

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOMALIA

29 June 2004

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries. For more information: www.ifrc.org

In Brief

Appeal No. 01.05/2004; Programme Update no. 2; Period covered: January to May 2004;
Appeal coverage: 94.5%; Outstanding needs: CHF 117,073 (USD 92,584 or EUR 76,568).
[Click here to go directly to the attached Contributions List \(also available on the website\).](#)

Appeal target: CHF 1,936,067 (USD 1,454,050 or EUR 1,246,262); [Programme Update no. 1](#) dated 23 February 2004 revised the Appeal budget to CHF 2,138,687.

Related Emergency or Annual Appeals: [East Africa regional programmes Appeal 01.10/2004](#)

Programme summary: Good support from donors has enabled the [Somali Red Crescent Society](#) to run its network of 44 MCH/OPD¹ clinics, two hospitals and three physiotherapy and rehabilitation centers. Similarly, good cooperation and collaboration with other health providers and partners like UNICEF, WHO enabled the national society's health facilities to increase immunization coverage for children by 36% and for mothers by 29% from the last quarter of 2003. The support also enabled the national society to revive and strengthen its governance structures and expand its branch coverage to the district level. The HIV/AIDS awareness campaign took an extra mile when two Participatory Education Theatre (PET) workshops were conducted for 72 national society volunteers from 12; branches to enable them to form theatre groups with the aim of enhancing their skills to communicate appropriate messages on HIV/AIDS to the various community groups.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

¹ MCH/OPD – Maternal Child Health/ Out Patient Department

Operational developments

The political and security situation in Somalia has seen no change. The peace process has not made any significant progress: phase three, intended to start at the end of January 2004 to select the transitional parliament and the government, has not taken off owing to differences among the Somali factions. The target of 1 July as a date to install a new government is now a remote possibility.

The security situation remained precarious with increased inter-clan fighting, banditry and general lawlessness in most of the south and central regions of the country. In the north-west, the murder of a GTZ consultant outside the port town of Berbera led to the evacuation of international humanitarian staff from Somaliland. The banning of the Somali passport by the Kenyan Government complicated access of Somali passport holders to Kenya which limited the participation of the Somali staff working with partner organizations at meetings or training. In a reciprocal action, the Puntland banned Kenyan passport holders from entering or staying in Puntland and ordered all Kenyan passport holders to leave the state. This was followed by a similar decision from Hiran Regional Administration in south central Somalia.

The severe drought that hit the Sool plateau in north east of Somalia last year eased after the region received some rain at the end of April. The severe drought from 2003 which continued into the first quarter of 2004 had a devastating effect on livestock, and coupled with the long ban on livestock import imposed by the Gulf States, has severely limited the ability of the nomadic communities to cope with the drought. Weather forecast shows that this spring rainy season will be above normal in most of the south and central parts of Somalia; however, the regions of Nugal, Sool and Sanag will continue to be at risk.

Health and care

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

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

Progress

Immunization

The Somali Red Crescent health staff and volunteers, particularly in Puntland and Somaliland intensified the sensitization and awareness campaign through the MCH/OPD clinics through door to door visits and tracing of defaulters among the rural communities and the returnees to increase immunization coverage.

Health education sessions continued at the clinics and the outreach sites. The volunteers and health staff continued to play a vital role in raising the awareness of the local communities on the benefits of the vaccines as well as tracing the defaulters.

The number immunized increased from 9,607 to 13,040 for children and 4,571 to 5,904 for mothers, thus recording an increase in coverage of 36% and 29% respectively. The increase in immunization coverage, particularly in March, is attributed to the returning of the nomadic communities to the villages surrounding the clinics following their migration outside the clinic catchments areas in search of water and pasture for their animals.

A cold chain breakdown in Jeriban and Dongoroyo clinics of Puntland affected the immunization coverage in February. Quick action by the staff of the two clinics and the field health officers enabled UNICEF to replace the freezer on time; immunization activities continued smoothly in March, with a marked increase in coverage, thus compensating for the loss caused by the cold chain breakdown.

