

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

SOMALIA

Appeal no. 05AA002

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.

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[Click on the title below to go to the relevant text; click on the figure to go to the programme budget](#)

	2005
Programme title	in CHF
Strengthening the National Society	
Health and care	2,028,760
Disaster management	86,975
Organizational development	524,102
Total	2,639,837¹

The following programmes are included in this Appeal narrative; however, their associated budgets are integrated within other programme budgets. Click the title to go to the narrative text: [Humanitarian Values – Coordination – Representation](#)

¹ USD 2,096,800 or EUR 1,700,400.

National Context

Somalia still remains a fragmented country both politically and administratively. Given the constantly changing environment, the humanitarian situation in Somalia remains just as difficult as ever. Somalis continue to suffer from chronic food insecurity worsened by drought and fresh waves of displacement caused by inter and intra-clan conflict. Poverty, disease, limited opportunities in education and employment still take their steady toll on the health, welfare and dignity of the Somali people.

More than 350,000 of the estimated 9.1 million Somali population remain refugees, while another 370,000 have been internally displaced by years of conflict. The protective environment for Somalis and aid agencies responding to these crises remained fragile and in some cases has deteriorated.



Many but not all Somali leaders remain engaged in the national reconciliation process, sponsored by the Intergovernmental Authority on Development (IGAD). The process continued to be hampered and plagued by disagreements over representation and number of delegates. This notwithstanding, it was agreed in the second phase to form a national government; the National Parliament, composed of 275 members, was inaugurated at the end of August 2004. The Parliament will elect a speaker and President for Somalia following which the President will appoint a Prime Minister to form a government.

Substantial increase in morbidity and mortality rates has been reported over the past year. Outbreaks of communicable diseases such as cholera and malaria were reported in the various parts of the country as well as an increasing trend in TB and HIV/AIDS. Somalia continues to have some of the worst health indicators in the world. Infant mortality rate is estimated at 132 per 1,000 live births while the maternal mortality rate is estimated at 1,600 per 100,000 live births. The total expenditure for health is 1.3% of GDP. Only 15% of the rural population has access to health services while more than 77% of households have no access to safe water

Human Development Indicators at a Glance

Category	Somalia	Sub-Saharan Africa	World
Total population (millions)	9.1	641.0	6,225.0
GDP per capita (USD)	226	469	5,174
Life expectancy at birth (years)	47	n.a	n.a
Infant mortality rate, per 1,000 live births	132	108	56
Maternal mortality per 100,000 live births (adjusted ratio)	1,600	n.a	n.a
Population (%) with sustainable access to an improved water source	20	57	82
HIV prevalence (% , ages 15-49)	n.a.	7.7	01.1
Adult literacy rate (% , ages 15 and above)	19.2	n.a	n.a

Source: UNDP Socio-Economic Survey, Somalia, 2002

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For ease of reference, the table below lists the standard abbreviations and references used in this Appeal.

ART – Anti-retroviral treatment	OPD – Out-patient departments
CAS – Cooperation Agreement Strategies	PLWHA - Persons living with HIV/AIDS
DOT – Directly observed treatment(s)	PMTCT – Preventin of mother-to-child transmission
GFATM – Global Fund for AIDS, TB and Mala ria	PNS - Partner National Society(ies)
IDP – Internally-displaced persons	RC-Net – Red Cross Red Crescent Network for East Africa
IEC – Information, Education, Communication	RDRT – Regional Disaster Response Team(s)
IHL – International Humanitarian La w	SACB - Somalia Aid Co-ordination Body
ITN – Insecticide-treated mosquito bed nets	STI / STD - Sexually-transmitted infections / diseases
LICUS – Low-income countries under stress	VCA – Vulnerability and capacity assessment
MCH – Maternal Child Health	VCT – Voluntary counselling and testing
Movement - International Red Cross and Red Crescent Movement.	
ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/	
ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/	
FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/	
Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp	
Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp	
Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp	

Red Cross Red Crescent Priorities

National Society Strategy:

The fragile political situation in Somalia has presented its people with a lot of challenges. The Somali Red Crescent Society² continued its efforts to mitigate the effects of the socio-political developments on the most vulnerable population. The national society has on several occasions demonstrated its capacity to provide essential health care, HIV/AIDS awareness, response to natural and epidemiological disasters, and delivery of rehabilitation and physiotherapy services through its network of 19 branches.

