

Programme Update 2007



International Federation
of Red Cross and Red Crescent Societies

Somalia

Appeal No. MAASO001

Programme Update No. 3

This report covers the period of 01/01/2007 to 01/06/2007 of the 2006-2007 Appeal.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Somali Red Crescent Society (SRCS) volunteers chlorinate water sources in Bossaso.

In brief

Programme Summary: The scaling up of Somali Red Crescent Society's health and disaster management activities as reflected in the revised 2006-7 Appeal has continued between January and June 2007, with two new mobile outreach units beginning full operations in Somaliland and Puntland, in addition to full continuation of the increased level of ongoing programmes.

An upsurge of conflict in the south of the country during the period hampered activities in many areas; nonetheless SRCS has been actively engaged in response to support those affected. Outbreaks of acute watery diarrhoea in all areas of the country were met with a coordinated response, and the Federation supported SRCS branches and volunteers to carry out a range of response activities both in medical facilities and at community level. Strong results within the programme have led to very good appeal coverage for 2006-7, and the challenge is now to achieve the planned results in the face of increasing operational constraints in parts of the country.

Needs: Total 2006-2007 budget CHF 7,146,566 (USD 5,935,686 or EUR4, 331,252) out of which 90 percent covered. Outstanding needs are CHF793, 633 (USD 659,163 or EUR 480,989). [Click here to go directly to the attached financial report.](#)

No. of people we help: 89,319 patients were treated at the maternal and child health (MCH)/out-patient department (OPD) clinics from January to May 2007 and 2,109 successful deliveries. 20,192 children and 8,583 mothers were vaccinated in the period and 23,333 children were screened for growth monitoring. Nugal Hospital treated 8,824 patients. Health education sessions during the diarrhoea outbreak reached 15,670 households (approximately 94,000 people) in Togdheer region alone. HIV/AIDS stigma reduction initiatives reached all parts of the country: 262,000 brochures were printed and distributed, 12,000 posters

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produced for different target groups, 12 billboards erected across all zones and 1,500 T-shirts with anti-stigma messages produced and distributed.

SRCS/Federation stigma reduction and IEC development trainings brought the number of trained personnel to 223 in the past year, and 125 volunteers and 22 SRCS staff were trained to carry out Vulnerability and Capacity Assessments.

Our Partners: The Somali Red Crescent Society currently has 36 partners including the ministries of Health and AIDS commissions in Somaliland, Puntland and south/central Somalia; the American, British, Finnish, German, Italian, Netherlands, Norwegian, Saudi and Swedish national societies, the International Committee of the Red Cross. World Bank. Global Fund and International Olympic Committee.

Progress towards objectives-by sector

Somali Red Crescent Society (SRCS) continues to improve health care services to vulnerable people through its integrated health care programme (IHCP) focusing primarily on children and women in remote areas of high vulnerability, and the community at the secondary level, thus contributing to the second Global Agenda Goal relating to public health emergencies and the Millennium Development Goals (MDGs). SRCS programming is managed in an integrated manner, with progress in the core health care programme coordinated with improvements in volunteer management, community based first aid (CBFA) and organizational development.

Health and Care

Goal: The health status of the Somalia population is improved.

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

Achievement

Data collected by SRCS clinics reflected an increase of diarrhoeal diseases. Outbreaks of acute watery diarrhoeal disease (AWD) were reported between March and May. SRCS responded with timely interventions at the community, clinic and hospital levels in cooperation with the Ministry of Health (MoH) and other stakeholders, and the number of casualties dropped. In Burao branch for example, over 2,000 active volunteers were involved in community mobilization by carrying out house-to-house health education during the recent AWD outbreak, reaching 15,670 households. Extra fluids were sent to Nugal General Hospital and to Galkayo hospital to support victims of the outbreak, especially internally displaced persons (IDPs).



A six week old child receives Vaccination from SRCS nurse

Staff from the two mobile clinics in Puntland and Somaliland were trained in January and started activities in February. With support from Saudi Red Crescent Society, two mobile clinic vehicles were delivered to the branches managing these units. Before replication of this activity to other areas, a "lessons learnt" workshop will take place in Garowe in July. In Galkayo, Puntland, a clinic is to be opened later this year.

