

Appeal 2004



SOMALIA

Appeal no. 01.05/2004

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This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

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

	2004
Programme title	in CHF
Strengthening the National Society	
Health and Care	1,666,463
Disaster Management	95,722
Organizational Development.	173,882
Total	1,936,067²

Please note that objectives, expected results, and activities associated with the Humanitarian Values programme are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [<Click here to go to the text>](#)

Please note that objectives, expected results, and activities associated with the Coordination, Cooperation and Strategic Partnerships programme are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [<Click here to go to the text>](#)

¹ Identified by blue in the text.

² USD 1,454,050 or EUR 1,246,262.

National Context

The Somali people continued to suffer from a protracted internal armed conflict that has gripped the country for over a decade now, and has resulted in deepening levels of poverty, deprivation and vulnerability. The majority of the population lacks access to basic social services; important among these is health and education. The ongoing conflict and insecurity, coupled with recurrent cycles of natural disasters of floods, drought and epidemiological outbreaks has also led to severe livelihood vulnerability.

The Transitional National Government formed during the Arta conference in Djibouti in 2000 aimed at establishing effective government structures and holding countrywide elections by 2003 did not however achieve the stated objective despite support from the international community. Today the Transitional National Government controls only some enclaves in Mogadishu and some pockets in the South; is also not recognised by most of the faction leaders controlling different parts of the country who continue to challenge its authority over.



The central and southern parts of the country have seen sporadic violence, inter-clan fighting and banditry plunging these regions into a state of anarchy and lawlessness. After some protracted battles, the north-eastern region of Somalia known as Puntland has seen some relative peace and stability since February 2003 after Colonel Abdullahi Yusuf defeated his arch rival Colonel Jama Ali Jama and consolidated his control.

In north-western Somalia, the self-declared independent state of Somaliland continued to enjoy peace and stability and maintains its independence from the rest of the country. The first multiparty elections since 1969 were conducted in April 2003 contested by three main parties and were won by the UDUB party candidate of the incumbent President Dahir Rayle Kahin.

The Somali National Peace and Reconciliation process, which is taking place in Kenya since October 2002 under the auspices of the Inter-Governmental Authority for Development (IGAD) entered a critical stage. The peace process, the 14th of its kind since the collapse of the Somali state in January 1991, has representation from 21 factions and the Transitional National Government, and was hoping to form an all inclusive transitional government before the 27 August 2003. However, this could not be met following the withdrawal of the Transitional National Government and some prominent faction leaders from Mogadishu and the southern parts of Somalia after disagreements over some clauses of the new proposed charter. The parties have since resumed the talks after mediation. In the meantime the current President of the Transitional National Government, Abdi Qasim Salad Hassan, whose mandate expired in August 2003, will continue until a solution is found.

Peace in Somalia will come with new obligations to the international humanitarian actors and the donor community, which will require the Federation and **Somali Red Crescent Society** to review their strategies and consider different scenarios adaptable to the evolving situation in 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). Despite its relatively small population, Somalia contributes to almost 7% of the total number of estimated deaths in children below five years of age in the region. The total expenditure for health is 1.3% of GDP. Only 15% of the rural population has access to health

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services while 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.³

Human Development indicators at Glance

Indicators	Somalia	Sub-Saharan Africa	World
Life Expectancy at birth (years)	47.0	48.7	66.9
Adult literacy rate	17.1	61.5	-
Primary School enrolls Ratio (6-12 years)	13.6	42.0	65.0
GDP per capita (PPP USD) 2001	795	1,690	7,446

Source: UNDP Human Development Report, 2001

PPP in this context refers to Purchasing Power Parity

Red Cross and Red Crescent Priorities

Movement⁴ Context:

At present the national society has no viable strategic plan in place and consequently, there is no Cooperation Agreement Strategy (CAS). However, the national society has developed country plans for disaster preparedness (2001-2005) and HIV/AIDS (2002-2004) and completed the self-assessment questionnaire for 2002. On the other hand, the Somalia Red Crescent has started the process of developing a five-year strategic plan (2004-2008), which is expected to be adopted during an All-inclusive meeting of the national society in November 2003. The Federation in collaboration with the ICRC will assist the Somalia Red Crescent to develop and conclude a Cooperation Agreement Strategy during 2004-2005.

Currently the Federation supports the national society’s health and care, disaster management and organisational development programmes. The ICRC supports the health posts, communication and tracing, humanitarian values and conflict preparedness. The Norwegian Red Cross supports orthopaedic and physiotherapy services and branch management core cost. The German Red Cross signed a bilateral agreement with Somalia Red Crescent to implement a water and sanitation project with a limited health component, funded by European Union in Somaliland in the north west of Somalia running for two years from July 2003

The Federation Somalia delegation will coordinate its support to the national society with the ICRC as the lead agency in Somalia and with the Norwegian and German Red Cross Societies as major bilateral donors having bases in the region. The Movement’s support to the national society is in line with the Movement’s Strategy and the Federation strategy 2010 core areas. The Movement’s primary support to Somalia Red Crescent during 2003 is as follows:

³Since 1997, Somalia has not been ranked in the UNDP Global Human Development Index (HDI); instead, it is included in a separate table of countries for which statistical data is considered to be inadequate to construct HDI.

⁴ ‘Movement’ refers to the International Red Cross and Red Crescent Movement.

