

# Appeal 2003-2004



International Federation  
of Red Cross and Red Crescent Societies

## SOMALIA

### Appeal no. 01.09/2003

*Click on programme title or figures to go to the text or budget*

	2003 (In CHF)	2004 <sup>2</sup> (In CHF)
1. Health and Care	2,010,694	2,145,000
2. Disaster Management	136,098	145,000
3. Organizational Development	218,894	250,000
<b>Total</b>	<b>2,365,686<sup>1</sup></b>	<b>3,140,000</b>

### Introduction

Somalia has been experiencing protracted internal armed conflict for over a decade that has resulted in deepening levels of poverty, deprivation and vulnerability. The majority of the population lacks access to basic social services, important among this, is health and education. The ongoing conflict and insecurity, coupled with recurrent cycles of natural disasters of floods and drought has led to severe livelihood vulnerability.

Somalia Red Crescent Society maintained its unity despite the fragmentation of the country along clan and political lines since the collapse of Mohammed Syiad Barre's regime in January 1991 and continues to play a major role in the humanitarian work. The lack of security in most parts of the country due to the ongoing internal armed conflict coupled with a total absence of effective central authority for the last decade is clearly the main constraint for the humanitarian services delivery to the Somali people. With the total collapse of the social services sector including health, the Somalia Red Crescent Society remains the only recognised nation-wide indigenous humanitarian organisation operating in all the regions of Somalia.

The adherence to the Red Cross and Red Crescent Fundamental Principles in serving the most vulnerable segments of the society irrespective of their clan base or political affiliation has earned Somalia Red Crescent Society the respect and acceptance of all the people of Somalia. The visibility of Somalia Red Crescent Society is very prominent in all the regions of Somalia and its clinics and network of branches are recognised as a credible and reliable sources of information for the humanitarian actors in Somalia.

Support from the Movement under very difficult operational circumstances has contributed to the development of the National Society's capacities to deliver externally funded humanitarian assistance and to operate in a war ravaged and fragmented society - a comparative advantage over other humanitarian aid actors in Somalia.

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<sup>1</sup> USD 1,606,970 or EUR 1,607,189

<sup>2</sup> These are preliminary budget figures for 2004, and are subject to revision.

## National Context

In north-eastern Somalia known as Punt land, a constitutional crisis that followed the dispute over the presidency between Colonel Abullahi Yusuf and his arch rival Jama Ali Jama in August 2001 led to several armed confrontations between the supporters of the two leaders. The central and southern parts of the country have seen an upsurge in inter-clan fighting, plunging these regions into a state of anarchy and lawlessness.

The Transitional National Government formed after the Arta conference in Djibouti in early 2000 with the aim of holding countrywide elections by 2003 proved to be ineffective. International efforts to support the Transitional National Government to establish an effective central administration also failed. Today the Transitional National Government controls only some enclaves in Mogadishu and some pockets in the South. It is not recognised by most of the faction leaders controlling different parts of the country who continue to challenge its authority over the country.

In north-western Somalia, the first president of the self-declared independent state of Somaliland died on the 3 May 2002 and a smooth transition saw the vice president sworn in as president to complete the former president's term which will come to its end in March 2003. Somaliland continues to enjoy peace and stability and maintains its position to proclaim independence from the rest of the country.

Somalia continues to have some of the worst health indicators in the world. The maternal mortality rate is estimated at 1,600 per 100,000 live births (UNDP, 2001). Infant mortality rate is estimated at 132 per 1,000 live births (UNICEF, UNDP 2001). Only 15% of the rural population has access to health services while about 77% of households have no access to safe water (UNICEF, 2001). Thousands of private 'pharmacies', clinics and hospitals have sprung up throughout the country in the last decade. They constitute more of a risk than a remedy to the health problems of the population as the sector is largely unregulated and staffed by unqualified persons.<sup>3</sup>

	Somalia	Sub-Saharan Africa	World
Life expectancy at birth (in years)	47	48.7	66.9
Adult literacy rate (in %)	17.1	61.5	-
Primary school enroll ratio (6 to 12 years)	13.6	42	65
GDP per capita in (PPP\$) - 2001	795	1'690	7'446

