

# 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

May 2002

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

*Appeal No. 01.16/2001*

*Appeal Target: CHF 2,580,000 (USD 1,589,561 or EUR 1,764,729)*

### *Operational Developments*

The year 2001 saw a reverse in the political situation in Somalia. The Transitional National Government in Mogadishu did not succeed in reopening ports and airports or in establishing security in the capital. In Puntland state, the president's determination to prolong his period in office by two years triggered a reaction from his opponents. Fighting broke out and there was a stalemate between the two presidential claimants. Baidoa became the centre of a loose coalition of faction leaders, united only by their opposition to the Transitional Government. The southern regions of the country remained for the most part under faction control, badly administered and lawless. Only Somaliland, in the north west, more determined than ever in its secession and claim to be a separate state after a referendum on a new constitution, continued to show a measure of stability. However, there was some opposition to the aging president's rule and areas in the east of Somaliland were far from secure. The northern regions were hit hard by the ban on export of their livestock to Saudi Arabia. The terrorist attacks in America on September 11 led to the closure of Somalia's biggest remittance bank and telecommunications provider, and an increase in accusations and counter accusations among Somalis as to who was a terrorist or supporter of terrorism. Security concerns also led to the temporary withdrawal of humanitarian workers from Somalia and restrictions on flights to deliver aid. Despite many rumours, not least in the Western media, there were no armed incursions into Somalia by US or its allies to destroy terrorist cells or extract wanted men.

### *Objectives, Achievements and Constraints*

#### *Disaster Preparedness*

**Objective 1** To furnish senior staff of the Somali Red Crescent Society (SRCS) with the necessary tools and methodology to enable them to make thorough, timely and comprehensive assessments of areas of vulnerability within Somalia.

#### **Activities**

The SRCS was assisted by the Federation's regional DP delegate in improving its liaison with the Food Security Assessment Unit (FSAU) for Somalia. The FSAU provides comprehensive and detailed reports on the weather, financial status and food needs all over Somalia. The SRCS, with its network of branches (now in each of the country's 19 regions) and MCH/OPD (mother and child

health/outpatient department) clinics, was uniquely placed to provide timely and accurate information to the FSAU and did so on a regular basis. The Federation's regional DP delegate held bi-monthly planning and information meetings with the president and secretary general of the SRCS.

### **Constraints**

Security problems throughout Somalia, especially following the events of September 11 in America, as well as a lack of funds, blocked the planned DP workshops for senior staff in Somalia.

### ***Disaster Response***

**Objective 1** To support the SRCS in dealing with the periodic outbreaks of floods, drought and food shortages and their consequences to which Somalia is prone.

### **Achievements**

The SRCS, through its network of 19 regional branches and 50 primary MCH/OPD clinics, provided input on local food needs, climate changes, drought and flood warning assessments to the Somali Aid Coordination Body and the FSAU. The Federation assisted by channelling information through its regular meetings with the relevant authorities and organizations in Somalia and Nairobi.

The seasonal outbreaks of cholera in Somalia were monitored by the SRCS. The Federation supported the Boroma branch in dealing with an outbreak in the West Galbeed region of Somaliland.

A warning of a possible serious outbreak of meningitis in Hargeisa the capital of Somaliland, prompted an immediate response from the SRCS cooperation office there. Health staff in the SRCS were mobilized to support a vaccination campaign scheduled for early 2002 (see Health report below).

### **Constraints**

The SRCS lacked the equipment, infrastructure and management experience to respond to disasters on a large scale. However, initiatives at branch level showed that there was potential for increased support for local authorities (where they existed) in Somalia. The expansion of the branch network from ten to nineteen increased the capacity of the SRCS in disaster response although training was still needed. The fragile security situation throughout Somalia make this difficult.

### ***Health and Care***

**Objective 1** To continue to support the 24 MCH/OPD clinics, with the provision of essential health services for up to 500,000 people; to improve the quality of treatment.

### **Achievements**

The provision of essential basic health care to the most vulnerable in the Somali population continued throughout the year. Over 500,000 beneficiaries were seen/treated in the 24 MCH/OPD clinics. Support supervision continued to be provided both at the branch and Federation levels. A structured tool for monitoring and supervision was used consistently by all branch health officers during their supervision visits.

