

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Somalia

Appeal No. MAASO001

This report covers the period of 01/01/2006 to 31/12/2006 of a two-year planning and appeal process.

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) staff and volunteers in a first aid training exercise.

In brief

Programme Summary: The Somali Red Crescent Society (SRCS) has significantly expanded its core integrated health care programme (IHCP) since the end of 2005. The National Society has opened a total of six new maternal and child health/out-patient department (MCH/OPD) clinics. An additional two clinics and two new mobile outreach units started operating in early 2007.

In 2006, SRCS clinic facilities – with support from the International Federation-conducted 242,716 clinical consultations. At the same time, eight clinics in Puntland embarked on outreach activities, where 18 villages were covered. Individual and group health education sessions at the clinic and in the community continued to promote health-seeking behaviour within the community.

This progressive scaling up of the National Society's health response is contributing towards the Global Agenda and the Millennium Development Goals (MDGs) in remote areas of high vulnerability. At the same time, it is being coordinated with improvements in disaster management, volunteer management, community-based first aid (CBFA) and organizational development. At regional level, three vulnerability and capacity assessment (VCA) exercises were carried out by SRCS staff and volunteers. In the light of this integrated scaling up of activities and the strong financial support to SRCS programmes by partners in 2006, the 2007 appeal budget for Somalia was revised upwards from **CHF 2,427,538 to CHF 4,645,280**.

Goal: The main programmatic focus of SRCS has been its integrated health care programme which provides essential health care to many communities across all Somali territories. The services provided include promotive, preventive and curative health-care services to the vulnerable people with emphasis on mothers and children. The goal is to improve the quality of SRCS services in order to improve the health status of the Somali population through SRCS' network of 49 MCH/OPD clinics, its community-based activities and support to the Nugal General Hospital in Garowe.

Needs: Total 2006-2007 budget CHF 7,146,566 (USD 5,877,110 or EUR 4,411,460), out of which 73.5 per cent covered. [Click here to go directly to the attached financial report.](#)

For more detailed information on 2006 activities, please see Programme Update 1 and 2:

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAASO00101.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual06/MAASO00102.pdf>

No. of people we help: In 2006 a total of **242,716** people benefited from consultations at the MCH/OPD clinics. In addition, activities related to the Expanded Programme on Immunization (EPI) recorded a total of **77,028** beneficiaries comprising 52,445 children and 24,493 mothers. A total of **17,213** patients attended the Nugal General Hospital and **162,900** people benefited from HIV awareness campaigns as shown in the table below:

Table 1: Number of beneficiaries for 2006

Service	Children	Males	Females	Total
Consultations	59,663	45,529	137,594	242,716
EPI	52,445		24,493	77,028
Hospital attendance	-	-	-	17,213
HIV awareness campaigns.	-	-	-	162,900

Our Partners: Currently, Somali Red Crescent Society 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 Red Cross societies, the International Committee of the Red Cross (ICRC), World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Italian Cooperation and the International Olympic Committee.

Current context

In 2006, Somalia experienced great challenges; from drought, flooding, conflict to disease outbreaks. In February, the first meeting of parliament took place on Somali soil in Baidoa. However, heavy fighting between warlords and the Union of Islamic Courts (UIC) resulted in the UIC taking control of Mogadishu in June and gradually expanding their territory in the following months. Tensions between the Transitional Federal Government (TFG) and UIC increased following an assassination attempt in September on the Somali President, which disrupted the efforts towards dialogue between the factions. The UIC extended their area of control to Kismayo and other areas of Lower and Middle Juba, declaring a *jihad* on Ethiopia in October for supporting the TFG.

Progressive build-up of military assets by both sides culminated in a dramatic turnaround in December, where Ethiopian forces over-ran the UIC and supported the TFG to retake control of all major cities in the south.

Population movements across the southern border areas into neighbouring Kenya increased up to 800 new arrivals per day. The situation remains volatile and hopes are pinned on the success of a reconciliation process in 2007.

The south and central regions of Somalia also faced a protracted drought, followed by floods, which compounded the impact of the conflict. Flooded roads and conflict limited access and delivery of aid to the most affected areas. An outbreak of Rift Valley Fever in Kenya and Somalia followed the flooding. Other recent outbreaks and risks – including the re-introduction of the polio virus, Measles, Avian Influenza alerts (with a confirmed human case in neighbouring Djibouti) – contributed to the deterioration of the health status of vulnerable Somali populations.