The Somali Red Crescent developed and adopted a five-year national and health strategy and volunteer management guidelines during an all inclusive meeting in held in Djibouti in March 2004 through support from the Federation and other Red Cross partners. In addition, the executive committee was expanded from four to ten members to make it more representative. The national society is in the process of developing a comprehensive HIV/AIDS strategy in line with the Strategic Framework for the Prevention and Control of HIV/AIDS/STI within Somali populations developed under the auspices of the SACB. Following a capacity assessment carried out in Puntland in 2004, a national society human resource strategy will be developed to cater for its emerging human resource needs.

Following the development and adoption of the five-year national strategy, the Somali Red Crescent will be assisted by the Nairobi regional delegation to develop and conclude a CAS in 2005.

The priorities of the national society as outlined in its 2005-2009 national strategy in health and care, disaster management (DM), organizational development / capacity building (OD), promotion of humanitarian values, and tracing and communication.

Besides tracing, dissemination, conflict preparedness, rehabilitation for the disabled and support to the Keysaney hospital, the Secretariat through the Somalia Delegation will continue to assist the national society in carrying out the priority programmes outlined in the table below.

² Somali Red Crescent Society - <http://www.ifrc.org/where/country/check.asp?countryid=157>

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Programme	Activities
Health and care	<ul style="list-style-type: none"> ▪ <i>Integrated Health Care Programme (IHCP)</i> comprised of 24 MCH/OPD providing preventive, promotive and curative health care services to the vulnerable populations particularly mothers and children. ▪ <i>Tertiary health care services</i> for the surgical/medical emergencies at the Keysaney and Garowe hospital. ▪ <i>HIV/AIDS/STI and TB programme</i> focusing on prevention and control as well expanding to in co-operate the VCT and ART in close collaboration with other partners. ▪ <i>First aid activities</i> developed and standardised at the branch level.
Disaster management	<ul style="list-style-type: none"> ▪ Preparedness and response to epidemiological outbreaks ▪ Preparedness and response to natural disasters ▪ Disease surveillance
Organizational development/ capacity building	<ul style="list-style-type: none"> ▪ Strengthening the NS structures at all levels

Movement Context:

The Somali Red Crescent is credited as the largest local humanitarian organization operating in the country and has, through support from partner national societies and other donors, constantly supported the vulnerable communities in Somalia. Within the rather difficult operating environment, the national society strives hard to win community confidence and acceptability.

Most of the partner national societies support multilateral programmes through the Federation but some supporting bilaterally. The Federation supports the Garowe hospital and 24 out of the network of 44 MCH/OPD run by the national society, the disaster management and the organisational development programmes of the national society. The ICRC in turn supports tracing, dissemination, conflict preparedness, the Keysaney hospital and 18 of the national society run clinics.

The Norwegian Red Cross and German Red Cross have bilateral programmes with the Somali Red Crescent. The Norwegian Red Cross supports the orthopaedic and physiotherapy services in three rehabilitation centres (Hargeisa, Galkayo and Mogadishu) and contributes to the national society's organizational development programme. From 2005 onwards the Norwegian Red Cross plans to fund the organizational development programme through the Federation Annual Appeal. The German Red Cross has been supporting two MCH/OPD and a water and sanitation (WatSan) programme in Somaliland since September 2003 through funding from the EU; there is a high probability of this funding being extended.

Coordination and collaboration in the Movement (the Federation, bilateral partners and ICRC) has been ongoing through both formal and ad hoc meetings for information sharing and harmonization of programme support. The Somalia delegation is working towards giving more responsibility to national society while continuing its advisory role in line with the Federation change strategy. This will entail strengthening the national society's capacity in proposal writing, reporting and financial management.

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Programme support to the Somali Red Crescent from the Movement and others in 2004.

Partners	Health	Relief	DM	Humanitarian Values	OD	Rehabilitation of the disabled	WatSan	Others
Federation	XX		XX	XX	XX			
ICRC	XX	XX	XX	XX	XX		XX	XX
Norwegian RC	XX				XX	XX		XX
German RC	XX						XX	

NB: Federation support comes from partner national societies: the British Red Cross, Cyprus Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Red Crescent of the United Arab Emirates and American Red Cross. Other funding comes from the World Bank, and in-kind support from UNICEF and WHO.