The clinics recorded 89,319 visits at the MCH/OPD from January to May 2007 and 2,109 successful deliveries. The Expanded Programme on Immunization (EPI) activities continued in all clinics where 20,192 children and 8,583 mothers were vaccinated between January and May 2007.

A total of 23,333 children were screened for growth monitoring and 707 were malnourished.

All activities at the clinic level were carried out with community health committees who assist SRCS in managing the clinics and act as links between the SRCS and the community, in addition to helping in social mobilization during campaigns.

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The annual health planning and review workshop took place in Hargeisa in March. The meeting brought together SRCS branch secretaries, health team and disaster management (DM) staff together to explore how to work better together to improve branch activities. A follow up workshop is planned for November. SRCS continues its capacity building activities for health staff and volunteers to improve early detection and referral of cases, proper case management and primary health care.

Laboratories have been established to perform malaria tests for correct diagnosis at facility level, and all laboratory technicians have attended World Health Organization (WHO)-led malaria training.

MCH nurses and auxiliary nurses completed their three-month refresher training in the Bossaso School of Nursing. A water and sanitation assessment was carried out in Bari region in March to improve Participatory Hygiene And Sanitation Transformation (PHAST) training activities for communities/volunteers, safe water supply and waste disposal systems for clinics. The assessment also recommended the creation of a water and sanitation (WatSan) officer position within the National Society. To improve SRCS capacity to respond to public health emergencies, a 6-day training will take place in August. Medical supplies dispatched to the field in March included 8 Emergency Health Kits, one full cholera kit for 1,000 cases, 72 OPD kits and drugs for Nugal General Hospital. HIV/AIDS awareness activities were carried out within the IHCP. A cross-border awareness programme in Somaliland started with four trained volunteers, and the community and clinic staff are supporting them well. HIV/AIDS information, education and communication (IEC) materials are used by the volunteers to carry out daily health education activities targeting travellers and community members. The local authority and the community have built a two-room building for SRCS sub-branch in Allaybadey, with one room for volunteers and the HIV/AIDS programme.

In coordination with three zonal AIDS commissions under the second year of the Global Fund grant, the SRCS/Federation completed the development, production and distribution of relevant IEC materials. Twelve billboards were erected in all the zones of Somalia, 12,000 posters produced with specific messages for different target groups, 262,000 brochures printed on "frequently asked questions" and 1,500 T-shirts with anti-stigma messages produced and distributed.

Nugal General Hospital continued to provide in-patient and out-patient services without interruption, treating a total of 8,824 patients. With the expiry of the last memorandum of understanding (MoU) and resignation of the previous board, consultation is ongoing between Nugal General Hospital management, MoH and SRCS to discuss the appointment of the new board and MoU. Under the new management, the hospital has four qualified doctors who are actively rendering their services.

Constraints

Logistical and communication challenges continue to be the main constraints of working in Somalia. Security concerns and issues of access are becoming increasingly problematic with the continuing conflict.

Disaster Management

During the reporting period, SRCS DM programme was mainly funded via the South East Asia and East Africa Earthquake and Tsunamis Programme (Emergency Appeal No. 28/2004). The main objective of the DM component was to increase the National Society's DM capacity to effectively mitigate, prepare for and respond to disasters. Vulnerability and capacity assessments (VCAs) remained a key activity for the National Society in selected branches. Major hazards were identified as drought, disease outbreaks and conflict, while some vulnerabilities arose as a result of poor health infrastructure, poor state of the road network, lack of educational institutions and technical skills. The National Society's strong volunteer network across all the regions is one of its biggest strengths. A VCA trainer's guide was developed by SRCS and the Federation. 125 Red Crescent volunteers and 22 staff were trained.