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On the other hand, the clinics under Baidoa Branch in Bay region continued to experience gaps in immunization activities in the period under review. However, UNICEF has indicated that action will be taken to relocate the equipment previously at the International Medical Corps (IMC) compound to the Berdale clinic and also install new cold chain equipment in the Qanshadere clinic. This is going to boost the immunization activities in Bay region.

Morbidity

The clinics recorded 59,542, consultations during the period under review representing a 14% increase compared with the last quarter of 2003. The increase is attributed to the nomadic population moving back to the clinics catchments areas.

In March, the Afgoi clinic south of Mogadishu and Badweyn clinic north east of Galkayo reported increased cases of watery diarrhoea. Subsequently, branch health officers, clinic nurses, volunteers and the community health workers were mobilized to intensify the health education and hygiene campaigns and distribute ORS² to the community to avert a major health hazard posed by an imminent outbreak of cholera which is common during this season of the year. Stool specimens sent to WHO and AMREF laboratories for analysis to determine the cause of the diarrhoea have not confirmed cholera cases. Contaminated water sources for domestic use are suspected to be the cause of the diarrhoea.

As part of the annual cholera prevention and preparedness exercise, the Somali Red Crescent branches in Mogadishu, Belet Weyne, and Baidoa mobilized their action teams to intensify hygiene awareness campaigns, chlorinating of water sources, pre positioning of ORS and cholera treatment drugs at the health facilities.

Table I: Attendance at the clinics: Fourth Quarter 2003 and First Quarter 2004.

Period	Consultations	Vaccination children	Vaccination mothers	Growth monitoring	Total beneficiaries
Fourth quarter 2003	52,148	9,607	4,571	14,822	81,148
First quarter 2004	59,542	13,040	5,904	17,433	95,919
% Increase (decrease)	14	36	29	18	18

Growth monitoring.

Growth monitoring activities recorded a total of 17,433 children screened for the different categories of malnutrition against 14,822 screened during the fourth quarter of 2003. Oedema and moderate malnutrition slightly increased from 35 cases in the fourth quarter of 2003 to 41 cases in the first quarter of 2004. On the other hand, severe malnutrition has slightly decreased from 226 cases in the fourth quarter of 2003 to 204 cases in the first quarter of 2004. The details of the statistical data on the growth monitoring are shown in table IV below.

Table II: Growth monitoring statistics: Fourth Quarter 2003 and First Quarter 2004.

Period	Oedema	Severely malnourished	Moderately malnourished	Normal weight	TOTAL
Fourth Quarter 2003	35	226	1,702	12,859	14,822
First Quarter 2004	41	204	2,092	15,096	17,433
% Increase (decrease)	17	(10)	23	17	18

² ORS – Oral Re-hydration Salts

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The overall analysis of the statistics demonstrate that though severe drought threatened food security in most parts of Somalia, the nutritional status of the children in the national society clinic catchments areas remained relatively stable throughout the period under review. Seasonal food shortages due to severe drought in most parts of the north east regions of Somalia, poverty and displacement of people due to insecurity have been identified to be among the main causes of malnutrition in the country.

Roll Back Malaria Activities

As part of the measures to roll back Malaria, the Somali Red Crescent and partners continued to mobilize resources towards malaria activities targeting children under five years and pregnant women. The main interventions at the national society clinics include the distribution of insecticide treated mosquito nets (ITN), improved diagnosis by introducing primary health care laboratory services, intermittent presumptive treatment for pregnant women using Fansidar tablets (SP) and health education to improve hygiene and nutrition. Through their health education campaigns, national society volunteers and the clinic staff continued to raise the awareness of the families on the importance of using the ITN as a first line of intervention to reduce the risk of malaria attacks.

HIV/AIDS.

The Somali Red Crescent continued to play the lead role among other actors in the health sector in conducting activities aimed at educating the Somali population on the prevention and control of HIV/AIDS. A group of three volunteers have been trained as focal points in each district; currently three volunteers 41 out of 95 districts all over Somalia have been trained as trainers (ToT) to train the community action teams at district and village levels. These are grass root action teams aimed at addressing the problem at the rural community level.

