

PROGRAMME UPDATE



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

04 August 2003

Appeal no. 01.09/2003; Appeal target: CHF 2,365,686 (USD 1,606,970 or EUR 1,607,189)

Programme Update No. 2;

Period covered: April to June 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

For more information: www.ifrc.org

In Brief

Appeal coverage: 69.4%; please refer to the Contributions List for this appeal on the Federation's website.

Outstanding needs: CHF 723,182 (USD 529,803 or EUR 466,870)

Related Emergency or Annual Appeals: NA

Programme Summary: The 49 MCH/OPD (Mother Child Health/Out-patient) clinics and two hospitals of the Somali Red Crescent (SRCS) continued to provide essential health care to the Somali population. Their curative, preventive and health promotion services contributed significantly to the improvement of the health of the most vulnerable, especially children and women. During this quarter, the immunization coverage increased by 18% compared with the last quarter, indicating a clear increase in the coverage for all antigens in all the health facilities. The moderate malnutrition cases were reasonably contained from progressing to severe malnutrition and oedema. The increased and improved antenatal services helped to reduce pregnancy related complications among expectant mothers. The knowledge and communication skills acquired during HIV/AIDS training-of-trainers workshops in the second quarter has assisted SRCS health staff and volunteers to scale up awareness campaigns in the prevention and control HIV/AIDS. The effective response of the SRCS volunteers and health staff to the seasonal outbreaks of cholera coupled with support and contribution from other humanitarian partners greatly contributed to containing the spread of epidemic.

The continued financial support from donor sister societies and other partners have contributed to the saving of the lives of the most vulnerable people in Somalia.

General political and security situation remained volatile, posing a great threat to the humanitarian activities in Somalia; the escalation in inter-clan fighting and banditry severely constrained the humanitarian access to most parts of Somalia. Despite these enormous challenges and constraints the SRCS continued to provide the much-needed humanitarian services to the most vulnerable people of Somalia.

Operational developments

Political violence and banditry continued to prevail in most parts of central and south Somalia with increased loss in human lives and property. In Baidoa, the regional capital of Bay, the hospital director was attacked by gunmen at his residence, suffered serious injuries and narrowly escaped death. In Mogadishu a prominent eye doctor was shot dead in his clinic.

The North East of Puntland remained calm during the reporting period. The reconciliation and peace agreement signed at the end of May 2003 between the president of Puntland, Colonel Abdullahi Yusuf, and General Adde Muse, one of his main rivals paved the way for reconciliation, power sharing and stability in the region.

In the North West, Somaliland presidential elections were held on 14 April 2003 in which three candidates representing the three main political parties registered in Somaliland were in contention. The incumbent president Mr. Dahir Riyale Kahin of UDUB (Unity of Democrats) party won the elections with a narrow margin of eighty votes from his closest contestant Ahmed Mohammed Silanyo of Kulmiye party. The electioneering process was generally peaceful except for some tension when the results were announced with claims of irregularities in vote counting by the Kulmiye party. Somaliland is not recognised by the international community as an independent state.

The Somalia National Reconciliation Peace Process under the auspices of the Inter-Governmental Authority on Development (IGAD) is at the final stages of its second phase. There are a number of contentious issues remaining to be negotiated and resolved, among these the Somali transitional charter, which proposes a federal system of Government for Somalia. The process of electing the transitional parliament and the president, and the formation of a new transitional government, are expected to be finalised before the end of the term of the current transitional government.

In June 2003, the Government of Kenya imposed a flight ban on all the flights to/from Somalia following a security alert of possible terrorist attacks. The flight ban severely constrained accessibility of the humanitarian agencies to Somalia, but was fortunately lifted later the same month.

Although some progress has been achieved on the political front, the overall situation in Somalia in terms of humanitarian needs and constraints is not expected to improve in the foreseeable future.

Health and care

Goal: The severe vulnerability of Somali people to diseases due to lack of essential health care services is reduced.