SRCS has initiated new CBFA programmes in branches that undertook VCAs. Information gathered and analysed during VCA provided an entry point for the CBFA-in-action programme. A CBFA training of trainers (ToT) workshop was held in April 2007 during which 20 ToTs from 10 branches and all SRCS DM staff were trained. Topics covered included Red Cross/Red Crescent (RC/RC) Movement principles dissemination, assessments, mobilization in the community, basic first aid skills, first aid in emergencies, public health, and teaching methodologies. Each participating branch formulated an action plan to roll out its CBFA programme, using Federation-developed materials. A community CBFA training timetable was also

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formulated during the workshop. ToT training materials for use at branch and sub-branch levels are being translated by SRCS communications department.

As part of strengthening the DM programme, five DM officers were recruited from the branches where VCA exercises took place. These officers are also responsible for overseeing the CBFA in action programme and management of volunteers in their respective branches.

SRCS staff and volunteers continued to participate actively in response to emergencies occasioned by floods and diarrhoeal outbreaks. SRCS staff and volunteers gave first aid to conflict victims in Mogadishu and other towns of southern and central Somalia, collected and buried the dead, trucked water and distributed relief items to IDPs. Community awareness campaigns, needs assessments in collaboration with other agencies and the MoH, and distribution of relief items were all carried out in Somaliland and Puntland where diarrhoeal outbreaks were reported.

The Federation's regional information technology (IT) and telecommunications (telecom) department continued to give support to branches in Puntland for better preparedness to disasters. An IT and telecom review came up with recommendations regarding how to improve the IT infrastructure within the National Society.

Organizational Development

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

Objective: The SRCS's institutional capacity and progress towards operating as a well-functioning national society is enhanced through the Federation Secretariat support.

An SRCS Executive Committee meeting was held in Garowe in June, with participation from the Federation and International Committee of the Red Cross (ICRC). Key topics included branch development follow-up, membership drive, volunteer clubs ("Naadiga Mutadawiciinta"), SGS benchmarking audit follow-up, proposal for an upcoming All-Inclusive Meeting, SRCS communication strategy development and planning for mid-term evaluations of the SRCS Strategic Plan and Health Strategy. The Federation also presented on its proposed objectives for support in 2008-9 which were endorsed by the Executive Committee.



Volunteers carry out first aid training in Burao.

Naadiga Mutadawiciinta (volunteer club): Two pilot Naadiga clubs have been established in Galkayo and Burao branches. Both branches have constructed a building where volunteers can come together to plan activities as well as access indoor games, internet surfing, cafeteria and library services. Other activities include football, volleyball and drama.

Membership recruitment continued strongly in most branches, with a new round of membership materials ordered by the Federation for SRCS to cover additional demands for 2007 membership.

This has also had a positive impact on volunteer recruitment, especially in those branches where DM/CBFA/volunteer management officers have been identified and recruited.

Humanitarian Values

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

Objective: The Federation Secretariat supports SRCS by increasing its capacity to promote the Fundamental Principles and Humanitarian Values.

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HIV/AIDS stigma reduction and IEC development workshops were carried out with Federation facilitation in Puntland and Somaliland. This brings the number of trained personnel to 223 over the past year under the Global Fund grant. Billboards were erected in towns in all the zones. The third phase of IEC materials in the form of posters, brochures, T-shirts with anti-stigma messages for different target groups, for awareness raising on HIV/AIDS, were printed and distributed to all the zones in Somalia. Stigma reduction campaigns and rallies were conducted in eight regions of Somalia in May.

SRCS is revising its communication strategy with support from the Federation and RC/RC Movement partners. The exercise is planned to be completed by November 2007.

Working in partnership

At programme level, coordination was maintained with WHO and United Nations Children's Fund (UNICEF) at Nairobi and field levels on disease outbreak issues including acute watery diarrhoea and Rift Valley Fever. With UNICEF, UNAIDS, Integrated Regional Information Network, UN Development Programme, UN Educational, Scientific and Cultural Organization and Health Unlimited on HIV communication issues for Somalia, including operationalising the recent UNDP-led communication strategy and a possible consortium approach for fundraising. An HIV communication task force meeting for these and other partners was chaired by the Federation delegation in June.