## National Society Priorities

The main activity of Somalia Red Crescent Society continues to be the provision of primary health care through its network of Maternal and Child Health/Out Patient Department clinics. Its network of 49 clinics and two hospitals, supported by the Federation and ICRC, saves many lives through the provision of health care to the most vulnerable in the community, especially women and children. With support from the Norwegian Red Cross, the National Society is running three rehabilitation and physiotherapy centres in Mogadishu, Galkayo and Hargiesa for the victims disabled by war and polio. Norwegian Red Cross is supporting 10 out of 19 branches with core costs.

The main priority of Somalia Red Crescent is to consolidate its ongoing Integrated Health Care Programme by strengthening the capacity of its health staff and branches in supervision, monitoring and reporting. The National Society's health staff need training in health management to improve the quality of service delivery by involving local communities in running the facilities. The National Society started an HIV/AIDS awareness campaign in 2001 which, unfortunately, was disrupted by increased insecurity. Following the two workshops held in Belet Weyne and Hargiesa in March/April 2002, and the development of an HIV/AIDS strategy, the National Society needs to scale up the information and advocacy campaign through integrating HIV/AIDS in the Integrated Health Care

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<sup>3</sup> Complete UNDP Human Development Indicators for Somalia are not available due to lack of a central government and reliable statistics.

Programme. This will include the involvement of religious leaders, community leaders and elders to give their active support to the work of the health staff and volunteers.

Somalia Red Crescent has limited capacity to respond to disasters and lacks resources for disaster preparedness. The National Society revived its activities in disaster preparedness and response in November 2000 through a workshop for all the branches in which a strategy for 2001-2005 was developed. Although little progress was made in 2001-2002 apart from *ad hoc* response to the seasonal outbreaks of cholera and meningitis, the National Society will build on its strategic framework for disaster preparedness 2001-2005 to focus on the recurring cycles of disasters, epidemic outbreaks, floods, and drought. The ongoing conflict preparedness supported by the ICRC will continue with focus on First Aid training, materials pre-positioning, and linking this activity to the National Society's overall strategy on disaster preparedness.

Somalia Red Crescent has made some progress in its organisational development since its all-inclusive meeting in Djibouti in January 2000. The recommendations of the meeting - to activate membership recruitment, form branch committees, improve and standardise financial reporting, mobilise resources and develop a volunteer policy - were partially addressed. Currently, nine branches have extended their presence to the district level. There are still some branches operating only at the regional capitals with no active branch committees and very little involvement, if any, at the community level.

Since mid 2001, however, the National Society has engaged in a restructuring and reform programme in order to establish new branches, recruit new membership, increase community involvement, develop a volunteer management policy, reduce paid staff, and improve financial management at headquarters and branch levels. Nine new branches have been established under the programme, bringing the total number of branches in the country to nineteen. The number of staff at the branch and headquarters level was also reduced.

The challenge to the National Society and the Movement is to develop systems to support the implementation of these changes. The focus of the National Society's Organisational Development programme in 2003-2004 will be to energise and activate branch committees to make them functional and responsive to community needs through the training of key people at the branch level on branch management and programme development.

#### At a Glance

	Year	Comment
Statutes	1965	The statutes will be revised in 2003
National Disaster Plan	-	Due to the absence of a central authority since 1991, there is no national disaster plan
National development Plan	-	Same as above
CAS	2000	A new CAS will be developed in 2003
Self Assessment	2001 + 2002	The NS is ready go through the exercise if a new questionnaire is developed
Elections	1990	Due to the ongoing conflict, the SRCS is unable to hold a general assembly. A meeting of all branches is planned in 2003
Yearly Audit	-	The SRCS has no central financial system, it operates through the working advance system directly to the branches and the accounts are prepared by the Federation and is subject to the Audit as per Federation standards.