The deteriorating security and political environment has brought increasing challenges particularly in terms of logistics, access, and movement of personnel as well as monitoring and supervision. In the beginning of 2007, support to all the Somali Red Crescent Society (SRCS) clinics in south and central regions was transferred to the ICRC. Despite these constraints, the SRCS (with support from the International Federation) has managed to continue and even expand its programme activities throughout the country. Financial support obtained through the International Federation's multi-donor funding strategy also increased through 2006 and into 2007.

The needs expressed by communities and partners include the scaling up of activities by the National Society, supported by the increased capacity at branch and coordination office level.

Progress towards objectives

Health and Care

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

Objective: Improved quality of health services through a network of MCH/OPDs clinics, the Garowe Hospital and community-based activities.

In line with the objectives set out in the SRCS health strategy for 2005-2009, the National Society continued to provide effective curative, preventive and promotional services in the clinics by correctly identifying high risk cases, providing appropriate treatment and referral of patients. In 2006, the clinics recorded **242,716** consultations for outpatients and ante- and post-natal care. Through the Expanded Programme on Immunization (EPI) a total of **77,028** beneficiaries, which included 52,445 children and 24,493 mothers, were reached.

With Federation support, scaling up of the health programme continued as two new clinics were opened under the Somaliland branches of Hargeisa and Lasanod in August 2006. At the same time eight clinics in Puntland embarked on outreach activities in which people from 18 remote villages were reached with maternal and child health/out-patient department (MCH/OPD) services as well as pre-registration of EPI activities.

SRCS health staff from Puntland and Somaliland were trained and provided with the Integrated Management of Childhood Illnesses (IMCI) management guidelines to improve their knowledge and skills in treating childhood threatening diseases using an integrated approach; Somaliland clinics have now adopted the approach fully. In 2006, more than 2,000 children suffering from respiratory infections were treated using this approach. The International Federation's Somalia delegation facilitated a health planning and coordination meeting in March and a follow up meeting in July 2006 in Hargeisa, where the SRCS national and branch health officers from Somaliland, Puntland and south/central Somalia joined health personnel from Movement partners.

HIV and AIDS awareness activities targeting different segments of the community continued at clinic sites and during outreach activities. The first phase of activities with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) were finalized, and application for the second year funding was obtained by the International Federation/SRCS. This phase will focus on production of information, education and communication (IEC) materials on anti-stigma and discrimination as well as training. In 2006, SRCS trained 167 Trainer of Trainers (ToTs) in HIV and AIDS, stigma and discrimination reduction, IEC development and use. The training was conducted in collaboration with three AIDS commissions from the three administrative zones. It contributed to a better understanding of the Red Cross/Red Crescent (RC/RC) Fundamental Principles and Humanitarian Values.

Three awareness rallies were conducted in each zone reaching over **162,900** people. 6,500 posters, 3,000 stickers, 40,000 brochures and 3,000 T-shirts were developed, produced and distributed in collaboration with the zonal AIDS secretariats. Routine HIV and AIDS awareness

raising sessions were conducted by the clinic staff and volunteers, and HIV and AIDS awareness in primary and secondary schools was conducted for **3,900** students prior to the World AIDS Day that is usually on December 2006.

The SRCS volunteers underwent several trainings including Participatory Hygiene And Sanitation Transformation (PHAST), psychological support ToT training, malaria prevention and control, HIV and AIDS as well as IEC material development, use and advocacy against stigma and discrimination. The volunteers were subsequently involved in health education campaigns, clinic support activities, growth monitoring activities at static and outreach services as well as home visits. They also sensitized communities on various health issues including HIV and AIDS, environmental and personal hygiene, nutrition, ante-natal care/post-natal care (ANC/PNC) as well as the importance of immunization, breast-feeding and vitamin A. They popularized and promoted the use of public health facilities, where trained staff and quality drugs are available, thus increasing community awareness and promoting health-seeking behaviour. A total of **35,436** community members were directly involved in health education activities.

