the ICRC from 600 to 437.

With the financial backing of the Norwegian, British, German and the Netherlands Red Cross Societies, the delegation managed to pay the termination benefits associated with this restructuring programme to the health staff of 12 clinics out of the 24 clinics supported through the Federation. The restructuring programme when fully implemented will save approximately CHF 100,000 a year in personnel costs for the primary health care programme supported by the Federation.

Constraints:
Lack of access to all the regions continues to impede the effective hands-on day-to-day management of the national society.

The gap in the funding for the clinics in Puntland which created a deficit during 2002 made it difficult to raise funds to pay the termination benefits of the 12 clinics in Puntland. Efforts are directed to raise funds to reduce the deficit instead of paying the termination benefits.

Objective 2: To improve financial reporting and financial resources at the branch level.

Achievements:
Due to the engagement of the leadership of the national society and the branch chairmen and secretaries in the restructuring process which took priority over other OD activities, this objective was

moved to 2003. Consequently, the engagement of a staff-on-loan from a neighbouring national society to work with the branches of the SRCS to update the financial management procedures manual was put on hold. Meanwhile, the delegation continued to process the financial field returns of the SRCS according to the Federation's standard financial procedures.

The resource mobilization activities at the branch level have not started, though the national society used the communication and dissemination platforms to sensitize the communities about the risks of total dependence on external funding to run their services.

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

Achievements:
The branches of the SRCS intensified their membership drive through mobilizing the communities during their various events. Membership registers were updated and membership fees of equivalent to USD 2 were standardized across the country. Currently, the SRCS conducts the first aid courses from their own resources mainly from the nominal fees paid by the participants. To increase the level of voluntary contributions, the executive committee of the SRCS reviewed the membership fees by increasing the membership fees for the members inside the country to the equivalent of USD 3 and those in the Diaspora to USD 15.

To connect the Somalis in the Diaspora with their country, the Somali Red Crescent's web site (www.bishacas.org) funded by the Finnish Red Cross was officially launched on 28 September 2002. The web site is up and running on the Internet. To make it easier for the Somalis in the Diaspora to make their remittances to the branches of their regions, the SRCS has established a finance committee in each branch and posted their addresses on the web site.

Constraints:
The upsurge in factional violence in key areas in the south and central zones like Baidoa, Mogadishu and in the northeast zone of Puntland hindered the frequent access by the delegation and the leadership of the national society to give the necessary support to the newly established branches.

One of the problems facing local resource mobilization initiatives is that the SRCS is perceived by the local communities as a rich organization because it is associated with external partners to fund its programmes. The community members don't see why they should contribute to such an institution when it is able to run its programmes. With this perception, the endeavors of the national society to raise funds locally were not successful. The national society is working very hard to change this perception.

Coordination and Management *w*

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

Achievements:
The delegation in Somalia continued to provide technical support and advice to the leadership of the national society in close cooperation and collaboration with the ICRC and the Norwegian Red Cross. Regular consultation meetings were maintained between the three institutions and the national society to enhance the coordination mechanism.

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

Achievements:

The delegation continued to serve as a link between the national society and the donors. Donors are regularly updated on the activities of the national society through the quarterly reports prepared by the delegation and the briefing programmes for visiting representatives of these donors. By maintaining the regular quarterly reporting the delegation kept a smooth flow of information to the donors about the funding requirements of the programmes of the SRCS and assured them of its full accountability for the assistance channeled through the Federation to the national society.

The delegation's staff members worked very closely with their counterparts from the national society, the regional delegation in Nairobi, the ICRC and the Norwegian Red Cross to ensure that an adequate level of coordination of the Red Cross/Red Crescent Movement is maintained.

In October 2002 the delegation and the national society organized a partnership meeting for Somalia with the objective of promoting closer cooperation between the humanitarian actors. The meeting was well attended by the UN system, the international non-governmental organizations (NGOs), the International Red Cross/Red Crescent Movement, the EU, USAID, the World Bank and the donor governments. The meeting gave good visibility to the Federation and the national society as an indigenous humanitarian organization able to carry out effective, responsive, and focused programmes.

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

Achievements:
The head of delegation continued to liaise with the embassies of the major donor governments resident in Nairobi covering Somalia, the EU Somalia unit, USAID, the World Bank and the UN system to brief and update them about the Federation's support to the Somali Red Crescent with the aim of building networks and partnerships to tap the local resources to support its humanitarian activities. As a result of continuos contacts, the SRCS partnership meeting in October 2002 was well attended by these external partners. The high profile attendance and the lively deliberations during the meeting and the recommendations of the meeting influenced the World Bank to decide in favour of approving the proposal for phase three of the joint SRCS/IFRC/World Bank Somalia health sector recovery project in Puntland for the period 1 April 2003 to 31 March 2004, and the extension of phase two to the end of March 2003.

The delegation's staff members and their SRCS counterparts regularly attend the SACB sectoral committees and working groups meetings to ensure better coordination with other humanitarian actors. The cooperation with UNICEF and WHO in particular is going from strength to strength. UNICEF has signed a protocol with the national society to continue providing medical supplies to 41 clinics out of 49 run by the SRCS and, in 2003 they promised to include the remaining eight clinics. The delegation and the SRCS are negotiating with the WHO to increase its support to the primary health programme of the SRCS.

Objective 4: To ensure the effective management of the delegation.

Achievements:
The delegation maintained an adequate level of support to the national society and kept the donors informed about the activities of the national society and accounted for the assistance provided by the donors to implement these activities.