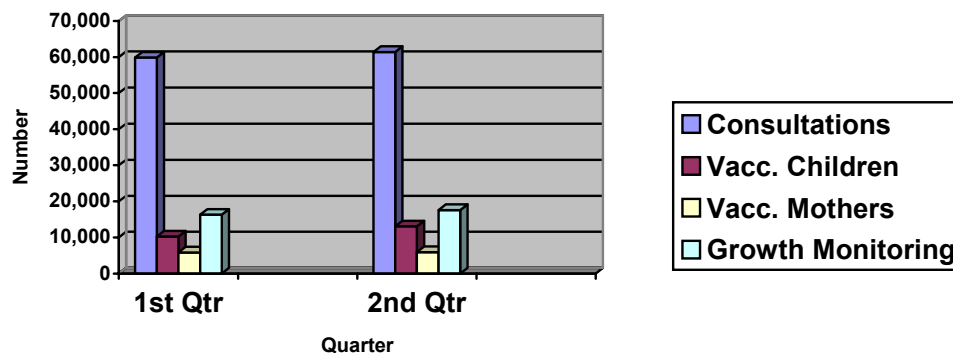
Objective: The Federation Secretariat provides support and assistance to the National Society to enable it to access the necessary technical and financial resources to implement its health programming.

Progress/Achievements

During the period under review, the SRCS Integrated Health Care program (IHCP) registered a moderate increase in the number of beneficiaries. Compared with the 1st quarter the number of beneficiaries increased from 92,265 to 98,028 which represents a 6.2% increase. The clinics service utilization rate also improved in the quarter as a result of increased activity by the SRCS health staff and volunteers in community sensitization through intensified health education sessions both at the clinics and community levels.

Table I: Attendance at clinics: first and second quarters 2003

Period	Consultations	Vaccination, Children	Vaccination, Mothers	Growth Monitoring	Total Beneficiaries
First Qtr	59,855	10,253	5,831	16,326	92,265
Second Qtr	61,401	13,082	5,938	17,607	98,028
% Increase	2.6	27.5	1.8	7.8	6.2

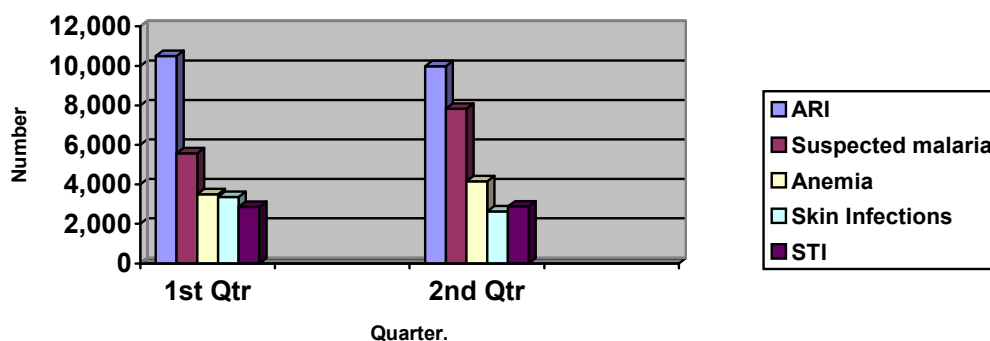


The morbidity pattern during the period under review features acute respiratory tract infections (ARI), suspected malaria, anemia, skin infections and sexually transmitted diseases (STD) as the main causes of ailment. The analysis of the clinics' statistics shows that ARIs are not influenced by the changes in the weather conditions; the prevalence of ARIs during the hot weather in the first quarter remained almost the same compared with the second quarter, though the weather cooled down due to the rains. The prevalence of diseases that are influenced by the weather changes showed some increase with the onset of the wet season; these include malaria, which increases in the rainy seasons, and anemia, one of the complications of malaria. On the other hand, skin infections recorded a decline due to increased availability of water for personal hygiene. The prevalence of STD that is not influenced by weather conditions remained unchanged.