## Red Cross and Red Crescent Priorities

At present there is no Cooperation Agreement Strategy or viable and complete strategic plan. However, the National Society has developed strategic plans for disaster preparedness and HIV/AIDS. The Federation will assist Somalia Red Crescent to develop a strategic plan and conclude a Cooperation Agreement Strategy in 2003. The Federation supports the National Society's programmes in integrated primary health care; the ICRC supports health, dissemination, tracing and conflict preparedness. The Norwegian Red Cross supports rehabilitation and physiotherapy, branch management core cost support, while the World Bank supports the post-conflict health systems recovery project. Other partners include UNICEF which assists in the supply of drugs and vaccines to the Maternal and Child Health/Out Patient Department clinics, and WHO which is providing laboratory equipment, training and targeted interventions in tuberculosis and malaria control.

Somalia delegation will coordinate its support with the ICRC as a lead agency in Somalia, with the Norwegian Red Cross as a major bilateral donor, and with UN agencies and international NGOs through Somalia Aid Co-ordination Body.

### Primary Support from the Movement in 2002

Partner	Health	Relief	Disaster Management	Humanitarian Values	Organisational Development	Other
ICRC	xx	xx		xx		xx
Federation*	xx		xx	xx	xx	
Norwegian RC	xx				xx	xx

\*Federation support comes from British Red Cross, Norwegian Red Cross, Swedish Red Cross, Finnish Red cross, German Red Cross, The Netherlands Red Cross, Italian Red Cross, Japanese Red Cross, United Arab Emirates Red Crescent, Cyprus Red Cross, American Red Cross, New Zealand Red Cross, The World Bank.

### Priority Programmes for Secretariat Assistance

The priority programmes for Secretariat assistance will continue to be primary health care, HIV/AIDS, disaster management, branch development and promotion of Humanitarian Values. Secretariat assistance aims to:

- Strengthen the capacity of Somalia Red Crescent to consolidate its primary health care and integrate the HIV/AIDS awareness campaign within the programme.
- Improve the emergency response capacity at the branch level and build on the First Aid activities supported by ICRC to make it more community-based and link it to the overall disaster management intervention.
- Support the National Society's restructuring process to reorganise the branches to make them more functional and community-based. Coach the branch committees to reorganise its membership recruitment efforts, and volunteer management as a first step to strengthening Somalia Red Crescent's structures with the aim of promoting good governance in the National Society.
- Complement ICRC support to the National Society's activities in promotion and advocacy of the Red Cross and Red Crescent Fundamental Principles and humanitarian values.

Note that no separate budgets have been made for Humanitarian Values, Federation Co-ordination and International Representation. The cost related to these projects are absorbed by the three other projects (Health and Care, Organisational Development and Disaster Management).

## 1. Health and Care W [<Click here to return to the title page>](#)

### Background and achievements/lessons to date

The absence of a central government, collapsed economy and volatile operational environment have led to a lack of essential health care and therefore increased vulnerability of women and children to preventable diseases. This calls for Somalia Red Crescent to continue its leading role in the provision of essential basic health care through its Integrated Health Care Programme which forms the largest operational component of the National Society's activities. To maximise the efficiency and effectiveness of the health services, there is a need to integrate most of the community-based health care programme of the Somalia Red Crescent. Moreover, new strategies have to be developed to foster greater self-reliance in an organised and progressive manner in order to continue to protect and improve the lives of the vulnerable. Above all, there is a need to restructure and improve the organisational and managerial capacity of the National Society.

### Health Context

Like many countries in sub-Saharan Africa, HIV/AIDS is a growing threat to Somalia. Although statistics in this divided and strife-torn country are hard to come by, reported data from the National Society's network of 49 primary health care clinics show an increasing trend in sexually transmitted diseases (STDs) which could fuel the HIV infection rate in the country. Somalia is also surrounded by countries with high prevalence rates of HIV/AIDS which constitute a potential risk for the country. Poverty and the breakdown of family life add to the threat.