Primary Support from the Movement in 2003

Partners	Health	Relief	Disaster Management	Humanitarian Values	Organizational Development	WatSan	Others
ICRC	xx	xx	xx	xx		xx	xx
Federation*	xx		xx	xx	xx		
Norwegian RC	xx				xx		xx
German RC	xx					xx	

*The Federation support comes from the national societies from Britain, Cyprus, Finland, Germany, Italy, Japan, Netherlands, New Zealand, Norway, Sweden, United Arab Emirates, and U.S.A. Additional support also comes from the World Bank.

National Society Strategy/Programme Priorities:

The national society has 19 branches covering the 19 regions of the country with varied degree of strength. The main programme of Somalia Red Crescent 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 for victims disabled by war and polio in Mogadishu, Galkayo and Hargiesa. The Norwegian Red Cross is supporting 10 out of the 19 branches of the national society with core costs within the framework of its bilateral agreement. The Somalia Red Crescent is planning to develop volunteers' management policy, branch management systems, and human resource and finance development and build the capacities of the branches to respond to disasters. The capacity building components will be addressed through the ongoing health programme and the bilateral projects supported by the Norwegian and German Red Cross Societies.

At a Glance

	Year	Comment
Statutes	1965	The statutes will be revised in 2004
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
Country Agreement Strategy	2000	It is an old generation of the country assistance strategy, the new generation of Country Agreement Strategy will be developed in 2004
Self Assessment	2001 and 2002	The national society is ready go through the exercise if a new questionnaire is developed
Elections	1990	Due to the ongoing conflict, the national society is unable to hold a general assembly. An All-inclusive meeting is planned in November 2003
Yearly Audit	-	Due to the ongoing conflict the national society has no central financial system; it operates through the working advance system with monthly transfers to the branches. The financial reports are prepared by the Federation and subject to audit as per Federation standards. The finance development capacity for the Somalia Red Crescent is planned in 2004

The main priorities of the national society during 2004-2007 will continue to be health and care, disaster management, organisational development and promotion of humanitarian values. However, the main focus will be on health and care. The Somalia Red Crescent will continue to consolidate its ongoing Integrated Health Care Programme by strengthening the capacity of its health staff and branches in supervision, monitoring and reporting. HIV/AIDS will be integrated in the primary health programme where the capacity of the existing clinics will be strengthened to be nucleus for HIV/AIDS surveillance and to develop a voluntary testing and counselling service in the long term.

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In disaster management, the national society will build on its strategic framework for disaster preparedness (2001-2005) to focus on epidemiological outbreaks like cholera, meningitis and malaria. 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.

The organisational development programme of the national society will focus on branch development; recruitment of new membership, increasing community involvement, development of volunteer's management policy, development of standardised accounting manual and financial management systems, local resource mobilisation systems, and human resource management systems.

The priority programmes for the Secretariat assistance during 2004-2007 will continue to be health and care, disaster management, organisational development and promotion of Humanitarian Values. Secretariat assistance aims to:

- Strengthen the capacity of the Somalia Red Crescent to consolidate its primary health care and integrate the HIV/AIDS awareness campaign within the programme.
- Improve the disaster management 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 and make the branches more functional and community-based; coach the branch committees to enhance their membership recruitment efforts, and develop volunteers' management policy and guidelines.
- Complement the ICRC support to the national society's activities in promotion and advocacy of the Red Cross and Red Crescent Fundamental Principles and humanitarian values.

Strengthening the National Society

Health and Care

[*<Click here to return to title page>*](#)

Background and achievements/lessons to date

The absence of an effective central authority, a weak economy, and volatile operational environment have led to the collapse of the public health care services in the country and consequently the vulnerability of the Somali people, specially women and children, to preventable diseases. This calls for Somalia Red Crescent to continue its lead role in the provision of essential basic health care services 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 make the service more community based. 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.

Like many countries in sub-Saharan Africa, HIV/AIDS is becoming a growing threat to Somalia. The statistics from the national society's network of 49 MCH/OPD clinics shows an increasing trend in Sexually Transmitted Infections, which could fuel the HIV infection rate in the country, as Sexually Transmitted Infections are known catalysts for transmission and subsequent spread of the virus. 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 social fabric are compounding the threat.

While HIV/AIDS prevalence in Somalia is estimated to be less than 1% (UNICEF, 2001), the internal and external environment of the country suggest that it could be higher than that. In 2002, Somalia Red Crescent started the implementation of a three-year HIV/AIDS country plan with support from the Federation's Somalia Delegation. In the first half of 2002, two workshops were conducted in two regions of Somalia to train the national society senior health staff and the branch leadership to ensure their political support to the HIV/AIDS awareness campaign and to step-up the advocacy against stigma and discrimination for people living with HIV/AIDS. Three more training of trainers workshop for Somalia Red Crescent senior health staff and volunteers from the 19 branches were conducted in 2003 to build up

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their capacity to train volunteers, youth groups, and other identifiable community groups to carry out awareness campaigns; a number of Somalia Red Crescent clinics will be selected to be used as referral centres for voluntary testing and counselling and HIV/AIDS surveillance during the implementation of the awareness campaigns. The Federation/Somalia Red Crescent was selected as partners of the World Bank/UNDP in their Low Income Countries Under Stress (LICUS) strategy to implement the HIV/AIDS component of the strategy together with UNICEF and WHO. The LICUS strategy covers the period 2003-2005.

