

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

30 April 2005

In Brief

Appeal No.: 01.05/2004 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/010504.pdf

Appeal target: CHF 1,936,068 (USD 1,454,050 or EUR 1,246,262); revised on 26 February 2004 to CHF 2,138,687

Appeal coverage: 112.8% ([Click here to access the final financial report](#))

Appeal 2005: Somalia no. 05AA002 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA002.pdf

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Overall analysis of the programme

Somalia remained without a functional central government for most of the year and the majority of the population still faces inadequate social services, important among these being health and education. The security situation remained fragile with a protracted and intermittent armed conflict in some parts of the country that resulted in deepening levels of poverty, deprivation and vulnerability. However, following a protracted peace process mediated by the Kenyan government, a political breakthrough was made in December 2004 with the election of a President and Prime Minister and the formation of a nascent Transitional Federal Government. The government now faces the massive challenge of relocating to Somalia and establishing a clear and legitimate mandate and rule of law.

The ongoing conflict and insecurity was compounded by recurrent cycles of natural disasters including floods, drought and epidemiological outbreaks. A severe drought which affected most parts of Somalia during the year - particularly the Sool plateau and parts of Nugal and Mudug regions - increased the population's vulnerabilities. Heavy torrential rains that followed the drought served to exacerbate the conditions of both humans and livestock; it prompted the migration of the nomadic population in search of water and pasture and the establishment of camps for internally displaced persons in various parts of Nugal and Mudug regions.

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Somalia was also among the countries in the East Africa region that was affected by the tsunami tidal wave of 26 December 2004. The most affected areas were in Bari region and included Xaafuun, Bender Beila and many other small villages along the coastline. The Somali Red Crescent Society¹ was among the first organizations to reach and provide assistance to the affected people. The experience and lesson learnt from the disaster led the Somali Red Crescent to undertake a review its disaster management and response and to define its medium to long term intervention in the affected areas.

During 2004, the Somali Red Crescent developed and adopted its 5-years health strategy and the volunteer management guidelines in line with its national strategy.

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 to improve the health status of 600,000 vulnerable people in Somalia with special attention to the health of mothers and children.

Curative services at MCH/OPD level

The Somali Red Crescent run clinics continued to provide health promotion, preventive and curative services to beneficiaries throughout the year. The Somali Red Crescent Integrated Health Care programme (IHCP) recorded a 6.5% increase in out-patient department (OPD) consultations, from 231,479 in 2003 to 246,427 in 2004. Similarly, the number of children and mothers vaccinated increased by 19% and 17% respectively and the number of children screened for malnutrition increased by 9% in 2004. The maternal child health/OPD offered the much needed first health intervention and addressed most of the common diseases at the primary level; this led to a reduction in morbidity and mortality rates. Referrals for further management were made where necessary, either from the traditional birth attendants (TBA) to the clinic or from the clinic to the hospitals in the catchment areas. Out of the 24 supported clinics, 23 (96%) continued to receive drugs from UNICEF; the Federation provided back up drugs to cater for delays and supplementary drugs not included in the UNICEF kit.

Table 1: Clinic visits, 2003 compared to 2004

Period	Consultations	Vaccination Children	Vaccination Mothers	Growth Monitoring
2003	231,479	46,499	22,619	64,523
2004	246,427	55,237	26,524	70,127
% increase (decrease)	6.5%	19%	17%	9%

Constraints

Natural disasters (principally drought and floods) and the nature of the communities served (a large proportion being nomadic and thus highly mobile) affected clinic utilization in some areas. The disasters had devastating effects on the people and livestock, leading to mass migration and establishment of camps for internally displaced persons (IDP). The Somali Red Crescent like most organizations did not have a concrete plan for the IDP, and instead conducted some outreach activities to treat minor illnesses, immunize and weigh children. The IDP needs remain a challenge to all and a concrete plan needs to be adopted through a co-ordinated effort involving the emerging authorities.

¹ Somali Red Crescent Society – <http://www.ifrc.org/where/country/check.asp?countryid=157>

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Health facilities in some areas such as Baidoa, two clinics in Somaliland (Yagori and Erigavo) and Galkayo South in Mudug region in Puntland could not be accessed by the delegation staff for the whole year due to insecurity.