The trained community health committees (CHCs) continue to be the link between the community and health team. All the activities undertaken at clinic level were carried out in consultation with the gender balanced CHCs. The committees assist the SRCS in managing the clinics and act as a link between the National Society and the community, help in social mobilization during campaigns, provide security at the clinics and during outreach activities and play a leading role in clinic constructions and response to disease outbreaks. All polio and measles campaigns were carried out in consultation with the CHCs.

Nugal General Hospital (formerly Garowe Hospital) continued to provide in-patient and out-patient services. Consultations at the hospital saw increased yearly as shown in the table below:

Table 2: Nugal General Hospital Consultations

Consultation	Period of consultations	
	January to December 2005	January to December 2006
Admissions	1,523	1,703
Discharges	1,185	1,297
Deaths	39	40
Laboratory tests	3,429	5,352
OPD/ER	2,027	4,339
Operations	170	179
Deliveries	273	419
X-Ray	543	1,042
Dressings	4,090	2,851
Total	13,279	17,213

Negotiations were carried out in Puntland between the Ministry of Health (MoH), hospital board and International Federation/SRCS to finalize a memorandum of understanding (MoU) which was signed by all the parties. The re-organization process of the hospital's human resource started at the end of 2006 with the appointment of key management and medical positions. Despite logistical difficulties, primarily due to limited flight options, the Somalia delegation procured and delivered drugs for the hospital, helped to replace the hospital's surgical equipments and upgraded infrastructure and assets, including a new generator.

Organizational Development

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

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

In addition to the drought, flood and conflict interventions in collaboration with the ICRC, the SRCS disaster management and organizational development planning have been increasingly integrated during the year to improve its service delivery at branch level. The disaster management programme has been supported primarily with funds from the Tsunami Appeal (refer to the Revised [Tsunami Plan of Action](#) 2005-2010). Enhanced community-based first aid programming was initiated with the selection of focal persons from Somaliland, Puntland and south/central Somalia as well as a CBFA working group. The first CBFA ToT training as well as harmonization and development of IEC materials for CBFA activities in the community was supposed to begin in early 2007.

VCA trainings and exercises were carried out in Galkayo, Burao and Jowhar. Volunteers were trained from every sub-branch alongside the already trained regional volunteers. They formed teams to carry out VCA exercises in the three pilot branches. The VCA results will be used for community awareness campaigns on disasters to enhance the capacities of the community and National Society towards a more strategic approach to disaster management, with enhanced CBFA. A Somali VCA curriculum and trainers guide was developed based on the experiences from these pilot exercises, which will be used in the continued VCA roll-out in branches around the country.

Evidence of the National Society's organizational development progress was demonstrated by its successful overall result (74%) in its first non-governmental organization benchmarking audit by SGS that was completed in December. Regular SRCS management meetings were held in the Federation's Regional Delegation in Nairobi to facilitate planning and coordination of the SRCS activities. These meetings, which involved the SRCS leadership and coordination office managers, were facilitated by the International Federation and the ICRC.

A plan of action developed in February for the branch development strategy captured key areas to be achieved in the coming two years. Standardized plans for the *Naadiga* (volunteer club), as proposed in the branch development strategy and a plan of action, were prepared for approval by the SRCS leadership. Implementation of the *Naadiga* will follow the integrated disaster management/organizational development roll-out of VCA exercises and the subsequent appointment of volunteer managers at branch level.

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 the Somali Red Crescent Society by increasing its capacity to promote the Fundamental Principles and Humanitarian Values.

In 2006, a total of 4,857 members were recruited following the launch of the SRCS new membership campaign on 8 May. A number of branches exceeded their targets for membership recruitment. Associate membership also attracted significant support from businesses in the larger urban centres.

Working in partnership

The proven track record of the SRCS and the International Federation in delivering on core Somali programmes has encouraged a wide range of long-term partnerships and a successful multi-donor funding strategy. In addition to community links through the sub-branches and CHCs, the National

Society maintains close national level collaboration with the MoH and AIDS commissions in the three zones. Participation in the Coordination of International Support for Somalis brings them together with a range of international non-governmental organizations, United Nations agencies as well as with other donor agencies.