The rate of tuberculosis infection in Somalia is very high. Tuberculosis 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, as well as ensuring proper and early referral of suspected cases to the tuberculosis 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's health and care programme. The Somalia Red Crescent aims to integrate the malaria prevention activities into the existing health programme structures with emphasis on early and proper case management. It also plans to establish a primary health care laboratory service to assist in the diagnosis and referral of severe cases to the hospital. With support from WHO, the Somalia Red Crescent will continue to focus on the provision of malaria treatment to pregnant women and will encourage the 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; the Roll Back Malaria programme will be implemented in 2004-2005.

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 level depending on the security situation. The national society has been actively involved in the National Immunisation Days through the mobilisation of its health staff and volunteers to assist in supervision, vaccination and record keeping. The health officers have been involved in the planning, implementation and evaluation of the process at all levels. The national society is also actively involved in the measles campaigns in collaboration with UNICEF.

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. The 49 clinics statistics have recorded 508,552 beneficiaries during the year 2002. Two more clinics are to be opened in Somaliland in 2003 within the framework of the water/sanitation bilateral project between the German Red Cross and Somalia Red Crescent. This will bring the total number of Somalia Red Crescent clinics to 51 by 2004.

The Garowe community hospital provides a range of outpatient and inpatient services to the immediate community and beyond; it is the only referral hospital in the Nugal Region of Puntland in north-eastern Somalia and a key recipient of referral cases from the Maternal and Child/Out Patient Department clinics of the national society. In 2002 the hospital treated 19,040 patients. The Federation and the Somalia Red Crescent have continued to provide technical support and drugs to the hospital.

The 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 ARCHI⁵ 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. The trained volunteers are involved in community-based activities including

⁵ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer to <http://www.ifrc.org/what/health/archi/>

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chlorination of water points during the cholera season, social mobilisation, hygiene promotion, 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 the 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 the basic health care.

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. During 2004 the community management system, which is being piloted in Qarhis clinic in Nugal region of Puntland, will be introduced to the communities of two clinics in Puntland and two clinics in Somaliland. A five-year strategy to sustain the Somalia Red Crescent health programme will be developed during 2003-2004 within phase 3 of the post conflict health sector project supported by the World Bank.

The national society has established a good working relationship with the United Nations agencies particularly, UNICEF that supplies vaccines and drugs to 47 out of 49 clinics, and WHO which supplies reagents, quality control and technical capacity building to a number of Somalia Red Crescent clinics. The Somali Aid Coordination Body's health sector committees meetings continued to be an important forum for information sharing and formulation of strategies in dealing with the health issues in Somalia. Cooperation with the ICRC and the Norwegian Red Cross has seen a significant improvement in the area of knowledge sharing, planning and coordination of support to the national society.

With funding from the European Union, the German Red Cross and the Somali Red Crescent coordination office in Somaliland have concluded an agreement to implement a bilateral project in water and sanitation in four regions with a limited primary health care component. Through this project, the capacity of the national society staff and volunteers in Water and Sanitation techniques will increase; at the same time the project will provide adequate safe water, sanitation and hygiene promotion to the community through the construction and rehabilitation of water and sanitation infrastructure. The project will also provide software services (hygiene promotion/community management) services using the participatory health and sanitation promotion approach (PHAST). This initiative will encourage the national society to explore more interventions in water and sanitation and contribute to sustainable solutions of 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 access to the clinics and compromised the level and quality of the 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 the delegation staff and the national society health personnel is constrained by intermittent inter-clan fighting and increased banditry.

Lessons learned

The involvement of the local communities in the management and funding of the Integrated Health Care Programme would reduce the dependency on external funding in the long run. This was proven in the ongoing piloting phase of the post-conflict health service recovery project in Puntland funded by the World Bank. The Integrated Health Care Programme is the intervention which the national society knows better and where it can add value and have an impact. It is a programme, which received the confidence of the donors and continued to attract adequate funding. It will continue to be the main activity of the national society during 2004-2007.

Effective monitoring and supervision is a determining factor in promoting and ensuring the quality of patient care and the management of the health facilities at the clinic level. The Somalia Red Crescent volunteers will continue to be instrumental in the implementation of activities. A viable volunteer's

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management system is critical to the success of the health promotion and prevention activities including HIV/AIDS. The continued support from the Federation, ICRC and sister national societies has contributed to the sustenance of the health programme, which is saving many lives. With similar levels 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.

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 improving 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 management capacity of the health staff 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.

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

Objective: The Federation Secretariat provides support and assistance to the national society to enable it to access the necessary technical and financial resources to implement its health programming to improve the health status of 600,000 vulnerable people in Somalia with special attention to the health of mothers and children.