The translation of the [ARCHI 2010](#) tool kits into the Somali language was completed, printed and distributed to all the 95 districts to be used by the volunteers for health activities and scaling up of HIV/AIDS awareness campaigns. The distribution of the tool kits will be extended to the district and village level where national society volunteers' networks have been established to sensitize and raise community awareness on prevention and control of HIV/AIDS.

Within the planned activities to enhance the capacity of the Somali Red Crescent health staff and volunteers to narrow the HIV/AIDS knowledge gap among the communities, the national society organized two ToT workshops for its health staff and volunteers on PET with technical and financial support from the Federation. The first workshop was conducted in Jowhar in the middle Shabeele region for 42 participants, 12 of them being women and drawn from seven branches from the south and south west regions of Somalia. The seven days workshop ended with a splendid public performance by the participants that attracted an audience of over 500 community members including local authority officials and community elders. The public performance by the volunteers was given a wide media coverage by Radio Shabeele in Jowhar and Radio Banadir in Mogadishu. The second workshop was conducted in Galkayo for five branches from the north east and central regions of Somalia, and attended by 30 participants ten of which were women. The workshops aimed at equipping the participants with PET skills to enable them create and mount educational theatre/drama pieces on HIV/AIDS in their respective communities.

The production of the culturally and linguistically acceptable information, education and communication (IEC) materials which started last year has been completed. The IEC materials comprising leaflets, posters, audio and video cassettes will be sent to the field for testing focusing on the content, comprehension of illustrations, readability and cultural relevance. The mass production for distribution to the branches and districts will follow after the field testing.

Health sector recovery project.

Training for the community health committees (CHC) to increase their service management skills was conducted in Garowe for the three CHC from Godobjiran, Eyl and Kalabeyr clinics communities. The Galkayo south clinic CHC was unable to travel to Garowe to join in the training due to concerns about their security and safety as they belong to a rival clan with the clans from Galkayo north. It is planned to train the Galkayo south CHC separately at their clinic during the second quarter.

The health committees are gradually taking up their responsibilities in managing the clinics and sharing responsibilities for resource mobilization. During the period under review, the CHC of Harfo and Balibusle clinics

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mobilized their communities to raise funds for various projects. Harfo CHC raised money for building an extra room to be used as a laboratory while Balibusle plans to construct a perimeter fence to protect the clinic. The Qarhis clinic CHC collected USD 930 for the Somali Red Crescent Garowe branch as part of their contribution to Qarhis clinic operating costs.

The training of the field health officers on community action planning to replicate the community management model in two clinics in Puntland (Hasbahale and Harfo) and two clinics in Somaliland (Dilla and Odwein) was completed in February and the replication process will be completed by June 2004.

A five day consultative workshop was conducted in February to develop a five year health strategy for the Somali Red Crescent. The workshop was attended by the national society senior management, field health officers and programme officers from the three zones of Somalia. An outline of the health strategy was presented to the partners at a one day meeting held at the Nairobi Regional Delegation premises and attended by representatives from the World Bank, ICRC, the Norwegian Red Cross and technical delegates and staff from the Federation Regional Delegation in Nairobi.

The SRS strategy was adopted by the Somali Red Crescent all-inclusive meeting in May 2004 and presented to the Somalia partners meeting in June 2004.

In line with efforts to improve and upgrade the capacity of the Somali Red Crescent branches in Garowe and Galkayo to provide the requisite support to the 12 MCH/OPD clinics in Puntland, a team put together by the Federation Somalia Delegation and national society carried out a capacity assessment exercise covering the two branches and the 12 clinics under their supervision. The team interviewed the branch Health Officers and managers, the clinics staff, the volunteers attached to the clinics and the respective community health committees with the aim to determine the structures, systems and resources that would be required to strengthen the capacities of the two branches to enable its Health Officer and managers provide adequate supervision and support to the twelve clinics in Puntland.

To complement the role of the midwives in the 12 clinics of Puntland and to serve as a back up support for the midwives, the Somalia Delegation health officer and the two national society health officers from the Garowe and Galkayo branches organized two training sessions for 40 traditional birth attendants (TBA) who are working closely with the health staff in the clinics. The aim of the practical training was to improve the reproductive health practices of the TBA, particularly in early identification of at-risk pregnant mothers and early referral, as well as improving aseptic techniques in their practice in order to reduce maternal mortality among the women of child bearing age.

