

# 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

Appeal No. MAASO001  
19 July 2006

*The Federation's vision is to strive, through voluntary action, for a world of empowered communities, better able to address human suffering and crises with hope, respect for dignity and a concern for equity. Its 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 185 countries.*

### In Brief

Programme Update no. 1.

Period covered: 2 January to 28 June 2006.

Appeal target: CHF 4,850,000 (USD 3,787,000 or EUR 3,138,000).

Appeal coverage: 60.7%.

Outstanding needs: CHF 1,908,000 (USD 1,551,000 or EUR 1,215,000).

Appeal 2006-2007: <http://www.ifrc.org/docs/appeals/annual06/MAASO001.pdf>

[<Click here go directly to the interim financial report>](#)

Related Emergency or Annual Appeals: N/A

*The programmes herein are aligned with the Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity":*

- *Reduce the numbers of deaths, injuries and impact from disasters.*
- *Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.*
- *Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.*
- *Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.*

### Programme summary:



*SRCS volunteers march during the World Red Cross and Red Crescent Day celebrations, 8 May 2006.*

In the first half of 2006, the Somali Red Crescent Society (SRCS) scaled up activities of its health and care programme and put in place plans for further expansion later in the year. At the same time, severe drought and conflict in the south of Somalia have presented huge challenges for the national society (NS) to respond to the needs of vulnerable people in a highly unpredictable environment.

A fresh membership campaign coinciding with the World Red Cross and Red Crescent Day celebrations, on 8 May 2006, has attracted greater interest and support from the communities that the SRCS works with. This is likely to help the NS to build its volunteer base and to assist with its plans to develop a more integrated programme approach with improved volunteer management. Successful service delivery has led to strong

financial support and full appeal coverage for 2006 from a wide range of partners.

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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](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

### Operational developments

The general situation of Somaliland and Puntland has been relatively calm; though travelling to Bari region in Puntland was restricted in February 2006 after violent reactions erupted following the cartoons depicting Prophet Mohammed in a Danish newspaper. Later in the month, there was also a clash in which four people were killed in Garowe following political unrest within the Puntland State Authority. These events, compounded by an unrelated temporary suspension of Humanitarian Aid Department of the European Commission flights, temporarily limited the movement by the Federation staff in the area. However, SRCS activities continued as usual by the field health officers and the clinic staff. The Federation team was later able to resume its monitoring and support.

During the reporting period, parts of Somalia have been suffering the consequences of the worst drought in over a decade. Its impact has been very severe due to the existing acute food and livelihood crises and chronic vulnerability of the population. 15 years of armed conflict have contributed to the worsening of livelihoods, destruction of public infrastructure, breakdown of the social fabric and severe disruption of basic health services. The period also saw intensified fighting, with hundreds of casualties in Mogadishu. The outcome is likely to have a significant effect on the political and security landscape of Somalia in the coming months. SRCS's work and the Federation's support in this volatile environment has been extremely difficult.

The disaster management (DM) programme component has been supported using funds from the Tsunami Appeal (refer to <http://www.ifrc.org/docs/appeals/04/2804PlanofAction2005-2010-revised.pdf> for the Revised Tsunami Plan of Action 2005-2010). Its main focus has been development of a SRCS DM Strategy. In order to come up with a participatory and sustainable DM strategy, Vulnerability and Capacity Assessment (VCA) exercises have been in planning stage in three pilot regions during the reporting period. Community-based risk reduction (CBRR) programmes, particularly community-based first aid (CBFA), are being initiated with selection of focal persons from Somaliland, Puntland and south/central Somalia.

### Health and care

The SRCS, through its integrated health care programme, continues to provide essential health care services to the vulnerable people focusing on children and women in the communities, thus contributing to the second Global Agenda Goal.

The rehabilitation centres in Galkayo, Mogadishu and Somaliland provide prosthesis and thesis as well as physiotherapy services to people with disabilities. The NS continues to recruit and train volunteers in its branches and sub-branches. The health programme is fully funded through 2006.



*Photo right: A patient is attended to at a SRCS clinic.*

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The Federation obtained funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) which they used to develop appropriate and specific anti-stigma and discrimination, information education and communication (IEC) materials for the HIV/AIDS programme. The development of the materials was undertaken with full participation of SRCS staff and volunteers, in collaboration with the National HIV/AIDS Commission. Upcoming activities include a health planning review, a CBFA Working Group meeting as well as printing and distribution of HIV/AIDS IEC materials.