Expected Results

1. Morbidity and mortality rates in the Somalia Red Crescent clinics and hospitals catchments areas have decreased.
2. The technical and managerial capacity of Somalia Red Crescent health staff to deliver quality health services has increased.
3. The performance and accountability of the Somalia Red Crescent health staff has been improved through increased monitoring, training and supervision.
4. The capacity of the community First Aiders and volunteers to respond to local health emergencies at branches and district levels has been increased.
5. The involvement of the local communities in the management of the health facilities and their financial contribution to the sustainability of the health care delivery system has been increased.
6. The knowledge and awareness of the Somalia Red Crescent health staff, volunteers and local communities on sexually transmitted infections and HIV/AIDS prevention has been increased.
7. The national society's branches in targeted regions are able to mobilise and engage the community elders, religious leaders, local authorities and the volunteers in scaling up the awareness campaigns against STDs/HIV/AIDS.
8. Advocacy and awareness campaigns to fight stigma and discrimination against people living with HIV/AIDS have been increased.
9. The capacity of 5 selected Somalia Red Crescent clinics to be used as centres for HIV/AIDS surveillance and future voluntary testing and counselling services has been increased

Expected programme results; and related projects for this objective:

Expected results	Indicators to measure expected results	Risks / Assumptions	Activities planned to meet results
1. Morbidity and mortality rates in the Somalia Red Crescent clinics and hospital catchments areas have decreased.	1.1 - 65% of children under five are fully immunized against childhood vaccine preventable diseases 1.2 - 70% of the children nutrition status has improved 1.3 - 60% of women in child bearing age received vaccination and appropriate midwifery care.	1.1 Adequate funding, good security and accessibility, as well as regular supply of vaccines and drugs	1.1 Provision of curative, promotive and preventive health care. 1.2 Increase the technical capacity of the clinics and hospital staff through continuous training.
2. The technical and managerial capacity and performance of health staff has improved	2.1 Percentage of health staff trained, applying the Programme Health Care guidelines and developing work plans 2.2 Number of monitoring visits and regular staff appraisal.	2.1 Adequate funding, good security and accessibility, as well as regular supply of vaccines and drugs	2.1 Conduct training workshops, exchange visits, regular monitoring and supervision.
3. The capacity of community First Aiders and volunteers to respond to health emergencies has increased	3.1 Number of volunteers recruited, trained and mobilized based on a clear volunteer management policy. 3.2 Contingency plans prepared and put into operation at branch level.	3.1 Adequate funding, good security and accessibility, as well as regular supply of vaccines and drugs 3.2 Volunteers and community First Aiders are committed to volunteering activities.	3.1 Support the recruitment of volunteers, formation of branch action teams
4. Community involvement in resourcing and managing the health facilities has increased	4.1 Number of community health committees formed and trained. 4.2 Percentage of the health facilities budgets covered from the community contribution.	4.1 Adequate funding, good security and accessibility, as well as regular supply of vaccines and drugs 4.2 Well functioning community health committees committed to support their health services.	4.1 Training of Community Health Committee and support them with tools to perform their duties.

Expected results	Indicators to measure expected results	Risks / Assumptions	Activities planned to meet results
5. The awareness about the prevention and control of Sexually Transmitted Infections/HIV/AIDS has increased.	5.1 Number of community members, volunteers involved in the scale up of the awareness campaigns and fight of stigma and discrimination against people living with HIV/AIDS. 5.2 Reduction in Sexually Transmitted Infections cases recorded in the clinics and hospitals	5.1 Adequate funding, good security and accessibility, as well as regular supply of vaccines and drugs 5.2 Information, Education and Communication materials developed and distributed to all branches. 5.3 Commitment from the community and Somalia Red Crescent staff and volunteers to step up the awareness campaigns.	5.1 Increase the skills and knowledge of Somalia Red Crescent staff, volunteers and identifiable community groups to conduct the awareness campaigns through regular training workshops. 5.2 Develop Information, Education and Communication materials.
6. The capacity of 5 Somalia Red Crescent clinics for of Sexually Transmitted Infections /HIV/AIDS surveillance and Voluntary Counselling and Testing has increased	6.1 Number of clinics with established sentinel surveillance, laboratory services to diagnose Sexually Transmitted Infections/HIV/AIDS and Voluntary and Counselling Testing services	6.1 Adequate funding, good security and accessibility, as well as regular supply of vaccines and drugs 6.2 WHO commitment to set up and monitor the surveillance programme.	6.1 Train health staff in five selected clinics in Sexually Transmitted Infections/HIV/AIDS surveillance systems, Voluntary Counselling and Testing, and provide the necessary laboratory equipment.

[<Click here to access the Logical Framework Planning Matrix document for Health and Care>](#)

Disaster Management

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Background and achievements/lessons to date

The continued armed conflict, instability and recurring seasonal outbreaks of epidemics, floods and drought is exposing the Somali people to great risk and hazards. Although the Somali 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 re-hydration centres, chlorination of water sources, and First Aid. Some Somalia Red Crescent branches send regular reports about the general situation in their respective areas including security, socio-economic conditions and seasonal outbreaks, but the information provided is usually not substantive nor do they give provision for follow up or linkages 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, and lack of monitoring tools, absence of a central authority to give guidance to disaster management at the national level, weak structures at the branch level, and absence of community involvement.

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- 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.

In 2000, the national society developed a strategic framework for disaster management (2001-2005) in which it identified five core areas for intervention, namely, floods, food security, conflict preparedness, and seasonal epidemiological outbreaks. The ICRC as a lead agency in Somalia will focus on the response to the floods, food security and conflict preparedness. The Federation support will focus on building the capacity of the branches to respond to the epidemiological outbreaks linking it to the Integrated Health Programme.