There is strong practical and financial support from a wide range of Movement partners namely the American, British, Finnish, German, Italian, Netherlands, Norwegian, Saudi and Swedish National Society. Close practical coordination is maintained with the ICRC Somalia delegation, including regular Movement meetings – chaired by the SRCS – to share information and updates on security and related issues. Partnerships with the World Bank, GFATM, Italian Cooperation and the International Olympic Committee have extended key programme areas to new beneficiary groups, while the long running partnerships with the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) in the Integrated Health and Care Programme have helped to expand the level and coverage of clinical services and the provision of EPI services, outbreak surveillance and response. The SRCS also participated in global polio eradication and measles campaigns.

Contributing to longer-term impact

Since October 2005, the SRCS has opened a total of six new clinics, increasing the coverage in its IHCP by 14% in a year. Further expansions are planned in 2007. This progressive scaling up of the SRCS health response is contributing to the achievement of the Global Agenda and the Millennium Development Goals in remote areas of high vulnerability. It is also being managed in a responsible and integrated manner, and coordinated with improvements in volunteer management and other programme areas including disaster management, community based first aid and organizational development.

The support given by the International Federation has empowered the leadership of the SRCS as well as built capacity within its management at field level, as evidenced by the successful outcome of the first SGS audit for the SRCS. The full implementation of the branch development strategy should contribute towards the achievement of a shared vision and direction for the future. Due to the positive profile and image of the SRCS, other organizations have shown increased interest in working with it for wider coverage to reach the most vulnerable populations.

Looking Ahead

This reporting period has seen continued and increased donor support, thanks to successful programme implementation. New or increased commitments have been offered by a number of partners within and outside the RC/RC Movement for the coming years. The programme budget has been reviewed and revised upwards, increasing the overall Somalia 2006/2007 appeal from CHF 4,849,350 to CHF 7,067,092. This reflects the scaling up and programme expansion outlined above, and includes a review of SRCS salary scales carried out in coordination with all the operational Movement partners in Somalia in 2006.

In line with the expansion of the health programme, two additional SRCS clinics are expected to open in 2007. In addition, two full mobile outreach units will be established in 2007 to supplement the increased outreach activities already carried out from the clinics. The CBFA programme will expand throughout 2007 and is anticipated to become a core activity of the SRCS in 2008-2009. The programme strives to identify and meet community needs in the more remote areas of the country as well as increase the National Society’s volunteer response capacity beyond the regional hubs and into communities that have less or no access to basic services.

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International Federation of Red Cross and Red Crescent Societies

MAASO001 - SOMALIA

Financial Report 2006

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				6,630	613,541
<i>Finnish Red Cross</i>	351,060			95,260	3,432	449,752
<i>German Red Cross</i>	0					0
<i>Italian Red Cross</i>	186,925					186,925
<i>Netherlands Red Cross</i>	76,930					76,930
<i>Norwegian Red Cross</i>	560,207			360,460		920,667
<i>Other</i>	33,436					33,436
<i>Saudi Arabian Red Crescent Society</i>	431,550					431,550
<i>Swedish Red Cross</i>	172,014			51,426		223,440
<i>UNDP (UN Agency)</i>	356,594					356,594
<i>UNICEF (UN Agency)</i>	238,817					238,817
C1. Cash contributions	3,014,443			507,146	10,062	3,531,651
<u>Outstanding pledges (Revalued)</u>						
<i>Netherlands Red Cross</i>	-76,258					-76,258
<i>Norwegian Red Cross</i>	1,316			840		2,156
<i>Saudi Arabian Red Crescent Society</i>	423,500					423,500
<i>UNDP (UN Agency)</i>	-20,343					-20,343
<i>UNICEF (UN Agency)</i>	-167,547					-167,547
C2. Outstanding pledges (Revalued)	160,668			840		161,508
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>Norwegian Red Cross</i>	0					0
<i>Saudi Arabian Red Crescent Society</i>	0					0
C3. Reallocations (within appeal or	0					0
<u>Inkind Personnel</u>						
<i>British Red Cross</i>					127,500	127,500
<i>Finnish Red Cross</i>					66,000	66,000
C5. Inkind Personnel					193,500	193,500
<u>Other Income</u>						
<i>Miscellaneous Income</i>	1,236				175	1,410
<i>Service Agreements</i>					31,594	31,594
C6. Other Income	1,236				31,769	33,004
C. Total Income = SUM(C1..C6)	3,176,347	0		507,986	235,331	3,919,663
D. Total Funding = B + C	4,415,616	0		536,238	300,115	5,251,969