Strengthening the National Society

Health and Care

Background and Achievements

Somalia, a country in political turmoil, is faced with many health problems with an increase in the number of acute and chronic diseases over the recent years; cases of TB, HIV/AIDS as well as malaria are on the rise. Among the contributing factors include lack of awareness among the population, lack of or inadequate medicine, diagnostic material and trained personnel and inadequate access to safe WatSan. Maternal and child health indicators demonstrate the need for increased community health awareness and improved quality of mother and child health care.

The health programme has been a key activity for the Somali Red Crescent since 1993 with support from the Federation and the ICRC. The national society and the community will assume greater responsibilities for the health programme for increased sustainability. In view of this, the national society will be assisted to strengthen the quality of the programme and the local capacity in line with its five-year strategy (2005-2009) and the human resource strategy to be developed.

The Health service Recovery Project in Puntland and Somaliland, run jointly by the national society, the Federation and the World Bank, was extended to December 2004 to ensure the completion of the development and production of learning and programming tools for use by the national society and other international organizations working in post conflict situations. Following management gaps observed in the Puntland branches, there will be a restructuring initiative to strengthen management structures and systems at the Garowe branch so as to improve coordination and support to the MCH/OPD in Puntland as well as to enhance outreach services. The cost effectiveness of outright purchase vis-à-vis renting branch vehicles for operational and outreach services will be assessed.

The Garowe Community Hospital increased its professional staff for improved services in the respective specialties (medical/paediatric, surgical and obstetrics/gynaecology). WHO also assisted in the expansion of the hospital laboratory to improve diagnosis in anticipation of expanded services including DOT for tuberculosis (TB). Capacity building of both clinic and hospital staff including the management will continue to be strengthened through relevant training and skills building.

The IHCP comprising 24 MCH/OPD continued to provide preventive, promotional and limited curative services. The Somali Red Crescent will develop a comprehensive reproductive health package and actively participate in organized campaigns such as measles and polio. The national society will also explore possibilities of

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incorporating Health Promotion/Education into the ongoing basic First Aid activities under a defined strategy. It works closely with partners including UN agencies in its health delivery services. UNICEF throughout last year provided kits for the MCH/OPD; the same is envisaged to continue in 2005. The Federation will only complement with the missing drugs in the kits as well as keeping some buffer stock in case of any delays or increased needs.

Community participation in the management and resourcing of the national society's health facilities was enhanced with the re-organization and training of 20 Community Health Committees (CHC) in Somaliland and Puntland under the Health Service Recovery Project. The CHC were further provided with 'operating and communications guidelines' and terms of reference to improve their operations. The project was replicated in four clinics (two in Somaliland and two in Puntland) following positive results and lessons learnt through the evaluation of both community contribution through pre-payment and user fee models. It is envisaged that the replication exercise will continue in 2005 to cover the remaining clinics and bridge gaps identified in the external evaluation of the project that was conducted in June 2004.

The Somali Red Crescent continued its community HIV/AIDS awareness activities targeting different segments of the community. IEC materials have been developed and field tested. Branch volunteers have also been trained in Participatory Education Theatre (PET). These initiatives will be used and strengthened in 2005 to reinforce community awareness activities through organized campaigns, rallies and peer education. The national society will also explore and facilitate involvement with networks of PLWHA and the mobilization of communities to address issues relating to stigma and discrimination. This will help to create an enabling environment for HIV/AIDS/STI prevention and control.

Three VCT will be established in three selected Somali Red Crescent clinics in addition to the Garowe Community Hospital based on the ongoing sero-prevalence study being undertaken by the WHO. This will involve increasing and strengthening the capacity of the health staff in counselling as well STI case surveillance.

The Somali Red Crescent will prepare its HIV/AIDS strategy in line with the SACB strategy for Somalia. While the focus of the strategy will be on prevention and control of the spread of STI/HIV/AIDS, advocacy against stigma and discrimination through community awareness creation, the programme will expand to progressively establish VCT centres and the introduction of preventive measures against PMTCT. The capacity of the national society will be strengthened in line with the expanded HIV/AIDS programme and will include recruitment of a National HIV/AIDS co-ordinator as well as three counsellors to address issue of co-ordination and VCT services respectively.