Driven by the gaps and lessons learnt, the Disaster Management programme for 2004-2007 seeks to build the capacity of the Somali Red Crescent's disaster management structures to effectively address, in a sustainable manner, the weaknesses in vulnerability capacity analysis, assessments, early warning systems, monitoring, data gathering, analysis and reporting. The Federation Secretariat support to the national society's disaster management programme will be coordinated with the ICRC who takes the lead in Somalia.

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

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 Results

1. The technical assistance from the Federation has enabled the Somalia Red Crescent to cope with the recurring disasters in Somalia
2. Somalia Red Crescent has provided timely warning and assessment of emergencies within the country.
3. Community groups in 12 branches have been formed and trained by 2007.
4. Somalia Red Crescent has conducted branch capacity analysis and Vulnerability Capacity Analysis and prepared contingency plans for epidemiological emergencies in three branches each year and made them operational during the period 2004-2007.
5. Somali Red Crescent branches in 12 regions have contributed to international monitoring and response to disaster situations in Somalia by working closely with the ICRC, Somalia Food Security Assessment Unit, UNICEF and WHO during 2004-2007.

Expected programme results; and related projects for this objective:

Expected Results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
1. Somalia Red Crescent has conducted Branch Capacity Analysis and Vulnerability Capacity Analysis in three branch/regions every year during 2004-2007	1.1 Risk mapping in 12 regions have been completed using Branch Capacity Analysis and Vulnerability Capacity Analysis. 1.2 At least 240 volunteers and staff acquired knowledge and skills on Branch Capacity Analysis and Vulnerability Capacity Analysis.	1.1 Adequate and timely funding. 1.2 Good security and accessibility	1.1 Plan and implement training on Branch Capacity Analysis and Vulnerability Capacity Analysis in three branches each year including training and formation of disaster response teams at the branch level

Expected Results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
2. Twelve Somalia Red Crescent branches have prepared contingency plans for emergencies and coping mechanisms are enhanced in the targeted regions	2.1 Twelve contingency plans have been prepared to address health emergencies, 2.2 Twelve community groups have been formed, trained to respond to local disasters. 2.2. Ten percent reduction in cholera, malaria and meningitis case and the number of people affected by the same disaster the previous years.	2.1 Adequate and timely funding. 2.2 Good security and accessibility	2.1 Train Somalia Red Crescent staff and community groups in preparation of contingency plans prepare and preposition emergency stocks in disaster prone areas. 2.2 Train Somalia Red Crescent staff and community groups in designing and implementing projects that will enhance the capacities of the local communities.
3. Somalia Red Crescent branches in 12 regions have provided timely warning and assessment of emergencies.	3.1 Twelve Somalia Red Crescent branches, 240 staff and volunteers and community groups able to conduct assessments and to send reports.	3.1 Adequate and timely funding 3.2 Good security and accessibility	3.1 Train on assessments, establish effective communication network, and improve growth-monitoring techniques at clinic level.

[<Click here to access the Logical Framework Planning Matrix document for Disaster Management>](#)

Humanitarian Values

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Background and achievements/lessons to date

With the acknowledgement of the lead role of the ICRC in the promotion of the humanitarian values through its support to the Somali Red Crescent activities in communication and tracing, the Federation Secretariat's role will be complementary through advocacy and encouragement of the national society's branches to share information through exchange visits and peer coaching. Humanitarian values' activities will be built in all the ongoing programmes.

During 2004-2007 the three senior communication officers from the three zones of Somalia will be invited to the Eastern Africa Regional Delegation's 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 communication department in order to harmonise the 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 the Federation advocacy priorities such as reducing stigma and discrimination against people living with HIV/AIDS.

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

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

Expected Result

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

Expected programme result(s); and related projects for this objective:

Expected Results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
1. Better understanding of Red Cross and Red Crescent Fundamental Principles and humanitarian values, the transition to peace by Somalia Red Crescent members, governance, volunteers, local authorities and the general population in all branches by 2007.	1.1 Number of awareness campaigns conducted in all branches. 1.2 Evaluation of the impact of the campaigns and branches' activities	1.1 Adequate and timely funding. 1.2 Good security and accessibility 1.3 Understanding of Somalia Red Crescent mandate and activities by the local authorities.	1.1 Explain to relevant authorities the mandate of Somalia Red Crescent. 1.2 Initiate a Somalia Red Crescent Task Force on promotion of Humanitarian Values and possible involvement in peace process 1.3 Develop standard curriculum for dissemination on peace process for targeted groups with technical support of federation and ICRC delegations. 1.4 Organize training workshop for Headquarters staff and branches' volunteers 1.5 Organise dissemination campaigns involving in all branches 1.6 Arrange printing of materials for above workshops and campaigns.

Organizational Development

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Background and achievements/lessons to date

Despite the fragmentation of the country to a de facto three autonomous zones, the Somali Red Crescent Society 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 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 Fundamental Principles. The difficulties of working in a country without an effective central authority are enormous. Insecurity remains the main obstacle for free movement of the national society leadership and staff in the country to give guidance and support to the branches. The Somali Red Crescent President and the Secretary General continued to be based in neighbouring Kenya, thus missing a hands-on management of the day-to-day affairs of the national society. The Somalia Red Crescent also remained heavily dependent on external funding to function. Poor infrastructure and communication between the regions coupled with antagonism and hostilities between warring factions 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 at national level.