Following training in health care management, there was a marked improvement particularly in the areas of record keeping, drug utilization, storage and maintenance. The quality of health care provided in terms of regular supplies as well as skilled personnel improved with comprehensive monitoring of both the staff and services offered. This led to a reduction in mortality and morbidity rates caused by preventable and manageable health conditions.

Health education continued to be provided at individual and group levels. Community group education and information was given, linked to the problems or most common diseases attended to during the week. Objectives were always assessed and evaluated to measure changes in behaviour. This was aimed at assessing the impact of behaviour rather than merely giving information. Red Crescent volunteers in the respective communities also provided health education, particularly on water and sanitation. Health education sessions regularly inspired community activities such as cleanup campaigns and outreach activities for clinic staff.

The kits for the IHCP continued to be procured in Nairobi by the delegation's pharmacist and airlifted to Somalia. UNICEF took over the provision of medical supplies for the two clinics in Mogadishu and 12 in Puntland over the course of the year. UNICEF also continued to provide medical supplies for two clinics in Somaliland. The health unit initiated a drug consumption recording system in order to help the clinics report on their stock levels. This was aimed at ensuring efficient use of resources, and focused on improving the distribution of drugs and supplies according to needs at facilities and avoiding overstocking and wastage. Staff at the clinics gradually developing a better understanding of their consumption patterns and their actual needs. Although the kit system was still in use, the health unit worked towards establishing and providing drugs according to disease patterns and the specific needs of the respective clinics.

### EPI Services

EPI (extended programme of immunization) services were offered as a long-term planned programme with support from UNICEF through an agreement with the SRCS. The effectiveness and efficiency of the programme depended on the maintenance of the cold chain and the availability of vaccines. At one time or another over the year several clinics had interrupted their EPI services owing to lack of vaccines and the breakdown of the cold chain equipments.

The harrowing security situation in Garowe in Puntland resulted in the town being virtually deserted for some months in the second half of the year, the breakdown of the cold chain facilities in Galkayo and inadequate supplies of vaccines, all of which had a significant impact on the EPI services in that region.

### EPI figures

End Year	Location of clinic	Estim. popul.	Vaccines		TOTAL
			Children > 5 yrs	Women	
<b>2001</b>	<b>Branch</b>				
	<b>Garoe</b>				
	Xarfo	11,000	651	128	<b>996</b>
	Dongoroyo	15,000	831	280	<b>1,111</b>
	Eyl/Badey	16,000	1,140	269	<b>1,409</b>
	Godo-Jiran	15,000	379	41	<b>420</b>
	Hasbahale	12,000	828	269	<b>1,097</b>
	Jeriban	10,000	745	142	<b>887</b>
	Sinjuiff	10,000	375	87	<b>462</b>
	Badweyn	9,000	706	96	<b>802</b>
	Kalabeyr	7,000	241	49	<b>290</b>
	Bail Busle	8,000	940	203	<b>1,143</b>
	Qarhis	8,000	352	97	<b>449</b>
	Galkayo South	17,000	528	122	<b>650</b>
	<b>Total</b>	<b>138,000</b>	<b>7,897</b>	<b>1,819</b>	<b>9,716</b>

<b>Baidoa</b>	Hawadak	25,000	2,163	597	<b>2,760</b>
	Isha	25,000	1,300	430	<b>1,730</b>
	Berdale	60,000	7,169	1,777	<b>8,946</b>
	Kanshdere	50,000	5,687	2,271	<b>7,958</b>
	Orphanages	1,400	0	0	<b>0</b>
	<b>Total</b>	<b>161,400</b>	<b>16,319</b>	<b>5,075</b>	<b>21,394</b>
<b>Mogadishu</b>	Balad	40,000	13,697	3,605	<b>17,302</b>
	Afgoi	50,000	15,085	5,004	<b>20,089</b>
	<b>Total</b>	<b>90,000</b>	<b>28,782</b>	<b>8,609</b>	<b>37,391</b>
<b>Somaliland</b>	Sheikh	7,800	2,858	650	<b>3,508</b>
	Adadely	9,000	2,229	524	<b>2,753</b>
	Boon	7,400	4,626	1,321	<b>5,947</b>
	Kenya	91,400	4,434	769	<b>5,203</b>
	Yagori	13,500	4,694	909	<b>5,603</b>
	Erigabo	18,500	2,631	969	<b>3,600</b>
	<b>Total</b>	<b>147,600</b>	<b>21,472</b>	<b>5,142</b>	<b>26,614</b>
<b>GRAND TOTAL</b>		<b>537,000</b>	<b>74,470</b>	<b>20,645</b>	<b>95,115</b>