**Goal: The health status of the Somalia populations is improved.**

**Objective: Improved quality of health services through a network of MCH/OPDs clinics, the Garowe hospital and community-based activities.**

### Progress/Achievements

**Expected result 1:** Health services are provided to the target communities through a network of MCH/OPDs.

**Ante-natal and post-natal care:** During the reporting period, consultations at the out-patient department (OPD) and ante-natal/post-natal clinics (ANC/PNC) recorded 98,866 attendances. Two new SRCS clinics were opened under the Bossasso branch in January 2006, with the support of the German Red Cross.

**Table 1: Clinic consultations from January to April 2006**

Period	OPD Consultation				Totals	ANC/PN C	Total
	<5 Years		>5 years				
	Male	Female	Male	Female			
January - April 2006	8,594	8,131	14,900	28,623	<b>60,248</b>	38,618	<b>98,866</b>

A total of 608 successful deliveries were conducted by the traditional birth attendants (TBAs) while the clinic midwives conducted 469 deliveries.

**Immunization services:** A total of 13,101 children and 7,218 women were vaccinated. The Expanded Programme on Immunization (EPI) activities continued despite a few breakdowns of cold chain equipment in Mogadishu and Puntland clinics. During the reporting period, the health officer continued to store vaccines which were supplied by the United Nations Children's Fund (UNICEF).

**Growth monitoring:** Growth monitoring activities continued in the period under review. A total of 15,947 children were screened for malnutrition conditions; 51 children had oedema, 99 severe malnutrition and 1,230 had moderate malnutrition. 14,567 children were registered as "normal status" according to the clinic records.

**Expected result 2:** Capacity of staff on tackling health issues is improved.

- Participatory hygiene and sanitation transformation (PHAST) training was carried out for volunteers in Bossasso, Garowe and Galkayo. A consultant was engaged to analyze and compile the data gathered from the PHAST survey carried out in Puntland branches. The results will be used to direct SRCS's new water and sanitation (WatSan) interventions in the region. A job description for a WatSan officer/delegate has been drafted.
- A health planning meeting was held from 24 to 28 February 2006 in Hargeisa for the health team to develop a plan of action (PoA) for 2006, to identify constraints in the implementation of the programme and to find ways of solving the problems. During the meeting, a CBFA Working Group was formed to plan and initiate CBFA activities in the communities.
- As part of the SRCS response to emergencies, two emergency health kits and one cholera kit have been purchased for the NS coordination offices and the Garowe Hospital.
- The branch health officers and clinic head nurses from Somaliland participated in the new malaria treatment training in March 2006. The training was organized by UNICEF through the Global Fund initiative. The head nurses of the clinics in the central and south zones also received similar training conducted by the International Committee of the Red Cross (ICRC). The SRCS staff and volunteers in south and central Somalia participated in a measles vaccination campaign organized by UNICEF.

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**Expected result 3:** Community participation and involvement in resourcing and management of the health clinics is enhanced.

All the activities undertaken at clinic level were carried out in consultation with the community health committees. The committee assists the SRCS in managing the clinics and acts as a link between the SRCS and the community at large.

**Expected result 4:** Malaria cases are reduced and case management is improved.

Through the support of the Global Fund, the SRCS/Federation has trained 60 trainers of trainees (ToTs) in the development and use of IEC materials and advocacy against stigma and discrimination in Puntland and Somaliland; the south and central zone training was not possible due to insecurity. The SRCS/Federation undertook production of general and specific IEC materials to cover a one-year period and will scale up productions in the second year. The delegation has also assisted SRCS in the second year application of the Global Funds to develop IEC materials for advocacy against stigma and discrimination in Somalia.

152 volunteer ToTs were trained on malaria prevention activities at the branch level. They will train more volunteers to sensitize the community and to facilitate referral of pregnant and lactating mothers, children and sick people to the clinics for treatment. At the community level, the SRCS volunteers undertake health education campaigns on malaria prevention using IEC materials and ARCHI toolkits.

**Expected result 5:** HIV/AIDS prevention, care and support are strengthened through community education, anti-stigma and anti-discrimination activities.

An STI/HIV/AIDS officer started work in the Somalia delegation in February 2006. Since then, the officer has been supporting the development of IEC materials and related trainings, coordinating with the SRCS health team and HIV/AIDS zonal secretariats and participating in GFATM coordination meetings in Nairobi as well as in the field.