Delay in drug supply by UNICEF was sometimes experienced. In such circumstances the Federation provided some buffer stock to cater for unforeseen delays and any increased needs e.g. in case of outbreaks. Communication problems with the field were also experienced, leading to delayed reporting and feedback process.

Despite all the challenges, the IHCP continued to provide health services to the community in close collaboration with the branch and the community health committee (CHC) that demonstrated solid commitment to provide the necessary support to the clinics to function under a complicated political and security context.

Immunization services

A total of 81,761 children and women were vaccinated during the year, marking a substantial 18% increase compared to 2003. UNICEF continued to provide vaccines and cold-chain equipment to three clinics in Puntland (Jariban, Eyl and Dangoroyo) and two others (Kansahdere and Bardale) in the southern zone. This was aimed at covering the long-standing gap in immunization activities in these areas due to lack of cold chain equipment in the facilities.

Three clinics in Puntland (Dongoroyo, Eyl and Jeriban) embarked on outreach activities in an effort to increase its immunization coverage. Four clinics in Puntland (Harfo, Jeriban, Badweyn and Eyl) and two in Mogadishu (Balad and Afgoi) also undertook acceleration activities on immunization. The cumulative figures of vaccination are reflected in the table below.



A Somali Red Crescent health worker vaccinates a child.

Table 2: Vaccination coverage of women and children, 2003 compared to 2004

Reporting period	Vaccines		Total
	Children	Women	
Jan - Dec 2003	46,499	22,619	69,118
Jan - Dec 2004	55,237	26,524	81,761
% increase/decrease	19%	17%	18%

Constraints

Inadequate cold chain maintenance by UNICEF led to service interruption for some months in some clinics. A shortage of specific antigens i.e. BCG was sometimes experienced in some Somaliland clinics. This was rectified by the Regional Medical Officer and UNICEF.

Growth monitoring

A total of 70,127 children were screened for malnutrition in 2004, accounting for a 9% increase from 2003; the increase is attributed to outreach and intensified EPI acceleration activities. The use of contaminated water in the dry season and inadequate food due to prolonged drought were some of the significant causes for the increase of malnutrition and diarrhoea. Consequently, Somali Red Crescent volunteers and clinic staff intensified health education on the use of clean water, environmental and personal hygiene

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WFP provided supplementary food (supermix) to the malnourished children in the drought affected areas; the Somali Red Crescent staff and volunteers assisted in the distribution of the supermix to all moderately and severely malnourished children in the targeted areas. The Somali Red Crescent staff and volunteers also participated in organised nutrition surveys conducted by Food Security Assessment Unit (FSAU).

Table 3: Number of children screened for malnutrition, 2003 compared to 2004.

Reporting period	Oedema	Severe malnutrition	Moderate malnutrition	Normal Weight	Total
January-December 2003	153	1,038	7,521	55,811	64,523
January-December 2004	212	1,300	8,948	59,670	70,127
% increase (decrease)	4%	3%	2%	7%	9%

Antenatal and Postnatal care

A total of **45,073** women visited the clinic for ante- and postnatal care, recording a 4% increase from the previous year. The Somali Red Crescent trained a total of 192 TBA (eight in each clinic catchment area) on community obstetric care to improve their skills in home obstetric care, correct identification of high-risk cases and appropriate referral to the clinic. The training was also aimed at forging relationship between the clinic midwife and the TBA to ensure adherence of standards by the TBA; these TBA abs midwives undertook home visits during both antenatal and postnatal period. Linkages have also been forged between the clinic staff and community based actors through continuous monitoring and regular updates

Table 4: Number of women visiting Somali Red Crescent clinics for ante- and post-natal care, 2003 compared to 2004

Reporting period	Ante-natal and post-natal
January-December 2003	43,291
January-December 2004	45,073
% increase (decrease)	4%

Capacity building

The Somalia delegation team made 11 field monitoring and technical support visits to the Somali Red Crescent health officers. Gaps identified during supervisory visits were used to design appropriate capacity building and training needs as well as on-job training to the health officers who in turn transferred the knowledge to the clinic staff and volunteers. This led to marked improvement in the quality of service provided by the Somali Red Crescent clinics.

In line with the African Red Cross Health Initiative (ARCHI) strategy, the IHCP continued to strengthen its interventions with sustainable networks of community volunteers. ARCHI toolkits were adapted, translated and distributed for use by volunteers for community education and awareness creation on priority public health issues.