### Nutrition Programme

Growth monitoring of children was a regular activity during the clinic visits. Nutritional surveys were conducted in Burao and Bown, where some cases of malnutrition were reported. Results of a nutrition survey undertaken in the Awdal region (Somaliland) in October 2001 showed significantly high levels of global and acute severe malnutrition.

Continued vulnerability in some pockets of Berdale, Qanshdere and Dinsor were reported following relatively low rains in comparison with other parts of the Bay region.

A comprehensive nutritional intervention through supplementary feeding and family rations commenced in November. The programme was targeted at malnourished children in Qanshdere, Berdale, Baidoa and Dinsor districts.

### Beneficiary figures:

<u>Clinic</u>	<u>Beneficiaries</u>
Berdale	2,697
Kanshdere	2,859

This initiative was supported by UNICEF and the World Food Programme in partnership with the SRCS. UNICEF supported malnourished children by providing supermix while the WFP provided dry food for families.

### Outbreaks

Increased cases of diarrhoea were reported in some clinics in 2001 particularly in Mogadishu and Baidoa. Stool specimens examined in the last week of December tested positive for *Vibrio Ogawa species*, thus confirming the presence of cholera. This however did not reach outbreak levels. Prevention activities including community education, simple hygiene practices, the chlorination of wells and the distribution of ORS continued in Mogadishu in December. These measures led to considerable

decreases in cases of diarrhoea. The exercise was carried out by Red Crescent volunteers and clinic staff.

Although Somaliland does not lie in the “*African Meningitis belt*” cases of meningitis were reported in Hargeisa from October. Surveillance activities began immediately. The cases however did not reach epidemic levels until the last two weeks of December when they showed an alarming increase. Out of 165 cases, 70 were confirmed positive for meningococcal meningitis. This led to a decision to conduct a mass vaccination campaign targeting approximately 255,000 people aged between 2 to 40 years in order to prevent a further spread of the disease. SRCS volunteers actively participated in social mobilization and vaccination activities.

**Objective 2** To continue support for the Garowe hospital with greater participation from the local community, authorities and the hospital’s management committee.

**Achievements** The 60-bed capacity hospital in the Nugal region offered adequate services, including internal medicine, and paediatric and maternal care. Surgery and basic support services such as x-rays and a laboratory were also provided. It also served as a regional referral hospital.

The ongoing cost sharing initiative begun in 1994 covered X-ray, laboratory and outpatient services. Revenue generated was used to run ambulance services, to pay casual workers and to maintain equipment and facilities. It was also used to procure X-ray films and stationery. A study on cost sharing at the hospital was conducted by a World Bank team in collaboration with the Federation. Unfortunately the analysis and follow up were not completed largely owing to a lack of access after a security breakdown in the town.

The hospital management, with Federation support, organized training sessions for nurses. The management team was expected to attend a course in Garowe but this did not materialize owing to a lack of funding. There was still a need to improve the capacities of the management team and the doctors. The ICRC has indicated its readiness to assist doctors at the Keisaney Hospital to gain experience in surgical techniques.