**Expected result 6:** The utilization of Garowe Hospital is improved and services are functioning well.

A new hospital director was appointed in March 2006 to replace the former director who took up a new position at the Ministry of Health (MoH) in Garowe. New board members were also appointed during the year 2005.

The replacement of theatre equipment, as recommended by an assessment team last year, was completed in April 2006. All the equipment, including the new operating theatre table, has been airlifted to Garowe Hospital. A draft Memorandum of Understanding (MoU) between Garowe Hospital, the Puntland MoH, the SRCS and the Federation was also prepared. Input from the SRCS management team both in Nairobi and field level was incorporated; the MoU is in its final draft and will be signed and adopted in July following agreement of all parties. The MoU will define the future roles of stakeholders and streamline the operations of the hospital. The Garowe Hospital's consultations from January to April 2006 are as follows: 302 admissions, 235 discharges, 943 laboratory tests, 1,290 OPD/ER, 18 operations, 38 deliveries, 153 X-rays and 3,287 wound dressings. The total number of patients attended to was 3,287 with only 7 deaths were registered.

### **Impact**

- The period has seen continued and increased donor support and interest in the SRCS integrated health programme due to its successful implementation. The programme statistics are evidence of its impact on the improvement of the health status of Somali populations.
- The establishment of four new clinics has enabled scaling up of the impact of the SRCS's health response. The Federation also plans to support an additional two clinics from July, together with an expanded HIV/AIDS programme in the new clinic areas. The HIV/AIDS response has been strengthened through community education, anti-stigma and anti-discrimination activities carried out.
- Testimony from beneficiaries during the shooting of a fundraising film in May, supported by the British Red Cross, shows the difference the clinics make to the communities in Somaliland. During a Federation field visit, a 6-year old girl arrived at one clinic after running many miles to report that her mother had postpartum bleeding. Clinic staff were immediately dispatched to the woman's home to treat her and save her life.

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### **Constraints**

Working in Somalia continues to present the same persistent constraints including logistical and communication obstacles, security issues and visa difficulties. Logistical challenges regularly hampered the health and DM programmes as few operators led to limited flights, while cargo space and persistent coastal piracy affected humanitarian supplies. As a result, delivery of supplies to clinics was periodically delayed.

Travel to the tsunami-affected regions of Puntland was restricted in the early part of the reporting period due to violence following reactions to the cartoons in a Danish newspaper depicting the Prophet Mohammed. Later in the month, there was a clash in which four people were killed in Garowe following political unrest. In the south, there was intense fighting in Mogadishu between warlords and militias, leaving up to 100 people dead and hundreds more injured. The SRCS work and the Federations support to the NS in this volatile environment has been extremely difficult; it is now logistically difficult for the Federation to access and support clinics in Bay region and it has been agreed that the ICRC will take over support of these two clinics in 2007, together with the Federation and SRCS in the interim to give support as necessary.

The planned health review for all SRCS health teams was not possible as the team was actively involved in the measles campaign being held in the south and central parts of the country. Malfunctioning of cold chain equipment caused some constraints for vaccination programmes; however, UNICEF was informed for further action. Finally, recurrent disasters and their effects on livelihoods forced some communities to delay payment of their agreed contributions to the clinics for running costs.

### **Disaster management**

The DM programme has been supported using funds from the Tsunami Appeal (refer to the Revised Tsunami Plan of Action 2005-2010). Community-based risk reduction (CBRR) programmes, particularly CBFA, were initiated with the selection of focal persons from Somaliland, Puntland and south/central Somalia. A Federation DM officer, recruited in late 2005 to support the SRCS, started work in January 2006.

VCA exercises in three pilot regions have been in planning stage during the reporting period. It was agreed during the SRCS management meeting on 22 March 2006, that a full VCA exercise will not be feasible in the whole country due to practical considerations and unnecessary raising of community' expectations. A roll-out of focused VCAs was recommended to address a particular hazard and set of vulnerabilities by sector or geographical area. On this basis, Jowhar, Galkayo and Burao (which are regions with recurrent hazards of flooding, disease outbreaks and drought respectively), were chosen as the initial targets. VCA exercises are scheduled to take place from the second quarter, running throughout the year. Five volunteers have already been trained on VCA in every region so as to get good representation from each region. Three more volunteers will be trained from every sub-region alongside the already trained volunteers and together, they will form a team to carry out VCA exercises in the three pilot branches.