The national society will continue to work closely with the SACB and the local authorities on the provision of ART or its application to the vertical transmission (mother to child). There will also be enhanced collaboration with the Nairobi regional delegation and other partners on sharing of "best practice" and experiences through round table meetings and conferences. The national society will further explore possibilities to access the HIV/AIDS and TB components of the Global Fund as well as the World Bank- and UNDP-funded LICUS fund.

Tuberculosis in Somalia remains a major health concern as well as an opportunistic disease to HIV/AIDS. According to the WHO, Somalia has one of the highest incidences in the world with approximately 25,000 suspected cases a year. The Garowe Community Hospital has completed the construction of a TB centre at the hospital with support from the Federation to provide DOT services. At the primary level, the Somali Red Crescent will continue with the integration of TB awareness creation and follow ups into its IHCP activities.

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Goal: The health status of the Somali population is improved.

Objective: The quality and range of services provided by the network of Somali Red Crescent health facilities inclusive of STI/HIV/AIDS, TB, malaria prevention and control through community participation is increased.

Expected Results:

1. Comprehensive maternal and child health care services have been provided in the 24 MCH/OPD of the Somalia Red Crescent.
2. Vulnerability of targeted population to diseases has been reduced.
3. Support in supervision, monitoring and evaluation of health activities has been provided at all levels of implementation.
4. Community involvement and participation in the management and resourcing of the Somali Red Crescent MCH/OPD has been increased.
5. Awareness on STI/HIV/AIDS and TB among the Somali Red Crescent volunteers and the general population in the targeted areas has been increased, leading to behaviour change.
6. VCT centres in three selected MCH/OPD and the Garowe community hospital focussing on preventive measures against vertical transmission (mother to child) of HIV/AIDS have been established.
7. Stigma and discrimination against PLWHA and TB has been reduced.

<Refer to the Logical Framework Planning Matrix : Somalia Health and Care>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA002HC.pdf

Malaria

Malaria remains a major public health problem in Somalia due to environmental changes, drug resistance, improper case detection and case management at the facility level. Malaria cases are on the rise, causing anaemia and deaths particularly to pregnant women and children under the age of five years. The national society presented a malaria proposal to the GFATM, resulting in funding to the national society of USD 82,092. Please note that by virtue of GATM funding, this project is fully covered.³

The Somali Red Crescent malaria intervention under the global fund will be build capacities to improve early detection of cases, proper case management and the establishment of primary health care laboratories to perform malaria test for correct diagnosis. At the grassroots level, the national society volunteers will be involved in active health education campaigns on malaria prevention using IEC materials and the ARCHI tool kits. The ARCHI toolkits have been translated into Somali and distributed to all the branches for field testing. The volunteers will also distribute and promote the use of ITN.

Goal: Malaria burden among the vulnerable groups in Somalia is reduced.

Objective: The rates of morbidity and mortality due to malaria are reduced

Expected Results:

1. Management of malaria cases and childhood diseases is improved.
2. Primary health care (PHC) laboratory is established in select MCH/OPD clinics.
3. Malaria preventive and control measures are strengthened at all levels.
4. Programme monitoring and evaluation are done.

<Refer to the Logical Framework Planning Matrix : Somalia Malaria>
http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA002HM.pdf

³ GFATM allocated USD 12.9 million for Somali for 2004-2005

Disaster Management

Background and Achievement

Armed conflict, instability and recurring seasonal outbreaks of epidemics, floods and drought continued to expose the Somali people to great risks and hazards. While disaster management remains one of the priority areas of the Somali Red Crescent' programming, its activities are limited by inadequate capacity and resources. However,, the national society still managed to respond to seasonal cholera and malaria outbreaks in collaboration with other partners, including the ICRC, UNICEF and WHO. This was achieved through the mobilization of volunteers and health staff who actively undertook community education, organized campaigns and provided First Aid when needed.

In order to increase its capacity, the Somali Red Crescent, participated in the 2004 Regional Disaster Response Team (RDRT) training held in Rwanda. Following this training, the national society was expected to develop plans for the training and establishment of Action Teams in the respective branches to prepare them to respond to disasters.