The tuberculosis (TB) project which was identified by the Ministry of Social Affairs (MOSA) as a priority in Garowe did not get off the ground. A lack of funds prevented the construction of a temporary structure for dispensing drugs and receiving patients. The many TB cases in the region were referred to Bossasso for specialized treatment. For various reasons, patients ended up staying in Garowe and buying incomplete doses of drugs from local chemists run by unqualified staff. This had pernicious long-term effects as the Tubercle Bacillus was resistant to cheap, locally-available drugs. The World Health Organisation (WHO) trained one doctor, a nurse and a laboratory technician for the programme. It was also ready to support with drugs, registers and to provide supervision. The programme will be implemented through the “Daily Observation Treatment” (DOTS) system. With its current capacity, the hospital could start only with ambulatory services and expand to cover admission with increased capacity.

The involvement of the community in the management of the hospital saw some improvement. A new hospital management committee was selected with representatives from the community, the directorate of health and the hospital. Operational guidelines for the committee were developed. Monitoring of services provided at the hospital was done by the Ministry of Social Affairs, the SRCS and the Federation’s health unit.

The Federation was able to visit the hospital only in the first half of the year. The second half of the year became unsafe for field visits due to the insecurity situation throughout Puntland.

Disch.	Deaths	Lab.	OPD/E R	Operta.	Deliv .	X-Ray	Dressi ng	TOTAL
1'430	37	6'436	4'216	124	279	3'216	2'206	<b>19'457</b>

As in the previous year, acute respiratory infections, malaria, diarrhoea, accidents, TB and UTI were the most common morbidity cases seen at the hospital.

### **Objective 3 To reduce dependence on donor funding by the clinics.**

#### **Achievements**

Cost sharing/cost recovery was one of the strategies to reduce dependence on donors. The cost sharing initiative in the IHCP and the Garowe Hospital was carried out within the outlines of the strategic policies of the respective zonal Health Ministries.

In Somaliland cost sharing was introduced in two clinics, Adadley and Sheikh. The two clinics developed and used the closed account system whereby revenue earned was not used immediately but served as seed capital to be utilised in a revolving manner after one year. Both clinics adopted the out of pocket payment method for drugs and consultation. The expansion of the scheme to cover the remaining four facilities was considered. A rapid assessment of the cost sharing initiative in the SRCS facilities in Somaliland was conducted by the health economist delegate. The assessment aimed to review the implementation of the scheme in the Adadley and Sheikh clinics and to draw lessons for its extension to the remaining four facilities in Somaliland. It also looked at the feasibility of expanding the initiative to cover the remaining SRCS-managed facilities.

In Puntland, a World Bank supported pilot project on cost sharing was initiated at the Qarhis clinic whereby the community was involved in the provision of the resources for the clinic through the community prepayment scheme. The community contributed 15 per cent of the running costs while the Puntland authorities contributed 5 per cent. The SRCS and its partners made up the remaining 80 per cent. The project started off well but follow-up monitoring could not be done due to the insecurity conditions that rendered the region a "no go" area during the second half of the year.

In November, a workshop was held in Baidoa for SRCS health managers in the south and central zone to introduce them to cost sharing. This was also geared towards the piloting of cost sharing in some clinics in the Bay region. A plan of action was developed at the end of the workshop for eventual implementation of the scheme in 2002.

### **Objective 4 To mount a campaign in Somalia to inform people about the dangers of HIV/AIDS and its prevention.**

#### **Achievements**

The incidence of HIV/AIDS has risen sharply in Somalia. Although statistics in this divided and strife-torn country were hard to come by, evidence from the SRCS network of 50 primary health care clinics showed an increasing trend in sexually transmitted diseases (STDs). Somalia is surrounded by countries with high prevalence rates of HIV/AIDS and this in itself constituted a potential risk. Poverty and the breakdown of family life added to the threat.

A workshop planned for SRCS senior managers scheduled for October did not take place because of security problems. The workshop aimed to equip the SRCS with the necessary knowledge and skills to enable it to conduct awareness campaigns in its operational areas. In December 2001 the SRCS played

a leading role among several other NGOs in the commemoration of World AIDS Day throughout Somalia. The preparation of information, educational and communication (IEC) materials and radio programmes continued over the year.