Monitoring, Training and Supervision.

Branch health officers undertook monthly supervisory and monitoring visits of the Somali Red Crescent facilities which were reinforced by regular field visits by the Federation health team. Despite the high monitoring coverage, some clinics still lagged behind and also experienced some technical problems, e.g. correct patient management. This was addressed through formal training of the clinic staff on patient and clinic management. All auxiliary nurses (100%) had refresher training during the year. The midwives were developed as trainers-of-trainers (ToT) for the TBA to increase their knowledge and skills base, identify their key roles as well as to build stronger partnerships with the TBA as important actors at the community level. These monitoring visits and training contributed to a significant improvement in the performance of the clinic staff.

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The Somali Red Crescent health officers participated in a 5-day consultative workshop to develop the society's five-year health strategy. In the light of building synergy with other society's programmes, the health officers also participated in disaster management training on vulnerability and capacity assessment (VCA) in the last quarter of the year.

Volunteers' response (health related activities)

The Somali Red Crescent adopted its volunteer management and policy guidelines during the all-inclusive meeting held in Djibouti in May 2004. Following the completion of the decentralization process, the Somali Red Crescent trained the district focal persons (four persons per district) to strengthen their capacities in steering the Somali Red Crescent programming at the district level. The training covered volunteer management, humanitarian values, the Fundamental Principles of the International Red Cross and Red Crescent Movement, first aid, HIV/AIDS, disaster management, rehabilitation services for the disabled, tracing and health education. The branches have continued with regular first aid training following the development a training manual.

Each of the Somali Red Crescent clinics is assigned 20 active volunteers who assist the clinic staff both in static and community outreach health activities. These volunteers were instrumental in assisting the clinic staff cholera response and control activities through the distribution of oral re-hydration solutions (ORS), chlorination of wells and community awareness and preparedness against cholera outbreaks. Red Crescent volunteers also disseminated general health education messages to the communities; women and youth were the primary beneficiaries of the continuous health education.

Significant improvements were noted as a result of the health education particularly in the early identification of risk factors and appropriate referral for further management. Fewer outbreaks of diarrhoeal diseases were also recorded. There was also a significant increase in vaccination coverage.

Health Sector Recovery Programme

Community health committees (CHC) from 17 out of the 24 clinics (63%) under Federation support, and two CHC under bilateral support, benefited from training during the year and were introduced to the terms of reference (ToR), communication and reporting, and operating guidelines to enable them perform effectively. These committees took a lead role in social mobilization and response to the outbreak of cholera in the community.

Somali Red Crescent branch health officers participated attended the community action planning (CAP) workshop organized by the Somalia Delegation in 2004. Following this, the health officers have assisted the CHC to replicate the "community management model" in two clinics in Puntland (Harfo and Hasbahale) and two other clinics in Somaliland (Dilla and Odwein).

The pilot community of Qarhis contributed about 60% of its anticipated total contribution under the Health Sector Recovery Programme. In anticipation of the replication of the project in Mogadishu branch, the CHC undertook intensive sensitization drive to mobilize community support for the cost sharing initiative. Unfortunately the community could not make a contribution due to the effects of repeated natural disasters especially prolonged drought and floods that led to loss of livestock which is the main source of their livelihood.

An external evaluation of the Health Sector Recovery Programme carried out in June 2004 highlighted the major achievements and made recommendations for improvement. The final element of the World Bank support – a set of learning and programming tools for post-conflict programming and community management of services – will be finalised for distribution and pilot use in 2005.

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Constraints

The volunteer guidelines have yet to be put into operation. As an entry point, a branch development assessment covering all aspects of the branch development including the volunteer management will be undertaken in 2005.

Despite the communities' willingness to contribute to their own health services in the pilot areas, their means of livelihood has been affected by the repeated natural disasters. This has led to delays in full community contributions.

HIV/AIDS

All the 19 Somali Red Crescent branches, including the clinic team leaders as ToT, received a comprehensive training in April 2004. In addition, 30 participants from Puntland and South and Central zone also received a participatory education theatre (PET); these in turn trained six volunteers in their clinic catchment areas to form theater groups. These theatre groups have actively provided education to the communities through awareness campaigns on dangers and prevention of HIV/AIDS.