Garowe Community Hospital

In today Somalia context, Garowe community hospital is considered by the partners to be among the best run hospitals in the country. It delivers good and reasonable health services to the community in the Nugal region where it is the only referral facility of its kind. The hospital continues to increase its human resource capacity in an effort to improve the range and quality of services it provides to the community. In this regard, a gynaecologist was employed to manage women and reproductive health cases in the institution.

Table III: Garowe Community Hospital Statistics: Fourth Quarter 2003 and First Quarter 2004.

PERIOD	Admissions	Discharges	Deaths	Lab	OPD/ER	Operations	Deliveries	X-ray	Dressings	Total
Fourth Quarter 2003	392	285	10	250	1,266	33	63	425	1,040	3,764
First Quarter 2004	540	456	10	287	1,517	54	42	421	1,130	4,457
% increase (decrease)	38	38		15	20	64	(33)	(1)	9	18

Morbidity

The increase in the number of the beneficiaries during the period is due to the migration of the people from the rural to the urban areas owing to the severe drought in the Puntland region that disrupted the people's livelihood.

Table IV: Main causes of Morbidity: Fourth Quarter 2003 and First Quarter 2004.

Period	Trauma	Watery diarrhoea	ARI	STI	Malaria
Fourth Quarter 2003	247	166	132	46	83
First Quarter 2004	144	137	138	105	78
% Increase (decrease)	(42)	(17)	4.5	128	(6)

Abbreviations: ARI – Acute respiratory infections; STI – sexually transmitted infections.

Support to the hospital increased during the period when the Nugal community in the Diaspora donated ultra sound and ECG equipment to the hospital. This is a demonstration of the willingness of the Somali people in the Diaspora to assist in alleviating the suffering of their people back home due to the total collapse of the public health delivery system.

The hospital laboratory was expanded with assistance from WHO which has not only increased the space in the facility but also improved the working environment for the staff and the quality of laboratory tests undertaken in the hospital. The risk of cross contamination of specimen due to lack of space is now reduced.

The construction of the tuberculosis daily observation therapy (DOT) clinic in the hospital is near completion. The project is a joint effort between the Federation and the Garowe community. The five room structure with consultation rooms and a waiting area will increase the range of services the hospital will offer when completed. WHO will supply the drugs for tuberculosis treatment and the clinic will also offer psychological support to the patients who contract tuberculosis as a secondary opportunistic infection due to HIV/AIDS.

Constraints and steps taken

The restriction on the travel of international humanitarian aid staff outside Hargiesa imposed by the Somaliland authorities following the murders of aid workers in Shiekh, Borama and Berbera constrained the ease of access to the clinics catchments areas and limited field supervision and monitoring visits planned by the Delegation staff to the national society clinics.

Increased insecurity, banditry and inter-clan fighting in Bay region prevented the Federation staff and Somali Red Crescent National Health Officer from carrying out routine supervision and monitoring visits to the Baidoa clinics. Following the measures put in place by the Somaliland authorities to improve security and the relative stability in Puntland, the Delegation staff will intensify the field monitoring visits to provide the technical support to the Somali Red Crescent staff in the branches and the clinics.

Despite increased community health education activities, misconception among the nomadic and rural communities about vaccines is a major cause of low EPI³ coverage, especially in Puntland. The Federation Delegation and Somali Red Crescent health staff have approached the Ministry of Health in Puntland to put a plan to work together in scaling up the health education campaign among the rural communities to inform and educate them about the benefits of the immunization with the aim of increasing the immunization coverage in the region.

The lack of cold chain depots to store vaccines for distribution in the Bakool region decreased the immunization coverage at the Qanshadere and Berdale clinics. However, the Federation Regional Delegation and Somali Red Crescent approached UNICEF to find an alternative location for storing the vaccines after the pull out of IMC from Bay region. UNICEF promised to install new cold chain equipment at Qanshadere clinic and relocate the one that was previously installed at the IMC compound to the Berdale clinic. This will ease the access to the cold chain depot and will improve the immunization coverage in the area.

Regular outreach services by the clinic health teams continue to be hampered by inadequate transport facilities.