The Federation finalized new grants from partners including Netherlands Red Cross/Ministry of Foreign Affairs for a 2-year support to three Somaliland clinics and branch development; and American Red Cross for a 3-year support to DM and volunteer development in five tsunami-affected regions and coordination offices, which will help to scale up community based preparedness and risk reduction activities.

The Somalia RC/RC Movement team organised Seville Agreement and Supplementary Measures training in March, facilitated by Federation and ICRC. Participants were drawn from SRCS, Federation, ICRC, Norwegian Red Cross and German Red Cross. Finnish Red Cross visited SRCS HIV/AIDS cross-border programme in Allabaday, and 4 MCH/OPD clinics as well as Nugal General Hospital in Somaliland and Puntland. Sudanese Red Crescent Society and Finnish Red Cross received support from the Federation Somalia delegation in organizing an assessment of mobile health clinics for Buram region.

Many other interactions with partners took place during the period, in addition to regular coordination activities and participation in the Coordination of International Support to Somalis (CISS) health sector committee/Global Fund non-Country Coordination Mechanism, including with Swedish International Development Agency and ICRC Somalia, American Red Cross donor mission, World Bank, Norwegian Red Cross Youth Representative, and Italian Cooperation. Other meetings attended were the UN-OCHA IDP profiling review meeting (with SRCS) and WHO Health Cluster review offsite meeting.

Contributing to longer-term impact

SRCS vision and values are articulated in their Strategic Plan for 2005-9, supported by all their RC/RC Movement partners. The programmes carried out this year have contributed to all the four Global Agenda goals. Response to emergencies occasioned by floods and AWD outbreaks reduced the impact of the disasters, while the MCH/OPD and hospital data demonstrate the contribution to reduction in illnesses and deaths of vulnerable women and children, as well as other general patients, with no other access to health facilities. The community approach to health care provision by SRCS builds capacity of these communities to address their own vulnerabilities, as do the VCA exercises being carried out by SRCS branches. Meanwhile the training of health care providers with Federation support has increased human resource capacity in the SRCS clinics.

Looking Ahead

A mid-term review of the SRCS Strategic Plan 2005-9 will be carried out in the latter part of 2007, to monitor progress against strategic objectives, ensure quality control in line with RC/RC quality standards and confirm alignment with the Global Agenda goals. A more in-depth evaluation of the Health Strategy component will also be initiated later in the year, to provide guidance for the remaining period of the current strategy. It is anticipated that SRCS will consolidate its IHCP at the current level for remainder of the period of its current strategic plan, while scaling up the impact of its newly integrated approach to CBFA in Action.

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MAASO001 - SOMALIA

Interim Financial Report

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

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	5,613,200	0		1,155,874	377,492	7,146,566
B. Opening Balance	1,239,269	0		28,252	64,784	1,332,305
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>	606,911				8,288	615,198
<i>Finnish Red Cross</i>	351,060			95,260	4,290	450,610
<i>German Red Cross</i>	0					0
<i>Italian Red Cross</i>	186,925					186,925
<i>Netherlands Red Cross</i>	590,765					590,765
<i>Norwegian Red Cross</i>	560,207			360,460		920,667
<i>Other</i>	33,436					33,436
<i>Saudi Arabian Red Crescent</i>	431,550					431,550
<i>Swedish Red Cross</i>	269,199			71,305	6,626	347,130
<i>UNDP (UN Agency)</i>	356,594					356,594
<i>UNICEF (UN Agency)</i>	317,871					317,871
<i>World Bank</i>	255,162					255,162
C1. Cash contributions	3,959,680			527,025	19,204	4,505,908
<u>Outstanding pledges (Revalued)</u>						
<i>Netherlands Red Cross</i>	-76,258					-76,258
<i>Norwegian Red Cross</i>	-0					-0
<i>Other</i>	-320,125					-320,125
<i>Saudi Arabian Red Crescent</i>	430,500					430,500
<i>Swedish Red Cross</i>	98,725			20,194	6,731	125,650
<i>UNDP (UN Agency)</i>	-21,540					-21,540
<i>UNICEF (UN Agency)</i>	-246,298					-246,298
<i>World Bank</i>	347,185					347,185
C2. Outstanding pledges (Revalued)	212,189			20,194	6,731	239,114
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>Norwegian Red Cross</i>	-27					-27
<i>Other</i>	27					27
<i>Saudi Arabian Red Crescent</i>	0					0
C3. Reallocations (within appeal or	0					0
<u>Inkind Personnel</u>						
<i>British Red Cross</i>					153,000	153,000
<i>Finnish Red Cross</i>					78,467	78,467
<i>Other</i>					6,200	6,200
C5. Inkind Personnel					237,667	237,667
<u>Other Income</u>						
<i>Miscellaneous Income</i>	1,236				175	1,410
<i>Services & Recoveries</i>					36,528	36,528
C6. Other Income	1,236				36,703	37,938
C. Total Income = SUM(C1..C6)	4,173,104	0		547,218	300,305	5,020,628
D. Total Funding = B + C	5,412,373	0		575,471	365,089	6,352,933