All the 19 branches of the Somali Red Crescent were instrumental in community activities to commemorate the World AIDS Day on 1 December 2004. The national society mobilized several hundred volunteers and staff to carry out a range of activities including marches, debates, drama performances and public awareness drives to mark the day.

With the expiry of its current HIV/AIDS strategy (2002-2004), the Somali Red Crescent has developed terms of reference for a consultancy to prepare its new HIV/AIDS strategy (2005-2009) in line with the Somalia Aid Co-ordination Body (SACB) strategy for Somalia and the national society's own 5-years health strategy. The focus of the strategy will be on the prevention and control of the spread of sexually-transmitted infections (STI) and HIV/AIDS as well as advocacy against stigma and discrimination through community awareness creation. The programme will also expand to progressively establish integrated VCT centres and introduce measures for the prevention of mother-to-child transmission (PMTCT) where applicable. The national society is further exploring the possibilities to access the HIV/AIDS component of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The Somali Red Crescent is a member of the SACB GFATM Taskforce.

Malaria

Malaria is one of the endemic diseases in Somalia. The national society has attracted USD 82,092 from GFATM for its malaria activities for two years in all its operational areas. The proposal is aimed at improving case management, capacity building of staff and community mobilization for prevention activities. The Somali Red Crescent was also actively involved in the national malariometric survey conducted under the WHO umbrella.

Constraint

The release of funds from GFATM is taking considerably longer than anticipated. This in turn affected the implementation timetable.

Partnership

The Somali Red Crescent continued its good working relationships with the relevant local health authorities and several UN agencies, particularly UNICEF which supplies vaccines and drugs to most of the Somali Red Crescent clinics, and WHO which supplies reagents, quality control and technical capacity building to a number of clinics. The Food Security Assessment Unit (FSAU) involved the Somali Red Crescent volunteers and staff in conducting nutritional surveys and data collection through monthly reporting on the nutrition/food security situations in its operational areas.

The SACB health sector committee meetings continued to be an important forum for information sharing and formulation of strategies in dealing with the health issues in Somalia. Cooperation with the ICRC, Netherlands Red Cross and the Norwegian Red Cross has seen a significant improvement in the area of knowledge sharing, planning and coordination of support to the national society.

Garowe Community Hospital

Progress and achievements

Garowe hospital recorded 14,802 consultations in 2004, compared to 15,933 in 2003, a decrease of 7%. This decrease is attributed to mushrooming private clinics and pharmacies as well as delays in statistical reporting. Problems in retaining experienced personnel to deal with the health information system, especially the statistical aspects, were major constraints which affected the quality, timelines and completeness of reports from the hospital.

Table 5: Number and type of consultations, Garowe Community Hospital, 2003 compared to 2004

<i>PERIOD</i>	Admissions	Discharges	Deaths	Laboratory	OPD/ER	Operations	Deliveries	X-ray	Dressing	Total
2003	1,743	1,212	36	2,034	4,596	309	226	1,657	4,120	15,933
2004	2,207	1,962	42	1,274	3,776	223	160	1,191	3,967	14,802.
% increase (decrease)	27%	62%	17%	(37%)	(18%)	(28%)	(29%)	(28%)	(4%)	(7%)

Morbidity and Mortality.

The leading cause of morbidity and mortality at the hospital during the reporting period were diarrhoea, trauma due to accidents and malaria. These are captured in the table below.

Table 6: Leading causes of morbidity, Garowe Community Hospital, 2004

	Trauma	Acute respiratory infection (ARI)	Malaria	Diarrhoea	Urinary tract infection (UTI)	Lower respiratory tract infection (LRTI)
Garowe, 2004	289	105	229	343	60	144

The construction of the hospital tuberculosis treatment centre was completed in the year, and the Federation continued to support the hospital with technical expertise and medical supplies. However, the Somali Red Crescent and the hospital management need to follow up with the concerned authorities to provide drugs and train the staff on tuberculosis (TB) treatment regime.

Constraints

Delays in airlifting of drugs from Nairobi to Garowe, due to unavailability of cargo space, was a major constraint experienced in the year. Alternative means of transportation are being reviewed.