Because the Somalia Red Crescent cannot organise statutory meeting according to their Statutes due to the conflict situation, the leadership of the national society took the initiative in January 2000 to invite all branches' leadership for a meeting in Djibouti. This meeting was called Somalia Red Crescent All-inclusive meeting. Following this meeting, the national society has started a restructuring programme at branch level, and some progress has been registered in its implementation. All the 19 branches have formed their branch committees with varying degrees of strength. A plan to expand the branch coverage areas to the district and village levels is under discussion in each branch, through a series of meetings organised for the branch chairmen and secretaries from the three zones of Somalia. A draft volunteer

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management policy and guidelines has been issued and is under discussion at various forums and levels of the national society before presenting it to next the All-inclusive meeting scheduled in November 2003. Consultation meetings to develop the national society strategic plan 2004-2008 have started and the first draft should be ready by the end of 2003. The recommendations regarding the development of a standardised and computerised financial reporting system, human resource development, and the systematic use of capacity building tools to promote good governance will be addressed during the process of developing the strategic plan.

The lessons learnt from the experiences of 2003 suggest that the goal for the Organizational Development programme will remain the same with special focus on branch development and volunteer management. Special support will be given to the national society to review and update its Statutes, which has not been updated since 1965. 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 Organizational Development programme should continue and be developed with complementary interventions from ICRC and the Norwegian Red Cross.

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

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

Expected Results

The Somalia Red Crescent branch committees have been established and activated with clear terms of reference. Branch development and volunteer management policy and guidelines have been developed and become operational.

1. The national society’s branch restructuring and expansion to district level have been completed.
2. Volunteer management policy and guidelines have been developed and put into operation.
3. Management capacity at branch level has been enhanced through implementation of branch development strategy
4. Financial management procedures have been developed and installed at headquarters and branch levels.
5. The national society Statutes have been revised and approved by 2005.

Expected programme results; and related projects for this objective:

Expected Results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
1. The Somalia Red Crescent restructuring and expansion to district level has been completed by 2007	1.1 Branch committees’ terms of reference and guidelines are in place. 1.2 Somalia Red Crescent branches are able to plan, implement and report on projects. 1.3 Human resource management systems are established at branch and Headquarters level	1.1 Good security and accessibility. 1.2 Adequate and timely funding. 1.3 Commitment from the leadership and branch chairmen to support the process.	1.1 Conduct three induction courses for Somalia Red Crescent chairmen and Secretaries. 1.2 Conduct Project Planning Process training in the three zones. 1.3 Support regional exchange and peer coaching. 1.4 Support development of human resource management systems.

Expected Results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
2. Volunteer management policy and guidelines have been developed and put into operation	2.1 The volunteer policy has been developed, adopted and distributed to the branches. 2.2 Number of volunteers recruited has increased	2.1 Good security and accessibility. 2.2 Adequate and timely funding. 2.3 Commitment from the leadership and branch chairmen to support the process	2.1 Identify and train volunteers focal persons in all branches on volunteers' management.
3. Management capacity at branch level has been enhanced through implementation of branch development strategy.	3.1 Branch development strategy in place and implemented 3.2 Resources effectively mobilised for implementing the new strategy.	3.1 Good security and accessibility 3.2 Adequate and timely funding. 3.3 Commitment from the leadership and branch chairmen to implement the new strategy	3.1 Set up and ad-hoc committee to analyse the situation of branches and develop Terms of Reference with the technical support of the Regional Delegation. 3.2 Prepare draft strategy to be shared with all branches for inputs 3.3 Approve the strategy by national society leadership.
4. Financial management procedures developed and installed at Headquarters and Branches	4.1 Somalia Red Crescent branches report regularly on financial assistance received. Accountability and transparency have improved	4.1 Good security and accessibility. 4.2 Adequate and timely funding. 4.3 Commitment from the leadership and branch chairmen to support the process	3.1 Review the Somalia Red Crescent draft accounting manual and update it. 3.2 Conduct three training workshops on financial management for Somalia Red Crescent finance officers at branch and Headquarters level.
5. The national society Statutes have been revised and approved by 2005.	5.1 Revised Statutes approved	5.1 Delays in conveying the general Assembly to approve the new Statutes.	5.1 Set up an ad-hoc committee to review the Statutes, develop the Terms of Reference with the technical support of the regional Delegation. 5.2 Prepare draft Statutes to be shared with all branches for inputs 5.3 Approve the new Statutes at the General Assembly

<Click here to access the Logical Framework Planning Matrix document for Organizational Development>

Coordination, Cooperation, and Strategic Partnerships

Background and achievements/lessons to date

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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 during 2004 without major changes in the structure of this relationship. However, this relationship might change if the ongoing peace process brings peace to Somalia and an effective central authority and government structures are installed in Mogadishu during 2004. Consequently many institutions will return to Somalia, including the Somalia Red Crescent.

The Federation will play a proactive role in assisting, coordinating, and monitoring the national society branches to implement its priority programmes. The Federation will work closely with the national society leadership and the ICRC to develop the Cooperation Agreement Strategy during 2004-2005 and to continue to ensure accountability for the assistance received from the donors. Support will be given to the Somalia Red Crescent President and Secretary General to prepare for the 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 national society has been in partnership with the World Bank since 2000 through the joint SRCS/Federation/World Bank Somalia Health Service Recovery Project that provides support for the 12 MCH/OPDs in Puntland. The project support ends in March 2004. This notwithstanding, the World Bank will support the national society's HIV/AIDS programme under the LICUS strategy in 2004 and 2005.