### Constraints

- The general insecurity in Somalia significantly affected programme monitoring particularly in Puntland. The volatile security conditions resulted in a marked reduction in the number and frequency of flights to Somalia which in turn contributed to delays in the submission of field returns to Nairobi for review. The delivery of kits to the field was similarly affected. The CARE reproductive health programme at the Garowe hospital only got under way with the rehabilitation of a facility earmarked for the programme and the training of the hospital's midwives. The delivery of equipment, drugs, other supplies and programme components could not be made due to the security conditions in Puntland.
- The breakdown of the UNICEF cold chain equipments and an inadequate supply of vaccines often led to service interruptions which severely affected EPI coverages.
- The absence of a functioning primary health care coordinator for the SRCS significantly reduced progress in the health program. The overworked medical coordinator who doubled as the hospital director of Keinsaney Hospital, was rarely available to coordinate SRCS field activities.
- Inadequate communication among field staff, and between the field and collaborating agencies such as UNICEF and the WHO sometimes resulted in programme interruptions. Delays in providing solutions by the health office in Nairobi to pressing problems in the field by were similarly due to the lack of effective communication between Nairobi and the field.

### Integrated Health Care Programme

#### Consolidated Beneficiary Figures

End Year 2'001	Estimated Populatio n	Childre n		>5yrs and		Ante natal & Post natal	TOTAL
		<5yrs	Adults	Male OPD	Female OPD		
		Male MCH	Female MCH				
<b>GRAN D TOTA L</b>	<b>537'000</b>	<b>47'680</b>	<b>44'302</b>	<b>78'507</b>	<b>112'737</b>	<b>31'071</b>	<b>314'297</b>

#### Garoe Branch: ( 12 clinics )

End Year 2001	Location of clinic	Estim. popul.	Childre n		>5yrs and		Ante natal & Post natal	TOTAL
			<5yrs	Adults	Male OPD	Female OPD		
			Male MCH	Female MCH				
	Xarfo	11,000	954	1,043	1,435	2,256	523	<b>6,211</b>
	Dongoroyo	15,000	1,559	1,452	2,324	4,358	1,123	<b>10,816</b>
	Eyl/Badey	16,000	1,046	948	1,989	2,915	781	<b>7,679</b>
	Godo-Jiran	15,000	890	873	1,942	2,369	710	<b>6,784</b>
	Hasbahale	12,000	1,192	1,182	1,824	3,255	1,162	<b>8,615</b>
	Jeriban	10,000	660	532	1,642	2,387	355	<b>5,576</b>
	Sinjuiff	10,000	1,527	1,337	1,540	3,686	673	<b>8,763</b>
	Badweyn	9,000	805	965	2,649	2,639	498	<b>7,556</b>
	Kalabeyr	7,000	697	548	1,755	3,095	716	<b>6,811</b>
	Bail Busle	8,000	555	504	1,954	2,064	303	<b>5,380</b>

Qarhis	8,000	665	594	2,005	2,881	666	<b>6,811</b>
Galkayo South	17,000	826	791	639	2,318	525	<b>5,099</b>
<b>Total</b>	<b>138,000</b>	<b>11,376</b>	<b>10,769</b>	<b>21,698</b>	<b>34,223</b>	<b>8,035</b>	<b>86,101</b>

**Baidoa Branch: ( 4clinics & 1 orphanage )**

End Year 2001	Location of clinic	Estim. popul.	Children <5yrs		>5yrs and		Adults	Ante natal & Post natal	TOTAL
			Male MCH	Female MCH	Male OPD	Female OPD			
	Hawadak	25,000	1,364	1,060	3,675	3,177	1,110	<b>10,386</b>	
	Isha	25,000	893	774	3,447	1,567	753	<b>7,434</b>	
	Berdale	60,000	3,062	2,539	4,195	4,494	498	<b>14,788</b>	
	Kanshera	50,000	2,636	2,752	4,066	5,125	279	<b>14,858</b>	
	Orphanages	1,400	0	0	1,590	667	0	<b>2,257</b>	
	<b>Total</b>	<b>161,400</b>	<b>7,955</b>	<b>7,125</b>	<b>16,973</b>	<b>15,030</b>	<b>2,640</b>	<b>49,723</b>	