The resignation of the health information officer in the 4th quarter contributed to poor quality data being reported. There were no coordination mechanisms between the different stakeholders supporting the hospital, the Ministry of Health, the community, Somali Red Crescent/Federation, CARE and UN agencies during the year under review. A memorandum of understanding between the stakeholders is planned in 2005. Planned trainings were not undertaken since they were awaiting staff and management re-organization by the Ministry of Health.

Disaster Management

Goal: The vulnerability of the Somali people to disasters is reduced.

Objective: The capacity of Somali 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 and achievements

The disaster management programme made little progress for the greater part of the year due to the resignation of the Society's director of disaster management and tracing early in 2004. Nonetheless Somalia experienced several different disasters during the year for which the Somali Red Crescent was in the forefront in providing response through its volunteers. The national society branches in Mogadishu, Baidoa and Belet Weyne responded to a cholera outbreak in the areas where Somali Red Crescent is running MCH/OPD clinics. The volunteers attached to these clinics mobilized the community to provide assistance to the hygiene promotion campaigns, distribution and pre-positioning of ORS, and chlorinating of water wells.

Somali Red Crescent staff and volunteers also participated in drought intervention activities carried out in Sool and Sanaag regions, Dahil district and around Erigaavo. From their screening of children in 12 villages, a global malnutrition of 17.8% and severe malnutrition of 0.3% was noted. The Somali Red Crescent was involved in the distribution of supermix in the targeted areas.

When the tsunami hit the Puntland coast on 26 December 2004, the Somali Red Crescent branch in Bosaso and the Iskushuban and Ufeyn sub-branches mobilized around 70 volunteers to assist the affected populations. The volunteers provided health and sanitation services as well as first aid, referral to hospitals, and psychological support to families and relatives of the deceased. The clinic staff from Eyl and Jeriban carried out outreach activities in the affected areas to treat minor ailments.

The volunteers also participated in hygiene and sanitation promotion, chlorination of water sources and provision of household chlorination services, and ORS distribution in collaboration with UNICEF.

The Federation's Somalia delegation with support from the regional disaster management unit organized a VCA training workshop in December for key branch personnel and volunteers from four branches along with headquarter staff. Training for all the remaining branches will be conducted in 2005.

A clear need to continue building the capacity of the national society branches on disaster preparedness and response emerged in the aftermath of the tsunami disaster. Other medium- to long-term needs have been identified through an operational review of the tsunami response conducted in January 2005.

Constraints

The resignation and departure of the Somali Red Crescent disaster management and tracing office adversely affected the programme implementation timeline. The national society is in the process of recruiting a replacement to steer the department, although no tangible progress had been made by the end of 2004.

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 Somali Red Crescent by increasing its capacity to promote Red Cross and Red Crescent Fundamental Principles and Humanitarian Values.

Expected Result:

- **Better understanding of Red Cross and Red Crescent Fundamental Principles and humanitarian values and the transition to peace by Somali Red Crescent members, governance, volunteers, local authorities and the general population in all branches by 2007.**

Progress and achievements

ICRC continues to take the lead role in the promotion of humanitarian values through its support to Somali Red Crescent communication, tracing and first aid activities, and Federation support complements these activities. All other national society programmes supported through the Federation have a component of advocacy on behalf of the most vulnerable and promotion of humanitarian values. On World AIDS Day, for example, the national society mobilized hundreds of volunteers and staff under the Somali Red Crescent message: "Stop discrimination! Protect your wives, mothers, sisters, daughters". All training workshops and education sessions in the field of health, organization development, First Aid and disaster management include a component on promotion of humanitarian values and the Movement's Fundamental Principles. This has resulted in more understanding of the needs of the disadvantaged groups and increased knowledge of the Fundamental Principles and humanitarian values among the Somali Red Crescent volunteers and the general public.

All the 19 branches of the Somali Red Crescent celebrated World Red Cross /Red Crescent Day on 8 May 2004. Street marches, sports activities, and drama were performed. National society staff and volunteers took this opportunity to disseminate the Movement Fundamental Principles and advocate for the respect and support of the vulnerable and disadvantaged people.

Constraints

The deteriorating security situation in most of south and central regions restricted the access of the Federation and national society staff to the districts of those regions, hence compromised the quality of technical support provided to the branch staff. Long term solutions will only come with stability and peace.

Organizational 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 Somali Red Crescent institutional capacity and its progress towards operating as a well-functioning national society is enhanced through Secretariat support.