The Federation support to the national society's disaster management programme will focus on building its capacity to respond to epidemiological disasters and community training in disaster mitigation, early warning system, assessment preparedness and response

Based on the gaps and lessons learnt, the Somali Red Crescent will conduct a Vulnerability Capacity Assessment (VCA) in eight selected branches in 2005. The VCA is aimed at reducing risk through better preparedness (early warning system, data gathering and mitigation) and response activities. The VCA results will also be used for community awareness campaigns on disasters to enhance the capacities of both the community and national society towards a more strategic approach to disaster management.

The national society will set up contingency plans for the identified disasters with pre-positioned medical stocks. The capacity of the national society will be strengthened in line with the VCA recommendations. Staff and volunteers will be trained in relevant fields to increase their capacity in disaster management with the possibility of recruiting branch disaster officers to coordinate disaster management activities in four selected branches. The Federation support to the national society's disaster management programme will be coordinated with the ICRC, which is the lead agency in Somalia, the regional delegation and other partners.

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

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

Expected Results:

1. The capacity of the Somali Red Crescent to assess community vulnerability to disasters has been improved.
2. Disaster mitigation, preparedness and response have been strengthened in eight branches.
3. Disaster management has been integrated with other national society's programmes and collaboration with other partners strengthened

<Refer to the Logical Framework Planning Matrix : Somalia Disaster Management>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA002DM.pdf>

Humanitarian values

Background and Achievements

The ICRC continued to lead in the Movement's 'promotion of humanitarian values' through the communication and tracing department of the Somali Red Crescent with the aim of promoting understanding of the International Humanitarian Law (IHL), the Red Cross Red Crescent Principles and national society activities. The communication activities also helped raise the national society's profile both within as well as outside the national society.

The Federation's Secretariat continues to assist and guide the national society to carry out the promotion of the humanitarian ideals in an integrated approach within the main activities of the Somali Red Crescent. The reduction of stigma and discrimination against PLWHA is among the advocacy priorities of the Federation and is fully integrated into the core activities of the national society.

The Federation's Somalia delegation will support the national society in its capacity building efforts through attachments and exchange visits in collaboration with the information unit of the regional delegation.

Goal: To promote awareness of the humanitarian values, IHL, Red Cross Red Crescent Principles and the Somali Red Crescent activities.

Objective: To increase the knowledge of the IHL, Red Cross Red Crescent principles, humanitarian values, the Somali Red Crescent' activities and the protective value of the emblem, among the community members, national society's staff and volunteers.

Expected Result:

1. The Fundamental Principles and humanitarian values of the Red Cross and Red Crescent Movement are understood and upheld by the Somali Red Crescent members, governance, volunteers, local authorities and the general population.

<Refer to the Logical Framework Planning Matrix : Somalia Humanitarian Values>

<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA002HV.pdf>

Organizational Development

Background and Achievements

Despite the fragmentation of the country into de facto zones, the Somali Red Crescent continues to work tirelessly towards the unity of the national society. The national society also works towards gaining the acceptance and confidence of the community and local authorities to provide humanitarian services in all the 19 regions of Somalia. The national society has successfully decentralized its reform process to cover the districts with the aim to increase its coverage at the grass root level. Capacity building has been undertaken at the districts level focussing on volunteer management, humanitarian values and Red Cross and Red Crescent Fundamental Principles, First Aid, HIV/AIDS, disaster management and rehabilitation services for the disabled, tracing and health education. The inability of the national society's leadership to have frequent in-country interaction, guidance and support to the branches poses a major challenge to coordination of the national society.

The volunteer management and policy guidelines, health and national strategies were adopted during the all-inclusive meeting held in Djibouti in May 2004. In addition the executive committee was expanded from four to ten members to ensure it is more representative. An orientation meeting for the committee has been planned to take place towards the end of 2004 at which members will be introduced to the committee's terms of reference and initiate discussion on the national society's statutes.

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To support the national society in its branch development efforts, the Federation will hire a short term consultant to conduct a branch capacity assessment in the second half of 2004. Building on the outcome of the Branch Capacity Assessment and in line with its five-year national strategy, the Somalia Red Crescent will better address the gaps in its OD programme. The national society will pilot its new strategy in four selected branches in close collaboration with the regional OD department.