Regular financial and quarterly reports are produced by the delegation's staff members to ensure the smooth flow of information to the donors and give feed back to the branches of the SRCS.

The delegation maintained its regular weekly staff meeting to update on the implementation of the planned activities. Regular meetings are also maintained with the leadership of the national society, the ICRC and Norwegian Red Cross. The delegation contributed regularly to the regional biweekly bulletin highlighting the activities and events as they may happen. The head of delegation participated regularly in the regional delegation's quarterly team management meetings which brings together heads of country delegations from the region, the PNS and the Secretariat in Geneva.

Constraints:

Due to the unstable political and security situation, the delegation and the leadership of the national society are operating from neighbouring Kenya. This does not allow for day-to-day hands-on management of the operation in the field. Monitoring and supervision visits to most regions of the country were severely restricted due to the deteriorating security situation.

The coordination and management budget was under funded in 2002 forcing the delegation to cut two positions from an already under-resourced delegation. The coordination and management budget in 2003 will be spread over the programme budgets.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at ***http://www.ifrc.org****.*

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.12/2002 Somalia

Period: year 2002
Project(s): PSO001, 004, 101, 160, 401, 402, 403, 404, 405, 406, 407, 410, 512
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH Contributions	CASH Comments	KIND & SERVICES Goods/Services	KIND & SERVICES Personnel	TOTAL INCOME
Appeal budget	2,707,753				
less					
Cash brought forward	-318,353				
TOTAL ASSISTANCE SOUGHT	3,026,105				
Contributions from Donors					
American Red Cross (DNUS)	17,890				17,890
British Red Cross (DNGB)	373,190				373,190
Cyprus Red Cross (DNCY)	153				153
Donor - Unidentified (D000)	141,155				141,155
Finnish Govt.via Finnish Red Cross (DGNFI)	66,424				66,424
Finnish Red Cross (DNFI)	18,989				18,989
German Red Cross (DNDE)	118,146				118,146
Italian Red Cross (DNIT)	526,887				526,887
Japanese Red Cross (DNJP)	37,509				37,509
Netherlands Red Cross (DNNL)	9,806				9,806
New Zealand Red Cross (DNNZ)	744				744
Norwegian Govt.via Norwegian Red Cro (DGNNO)	307,200				307,200
Norwegian Red Cross (DNNO)	56,728				56,728
Swedish Govt.via Swedish Red Cross (DGNSE)	163,025				163,025
Swedish Red Cross (DNSE)	48,750				48,750
The World Bank (DH16)	451,156				451,156
United Arab Emirates Red Crescent (DNAE)	2,224				2,224
United States - Private Donors (DPUS)	662				662
Netherlands				59,959	59,959
Great Britain				22,505	22,505
TOTAL	**2,340,639**			**82,464**	**2,423,103**

II - Balance of funds

OPENING	-318,353
CASH INCOME Rcv'd	2,340,639
CASH EXPENDITURE	-1,989,785

CASH BALANCE	32,501

Appeal No & title: 01.12/2002 Somalia

Period: year 2002

Project(s): PSO001, 004, 101, 160, 401, 402, 403, 404, 405, 406, 407, 410, 512

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES Goods/services	KIND & SERVICES Personnel	TOTAL Expenditures	Variance
SUPPLIES						
Shelter & Construction						
Clothing & Textiles	*4,500*	1,457			1,457	3,043
Food & Seeds	*42,000*	37,531			37,531	4,469
Water & sanitation	*5,200*	4,271			4,271	929
Medical & First Aid	*241,100*	82,465			82,465	158,635
Teaching materials	*3,800*					3,800
Utensils & Tools						
Other relief supplies	*45,300*	41,039			41,039	4,261
Sub-Total	***341,900***	**166,763**			**166,763**	**175,137**
CAPITAL EXPENSES						
Land & Buildings						
Vehicles						
Computers & Telecom equip.	*54,500*	2,267			2,267	52,233
Medical equipment						
Other capital expenditures						
Sub-Total	***54,500***	**2,267**			**2,267**	**52,233**
TRANSPORT & STORAGE	*359,100*	310,528			310,528	**48,572**
Sub-Total	***359,100***	**310,528**			**310,528**	**48,572**
PERSONNEL						
Personnel (delegates)	*239,800*	114,732		82,464	197,196	42,604
Personnel (national staff)	*919,800*	731,952			731,952	187,848
Sub-Total	***1,159,600***	**846,683**		**82,464**	**929,147**	***230,453***
GENERAL & ADMINISTRATION						
Assessment/Monitoring/experts	*39,800*	95,839			95,839	*-56,039*
Travel & related expenses	*47,700*	21,475			21,475	*26,225*
Information expenses	*43,300*	2,643			2,643	*40,657*
Admin./general expenses	*236,000*	188,262			188,262	*47,738*
External workshops & Seminars	*128,000*	100,610			100,610	*27,390*
Sub-Total	***494,800***	**408,829**			**408,829**	***85,971***
PROGRAMME SUPPORT						
Programme management	*182,584*	**134,156**			134,156	*48,428*
Technical services	*54,656*	**40,167**			40,167	*14,489*
Professional services	*60,613*	**44,557**			44,557	*16,056*
Sub-Total	***297,853***	**218,880**			***218,880***	***78,973***
Operational provisions		**35,835**			**35,835**	***-35,835***
Transfers to National Societies						
TOTAL BUDGET	***2,707,753***	**1,989,785**		**82,464**	**2,072,249**	***635,504***