Progress and achievements

The Somali Red Crescent held an all-inclusive meeting in Djibouti (21-23 May 2004), during which the nomination of six new members to the executive board were endorsed to increase the membership from four to ten members. It also adopted several key policy documents including the five-year strategic plan for 2005-2009, the health strategy and the volunteer management guidelines.

A five-day consultative workshop was conducted earlier in the year to develop the national society's 5 year health strategy, which was later endorsed at the Somali Red Crescent All-inclusive meeting. The workshop was attended by Somali Red Crescent senior management, field health officers, programme officers from the three zones as well as staff from the Somalia delegation and the Nairobi regional delegation.

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As part of its reform process, the Somali Red Crescent successfully completed its decentralization process aimed at increasing its coverage at the grass roots level; it now covers all the districts in the 19 regions of Somalia. District focal persons have been appointed in all the districts of the country and the recruitment and training of volunteers undertaken to build capacities at this level. Although the Somali Red Crescent volunteer management guidelines and policy were adopted during the all-inclusive meeting, they are yet to be fully put into operation. A branch development review and strategy formulation, originally planned for 2004, is to be carried out in 2005 and will cover all aspects of branch development including volunteer management.

Training on project planning and financial management for branch secretaries and finance officers from north-eastern and central/south zones, as well as headquarters staff, was carried out in December facilitated by the Federation Somalia delegation and East Africa regional delegation in Nairobi. The Somali Red Crescent has still not properly addressed its financial management function; the financial system and procedures of the national society need revision.

Constraints

Due to the chronic security situation in Somalia, the delegation and the leadership of Somali Red Crescent continue to operate from Kenya. Travel between branches for Somali Red Crescent staff remains problematic and has frustrated plans to encourage exchanges and peer coaching between branches. Although the current political developments offer some hope of re-establishing a functional central government within Somalia, there are many hurdles to overcome before the country can develop a peaceful and stable environment.

Despite the positive steps taken at the Djibouti meeting, the expanded Executive Committee did not meet again during 2004.

The time taken to fill the head of delegation position left a gap in close follow-up of OD issues, despite the positive efforts of the delegation team.

Coordination, Cooperation and Strategic Partnerships

Goal: The Federation coordination role is accepted and respected by all partners in Somalia in view of enhancing good cooperation and successful partnerships.

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

Expected Results

- **Coordination between Federation, ICRC and representatives of the bilateral partner national societies has been promoted in 2004-2007.**
- **Good collaboration and working relations with all external partners have been strengthened by 2007 through an effective mechanism of consultation with a view to achieving one Cooperation Agreement Strategy by 2005.**
- **Donor support to Somali Red Crescent has been maintained by 2007 to cover the appeal budget and support self-sustainable activities.**

Progress and achievements

Regular meetings between the Federation, ICRC, the Norwegian Red Cross and the German Red Cross were maintained to coordinate and harmonize support to the Somali Red Crescent. The Movement partners contributed technical, financial and logistical support which enabled the national society to hold its all-inclusive meeting and subsequent partnership meeting in June 2004.

Partnerships continued to be reinforced through participation in organized forums such as the SACB and its components. Key relationships continue to be managed with UNICEF in the supply of drug kits and installation of cold chain equipments and training of Somali Red Crescent staff on the expanded programme on immunizations

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(EPI), and WHO for laboratory support, malaria and technical support. Close collaboration is also maintained with UNICEF in its role as the principal recipient (PR) for GFATM on malaria.

The strong partnership with the World Bank was maintained and developed through regular bilateral meetings with the Federation to assess progress on the implementation of planned activities within the joint Somalia post-conflict health sector recovery project, funded through the Bank's Post-Conflict Fund since 2000. The project ended in December 2004, though further support and collaboration for the Nugal/Mudug component of the Somali Red Crescent integrated healthcare programme was agreed for 2005 onwards under the LICUS initiative (managed for the Bank by UNDP).

Close collaboration, information sharing and participation in activities organized by the regional delegation, particularly with regional health and care support unit, continued throughout the year. Little tangible progress on initiating a cooperation agreement strategy (CAS) was made in 2004. This requires additional follow-up in 2005 with Somali Red Crescent leadership and all partners.