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

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

Expected Results

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

Expected programme result(s); and related projects for this objective:

Expected results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
1. Coordination between Federation, ICRC and representatives of the bilateral Partner national societies is promoted in 2004-2007.	1.1 Minutes of meeting held among all Movement partners. 1.2 Coordination system is developed.	1.2 All partners respect the coordination system in place and share information on their activities in Somalia.	1.1 Regular meetings are held among all Movement partners and minutes shared.

Expected results	Indicators to measure results	Risk / Assumptions	Activities planned to meet results
<p>2. Good collaboration and working relations with all external partners are strengthened by 2005 through an effective mechanism of consultation with a view to achieving one Cooperation Agreement Strategy by 2005.</p>	<p>2.1 Partnership meeting held. 2.2 Timely constructive inputs from partners along the process of the Cooperation Agreement Strategy. 2.3 Cooperation Agreement Strategy signed.</p>	<p>2.1 Active participation of all partners in the Cooperation Agreement Strategy with regular and timely feedback. 2.2 Process is conducted smoothly with no external influence and no delays.</p>	<p>2.1 Organize a partnership meeting with Somalia Red Crescent to start the Cooperation Agreement Strategy process based on the Strategic Development Plan. 2.2 Involve all stakeholders in the process in 2004. 2.3 Sign the Cooperation Agreement Strategy by all stakeholders in 2005.</p>
<p>3. Donor support to Somalia Red Crescent is maintained by 2007 to cover the Appeal budget and support self-sustainable activities.</p>	<p>3.1 Level of funding to support national society activities. 3.2 Level of Federation appeal coverage. 3.3 Level of implementation of the activities. 3.6 Number of partnership agreements signed with non Red Cross partners until the Country Agreement Strategy is signed.</p>	<p>3.1 Funding available. 3.2 Long term commitment from donors to recovery process. 3.3 Insecurity in the country jeopardizing the implementation of the activities. 3.4 Capacity of national society to absorb the support from donors and to deliver quality work. 3.5 Complexity of donor requirements exhausting the capacity of national society staff.</p>	<p>3.1 Develop a fundraising strategy to cover the appeal, disseminate it and advocate for long-term support with all partners. 3.2 Train national society staff to effectively manage its donor relations, produce timely and qualitative narrative and financial reports and respect negotiated and agreed conditions of pledges. 3.3 Negotiate specific agreements with non Red Cross partners until the Country Agreement Strategy is signed. 3.4 Brief national society staff on the different procedures, formats and conditions of agreements from different partners, especially World Bank, United Nations, ECHO, and other governmental and non-governmental donors.</p>

Effective Representation and Advocacy

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 are based in neighbouring Kenya since 1993. Likewise, the ICRC, the United Nations agencies, other international organisations that were based in the country moved to Nairobi. In December 1993 the international donor community - comprised of governments, United Nations agencies, and the Non Governmental Organisations' 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 (SACB) to be based in Nairobi. In the absence of a central authority in Somalia, the Somalia Aid Coordination Body became a forum for consultation and coordination for the humanitarian assistance to Somalia replacing the country coordination mechanism. It offers a space for all partners to discuss relief, rehabilitation, and development issues, and to share

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information on trends in security, governance, peace and reconciliation efforts. The dialogue among all partners continues with all the international humanitarian actors as well as with donor governments

The Federation Country Delegation and Somalia Red Crescent have been active members of the Somalia Aid Coordination Body since 1994; especially the delegation's health staffs are active members of its health sector committees while the Head of Delegation is a member of its consultative committee. Other humanitarian actors in Somalia receive information about the Red Cross/Red Crescent's Movement support to the national society, the advocacy messages on the Movement's humanitarian values and Fundamental Principles, and on the structure and the cooperation mechanisms among the different members of the Red Cross/Red Crescent partners operating in the country.

This set up might change if the ongoing peace process reaches a positive conclusion; the Somalia Aid Coordination Body terms of reference and mandate might be reviewed and updated if an effective central authority is established in Mogadishu. Likewise, the United Nations agencies and International Non Governmental Organisations would review their plans and adapt to the new situation. The Federation and the national society plans for 2004-2007 will be flexible to adapt and adjust to the different scenarios that will emerge.

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

Objective: The Federation is an effective and reliable partner in support of Somalia Red Crescent and in addressing the needs of the most vulnerable.

Expected results

1. Advocacy and sensitization are maintained with external partners, the government, United Nations agencies, donors and Non Government Organisations in 2004-2007, especially during the meeting of the Somalia Aid Coordination Body.
2. Support has been provided to the national society's advocacy activities at the local level in 2004-2007.

Expected programme result(s); and related projects for this objective:

Expected results	Indicators to measure results	Risks / Assumptions	Activities planned to meet results
1. Advocacy and sensitization are maintained with external partners, the government, United Nations agencies, donors and Non Governmental Organisations in 2004-2007, especially during the meetings of the Somalia Aid Coordination Body	1.1 Somalia Red Crescent is credible and its advocacy messages are listened to and respected by all stakeholders resulting in a positive image. 1.2 National society is consulted on sensitive issues. 1.3 Number of Somalia Aid Coordination Body meetings attended to.	1.1 National society credibility. 1.2 Availability of Federation and ICRC technical support in advocacy. 1.3 Capacity of national society leadership to advocate effectively and to stand on their views. 1.4 Coordination of all Red Cross Movement parties and respect of agreed positions.	1.1 Identify humanitarian issues to be addressed and develop advocacy messages in liaison and coordination with ICRC. 1.2 Actively participate in all Somalia Aid Coordination Body meetings organized.