³ EPI – Expanded Programme on Immunization

Disaster Management

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

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

Progress

Activities planned to achieve the expected results of this programme have not started due to the resignation and departure of the Somali Red Crescent Director of Disaster Management and Tracing. The national society has not recruited a replacement to steer the department. However, the national society branches in Mogadishu, Baidoa and Belet Weyne responded to the cholera outbreak in the areas where the national society is running MCH/OPD clinics. The volunteers attached to these clinics mobilized the community to provide assistance to the hygiene promotion campaigns, distribution and pre-positioning of ORS, and chlorinating of water wells.

Organizational Development

Goal: The capacity of the Somali Red Crescent 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.

In order to strengthen its governance structures and improve the coordination and communication between its branches and to perform as a well functioning institution, the Somali Red Crescent held its all-inclusive meeting in Djibouti on 21 to 23 May 2004. The meeting endorsed the nomination of six new members to increase the membership of its executive board from the current four to ten members. It also adopted key policy documents including the five year strategic plan and the volunteers' management guidelines.

Expected Result 1: The national society's branch restructuring and expansion to district level have been completed.

41 district committees were established during the period and induction sessions organized for the new committees covering the Fundamental principles of the International Red Cross and Red Crescent Movement, the Somali Red Crescent programmes and activities, and the Red Cross humanitarian values in general. The remaining 54 district committees will be established during the course of the year.

Expected result 2: Volunteer Management Policy and Guidelines have been developed and put into operation.

The Federation Somalia Delegation, the Nairobi Regional organizational development department and Africa organizational development coordinator assisted the Somali Red Crescent to develop its volunteer management guidelines. The process went through several consultative stages with the branches before being adopted by the national society All-inclusive meeting. The next step is to disseminate the contents of the document widely and to coach the branches on its implementation. The national society's organizational department is tasked to prepare a detailed plan of implementation.

Expected Result 3: Management capacity at Branch level has been enhanced through branch development strategy.

The branch development strategy has been deferred until the Somali Red Crescent's overall strategic development plan is developed and adopted. Now that the strategic plan (2005-2009) has been adopted by the national society's all-inclusive meeting, the branch development strategy will be implemented during the second half of the year. The strategy will be piloted in three branches, one from each of the three zones.

Expected Result 4: Financial management procedures have been developed and installed at HQ and branch level.

This expected result overtaken by other priorities mainly focusing on the expansion of the branches to the district level, the development of the strategic plan, the volunteers' management guidelines and the preparation and holding of the national society's all-inclusive meeting. Consultations will be conducted with the ICRC and the Norwegian Red Cross on how to develop and implement the financial management procedures which has been in the agenda for the last three years.

Expected Result 5: The national society statutes have been revised and approved by 2005

The issue that the national society's current statutes are outdated and inapplicable in the present Somalia context came out clearly as a weakness during the national society's SWOT⁴ analysis when preparing the strategic development plan. Due to the current situation, the national society with the assistance of the Federation will develop guidelines and terms of reference for the branch committees on how to conduct their business and define the roles and responsibilities of the branch chairmen and secretaries.

Constraints and solutions

Ease of access and travel between the branches still remains a big challenge and has frustrated plans to implement peer coaching between the branches.

Humanitarian Values:

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.

Progress

The ICRC is taking the lead role in the promotion of the humanitarian values through support to the Somali Red Crescent communication, tracing and first aid activities. Knowledge on the fundamental principles of the International Red Cross and Red Crescent Movement and International Humanitarian Law (IHL) is communicated to the various community groups through the dissemination programme.

All the 19 branches of the Somali Red Crescent celebrated World Red Cross /Red Crescent Day on 8 May 2004. Street marches, sports activities, and drama were performed. National society staff and volunteers took this opportunity to disseminate the Red Cross/Red Crescent principles and advocate for the respect and support of the vulnerable and disadvantaged people

Coordination, Cooperation and Strategic Partnership

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 various partners.

Progress

Regular meetings between the Federation, ICRC, the Norwegian Red Cross and the German Red Cross are maintained to coordinate and harmonize support to the Somali Red Crescent. The Movement⁵ partners have contributed technical, financial and logistical support which enabled the national society to hold its all-inclusive meeting. The same coordination and cooperation spirit and momentum is being maintained to assist the national society organize its partnership meeting in June 2004.