Constraints

Somali counterparts could often not be included in activities organized in Nairobi by the Somalia delegation, regional delegatin, SACB and others due to the increasing difficulties of getting Kenyan visas for Somali nationals. This has made it difficult to fully involve Somali Red Crescent staff in coordination activities.

Effective Representation and Advocacy

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 Federation is an effective and reliable partner in support of Somali Red Crescent and in addressing the needs of the most vulnerable.

Expected results:

- **Advocacy and sensitization are maintained with external partners, the government, UN agencies, donors and non-governmental organizations in 2004-2007, especially during the meeting of the Somalia Aid Coordination Body.**
- **Support has been provided to the national society's advocacy activities at the local level in 2004-2007.**

Progress and achievements

The partnerships noted above with the World Bank, WHO, UNICEF and UNDP and other actors in Somalia have demonstrated the Federation's and Somali Red Crescent' credibility as key players in the humanitarian sphere in Somalia. Through its involvement in the Somalia Aid Coordination Body forums, the Somalia delegation alongside Somali Red Crescent plays a major role in humanitarian affairs in Somalia. The delegation staff are active members of the various working groups and task forces under the umbrella of the SACB. The Federation was nominated by the SACB HIV/AIDS working group to be the focal point for the development and production of IEC materials for community sensitization and scale up of the HIV/AIDS awareness campaigns. Most recently, the SACB adopted the role of proxy country coordinating mechanism for accessing the HIV/AIDS element of GFATM, and the Federation was invited to participate in the task force to see this process through.

The health promotion activities of the national society in Somalia were documented in a best practice series produced by the Federation and launched during the Somalia partnership meeting in June 2004 attended by several donors, national societies, and UN agencies. The launch of the best practice document gave visibility to the national society and the Federation and reflected their advocacy role on behalf of the vulnerable.

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Diplomatic contacts were maintained through the year to keep Somali Red Crescent humanitarian activities on their agenda. In recognition of the special nature and status of the Movement and its components, the Federation and ICRC heads of Somalia delegations were invited to attend a diplomatic lunch with Jan Egeland (UN Emergency Relief Coordinator) prior to the launch of the Somalia UN consolidated appeals process. They took the opportunity to profile the Movement's work in Somalia and to discuss the unevenness of international humanitarian response in different contexts and "forgotten emergencies".

Delegation Management

Goal: The Federation structure is streamlined to effectively support the implementation of the foregoing objectives.

Objective: To maintain an efficient, flexible and service oriented infrastructure coordinated with all partners.

Expected Results:

- **The Country Delegation is effectively and smoothly managing the programme in Somalia.**
- **The direct monitoring of Somali Red Crescent support from the Head of Delegation to the Head of Sub-Region for Horn of Africa has been initiated in 2004 and effectively implemented by end of 2005.**

Progress and achievements

From an administrative point of view, the delegation continued to operate effectively throughout the year. The return of the HIV/AIDS coordinator from a delegate position overseas strengthened the health team. On completion of contract for the health economist delegate, the HIV/AIDS coordinator was well able to take over full management of the health team. On the finance side, the delegation finance officer was increasingly drawn into RDN work, an arrangement that will need further review to ensure effective service is maintained for Somalia activities.

The Head of Sub-Region position for the Horn of Africa was only filled at the end of 2004. Plans for how the regional management structure will evolve are to be further discussed in 2005.

Constraints

The long period taken to fill the position of head of delegation left a gap in the management function. The health economist delegate did an effective job as interim head of delegation, even though it was not realistic to cover all aspects of both roles for several months.

Notes specific to financial transactions

- CHF 969,000 remains as a closing balance on the health and care programme and is carried over into 2005.
 - Low expenditure rates contributed to this large closing balance.
 - CHF 609,000 as cash contributions received in 2004 from Italian Red Cross and Netherlands Red Cross are earmarked for activities in 2005.
- CHF 10,236 is income from the Garoe hospital. Patients pay a symbolic, token fee for some of the medical services provided at the hospital; this is agreed between the Somali Red Cross and Italian Red Cross.