Several information technology (IT) support activities were conducted. To improve reporting and information sharing on the tsunami operations and other disasters in Somalia, the Somalia delegation dispatched digital cameras to the coordination offices in Mogadishu and Hargeisa for use in all branches. Practical media training for SRCS staff and volunteers will be conducted to improve the coverage of the operation. The Somalia delegation DM officer has also been liaising with the regional IT unit to initiate an IT support mission to key SRCS branches.

During the planning meeting held in February 2006, a CBFA Working Group was held and focal persons for different zones were selected. The SRCS will broaden its CBFA programme in Somalia, giving priority to the tsunami-affected areas. A CBFA ToT training workshop will be the starting point for the re-launched CBFA programme throughout Somalia.

The Somalia delegation engaged a consultant to carry out a needs assessment on psychological support requirements for the tsunami-affected population as well as SRCS staff and volunteers rendering services in disaster areas. A psychological support ToT workshop was carried out for selected staff and volunteers; psychological support activities will now be integrated into the CBFA programme and other SRCS initiatives. An assessment mission is planned later in the year to establish gaps in the SRCS logistics management and disaster preparedness stocking needs and potential.

## **Organizational development**

Following the adoption of the SRCS Branch Development Strategy in 2005, steps were taken during this reporting period to put it into action. However, the eruption of conflict in the south may affect efforts to push all aspects of the strategy forward in all areas of Somalia.

Efforts were made to compensate for the absence of the Secretary General, while on extended leave, by bringing together key members of the field management team, with the leadership in Nairobi, thus facilitating practical decision making and clear communication.

The programme has strong funding for 2006, and an integrated approach with other programme areas may help to attract wider support, especially at branch level.

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

**Objective: The Somali Red Crescent Society's institutional capacity and progress towards operating as a well-functioning national society (WFNS) is enhanced through the Federation Secretariat support.**

### **Progress/Achievements**

**Expected result 1:** The capacity of the Somali Red Crescent Society's governance and management at regional and district levels is increased.

A Branch Development Working Group meeting was held from 3 to 11 February 2006 in Hargeisa. The group comprised of SRCS representatives of the Mogadishu and Hargeisa coordination offices, the organizational development (OD) department, two branch secretaries and the head of delegation (HoD). Detailed practical work was carried out on the priority areas of action for 2006-7 including membership drive, volunteer management and retention initiatives as well as sub-branch service package, structured training programme and support to longer-term processes (including financial management, project planning and income generation). The outcomes were summarized in a PoA document.

The SRCS OD director visited Nairobi in March to brief on issues coming out of the Hargeisa Branch Development Working Group meeting. The SRCS membership campaign materials were finalized, with support from the Federation, and printed in Nairobi for distribution to the field in April. This was in preparation for the launch of a campaign which coincided with the World Red Cross and Red Crescent Day celebrations, on 8 May 2006.

During the Secretary General's period of extended leave in the first half of 2006, it was felt important to maintain a strong link with SRCS field management via the coordination offices. To this end, two SRCS management meetings were held in Nairobi (in January and March), with support and facilitation from the Federation and the ICRC. In attendance were the president and heads of Mogadishu and Hargeisa coordination offices, and other key programme staff from the national society. The purpose of the meetings was to facilitate planning and coordination of the SRCS activities for the coming quarters.

The SRCS communications director has been working with the regional IT department to reactivate and modify the SRCS website, thereby enhancing information sharing within the SRCS and with other partners. Email addresses will also be created for all branches, coordination offices and key staff/leaders (using the bishacas.org domain) to streamline and professionalize communications.

**Expected result 2:** Branch resource mobilization and financial management capacity is strengthened.

No report during this period.

**Expected result 3:** Volunteer management and policy guidelines are implemented.

No report during this period.

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**Expected result 4:** With the Federation Secretariat support, the Cooperation Agreement Strategy (CAS) process is fully assimilated by the national society.

No report during this period.

### **Impact**

The support given by the Federation has empowered the leadership of the SRCS as well as built capacity within its management at field level.

The PoA for the Branch Development Strategy captures the key areas to be achieved in the coming two years, starting with the membership campaign. The full implementation of this strategy should contribute towards the achievement of a shared vision and direction for the future.

### **Constraints**

- Travel to Puntland has been periodically restricted, while the priorities of response to drought and conflict in the south disrupted OD issues.

## **Humanitarian Values**

The highlight of the programme was the World Red Cross and Red Crescent Day celebrations, on 8 May 2006, combined with the launch of the SRCS new membership campaign.