Table II: Major causes of Morbidity: first and second quarters 2003

Five major diseases	First Qtr	Second Qtr	% increase/(decrease)
ARI	10,449	9,976	(4.5)
Suspected malaria	5,578	7,824	40.0
Anaemia	3,498	4,159	18.9
Skin Infections	3,361	2,625	(21.9)
STD	2,858	2,824	(1.2)

The first five major causes of morbidity in the 1st & 2nd quarter, 2003



Increased cases of diarrhea were reported for June 2003 in Puntland, Baidoa and Mogadishu, caused by Vibrio Cholera and types according to the WHO laboratory reports. The Federation responded to the outbreak by positioning oral re-hydration solution (ORS) stock in Baidoa, and through infusions and drugs in Garowe community hospital in Puntland. The reports from the field at the end of June indicated a significant reduction in new cases diagnosed with massive diarrhea. The intervention from SRCS health programme, with inputs from other health providers in the affected areas, contributed to the reduction of cases and containment of the outbreak.

Ante- and post-natal care continued to be offered in the clinics; 10,857 attendances were recorded for the second quarter as compared to 8,761 recorded in the first quarter, a 21% increase in utilization of this activity.

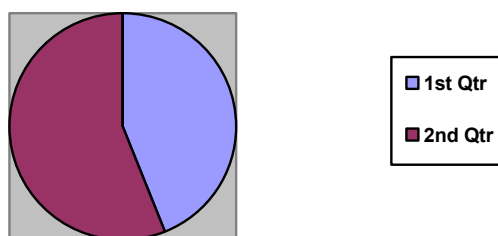
There was some improvement in data recording, analysis and reporting particularly in ante-natal repeat visits, post-natal first visits and repeat visits in some Puntland clinics. This follows monitoring visits to the clinics by the Federation Head of Somalia Delegation, the Health Economist Delegate and the Health Officer after more than one year without any monitoring visits in Puntland due to insecurity.

Immunization coverage for mothers and children saw a marked increase due to the stepping up of health education sessions at the clinics as well as an increase in the involvement of volunteers in tracing defaulters. A summary of the data is presented in the table and graph below

Table III: Immunization coverage: first and second quarters 2003

Beneficiaries	First Qtr	Second Qtr	% Increase
Children	10,253	13,082	27.5
Mothers	5,831	5,938	1.8

Comparison of EPI coverage for the 1st and 2nd quarter 2003.



Growth Monitoring

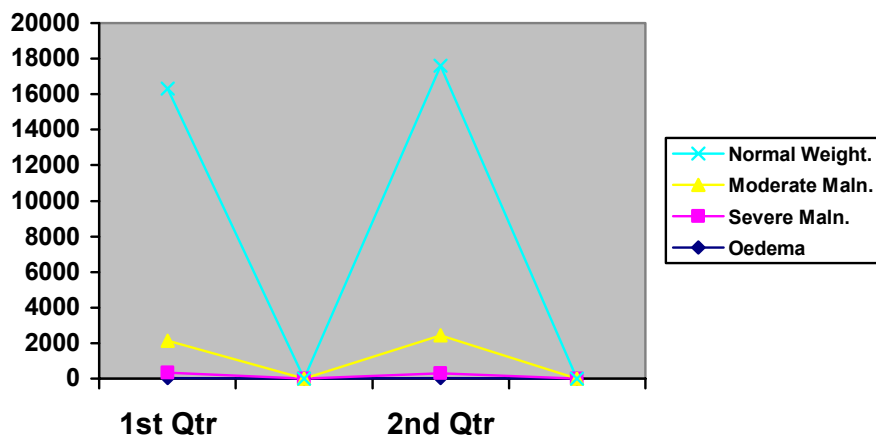
The reporting on children's growth monitoring is a routine activity in the national society's MCH/OPDs. During the period under review, 17,607 children were screened for signs of malnutrition related deficiencies which is a 78% increase compared to 16,326 in the first quarter. It is important to note that 11.5% of the total children screened in both quarters remain on the borderline state of moderate malnutrition. This status could have progressed to severe malnutrition and edema cases; however, through the use of volunteers at the clinic and community levels, a close and intensified follow-up and monitoring of defaulters helped stabilize the situation.