[Final financial report below; click here to return to title page and contact information.](#)

International Federation of Red Cross and Red Crescent Societies

01.05/2004 SOMALIA

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Budget (A)	1'869'084	95'722		173'882	0	2'138'688
Opening Balance (B)	633'518	10'224		43'272	653	687'666
Income						
Cash contributions						
American Red Cross	13'462					13'462
British Red Cross	256'997				1'274	258'272
Finnish Red Cross	102'954			17'474		120'429
Italian Government	460'800					460'800
Italian Red Cross	157'550					157'550
Netherlands Red Cross	451'802				2'633	454'435
New Zealand Red Cross	1'958					1'958
Norwegian Red Cross	309'535					309'535
Other	0	0				0
Swedish Red Cross	153'225			51'075		204'300
Cash contributions (C1)	1'908'283	0		68'549	3'907	1'980'740
Reallocations (within appeal or from/to another appeal)						
Norwegian Red Cross	0					0
Reallocations (C2)	0					0
Inkind Personnel						
British Red Cross					19'550	19'550
Netherlands Red Cross					37'200	37'200
Inkind Personnel (C4)					56'750	56'750
Other Income						
Miscellaneous Income	10'236					10'236
Other Income (C5)	10'236					10'236
Total Income (C) = SUM(C1..C5)	1'918'519	0		68'549	60'657	2'047'726
Total Funding (B + C)	2'552'037	10'224		111'821	61'310	2'735'392

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	633'518	10'224		43'272	653	687'666
Income (C)	1'918'519	0		68'549	60'657	2'047'726
Expenditure (D)	-1'583'500	-7'876		-58'811	-8'834	-1'659'022
Closing Balance (B + C + D)	968'537	2'348		53'010	52'475	1'076'369

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		1'869'084	95'722		173'882	0	2'138'688	
Supplies								
Shelter	4'000							4'000
Construction		2'749				2'749		-2'749
Clothing & textiles		5'625				5'625		-5'625
Food	35'640	27'455				27'455		8'185
Water & Sanitation	2'880	4'622				4'622		-1'742
Medical & First Aid	43'574	47'620				47'620		-4'046
Other Supplies & Services	27'964	42'619				42'619		-14'655
Total Supplies	114'058	130'690				130'690		-16'632
Capital Expenditure								
Computers & Telecom	8'256	10'064				4'949	15'013	-6'757
Office/Household Furniture & Ec						1'896	1'896	-1'896
Others Machinery & Equipment		8'003				-6'846	1'158	-1'158
Total Capital Expenditure	8'256	18'067				0	18'067	-9'811
Transport & Storage								
Storage	7'366	2'848				774	3'622	3'744
Distribution & Monitoring		7'384					7'384	-7'384
Transport & Vehicle Costs	193'121	163'941				-774	163'167	29'954
Total Transport & Storage	200'487	174'173				0	174'173	26'314
Personnel Expenditures								
Delegates Payroll	208'320	9				53'584	53'593	154'727
Delegate Benefits		151'873			243	-45'084	107'032	-107'032
Regionally Deployed Staff	571'400							571'400
National & National Society Staff		411'224			275		411'499	-411'499
Consultants	83'050	92'553					92'553	-9'503
Total Personnel Expenditures	862'770	655'659			518	8'500	664'677	198'093
Workshops & Training								
Workshops & Training	537'140	216'593	19'133		62'923		298'649	238'491
Total Workshops & Training	537'140	216'593	19'133		62'923		298'649	238'491
General Expenditure								
Travel	32'133	30'996	424		1'498		32'918	-785
Information & Public Relation	101'002	39'754			802		40'556	60'446
Office Costs	143'827	39'924			2'947	5'623	48'494	95'333
Communications		4'596			645	3'655	8'896	-8'896
Professional Fees						205	205	-205
Financial Charges		54'356			1'509	1'613	57'478	-57'478
Other General Expenses		54'547			5'433	-11'097	48'884	-48'884
Total General Expenditure	276'962	224'174	424		12'834	-0	237'431	39'530
Program Support								
Program Support	139'015	102'928	512		3'823	334	107'597	31'418
Total Program Support	139'015	102'928	512		3'823	334	107'597	31'418
Operational Provisions								
Operational Provisions		61'217	-12'192		-21'287		27'739	-27'739
Total Operational Provisions		61'217	-12'192		-21'287		27'739	-27'739
TOTAL EXPENDITURE (D)	2'138'688	1'583'500	7'876		58'811	8'834	1'659'022	479'666
VARIANCE (C - D)		285'583	87'846		115'071	-8'834	479'666	