While HIV/AIDS prevalence in Somalia is estimated to be less than 1% (UNICEF, 2001), the prevailing internal and external environments of the country render it a potentially high risk country. In 2002, Somalia Red Crescent started the implementation of a three-year HIV/AIDS strategic plan with support from the Secretariat's Somalia Delegation and Regional Delegation HIV/AIDS programme. Two workshops were conducted in two regions of Somalia to train the National Society health staff and branch leadership to organise an HIV/AIDS awareness campaign and to step-up advocacy against stigma and discrimination for people living with HIV/AIDS.

The rate of tuberculosis infection in Somalia is very high. TB has emerged as one of the most frequent 'opportunistic infections' in persons with HIV infection in the developing countries. The National Society plans to play a major role in educating the population on TB, as well as ensuring proper and early referral of suspected cases to the TB centres for further management.

Malaria is on the rise due to improper case management, resistance to anti-malarial drugs, and environmental changes. Prevention and proper treatment of malaria and anaemia in pregnant women and children under five years of age is of high priority to the National Society, and malaria prevention and treatment interventions have been stepped up at the health facilities. The National Society aims to integrate the malaria prevention activities into the existing structures with emphasis on early and proper case management. It also plans to establish a primary health care laboratory to assist in the diagnosis and referral of severe cases to the hospital. With support from WHO, Somalia Red Crescent will remain focused on the provision of intermittent treatment to pregnant women and will encourage use of treated bed nets for the control of malaria. A proposal to roll back malaria within the Global Fund framework was submitted to the Somali Aid Coordination Body's subcommittee on Malaria for approval.

Somalia is one of the few countries in the world where wild polio virus is still being reported and is therefore a priority country for the polio eradication initiative. Polio campaigns have been undertaken in some zones and sometimes at the regional levels depending on security situations. The National Society has been actively involved in national and sub-national immunisation days through the mobilisation of its health staff and volunteers to assist in the supervision, vaccination and record keeping. The health officers have been involved in the planning, implementation and evaluation of the process at all levels. The society is also actively involved in the measles campaigns in collaboration with UNICEF.

### National Society Programming

Curative care - including supply of drugs, health education, immunisation, growth monitoring, ante and postnatal care, referral of cases that need secondary or tertiary care, outreach services, and home visits - remained the core activities of the Somalia Red Crescent Integrated Health Care Programme. A total of 859,052 visits were recorded in the year 2001 through the 49 clinics.

The Garowe community hospital provides a range of basic and referral services to the immediate community and beyond. In 2001 the hospital treated some 19,457 patients. It is the only referral hospital in the Nugal Region of Puntland in north-eastern Somalia and a key recipient of referral cases from Maternal and Child/Out Patient Department clinics of the National Society. The Federation and the Somalia Red Crescent have continued to provide technical support and drugs to the hospital.

Somalia Red Crescent has taken a step to expand its community-based activities into a more comprehensive Community-Based First Aid programme in line with the Africa Red Cross Red Crescent Health Initiative (ARCHI 2010) so as to respond to the health needs of the country. Hundreds of volunteers have been recruited and trained in the 19 branches of the National Society in Somalia, and are involved in community-based activities including chlorination of water points during the cholera season, social mobilisation, community action for health such as cleaning campaigns, and First Aid in the community.

The National Society is in the process of developing a volunteer policy and management guidelines to standardise its volunteer management system. Health Committees have been formed and a working relationship established with traditional birth attendants at the clinic level. The aim is to develop local resources to progressively foster self-reliance for the future sustainability of the National Society's health programme as well as to improve equity in access to basic health care. Somalia Red Crescent will select one branch for piloting the phase with technical input from the Regional Delegation.

#### Partnerships

The Federation and Somalia Red Crescent in collaboration with the World Bank have taken a lead role in the search for methodologies to sustain community health services in Somaliland and Puntland. The project has commenced with a pilot phase in Qarhis clinic, Puntland, and plans are being considered to replicate it in Somaliland in north-western Somalia.