Summary of the data is presented in the table and graph below

Table IV: Growth monitoring statistics: first and second quarters 2003

Period	Edema	Severely Malnourished	Moderately Malnourished	Normal Weight	TOTAL
First Qtr	39	308	1,795	14,184	16,326
Second Qtr	40	271	2,111	15,185	17,607
Increase (decrease) %	2.5	(12.0)	17.6	7.0	7.8

Comparative Nutrition Status of the children screened at the SRCS Health clinics from January to June 2003.



Malaria

The Sheikh clinic in Somaliland and the Qarhis clinic in Puntland both run malaria microscopy services in their laboratories that are technically supported by WHO. These laboratory services save the beneficiaries time and resources that could have been spent on travel and other overheads to seek these services in Berbera or Garowe. The laboratory room in Addadley clinic has been completed with contributions from the community health committee, Hargiesa branch and the Federation, while the furniture is nearly completed. The facility will be operational as soon as the nurse in charge undergoes the necessary training on malaria microscopic investigations. Four other clinics in Somaliland have submitted requests to WHO for similar support: Adadley (East Galbeed), Bown (Awadal), Kenya (Burao/Toghdeer), and Kulmie (Erigavo/Sanag).

Impregnated bed nets supplied by UNICEF and WHO are distributed through the clinic outlets and have significantly assisted the beneficiaries, especially children and mothers against malaria. The SRCS clinics are keeping special registers to record the names and villages of the mothers who received the bed nets. These have been further developed to allow for monitoring and follow up by the SRCS volunteers and health staff to assess the impact of bed nets in the prevention and control of malaria.

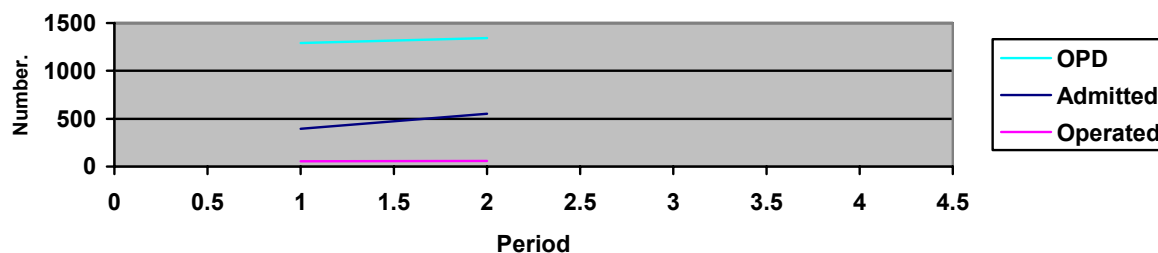
Garowe Community Hospital

The Garowe community hospital continues to serve as the only referral hospital in the Nugal region of Puntland. During the period under review, the over all hospital service utilization rates remained largely unchanged. The table below compares the hospital statistics for the 1st and 2nd quarters of 2003.

Table V: Garowe Community Hospital statistics: first and second quarters 2003

Garowe Hospital	Admissions	Discharges	Deaths	Laboratory	OPD/ER	Operations	Deliveries	X-ray	Dressing	Total
First Qtr	394	346	7	861	1,289	56	40	427	1,095	4,515
Second Qtr	551	347	14	686	1,342	61	69	360	1,077	4,507
Increase (decrease) %	39.8	0.3	100.0	(20.3)	4.1	8.9	72.5	(15.6)	(1.6)	(0.17)

**OPD attendance, ward admission, and operations at Garowe Hospital
for first and second Quarter 2003.**



The increase in admissions is attributed to a cholera outbreak in the month of June reported in Bosasso, Galkayo, and Garowe town and its environs. Most of these cholera cases were referred to the Garowe community hospital for care and management. The main causes of morbidity according to the hospital statistics were malaria, watery diarrhea and trauma.