Expected results	Indicators to measure results	Risks / Assumptions	Activities planned to meet results
2. Support is provided to the national society's advocacy activities at the local level in 2004-2007.	2.1 Number of branches involved in advocacy activities. 2.2 Number of advocacy activities. 2.3 Credibility of local branches enhanced and support solicited.	3.1 Local branch capacity in implementing advocacy activities. 2.2 Availability of headquarters support in advocacy. 2.3 Pressure from local authorities and population to avoid sensitive issues.	2.1 Develop methodology to address agreed advocacy issues at local level. 2.2 Support branches' leadership to implement advocacy activities.

Delegation Management

Background and achievements/ lessons to date

In 2004, the Federation Country Delegation for Somalia will consist of a Head of Delegation, a health economist delegate and four locally recruited staff based in Nairobi who will support the national society to implement its programmes. However, this set up might change if the ongoing peace process reaches a positive conclusion; the delegation will then move to Mogadishu. In that case, the Federation might need to increase its human resource capacity to cater for new services demanded as a result of the adjusted structure and the increased needs of national society programming. It is envisaged that the level of Federation support to the national society will be evaluated with the technical support of the Regional Delegation in view of facilitating the restructuring process and adapting it to the new needs.

Meanwhile, the new decentralised structure of the Federation will start for the Horn of Africa in 2004. A regional office for the Horn of Africa sub-region will be based in Khartoum, Sudan and the new Head of Sub-regional office will, in the future, co-ordinate and facilitate the Federation support to the 5 national societies, namely Djibouti, Eritrea, Ethiopia, Somalia and Sudan. The main functions of the sub-regional office for the Horn of Africa will be to:

- Secure provision of required assistance to national societies
- Assist national societies' senior management in coordination and management of assistance
- Promote and facilitate regional co-operation

The installation of the Horn of Africa sub-region will be developed step-by-step in consultation with all stakeholders and in close coordination with the Heads of Delegation to ensure the most appropriate transition mechanism. The timing of this phase out/phase in system is relatively flexible for Somalia to take into account the external factors.

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

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

Expected Results

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

Expected programme result(s); and related projects for this objective:

Expected results	Indicators to measure results	Risks / Assumptions	Activities planned to meet results
1. The Country Delegation is effectively and smoothly managing the programme in Somalia.	1.1 Somalia is fully managed by the Head of Delegation. 1.2 Federation and Somalia Red Crescent are satisfied with the process and the results.	1.1 Delays in signing the Peace agreement. 1.2 Issue of the succession plan of the head of Delegation in place	1.1 Manage effectively and efficiently the delegation staff and delegates, finances, fundraising and reporting. 1.2 Link regularly with the Regional Delegations technical services support 1.3 Prepare a succession plan for the Head of Delegation position.
2. The direct monitoring of Somalia Red Crescent support from the Head of Delegation to the Head of Sub-Region for Horn of Africa is initiated and planned in 2004 and effectively implemented by end of 2005.	2.1 The hand over process is monitored through a detailed and agreed plan. 2.2 Federation and Somalia Red Crescent are satisfied with the process and the results.	2.1. Delays in signing the Peace agreement 2.2 Correct understanding of the process and the objectives by all stakeholders	2.1 Understand the sub-region concept and prepare integration of Somalia in the Horn of Africa plan in consultation with all stakeholders. 2.2 Develop a hand over plan between the Head of Delegation and the Head of Sub-Region for Horn of Africa.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.05/2004

Name: Somalia

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	35,640	0	0	0	0	0	35,640
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	2,880	0	0	0	0	0	2,880
Medical & first aid	43,574	0	0	0	0	0	43,574
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	27,964	0	0	0	0	0	27,964
SUPPLIES	110,058	0	0	0	0	0	110,058
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	8,256	0	0	0	0	0	8,256
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	8,256	0	0	0	0	0	8,256
Warehouse & Distribution	7,366	0	0	0	0	0	7,366
Transport & Vehicules	193,121	0	0	0	0	0	193,121
TRANSPORT & STORAGE	200,487	0	0	0	0	0	200,487
Programme Support	108,320	6,222	0	11,302	0	0	125,844
PROGRAMME SUPPORT	108,320	6,222	0	11,302	0	0	125,844
Personnel-delegates	208,320	0	0	0	0	0	208,320
Personnel-national staff	571,400	0	0	0	0	0	571,400
Consultants	20,000	0	0	0	0	0	20,000
PERSONNEL	799,720	0	0	0	0	0	799,720
W/shops & Training	163,490	89,500	0	161,750	0	0	414,740
WORKSHOPS & TRAINING	163,490	89,500	0	161,750	0	0	414,740
Travel & related expenses	32,133	0	0	0	0	0	32,132
Information	101,002	0	0	0	0	0	101,002
Other General costs	142,997	0	0	830	0	0	143,827
GENERAL EXPENSES	276,132	0	0	830	0	0	276,961
TOTAL BUDGET:	1,666,463	95,722	0	173,882	0	0	1,936,067