**Goal: The 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 the Somali Red Crescent Society by increasing its capacity to promote the Fundamental Principles and Humanitarian Values.**

### **Progress/Achievements**

**Expected result:** Better understanding of the Fundamental Principles and Humanitarian Values in the Somali context by the Somali Red Crescent Societies, members, governance, volunteers, local authorities and the general population in all regions of Somalia.

The World Red Cross and Red Crescent Day celebrations and activities were combined with the launch of the SRCS new membership campaign. Initial feedback regarding the new membership materials and uptake amongst the communities was very positive. Individual fees were reduced in an effort to expand the membership base and to get more community members to support and get involved in the national society, its work and principles.

### **Impact**

The campaign will continue for one more month before the evaluation of impact on membership numbers and coverage.

## **Implementation and coordination**

The implementation and coordination of this Appeal is governed by the Federation's Framework for Action which will orient capacity-building actions over the next five years, with the aim of building a well-functioning Federation network. The framework is a clear set of actions to reform and renew the Federation to ensure that it remains relevant and effective as an organization. This calls for collective leadership and accountability at all levels.

### **Coordination, cooperation and strategic partnerships**

The Somalia delegation continued to support the SRCS in strengthening its cooperation with United Nations (UN) agencies, international organizations and donors. In addition, both the Somali Red Crescent Society and the Somalia delegation continued to be active members of the Somalia Aid Coordination Body (SACB). Apart from the organized meetings, the SRCS and the Somalia delegation continued to take part in field coordination meetings with other state and humanitarian actors, and also discussed support to the health programme in

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tsunami-affected areas with the World Bank. Regular Movement cooperation meetings were held with the main partner national societies (PNSs) present in Nairobi, with active participation of the Somalia delegation and the ICRC. These were chaired by the SRCS.

Below is a table reflecting the activities undertaken bilaterally by Red Cross/ Red Crescent partners in Somalia.

<b>Movement Partners</b>	<b>Summary of activities d</b>
ICRC	Ongoing economic security, tracing and dissemination of activities. Drought relief operations in south/central drought-affected districts. Support to the SRCS health programme in south/central Somalia.
Norwegian Red Cross	Support to three rehabilitation centres in Somalia, one in each zone.
German Red Cross	Support to WatSan programme and four clinics in Somaliland, and four clinics in Bossasso (with services provided via agreement with the Federation).

### **International disaster response**

Drought response activities were limited to conflict-affected areas of the south of Somalia, with the ICRC working with the SRCS on the response. Cases of avian influenza virus were reported in several African countries, including in neighbouring Djibouti. As a preparedness measure, the Somalia delegation's health and DM teams assisted the SRCS to develop an avian flu toolkit (including protective equipment and information materials) for distribution to the national society's coordination offices, branches and health facilities. The procurement process for the toolkit contents was initiated during the reporting period.

### **Delegation management**

The Somalia delegation operated at full capacity during the period, with the health delegate leading the team in giving support to the SRCS health and care programme. To support the SRCS in other identified areas of need, a disaster management officer and an STI/HIV/AIDS officer started work in the Somalia delegation during the reporting period. Financial reporting was managed by the Somalia delegation finance officer, working together with the regional delegation finance department.

[\*Interim financial report below:\*](#)  
[\*Click here to return to the title page and contact information.\*](#)

**International Federation of Red Cross and Red Crescent Societies**

MAASO001 - SOMALIA

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAASO001
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
A. Budget	3'553'319	0		1'066'940	229'092	4'849'351
B. Opening Balance	1'239'269	0		28'252	64'784	1'332'305
<b>Income</b>						
Cash contributions						
British Red Cross	280'328					280'328
Finnish Red Cross	47'100			31'400		78'500
Netherlands Red Cross	76'930					76'930
Norwegian Red Cross	178'290			118'860		297'150
Other	33'436					33'436
Swedish Red Cross	84'514			25'176		109'690
UNDP (UN Agency)	260'344					260'344
C1. Cash contributions	960'941			175'436		1'136'377
Outstanding pledges (Revalued)						
Finnish Red Cross	47'507			31'671		79'178
Netherlands Red Cross	-76'258					-76'258
Norwegian Red Cross	204'605			128'319		332'924
Swedish Red Cross	84'995			25'499		110'494
UNDP (UN Agency)	-25'369					-25'369
UNICEF (UN Agency)	-20'434					-20'434
C2. Outstanding pledges (Revalued)	215'046			185'488		400'534
Inkind Personnel						
British Red Cross					42'500	42'500
Finnish Red Cross					22'000	22'000
C5. Inkind Personnel					64'500	64'500
Other Income						
Miscellaneous Income	1'236					1'236
Service Agreements					6'727	6'727
C6. Other Income	1'236				6'727	7'962
C. Total Income = SUM(C1..C6)	1'177'223	0		360'924	71'227	1'609'374
D. Total Funding = B + C	2'416'492	0		389'176	136'011	2'941'679