Somalia Red Crescent has good collaboration with UN agencies particularly UNICEF which supplies vaccines and drugs to 41 out of 49 clinics, and WHO for reagents and quality control and technical capacity building. The Somali Aid Coordination Body's health sector committee continued to be an important forum for information sharing and formulation of strategies in dealing with health issues through in its monthly meetings. Cooperation with the ICRC and the Norwegian Red Cross has seen a significant improvement in the area of knowledge sharing, planning and coordination of support to Somalia Red Crescent

The German Red Cross is considering a bilateral intervention in water and sanitation with a limited primary health care component by the end of 2002 for two years. This project will result in improved human resource capacities for the National Society staff and volunteers in Water and Sanitation techniques and will at the same time provide adequate safe water, sanitation and hygiene promotion through the construction and rehabilitation of water and sanitation infrastructure. The project will also provide software services (hygiene promotion/community management) using the participatory health and sanitation promotion approach. This initiative will encourage more national society interventions in water and sanitation in seeking sustainable solutions to water problems facing the most vulnerable people of Somalia.

#### Constraints

The difficulties facing the implementation of the programme are enormous. The unstable political situation in most parts of the country has limited the access to the clinics and compromised the level and quality of technical support to the programme. The shipment of drugs and other medical supplies

to the field has often been delayed due to insecurity and disruption of flights. Monitoring and supervision from both delegation staff and national society health personnel is constrained by intermittent inter-clan fighting.

#### Lessons learned

The lessons learned from the implementation of the programme is that the involvement of the local communities in the management and funding of Integrated Health Care Programme would reduce the dependency on external funding in the long run. This has been proven in the ongoing pilot post-conflict health service recovery project in Puntland funded by the World Bank.

Effective monitoring and supervision is a determining factor in promoting the quality of patient care and the management of the health facilities at the branch level. Volunteers continue to be instrumental in the implementation of the National Society's activities. An effective volunteer management system is key to the success of the health promotion and prevention activities including HIV/AIDS. The continued support from the Federation, ICRC and PNS has contributed to the sustenance of the health programme which saves many lives. With similar level of support and commitment, the Somalia Red Crescent Integrated Health Care Programme will contribute to the improvement of the health situation of the most vulnerable people in Somalia.

#### Strategy

The focus of Somalia Red Crescent in the coming years will be on the consolidation and integration of all health-related activities including water and sanitation with emphasis on enhancing the managerial skills of the National Society's key personnel in charge of the management of the health facilities. This is aimed at rationalising the external resource allocation. Budgets will be used as a basis for internal control and improved reporting to enhance transparency and accountability. Increasing the capacity in the health facilities management will be linked to other Somalia Red Crescent capacity building interventions including branch development and volunteer management policies to ensure the sustenance of the Integrated Health Care Programme.

#### **Overall Goal**

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

#### **Programme Objective**

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

#### **Expected Result**

The health status of 900,000 vulnerable people in Somalia with special attention to the health of mothers and children is improved.

- Efficiency of the National Society's health facilities to deliver quality health care service to the most vulnerable has been increased.
- Maternal and infant mortality/morbidity rates have been reduced.
- Operational standard health guidelines have been reviewed and are in operation.
- Reporting from health facilities have been improved.
- The technical and managerial skills of Somalia Red Crescent's health staff to deliver quality health services have been increased.
- The performance and accountability of the National Society's health staff has been improved through monitoring, training and supervision.
- Community First Aid and volunteers management systems to respond to local health emergencies at local branches and health facilities have been developed.

- The involvement of local communities in the management of the National Society's health facilities and their financial contribution to the sustainability of the health care delivery system have been increased.
- The knowledge and awareness of the National Society's health staff, volunteers and local communities on sexually transmitted infections and HIV/AIDS prevention have been increased;
- The National Society's branches in targeted regions are able to mobilise and engage the community elders, religious leaders, local authority and the volunteers in scaling up the awareness campaigns against STDs/HIV/AIDS.
- Advocacy and awareness campaigns against stigma and discrimination on people living with HIV/AIDS have been increased.