⁴ SWOT - Strengths Weaknesses Opportunities Threats

⁵ 'Movement' refers to the International Red Cross and Red Crescent Movement.

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The delegation staff continued to provide the technical assistance to the Somalia Red Crescent staff and volunteers at the branch level. During the period under review the delegation staff carried out four field monitoring and supervision visits and to coordinate training in the Middle Shabeele region, Puntland and Somaliland.

Good collaboration is maintained with the World Bank through regular bilateral meetings with the Federation to assess progress on the implementation of planned activities within the joint Somalia post-conflict health sector recovery project. The Federation Head of Somalia Delegation attended a meeting of the heads of agencies participating in the World Bank/UNDP LICUS (Low Income Countries under Stress) initiative which include, UNICEF, WHO, UNFPA, FAO, UNDP and the World Bank. The Federation made a presentation at the meeting covering the achievements of the national society and the Federation in the scale up of the HIV/AIDS awareness campaign which is one of the LICUS components, and the development of a five year health strategy for the national society.

Partnership with UNICEF and WHO continues to strengthen. The Somali Red Crescent and UNICEF have signed the annual agreement confirming the commitment of UNICEF to continue supplying drug kits to the national society network of 43 out of 44 clinics in addition to technical support in training activities related to children growth monitoring, EPI, supply of vaccines, cold chain facilities and safe delivery kits. The partnership with WHO has been formalized through a memorandum of understanding signed between Somali Red Crescent and WHO Somalia that establishes a framework of cooperation and collaboration between the two institutions with the aim of developing and implementing joint health initiatives to improve and promote the health service delivery system in Somalia.

Constraints and Solutions

Operating from neighbouring Kenya is in itself a huge challenge for the Somali Red Crescent leadership and the Federation Delegation. Communication with branches in a fragmented and fragile set up is an impediment to the coordination and smooth running of the operations in the field. Long term solution will only come with the peace and stability in the country.

Effective Representation and Advocacy

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.

Progress

The Federation Delegation staff continued to build and establish networks through active participation in the Somalia Aid Coordination Body (SACB) forums. The Federation has been nominated by the SACB HIV/AIDS working group to be the focal point for the development and production of IEC materials for community sensitization and scale up of the HIV/AIDS awareness campaigns. Likewise, the Delegation maintained its regular contacts with the diplomatic missions through direct contacts and other functions to update them on the Federation support to the national society humanitarian activities.

The health promotion activities of the national society in Somalia have been documented in a best practice series produced by the Federation and launched during the Somalia partnership meeting in June 2004 attended by several donors, national societies, and UN agencies. The launch of the best practice document will give visibility to the national society and the Federation and reflect their advocacy role on behalf of the vulnerable.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 01.05/2004

PLEDGES RECEIVED

02/07/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				2,138,687		94.5%
CASH CARRIED FORWARD				687,668		
BRITISH - RC		111,620	GBP	247,350	08.01.04	SOMALILAND IHP CLINICS, HIV/ AIDS PROG.
FINNISH - GOVT/RC		87,500	EUR	137,856	09.03.04	ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
ITALIAN - GOVT		300,000	EUR	472,650	12.03.04	GAROE HOSPITAL
NETHERLANDS - RC		7,498	EUR	11,517	27.05.04	DELEGATE
NORWEGIAN - GOVT/RC		1,230,000	NOK	220,785	19.03.04	BAIDOA CLINICS, HIV/AIDS
NEW ZEALAND RC		2,500	NZD	1,988	30.06.04	
SWEDISH - RC		600,000	SEK	50,550	15.04.04	DISASTER MANAGEMENT, ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
SWEDISH - GOVT		600,000	SEK	151,650	15.04.04	DISASTER MANAGEMENT, ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
SUB/TOTAL RECEIVED IN CASH				1,982,014	CHF	92.7%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATES			39,600		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				39,600	CHF	1.9%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

Somalia

ANNEX 1

APPEAL No. 01.05/2004

PLEDGES RECEIVED

02/07/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	