The national society will implement the recommendations in the newly developed human resource strategy. Effort will be made to put into operation the volunteer management and policy guidelines adopted in Djibouti. This will involve renewed plans to recruit, train, orient and motivate volunteers, for retention, and creation and updating of a volunteer database in line with the policy guidelines. This is expected to encourage volunteers to take a greater role in community activities geared towards reaching the most vulnerable.

Fund raising and financial management remains a major concern to the national society as well as its partners. The Somali Red Crescent remained heavily dependent on external funding to function. Efforts are being made to continue attracting funds locally and from the diaspora through the national society's website project and other mechanisms. The national society will continue to explore fund raising opportunities both at the local level and in the diaspora together with the implementation of selected viable income-generating activities (IGA) in the respective branches. This will also entail developing fund raising and financial management guidelines for the national society.

Following the adoption of the five-year strategy, the Somali Red Crescent will develop a CAS with support from the Somalia delegation, regional delegation and ICRC. The development of the CAS will reinforce the initiative to develop a multi-donor funding strategy for the implementation of the five-year health strategy. The partners will also cooperate and continue to ensure accountability for the assistance received from the donors.

The Federation will support capacity building of the national society in areas of planning, reporting, monitoring, financial management and proposal writing. In-country and external exchange programmes will be promoted for experience sharing to allow the national society to take a lead role in its development in line with the change strategy of the Federation. All these capacity building interventions will be closely coordinated with the ICRC to ensure harmonized support to the national society's activities.

Goal: The capacity of the Somali Red Crescent to deliver effective services to the vulnerable people is increased.

Objective: The Somali Red Crescent' local branches, headquarter coordination, resource mobilization as well as volunteers' role in the implementation of its plans at the local level is strengthened.

Expected Results :

1. The capacity of Somali Red Crescent governance and management at national and branch levels has been increased.
2. Branch resource mobilization and financial management capacity has been strengthened
3. Volunteer management and policy guidelines have been implemented.

<Refer to the Logical Framework Planning Matrix : Somalia Organizational Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA002OD.pdf>

Coordination, Cooperation and Strategic Partnerships

Background and Achievements

Insecurity continues to prevail in Somalia. Like many other agencies and institutions, the Federation's Somalia delegation continues to operate from neighbouring Kenya. The delegation is expected to stay away from the Horn of Africa sub-regional office concept for the time being due to operational reasons. The two-year old Peace and Reconciliation process on Somalia under the auspices of the IGAD appear to be drawing to a close with the planned installation of a central government and a parliament. If the central government to be established in Somalia succeeds in creating a secure and conducive environment for the operations of international humanitarian organizations, then many if not most of the institutions and agencies will relocate to Somalia, including the leadership of the Somali Red Crescent. The possibility of this relocation in relation to roles and responsibilities of the respective partners is a subject of discussion at the SACB forum.

The Federation will play a proactive role in assisting, coordinating and monitoring the national society's branches to implement its priority programmes and promotion of good governance in the national society. The proximity of the national society's leadership to the delegation facilitates co-ordination at this level but not with the field due to the physical and technical separation.

The delegation in cooperation with the regional delegation supported the national society in presenting its five-year health and national strategies during the Regional Partnership Meeting held in Nairobi. This provided the Somali Red Crescent a forum to share its visions with partners and to renew its commitment with both partner national societies and other non Movement partners; to this effect, the Federation will also liaise with the ICRC to coordinate the renewal and maintenance of partnership agreement between the national society and partners such as UNICEF and WHO.

The Federation will continue to strengthen its cooperation with the ICRC, UN agencies, international organisations and donors. The national society has been in partnership with the World Bank since 2000 through the Somalia Health Service Recovery Project that provides support for the 12 MCH/OPD in Puntland. The project support ends in December 2004. This notwithstanding, the national society will explore the possibility of accessing the LICUS funding for its HIV/AIDS programme in 2005.