HIV/AIDS

Two training-of-trainers (ToT) workshops for 53 SRCS senior health staff and volunteers from 10 SRCS branches from the south and central zones of Somalia were held in Belet weyn, Hiran region in June 2003. The main objective was to build the capacity of the SRCS health staff and volunteers by improving their knowledge, communication skills and ability to train other SRCS staff and volunteers, and to identify community groups to carry out education and awareness campaigns for the prevention and control of HIV/AIDS. Through these two workshops and a previous one in Somaliland for the North East and North West zones, the Federation Delegation and the SRCS have completed the training plan on HIV/AIDS for SRCS staff and volunteers. The participants of the three workshops have prepared work plans to train the target groups in their respective areas. The plans are currently under review by the Federation Delegation and the SRCS management to standardize and harmonize the approach for training at the branch district level.

Post- conflict Health Sector Recovery Project.

Thirty-four members representing four community health committees of Puntland (Qarhis, Dongoroyo, Harfo, Ba'adweyn) were trained on community management skills to build their capacity to play an active role in the management and resource mobilization of their respective health facilities. After consultations with their communities, these committees are expected to prepare action plans for their respective health facilities.

The Qarhis clinic community health committee undertook the task of building a perimeter wall at the clinic. The community has contributed 30% of the cost (USD 1,197); the remainder (70%, USD 2,729) is funded by the project.

Partnerships

UNICEF has renewed its partnership cooperation agreement with the SRCS for the supply of drug kits and vaccines, and for the maintenance of the cold chain facilities. Within the new agreement, UNICEF now supplies drug kits to 47 of 49 clinics run by the SRCS throughout Somalia.

A WHO laboratory technician visits Qarhis clinic in Puntland and Sheikh Clinic in Somaliland on a regular basis for quality control, and has expressed satisfaction with the services provided. It is considering further training for the SRCS staff to increase the range of the investigations undertaken by the laboratories.

Impact

The intensified health education sessions, and the food demonstration for mothers at the clinic and community level, have influenced the health-seeking behaviour of the target population. Instead of self-medication, patronage of local chemists run by unqualified personnel or visiting traditional healers, more people are accessing the organized health care services at the SRCS MCH/OPD clinics. The growth monitoring results revealed that the nutrition status of those on the borderline (11.5% moderate malnutrition) did not deteriorate to severe malnutrition or edema. The

increase in ante-natal services at the clinics, coupled with regular home visits carried out by the midwives and traditional birth attendants (TBAs), contributed to the reduction of pregnancy-related complications during and after child birth.

Constraints

Insecurity due to sporadic violence, inter-clan fighting and banditry - particularly in the south and central zone of Somalia - continued to deny the Federation Delegation staff access to the clinics for technical support. The flight ban imposed by the Kenyan Government disrupted delivery of supplies to the clinics; this resulted in a backlog of cargo that will take a long time to be cleared using ECHO and ICRC flights. The situation has improved slightly following the lifting of the ban.

Three clinics in Puntland (Dongoroyo, Godobjiran and Harfo) are functioning without qualified nurses and/or midwives following the departure or indisposition of staff at these clinics. This has affected the quality of service at the health facilities and the SRCS is in consultation with the Ministry of Health of Puntland to fill the vacant positions. The Federation Delegation and SRCS will also perform a monitoring visit in the third quarter to follow up the issue to ensure better provision of the health services by the affected.

The SRCS health staff has been encouraged to intensify their home visits and health education and prevention activities to influence the attitude of the community towards immunization, with the aim of increasing the coverage among children and mothers.