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	1'239'269	0		28'252	64'784	1'332'305
C. Income	1'177'223	0		360'924	71'227	1'609'374
E. Expenditure	-576'192			-64'221	-80'135	-720'548
F. Closing Balance = (B + C + E)	1'840'299	0		324'955	55'876	2'221'131

**International Federation of Red Cross and Red Crescent Societies**

MAASO001 - SOMALIA

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAASO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		3'553'319	0		1'066'940	229'092	4'849'351	
<b>Supplies</b>								
Food	93'568	14'738					14'738	78'829
Water & Sanitation	4'272	1'243			6	46	1'295	2'977
Medical & First Aid	496'788	81'063					81'063	415'726
Other Supplies & Services	44'462	22'902			444		23'346	21'116
<b>Total Supplies</b>	<b>639'090</b>	<b>119'946</b>			<b>450</b>	<b>46</b>	<b>120'442</b>	<b>518'648</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	4'201					2'211	2'211	1'990
Office/Household Furniture & Equipment		2'927					2'927	-2'927
Others Machinery & Equipment		1'760			498	-2'257	0	-0
<b>Total Land, vehicles &amp; equipment</b>	<b>4'201</b>	<b>4'687</b>			<b>498</b>	<b>-46</b>	<b>5'138</b>	<b>-937</b>
<b>Transport &amp; Storage</b>								
Storage	96'713	4'914			369		5'283	91'429
Distribution & Monitoring		7'875			95		7'970	-7'970
Transport & Vehicle Costs	299'266	65'458			665	2'626	68'750	230'516
<b>Total Transport &amp; Storage</b>	<b>395'979</b>	<b>78'247</b>			<b>1'130</b>	<b>2'626</b>	<b>82'003</b>	<b>313'976</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	262'066							262'066
Delegate Benefits	410'774	20'062			5'323	70'739	96'125	314'650
National Staff	444'579	41'839			9'376	-492	50'722	393'856
National Society Staff	1'151'792	116'967			46'314		163'281	988'511
Consultants	43'524	10'735					10'735	32'789
<b>Total Personnel Expenditures</b>	<b>2'312'735</b>	<b>189'602</b>			<b>61'013</b>	<b>70'247</b>	<b>320'862</b>	<b>1'991'873</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	419'423	74'094			9'272		83'366	336'056
<b>Total Workshops &amp; Training</b>	<b>419'423</b>	<b>74'094</b>			<b>9'272</b>		<b>83'366</b>	<b>336'056</b>
<b>General Expenditure</b>								
Travel	133'634	9'175			2'335		11'510	122'124
Information & Public Relation	200'364	342			3'604	10	3'955	196'409
Office Costs	255'119	21'490			15'458	2'511	39'458	215'660
Communications	89'706	6'479			286	2'937	9'701	80'005
Professional Fees	4'410					61	61	4'349
Financial Charges	73'182	7'392			777	39'275	47'444	25'738
Other General Expenses	6'300	73'348			17'943	-43'009	48'282	-41'982
<b>Total General Expenditure</b>	<b>762'715</b>	<b>118'225</b>			<b>40'402</b>	<b>1'785</b>	<b>160'412</b>	<b>602'303</b>
<b>Program Support</b>								
Program Support	315'208	37'452			4'174	4'936	46'563	268'645
<b>Total Program Support</b>	<b>315'208</b>	<b>37'452</b>			<b>4'174</b>	<b>4'936</b>	<b>46'563</b>	<b>268'645</b>
<b>Operational Provisions</b>								
Operational Provisions		-46'061			-52'718	540	-98'239	98'239
<b>Total Operational Provisions</b>		<b>-46'061</b>			<b>-52'718</b>	<b>540</b>	<b>-98'239</b>	<b>98'239</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>4'849'351</b>	<b>576'192</b>			<b>64'221</b>	<b>80'135</b>	<b>720'548</b>	<b>4'128'803</b>
<b>VARIANCE (C - D)</b>		<b>2'977'127</b>			<b>1'002'719</b>	<b>148'957</b>	<b>4'128'803</b>	