**Mogadishu Branch: ( 2clinics)**

End Year 2001	Location of clinic	Estim. popul.	Children <5yrs		>5yrs and		Adults	Ante natal & Post natal	TOTAL
			Male MCH	Female MCH	Male OPD	Female OPD			
	Balad	40,000	9,504	8,561	11,355	13,506	6,609	<b>49,535</b>	
	Afgoi	50,000	7,641	7,549	11,439	14,254	7,319	<b>48,202</b>	
	<b>Total</b>	<b>90,000</b>	<b>17,145</b>	<b>16,110</b>	<b>22,794</b>	<b>27,760</b>	<b>13,928</b>	<b>97,737</b>	

**:(6 clinics)**

End Year 2001	Location of clinic	Estim. popul.	Children <5yrs		>5yrs and		Adults	Ante natal & Post natal	TOTAL
			Male MCH	Female MCH	Male OPD	Female OPD			
	Sheikh	7,800	644	633	1,966	2,523	383	<b>6,149</b>	
	Adadely	9,000	561	532	1,610	2,619	297	<b>5,619</b>	
	Boon	7,400	2,362	1,446	2,194	5,898	642	<b>12,542</b>	
	Kenya	91,400	3,674	4,142	6,734	12,586	2,655	<b>29,791</b>	
	Yagori	13,500	3,611	3,364	5,393	11,908	2,343	<b>12,660</b>	
	Erigabo	18,500	12,112	11,231	19,392	31,877	7,705	<b>13,975</b>	
	<b>Total</b>	<b>147,600</b>	<b>11,204</b>	<b>10,298</b>	<b>17,042</b>	<b>35,724</b>	<b>6,468</b>	<b>80,736</b>	

**Organizational Development**

**Objective 1** To significantly increase the level of Somali Red Crescent income from voluntary contributions at home and abroad and thereby lessen the dependence of the society on donor funding by the end of 2002; to enhance the management capacity of the SRCS officers; to improve financial and other reporting from the branches; to assist in the development of the society's programmes

**Achievements**

A web site for the Somali Red Crescent Society was launched at the end of 2001; the national society's branches were reorganized and the numbers of paid staff reduced; six new branches were formed, bringing the total to 19, one for each region; four meetings of branch chairmen were held in Somalia in which the secretary general explained the new structures and branches learnt from each other's experience.

### **Constraints**

There were restrictions on travel to Somalia following the terrorist attacks in America on September 11. Security in Puntland deteriorated in the last quarter of the year and staff were unable to travel there because of political disputes and armed conflict. Security problems in Mogadishu also restricted visits.

### **Conclusions**

After a great deal of discussion and debate including an intensive session at the partnership meeting in Mombassa in June, the Somali Red Crescent Society was ready for change in 2001. The secretary general worked assiduously in 2001 to reorganize the branches and to encourage branch chairmen and secretaries to interact and learn from each others' experience. Despite the difficulties of access caused by local insecurity and the curtailment of humanitarian flights into Somalia by international organizations after 11 September, the delegation made frequent trips to Somalia during the year and worked on improving the capacities of health professionals, on introducing the concept of cost sharing in some of the clinics, on enhancing the accountability of branches and on laying the groundwork for the HIV/AIDS campaign. The HIV/AIDS conference in Hargeisa planned for October was postponed till March 2002 but initiatives to spread awareness of HIV/AIDS in the form of audio and video cassettes, music, drama and visual messages were vigorously pursued.

*For further details please contact: Josse Gillijns, Phone: 41 22 730 42 24; Fax: 41 22 733 03 95; email: gillijns@ifrc.org*

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

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

John Horekens  
Head  
Relationship Management Department

Bekele Geleta  
Head  
Africa Department

**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

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**Appeal No & title: 01.16/2001 Somalia**