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II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	1,239,269	0		28,252	64,784	1,332,305
C. Income	4,173,104	0		547,218	300,305	5,020,628
E. Expenditure	-2,624,953			-351,613	-246,411	-3,222,977
F. Closing Balance = (B + C + E)	2,787,420	0		223,858	118,678	3,129,956

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)	5,613,200	0		1,155,874	377,492	7,146,566		
Supplies								
Shelter - Relief	454,800	4,920				4,920	449,880	
Construction - Housing				7,239		7,239	-7,239	
Construction - Facilities/Infrastruc		17,480		21,987		39,467	-39,467	
Construction Materials		2,057		120		2,177	-2,177	
Clothing & textiles		121				121	-121	
Food	83,172	45,083				45,083	38,089	
Water & Sanitation	10,701	9,217			138	9,355	1,347	
Medical & First Aid	609,877	261,581			119	261,699	348,178	
Utensils & Tools		246				246	-246	
Other Supplies & Services	115,977	58,996		4,269		63,265	52,712	
Total Supplies	1,274,527	399,700		33,615	256	433,572	840,955	
Land, vehicles & equipment								
Vehicles	262,500	17,220				17,220	245,280	
Computers & Telecom	34,667	8,352		3,160	3,421	14,933	19,734	
Office/Household Furniture & Equipm.		20,865		6,527		27,392	-27,392	
Others Machinery & Equipment		1,837		526	-2,376	-14	14	
Total Land, vehicles & equipment	297,167	48,274		10,212	1,045	59,531	237,636	
Transport & Storage								
Storage	96,692	14,146		369	3,303	17,818	78,874	
Distribution & Monitoring		53,750		2,846	293	56,889	-56,889	
Transport & Vehicle Costs	697,632	296,485		40,110	-8,746	327,849	369,784	
Total Transport & Storage	794,324	364,381		43,326	-5,151	402,556	391,768	
Personnel Expenditures								
International Staff Payroll Benefits	370,927	109,673		10,573	245,114	365,360	5,567	
Delegate Benefits	520,425						520,425	
Regionally Deployed Staff	75,867				28	28	75,839	
National Staff	211,602	167,310		10,706	5,922	183,938	27,665	
National Society Staff	1,516,917	531,298		156,270		687,568	829,349	
Consultants	43,524	3,734				3,734	39,790	
Total Personnel Expenditures	2,739,262	812,014		177,550	251,063	1,240,628	1,498,635	
Workshops & Training								
Workshops & Training	693,298	430,380		30,692	-38,967	422,105	271,193	
Total Workshops & Training	693,298	430,380		30,692	-38,967	422,105	271,193	
General Expenditure								
Travel	177,163	42,943		6,191	1,034	50,168	126,995	
Information & Public Relation	305,930	145,115		17,266	-37	162,343	143,587	
Office Costs	240,380	176,301		26,492	10,249	213,042	27,338	
Communications	78,929	25,975		3,069	8,240	37,284	41,645	
Professional Fees	2,200	728		1,092	1,153	2,973	-773	
Financial Charges	73,809	45,158		10,812	48,027	103,997	-30,188	
Other General Expenses	5,050	80,437		42,276	-45,951	76,762	-71,712	
Total General Expenditure	883,460	516,656		107,197	22,716	646,569	236,891	
Program Support								
Program Support	464,527	180,118		22,505	15,642	218,265	246,262	
Total Program Support	464,527	180,118		22,505	15,642	218,265	246,262	
Operational Provisions								
Operational Provisions		-126,571		-73,484	-194	-200,248	200,248	
Total Operational Provisions		-126,571		-73,484	-194	-200,248	200,248	
TOTAL EXPENDITURE (D)	7,146,566	2,624,953		351,613	246,411	3,222,977	3,923,589	