## **2. Disaster Management W** [\*<Click here to return to the title page>\*](#)

### **Background and achievements/lessons to date**

Armed conflict in most parts of Somalia is coupled with seasonal outbreaks of epidemics, floods and drought. Although the Somalia Red Crescent has a network of branches and clinics in all the regions of Somalia, it lacks adequate capacity and resources to manage and respond to slow onset disasters and emergency situations. Some of the National Society's branches responded to the seasonal outbreaks of cholera, meningitis and malaria within the limited capacity they had by promoting hygiene through health education, vaccination campaigns, setting up of oral rehydration centres, chlorinating of water sources, and First Aid. The branches report regularly about the general situation in their respective areas including the security, socio-economic conditions and seasonal outbreaks, but the information provided is usually not substantive nor gives provision for follow up or linkage to previous reports. The involvement of the Federation, ICRC and other Red Cross partners in Somalia raised the following key lessons about disasters in the country:

- The vulnerability of the communities in Somalia is compounded by multiplicity of disasters due either to their frequent independent occurrence or as a consequence of other man-made or natural disasters.
- The National Society's limited efforts in disaster preparedness and response are hindered by increasing insecurity, lack of access to some areas, poor communication, lack of monitoring tools, absence of central authority to give guidance to disaster management at the national level, weak structures at the branch level, and absence of community involvement.
- The Federation and other Red Cross partners recognise the high level of poverty, food insecurity and social deprivation that can make it difficult for the most vulnerable to cope with disasters.

Driven by the gaps and lessons learned, the Disaster Management programme for 2003-2004 seeks to enhance the capacity of Somalia Red Crescent's disaster preparedness and response to address effectively and in a sustainable manner the weaknesses in early warning systems, monitoring, data analysis, information flow and reporting, disaster planning and regulations, institutional arrangements, and coordination functions. Federation Secretariat support to the National Society's disaster management programme needs further development in coordination with ICRC who take the lead in the area of conflict preparedness.

### **Overall Goal**

The vulnerability of 900,000 people in the disasters prone regions of Somalia is reduced.

### **Programme Objective**

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

### **Expected Result**

The technical assistance from the Federation has enabled the Somalia Red Crescent to cope with the recurring disasters in Somalia

- Somalia Red Crescent has provided timely warning and assessment of emergencies within the country.
- Community groups in ten branches have been formed.
- Somalia Red Crescent branches in ten regions have prepared contingency plans for floods, drought and epidemics outbreaks and made them operational by end of 2003.
- Somali Red Crescent branches in ten regions have contributed to international monitoring and response to disaster situations in Somalia by working closely with ICRC, the Food and Agriculture Food Security Assessment Unit (FASU), and WHO.

### **3. Organisational Development W** [\*<Click here to return to the title page>\*](#)

#### **Background and achievements/lessons to date**

With the exception of Somaliland in north-western Somalia, all other regions have seen an upsurge in inter-clan conflict during 2002 due to the decade-long conflict in the country. International and regional efforts to bring the warring factions to reconciliation talks have been in vain. Despite the fragmentation of the country, Somalia Red Crescent has maintained its unity and impartiality and survived as a recognised and respected national institution able to operate under difficult circumstances to provide humanitarian services in all the 19 regions of Somalia. The focus of its humanitarian efforts remain in the area of primary health care through its network of clinics.

The National Society's branches have been energised to recruit new members and volunteers, conduct First Aid training, and disseminate humanitarian values and Red Cross and Red Crescent principles. The difficulties of working in a country without an effective central authority are enormous. Insecurity remains a main obstacle for free movement of the National Society's staff and leadership in the country to give guidance and support to the branches. The Somalia Red Crescent President and the Secretary General remain based in neighbouring Kenya, thus missing a hands-on management of the day-to-day affairs of the National Society. The National Society also remained heavily dependent on external funding to function. Poor infrastructure and communication between the regions coupled with antagonism and hostilities between the local authorities and faction leaders made it difficult for the branches to meet and have peer coaching and sharing of experiences. All these factors have forced Somalia Red Crescent to operate at the branch level rather than national level.