**Period: year 2001**

**Project(s): SO001, SO004, SO101, SO160, SO401, SO402, SO403, SO404, SO405, SO406, SO407**

**Currency: CHF**

**I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES**

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	2,580,166				
less Cash brought forward	-122,911				
<b>TOTAL ASSISTANCE SOUGHT</b>	<b>2,703,077</b>				
<u>Contributions from Donors</u>					
American Red Cross (DNUS)	124,896				124,896
Belgian Red Cross (DNBE)	7,500				7,500
British Red Cross (DNGB)	210,976				210,976
Donor - Unidentified (D000)	1,095				1,095
Finnish Govt.via Finnish Red Cross (DG)	86,263				86,263
Finnish Red Cross (DNFI)	24,658				24,658
German Red Cross (DNDE)	125,994				125,994
Italian Red Cross (DNIT)	280,837				280,837
Norwegian Govt.via Norwegian Red Cr	291,321				291,321
Norwegian Red Cross (DNNO)	72,830				72,830
Private Donors-online	17				17
Swedish Govt.via Swedish Red Cross	129,606				129,606
Swedish Red Cross (DNSE)	48,650				48,650
The World Bank (DH16)	242,952				242,952
Great Britain				59,959	59,959
Netherlands				25,133	25,133
<b>TOTAL</b>	<b>1,647,595</b>			<b>85,092</b>	<b>1,732,687</b>

**II - Balance of funds**

Opening balance	-122,911
CASH INCOME Rcv'd	1,647,595
CASH EXPENDITURE	-1,943,457
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<b>CASH BALANCE</b>	<b>-418,773</b>

**Appeal No & title: 01.16/2001 Somalia**

Period: year 2001

Project(s): SO001, SO004, SO101, SO160, SO401, SO402, SO403, SO404, SO405, SO406, SO407

Currency: CHF

**III - Budget analysis / Breakdown of expenditures**

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction		5,247			5,247	-5,247
Clothing & Textiles	2,544	2,756			2,756	-212
Food/Seeds	41,400	35,188			35,188	6,212
Water	6,732	3,682			3,682	3,050
Medical & First Aid	216,980	107,927			107,927	109,053
Teaching materials	492	69			69	423
Utensils & Tools		182			182	-182
Other relief supplies	53,016	36,424			36,424	16,592
<b>Sub-Total</b>	<b>321,164</b>	<b>191,475</b>			<b>191,475</b>	<b>129,689</b>
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles						
Computers & Telecom equip.	2,708	9,942			9,942	-7,234
Medical equipment						
Other capital expenditures	9,268	1,986			1,986	7,282
<b>Sub-Total</b>	<b>11,976</b>	<b>11,929</b>			<b>11,929</b>	<b>47</b>
<u>TRANSPORT &amp; STORAGE</u>	387,712	359,872			359,872	27,840
<b>Sub-Total</b>	<b>387,712</b>	<b>359,872</b>			<b>359,872</b>	<b>27,840</b>
<u>PERSONNEL</u>						
Personnel (delegates)	247,246	90,660		85,092	175,752	71,494
Personnel (local staff)	1,072,748	789,818			789,818	282,930
Training						
<b>Sub-Total</b>	<b>1,319,994</b>	<b>880,478</b>		<b>85,092</b>	<b>965,570</b>	<b>354,424</b>
<u>GENERAL &amp; ADMINISTRATION</u>						
Assessment/Monitoring/experts	11,019	12,788			12,788	-1,769
Travel & related expenses	51,075	27,588			27,588	23,487
Information expenses	25,284	3,305			3,305	21,979
Administrative expenses	165,124	172,546			172,546	-7,423
External workshops & Seminars	3,000					3,000
<b>Sub-Total</b>	<b>255,502</b>	<b>216,227</b>			<b>216,227</b>	<b>39,275</b>
<u>PROGRAMME SUPPORT</u>						
Programme management	173,981	134,717			134,717	39,264
Technical services	52,081	40,335			40,335	11,746
Professional services	57,757	44,744			44,744	13,013
<b>Sub-Total</b>	<b>283,818</b>	<b>219,795</b>			<b>219,795</b>	<b>64,023</b>
Operational provisions		63,681			63,681	-63,681
Transfers to National Societies						
<b>TOTAL BUDGET</b>	<b>2,580,166</b>	<b>1,943,457</b>		<b>85,092</b>	<b>2,028,549</b>	<b>551,617</b>

**Consumption rate:** Expenditures versus income 117%  
Expenditures versus budget 79%