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A						B	A - B
BUDGET (C)		5,613,200	0		1,155,874	377,492	7,146,566	
VARIANCE (C - D)		2,988,247			804,261	131,081	3,923,589	

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Health & Care							
PSO003	Community Based Firs	0	0		0		0
PSO005	Somaliland - Allabady and Aina	0	593,836	-69,007	524,828	204,724	135,716
PSO006	Mobile Clinics	0	0		0		0
PSO007	Somalia - Puntland Clinics	0	0		0		0
PSO008	Puntland Clinics	0	93,295	-3,272	90,023	113,137	109,865
PSO009	Mobile Clinics	0	872,725	-165,051	707,674	905,160	740,109
PSO401	Garoe hospital	313,144	503,883	-564,552	252,476	1,476,886	912,334
PSO402	Somaliland	68,003	736,511	-335,656	468,857	651,486	315,830
PSO403	Balad/Afgoi clinics	223,155	672	-203,373	20,454	156,864	-46,509
PSO404	Baidoa clinics	15,091	0	1,003	16,094		1,003
PSO405	Garoe clinics	131,015	568,031	-465,451	233,594	708,505	243,054
PSO406	Galkayo clinics	132,706	456,148	-291,692	297,162	447,015	155,324
PSO407	Yagori/Erigavo clini	0	0		0		0
PSO410	HIV/AIDS	243,238	433,255	-500,188	176,305	910,130	409,943
PSO412	Global fund - GFATM	112,919	-85,251	-27,714	-46	39,293	11,579
PSO509	Garoe Clinics	0	0		0		0
PSO510	Mogadishu/afgoi Clin	0	0		0		0
PSO511	Galcayo Clinics	0	0		0		0
PSO512	Rehabilitation study	0	0		0		0
PSO513	Somalilan Clinics	0	0		0		0
Sub-Total Health & Care		1,239,269	4,173,104	-2,624,953	2,787,420	5,613,200	2,988,247
Disaster Management							
PSO160	Disaster Preparednes	0	0		0		0
PSO501	Relief/Rehabilitaton	0	0		0		0
PSO503	Garoe	0	0		0		0
PSO504	Belet Huen	0	0		0		0
PSO505	Kismayo	0	0		0		0
PSO506	Hargeisa	0	0		0		0
PSO507	Mogadishu	0	0		0		0
PSO508	Baidoa	0	0		0		0
Sub-Total Disaster Management		0	0		0		0
Organisational Development							
PSO001	OD	28,252	547,218	-351,613	223,858	1,155,874	804,261
PSO002	Assistance to NS	0	0		0		0
Sub-Total Organisational Development		28,252	547,218	-351,613	223,858	1,155,874	804,261
Coordination & Implement							
PSO004	SRCS HQ support	0	0		0		0
PSO101	Coord.&Management	64,784	300,305	-246,411	118,678	377,492	131,081
PSO502	Nairobi	0	0		0		0
Sub-Total Coordination & Implement		64,784	300,305	-246,411	118,678	377,492	131,081
Total	SOMALIA	1,332,305	5,020,628	-3,222,977	3,129,956	7,146,566	3,923,589