Following the Somalia Red Crescent all-inclusive meeting held in Djibouti in January 2000, the National Society has started a restructuring programme at the branch level. However, very little progress has been made in the implementation of the main recommendations which include the establishment of branch committees, development of a volunteer management policy, and the development of a strategic plan for branch development. The recommendations also called for the development of a standardised financial reporting system and human resource development, and the systematic use of capacity building tools to promote good governance.

The lessons learned from the experiences of 2002 suggest that the goal for the Organisational Development programme will remain the same but with special focus on branch development and volunteer management. Efforts will be made to organise another all-inclusive meeting to review the Djibouti 2000 recommendations and give direction to the development of the National Society's systems and structures. In addition, capacity building interventions will be closely coordinated with ICRC to ensure the harmonisation of the support to the National Society's activities. The Federation support for the National Society's Organisational Development programme should continue and be developed with complementary interventions from ICRC and the Norwegian Red Cross.

#### **Overall Goal**

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

### **Programme Objective**

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

### **Expected Result**

The Somalia Red Crescent branch committees have been established, a volunteer management policy and a human resources management systems developed, as well as a financial reporting systems installed at all levels.

- Management at branch level has been enhanced through the adoption of common and effective management systems to plan, implement, monitor and report on projects.
- Weaknesses in human resources management systems and structures have been identified and addressed.
- Efficient and user friendly financial management procedures have been established at Headquarters and branch levels.
- Somalia Red Crescent's financial management capacity in terms of accounting practice and reporting have been improved, and national society's finance officers are producing accurate, regular and timely financial reports meeting the requirement of their partners.
- Volunteer management policies have been developed and approved by the National Society's all-inclusive meeting in 2003.
- Somalia Red Crescent's branch restructuring process and development has been completed and approved by the all-inclusive meeting in 2003.
- Somalia Red Crescent Strategic Plan has been developed and approved by the all-inclusive meeting in 2003.

## **4. Humanitarian Values W**

### **Background and achievements/lessons to date**

The ICRC is leading in the promotion of the humanitarian values through its support to the Somalia Red Crescent activities in dissemination and tracing. The role of the Federation will be complementary to what the ICRC is doing through advocacy and encouragement of the National Society's branches to share information through exchange visits and peer coaching. The branch exchange visits and coaching is included in the Organisational Development programme.

In 2003, the Secretariat's Regional Information delegate will travel to each of the three Somali regions and work together with counterparts to promote the activities of the National Society and help develop the necessary skills to enable them join the Regional Disaster Response Team. In return, each national society information officer from Puntland, Somaliland and Central and South regions will be invited to the Eastern Africa Regional Delegation Information Unit for a limited period of time as staff on loan or as information project managers. They will also spend time with the ICRC Information Unit in order to harmonise humanitarian values activities at the Movement level. This will lead to regional exposure, training, better understanding of the needs and obstacles existing at regional level, and more assurance and impetus in their work. Somalia Red Crescent counterparts will be assisted and guided to develop and conduct activities linked to Federation advocacy priorities such as reducing stigma and discrimination surrounding people living with HIV/AIDS.

### **Overall Goal**

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

### **Programme Objective**

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

## **5. Federation Coordination W**

### **Background and achievements/lessons to date**

Due to the special circumstances prevailing in Somalia which forced the delegation and the leadership of the National Society to operate from neighbouring Kenya, the Federation and Somalia Red Crescent collaboration to provide humanitarian assistance will continue without major changes in the structure of this relationship during 2003. The Federation will play a proactive role in assisting, coordinating, and monitoring the National Society branches implement priority programmes. The Federation will work closely with national society leadership and the ICRC to develop the National Society Cooperation Agreement Strategy (CAS) during 2003. Support will be given to the Somalia Red Crescent President and Secretary General to prepare for the national society all-inclusive meeting with the main aim of promoting good governance in the National Society. The Federation will continue to strengthen its cooperation with ICRC, UN agencies, international organisations and donors. The Federation will continue to ensure accountability for the assistance received from the donors.