The Federation Delegation staff will intensify the supervision and monitoring visits to provide the technical support to SRCS health staff in order to address the weaknesses identified in the programme, especially in the regions that have not received adequate technical support due to inaccessibility.

The Federation Delegation staff will also follow up on the recommendations made during previous visits to Garowe Community hospital management and the ministry of health of Puntland to address some of the weaknesses and gaps in the management of the hospital to improve the quality of the services and increase their utilization rate.

Disaster Management

Goal: The vulnerability of 900,000 people in the disaster prone regions of Somalia is reduced.

Objective: The capacity of Somalia Red Crescent in terms of operating systems, human resources base and collaboration with partners to respond and manage recurring disasters is increased through Federation support.

Progress/Achievements

Expected Result 1: Somali Red Crescent has provided timely warning and assessment of emergencies within the country.

Progress on this expected result is minimal, as no training on assessment has been conducted due to the change of priorities of the SRCS, and due also to the late approval of the budget. Nonetheless, the SRCS branches in Mogadishu, Belet Weyne, Baidoa, Bossaso and Galkayo have effectively responded to outbreaks of cholera, a seasonal emergency. The health staffs of these branches have sent alerts to the Federation Delegation, ICRC, and other partners on the expected outbreak and have subsequently received assistance from partners including ICRC, WHO and UNICEF in containing them. As a preparedness measure, the SRCS trained 40 volunteers in the administration of ORS corners, water chlorination techniques, hygiene promotion and support to the MCH/OPD clinics in the affected districts of Bala'ad, Afgoi north and south Mogadishu; the Federation provided financial and technical support for this training.

Expected Result 2: Community groups in ten branches have been formed.

This expected result was not achieved as the SRCS has given priority to the establishment of new branch committees, the activation of old branches and expanding the branches' coverage to the district levels. It is deferred to fourth quarter of the year.

Expected Result 3: Somalia Red Crescent branches in ten regions have prepared contingency plans for floods, drought and epidemic outbreaks and made them operational by end of 2003.

The SRCS has reviewed its disaster management objectives and decided to limit its interventions on the response to epidemiological emergencies. ICRC will lead the response actions for floods and food security. However, the SRCS has prepared a plan to conduct branch vulnerability capacity analysis (VCA) in three branches related to the epidemiological emergency response. The proposal is being negotiated with the Federation and the ICRC, and is targeted for implementation during the fourth quarter of 2003.

Expected Result 4: Somali Red Crescent in ten regions have contributed to international monitoring and response to disaster situations in Somalia by working closely with ICRC, Somalia Food Security Assessment Unit (FSAU), WHO, and UNICEF.

The SRCS network of MCH/OPD clinics are perceived by partners (UNICEF, WHO, FSAU) as a reliable source of data. The children growth monitoring data is used by the FSAU in assessing the nutritional status; to determine the vaccination coverage, UNICEF and WHO use the under five statistics and vaccination records. The following quote from a mission report by Dr. Sergio Pieche of WHO shows the confidence in SRCS clinics: "In a situation where it is difficult to obtain data, the SRCS activities show commitment to improving services and using data to plan their activities."

SRCS branches continued to run First Aid classes for volunteers as part of conflict preparedness, supported by the ICRC. The First Aid training activities are becoming more organized and self-sustaining following the development of a First Aid manual (sponsored financially by the ICRC with technical input from the Federation).

Constraints

The volatile security situation in most parts of the south and central zone of Somalia severely restricted the Federation Delegation staff to carry out monitoring and supervision visits to give support to the SRCS branches and engage them effectively to implement the planned activities.

The late approval of a limited budget (2 July 2003) for the disaster management programme restricted implementation of the planned activities in the second quarter.

Since the approved budget is limited, the Federation Delegation is negotiating with the SRCS to focus on the health emergency preparedness, and will encourage the SRCS to review the VCA plan and branch capacity analysis to match the available funds.

Organisational Development

Goal: The capacity of the Somali Red Crescent Society to adequately function and manage its programmes that assist the most vulnerable people is increased.