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

Objective: The Somalia Red Crescent'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:

1. Coordination between Federation, ICRC and representatives of the bilateral partner national societies has been promoted.
2. Good collaboration and working relations with all external partners has been strengthened through an effective mechanism of consultation with a view to achieving one CAS by 2005.
3. Donor support to Somalia Red Crescent' five-year national strategy, complemented by local funds has been maintained to cover the 2005 to 2009 Appeal budget

<Refer to the Logical Framework Planning Matrix: Somalia Coordination>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA002CC.pdf

Effective Representation and Advocacy

Background and Achievements

One of the key pillars of the Federation's Change Strategy is to provide effective representation of the Red Cross Red Crescent Movement in relation to the international organizations, agencies and governments. This helps in maintaining regular contacts with these partners and obtains the requisite support for the national society. In December 1993 the international donor community (governments, UN agencies, and NGOs) created, through the Addis Ababa Declaration, an international coordinating forum for humanitarian assistance to Somalia: the SACB.

In the absence of a central authority in Somalia, the SACB – based in Nairobi - became a forum for consultation and coordination of the humanitarian assistance to Somalia. It offers a space for all partners to discuss relief, rehabilitation, and development issues, and to share information on trends in security, governance, peace and reconciliation efforts. The dialogue among all partners continues with all the international humanitarian actors as well as with donor governments. The Federation country delegation and Somalia Red Crescent have been active members of the SACB since 1994: the Head of Delegation is a member of the consultative committee, and the delegation health department has represented it in general meetings and health sector technical committees.

The delegation equally maintained regular contacts and updated foreign missions and the World Bank about the national society and its activities in Somalia through quarterly updates and occasional briefings at organized meetings and forums. Other publications such as the "Best Practice" series on Lessons Learnt from the IHCP in Somaliland also provided exposure for and advocated on behalf of the national society.

Besides coordination and building the capacity of the national society, the Federation has assisted the Somali Red Crescent in developing its representation and advocacy capacity on various issues on behalf of the vulnerable people. This has enhanced the capacity of the national society's leadership to negotiate and advance its cause for example through the working visit of the President of the national society to the Arab League.

Goal: The Federation represents and advocates for and on behalf of the national society to command recognition as a key humanitarian actor.

Objective: The Federation effectively represents the national society both within and outside the Movement with the aim of supporting the Somali Red Crescent in addressing the needs of the most vulnerable.

Expected Results:

1. Advocacy and sensitization are maintained with external partners, the government, UN agencies, donors and NGOs especially during the meeting of the SACB.
2. Support has been provided to the national society's local-level advocacy activities throughout 2004-2007.

<Refer to the Logical Framework Planning Matrix: Somalia Representation>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA002ER.pdf>

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA002

Name: SOMALIA

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	44,556	0	0	0	0	0	44,556
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	3,300	0	0	0	0	0	3,300
Medical & first aid	309,548	1,068	0	0	0	0	310,616
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	30,976	0	0	0	0	0	30,976
SUPPLIES	388,380	1,068	0	0	0	0	389,448
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	7,503	0	0	1,126	0	0	8,628
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	7,503	0	0	1,126	0	0	8,628
Warehouse & Distribution	55,756	0	0	0	0	0	55,756
Transport & Vehicules	226,163	4,269	0	3,502	0	0	233,933
TRANSPORT & STORAGE	281,919	4,269	0	3,502	0	0	289,689
Programme Support	131,869	5,653	0	34,067	0	0	171,589
PROGRAMME SUPPORT	131,869	5,653	0	34,067	0	0	171,589
Personnel-delegates	256,320	0	0	64,080	0	0	320,400
Personnel-national staff	647,661	30,890	0	177,356	0	0	855,907
Consultants	0	0	0	43,425	0	0	43,425
PERSONNEL	903,981	30,890	0	284,861	0	0	1,219,732
W/shops & Training	77,372	39,895	0	85,799	0	0	203,065
WORKSHOPS & TRAINING	77,372	39,895	0	85,799	0	0	203,065
Travel & related expenses	52,280	0	0	13,229	0	0	65,509
Information	26,200	4,000	0	50,000	0	0	80,200
Other General costs	159,256	1,200	0	51,518	0	0	211,974
GENERAL EXPENSES	237,736	5,200	0	114,747	0	0	357,683
TOTAL BUDGET:	2,028,760	86,975	0	524,102	0	0	2,639,837