In 2003, the Delegation will consist of a Head of Delegation, a health economist delegate and four locally recruited staff based in Nairobi to provide the support to the National Society to implement its programmes.

### **Overall Goal**

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

### **Programme Objective**

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

## **6. International Representation W**

### **Background and achievements/lessons to date**

Due to the unstable political situation of Somalia, the Country Delegation and the Somalia Red Crescent President and Secretary General were relocated to neighbouring Kenya in 1993. Likewise, ICRC, UN agencies, other international organisations that were based in the country moved to Nairobi. In December 1993 the international donor community - comprised of governments, UN agencies, and the NGO community - met in Addis Ababa and signed the Addis Ababa Declaration to create an international coordinating forum for the humanitarian assistance to Somalia called the Somalia Aid Coordination Body to be based in Nairobi. In the absence of a central authority in Somalia, the Somalia Aid Coordination Body got the mandate of coordinating the humanitarian aid to Somalia and replaced the country coordination mechanism, the forum which is available in stable countries.

The Federation Country Delegation and Somalia Red Crescent have been active members of the Somalia Aid Coordination Body since 1994. The Country Delegation's health staff are active members of its health sector committees while the Head of Delegation is a member of its consultative committee. The forum 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 regular meetings of the Somalia Aid Coordination Body allow the delegation staff to educate other humanitarian actors in Somalia about developments made by the forum. Advocacy messages on the Movement's humanitarian values and fundamental principles are always disseminated through these meetings. The humanitarian aid partners are also made aware of the structure and the cooperation among the different members of the Red Cross/Red Crescent Movement operating in Somalia.

The Country Delegation will continue to work with the partners in the Somalia Aid Coordination Body and maintain dialogue with all the international humanitarian actors in Somalia and donor governments to propagate the Movement's humanitarian values and its fundamental principles. It will also show by example the important role the Federation can play as a credible and reliable partner in the delivery of humanitarian aid. The Country Delegation will also continue to demonstrate how it can be an effective coordinator of programmes that can improve the livelihood of the most vulnerable people in Somalia.

**Overall Goal**

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

**Programme Objective**

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

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# BUDGET 2003

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.09/2003

Name: Somalia

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	8,500	0	0	0	0	8,500
Clothing & textiles	0	2,500	0	0	0	0	2,500
Food	0	39,600	0	0	0	0	39,600
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	2,880	0	0	0	0	2,880
Medical & first aid	0	161,815	0	0	0	0	161,815
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	47,040	0	0	0	0	47,040
<b>SUPPLIES</b>	0	262,335	0	0	0	0	262,335
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	16,500	0	0	0	16,500
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	0	0	16,500	0	0	0	16,500
Warehouse & Distribution	0	6,720	0	0	0	0	6,720
Transport & Vehicules	4,167	272,585	5,308	0	0	0	282,060
<b>TRANSPORT &amp; STORAGE</b>	4,167	279,305	5,308	0	0	0	288,780
Programme Support	14,228	130,695	8,846	0	0	0	153,769
<b>PROGRAMME SUPPORT</b>	14,228	130,695	8,846	0	0	0	153,769
Personnel-delegates	34,815	248,473	16,597	0	0	0	299,884
Personnel-national staff	29,398	669,945	9,051	0	0	0	708,394
Consultants	0	0	0	0	0	0	0
<b>PERSONNEL</b>	64,213	918,418	25,648	0	0	0	1,008,278
W/shops & Training	120,276	222,522	75,173	0	0	0	417,970
<b>WORKSHOPS &amp; TRAINING</b>	120,276	222,522	75,173	0	0	0	417,970
Travel & related expenses	8,975	55,635	739	0	0	0	65,348
Information	193	18,214	121	0	0	0	18,528
Other General costs	6,842	123,570	3,763	0	0	0	134,175
<b>GENERAL EXPENSES</b>	16,010	197,419	4,623	0	0	0	218,052
<b>TOTAL BUDGET:</b>	218,894	2,010,694	136,098	0	0	0	2,365,686