Objective: The National Society' institutional capacity and its progress towards operating as a well-functioning National Society is enhanced through Secretariat support.

Progress/Achievements

Little progress has been made to implement the activities that can achieve the expected results of this objective. Branch development, finance development and human resource systems development were put on hold awaiting the completion of the SRCS restructuring process. However, some progress has been made on the development of the volunteer management policy.

A training workshop on volunteer management was held in June 2003 for volunteers from the 19 SRCS branches, resulting in the drafting of a volunteer management policy and guidelines; these were circulated to the branches, Federation and ICRC for comments and input. The ICRC provided the funds and supported the logistics for the workshop, while the Federation Nairobi Regional Delegation and Africa OD Unit facilitated the workshop. The SRCS executive committee will discuss the draft in the third quarter with a view towards its adoption by an all-inclusive meeting of the national society in the fourth quarter. The restructuring process for the branches is ongoing

and expected to be completed before the end of 2003. Negotiations to develop the strategic plan have started and the first draft is to be completed by the end of the third quarter.

The investment in the SRCS website is starting to show return. Through this website, the SRCS resource mobilization efforts have shown results. The Somali overseas communities (diaspora) have begun to remit contributions to support the SRCS activities in a number of branches:

- The Somali community in the UK has supported the Somaliland coordination office by means of a USD 1,970 contribution for the outreach services of the Rehabilitation and Physiotherapy centre for the disabled in Hargiesa.
- The Somali diaspora now remits USD 300 on a monthly basis to cover the administrative overhead for the newly established branches of Bossaso in Puntland, Merka in Lower Shabelle and Jowhar in Middle Shabelle.

Constraints

Funding to cover all the activities of the original plan was not secured, hence the review of the budget and prioritization of the activities to match the funds available. This has led to the delay of the OD budget approval, anticipated in the beginning of the third quarter.

The Federation Delegation is negotiating with the SRCS to prioritize the activities according to the available funds. The focus during the third quarter will be on the development of the SRCS strategic plan and branch management skills for the secretaries of the newly created branches.

The deteriorating security situation in the south and central zones has also slowed down the branches restructuring process.

Humanitarian Values

Goal: Red Cross and Red Crescent Fundamental Principles and Humanitarian Values are known and respected throughout Somalia and, as a result, discrimination against vulnerable groups is reduced.

Objective: The Federation Secretariat supports Somalia Red Crescent by increasing its capacity to promote Red Cross and Red Crescent Fundamental Principles and Humanitarian values.

Progress/Achievements

The Federation is complementing the ICRC lead role in supporting the SRCS to promote the humanitarian values through dissemination and communication activities. The Federation support is built in the activities of the health programme whereby advocacy on humanitarian values is addressed during monitoring and supervision visits and during training workshops. The fight against stigma and discrimination associated with HIV/AIDS was addressed during the three training of trainers (ToT) workshops organized for all the SRCS branches in the three zones. All SRCS branches celebrated the Red Cross and Red Crescent Day on the 8th May where the RC/RC Fundamental principles and the fight against stigma discrimination messages were communicated to the public through the local media and theatre groups. The Head of Federation Delegation also joined the SRCS branches in Somaliland to commemorate the RC/RC Day which was also attended by the government officials, representatives of the international and local organizations and the general public.

Coordination

Goal: The Somali Red Crescent Society has taken the necessary steps to revive its governance structures and become a well-functioning national society able to respond effectively to the needs of the vulnerable people of Somalia

Objective: The Somali Red Crescent Society's integrated capacity building planning and implementation skills are ensured by the Federation through participatory facilitation.

Progress/Achievements

Even though the Federation Delegation still operates from its base in neighbouring Kenya due to the security situation, the Federation Delegation staff continues to play a proactive role in working directly with the branches. During the reporting period, five monitoring and supervision missions were undertaken to Puntland in the northeast, three missions to Somaliland in northwest and one to Mogadishu in which technical support and assistance was provided to the branches to implement the planned activities. The Federation Delegation has also continued to work closely with the President and the Secretary General of the SRCS who continue to manage the national society from the SRCS coordination office in Nairobi.

Regular contacts and coordination meetings are maintained with the ICRC and the representatives of the Norwegian, German and American Red Cross liaison offices in Nairobi for updates on the implementation of SRCS programmes, and often mobilize financial support to fill the gaps in funding of some specific activities.

The Federation Delegation partnership with the World Bank continually strengthens. In June the Federation Delegation and the SRCS organized a field trip for a high-level delegation from the World Bank comprising the Country Director and staff from Washington and Kenya country office to the Somali health sector recovery pilot project in Qarhis village of Puntland. The World Bank team deeply appreciated this support; their country director issued a letter of appreciation to the Federation Delegation for organizing the visit.

Constraints

The volatile security situation continued to hamper the access to the south and central zones which compromised the quality of the supervision and monitoring activities of the Federation Delegation and senior SRCS staff.

International Representation

Goal: The Federation has a high profile as a key humanitarian actor and advocate in the region with the added advantage of a network of national societies able to deliver services at community level.

Objective: The coordination and support from the international community to the Federation's strategic direction and priority areas have increased.

Progress/Achievements

The Federation Delegation continued to play an active role in the Somalia Aid Coordination Body (SACB) meetings profiling the Federation as a credible partner able to coordinate humanitarian assistance to the most vulnerable people in Somalia. The Federation Delegation has also established good relations with embassies of the donor governments accredited to Kenya through regular contacts and sharing of quarterly narrative and financial reports. As a result of this networking, the Federation and SRCS have been selected by the World Bank/UNDP to implement the support to community managed health clinics component of its HIV/AIDS LICUS (Low Income Countries Under Stress/Country Re-engagement Note) strategy for Somalia. Consequently, the Federation Delegation has been selected as a member of the HIV/AIDS task force together with WHO, UNICEF and UNFPA.

For further information please contact:

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

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

APPEAL No. 01.09/2003

PLEDGES RECEIVED

19/08/03

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->					2,365,687	TOTAL COVERAGE 69.4%	
CASH CARRIED FORWARD				42,927			
AMERICAN - RC		40,000	USD	55,620	22/01/03	GAROE CLINICS	
AMERICAN - RC		9,980	USD	13,483	20.06.03	HIV/AIDS TOT WORKSHOP, DIRECTLY TO DELEGATION	
BRITISH - RC				267,140	03.03.03	CLINICS OPERATION	
BRITISH - RC		10,000	GBP	21,480	03.03.03	HEALTH & CARE	
CYPRUS - RC				344	24/01/03		
FINNISH - GOVT/RC		42,887	EUR	62,765	05.02.03	HEALTH & ORGANISAT. DEV.	
GERMAN - RC		50,000	EUR	73,775	28.04.03	YAGORI/ERIGAVO CLINICS	
LIBYAN - RC				3,000	24.05.03		
NETHERLANDS - GOVT		11,679	EUR	17,232	10.03.03	SOMALI RC HEALTH STAFF	
NORWEGIAN - GOVT/RC		2,000	NOK	377,500	06.03.03	4 BAIDOA CLINICS	
SWEDISH - GOVT		1,200,000	SEK	192,000	08.04.03	HEALTH & CARE, DISASTER MGT, ORGANISATIONAL DEV.	
WORLD BANK		239,370	USD	325,544	30.04.03	REHABILITATION HEALTH SECTOR	
WORLD BANK		95,394	USD	129,735	30.04.03	REHABILITATION HEALTH SECTOR	
SUB/TOTAL RECEIVED IN CASH				1,582,545	CHF		66.9%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATE(S)			59,959		
SUB/TOTAL RECEIVED IN KIND/SERVICES				59,959	CHF	2.5%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	