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	3,176,347	0		507,986	235,331	3,919,663
E. Expenditure	-1,972,452			-229,400	-219,105	-2,420,957
F. Closing Balance = (B + C + E)	2,443,164	0		306,838	81,010	2,831,011

International Federation of Red Cross and Red Crescent Societies

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)

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
Clothing & textiles		121					121	-121
Food	83,172	36,066					36,066	47,106
Water & Sanitation	10,701	8,307				138	8,444	2,257
Medical & First Aid	609,877	250,018				119	250,137	359,740
Utensils & Tools		246					246	-246
Other Supplies & Services	115,977	47,015			4,269		51,283	64,694
Total Supplies	1,274,527	346,692			4,269	256	351,217	923,310
Land, vehicles & equipment								
Vehicles	262,500							262,500
Computers & Telecom	34,667				1,466	3,421	4,886	29,781
Office/Household Furniture & Equipm.		3,476			6,527		10,003	-10,003
Others Machinery & Equipment		1,837			526	-2,376	-14	14
Total Land, vehicles & equipment	297,167	5,313			8,518	1,045	14,876	282,291
Transport & Storage								
Storage	96,692	10,992			369	3,303	14,664	82,028
Distribution & Monitoring		35,734			2,846	157	38,737	-38,737
Transport & Vehicle Costs	697,632	208,310			35,964	-3,533	240,741	456,891
Total Transport & Storage	794,324	255,036			39,180	-73	294,143	500,181
Personnel Expenditures								
Delegates Payroll	370,927	25					25	370,902
Delegate Benefits	520,425	85,478			2,893	203,310	291,681	228,744
Regionally Deployed Staff	75,867							75,867
National Staff	211,602	134,222			5,763	13,814	153,799	57,803
National Society Staff	1,516,917	368,649			108,710		477,360	1,039,558
Consultants	43,524	3,734					3,734	39,790
Total Personnel Expenditures	2,739,262	592,109			117,365	217,124	926,598	1,812,664
Workshops & Training								
Workshops & Training	693,298	355,552			25,955	-38,352	343,155	350,144
Total Workshops & Training	693,298	355,552			25,955	-38,352	343,155	350,144
General Expenditure								
Travel	177,163	22,716			4,225	269	27,210	149,952
Information & Public Relation	305,930	90,780			12,434	-37	103,177	202,753
Office Costs	240,380	151,713			25,886	8,836	186,435	53,944
Communications	78,929	22,993			3,069	7,200	33,262	45,667
Professional Fees	2,200	728			1,092	838	2,657	-457
Financial Charges	73,809	35,318			9,110	44,676	89,104	-15,295
Other General Expenses	5,050	65,559			34,867	-36,058	64,369	-59,319
Total General Expenditure	883,460	389,808			90,683	25,724	506,215	377,245
Program Support								
Program Support	464,527	154,513			16,915	13,574	185,002	279,525
Total Program Support	464,527	154,513			16,915	13,574	185,002	279,525
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	1,972,452			229,400	219,105	2,420,957	4,725,609
VARIANCE (C - D)		3,640,748			926,474	158,387	4,725,609	

International Federation of Red Cross and Red Crescent Societies

MAASO001 - SOMALIA

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)

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	300,500	-51,289	249,211	204,724	153,435
PSO006	Mobile Clinics	0	0		0		0
PSO007	Somalia - Puntland Clinics	0	0		0		0
PSO008	Puntland Clinics	0	93,953	-883	93,070	113,137	112,254
PSO009	Mobile Clinics	0	431,550	-43,040	388,510	905,160	862,119
PSO401	Garoe hospital	313,144	307,973	-410,150	210,968	1,476,886	1,066,736
PSO402	Somaliland	68,003	516,011	-256,391	327,623	651,486	395,096
PSO403	Balad/Afgoi clinics	223,155	672	-186,108	37,719	156,864	-29,244
PSO404	Baidoa clinics	15,091	0	1,155	16,245		1,155
PSO405	Garoe clinics	131,015	428,296	-365,061	194,250	708,505	343,445
PSO406	Galkayo clinics	132,706	749,691	-244,834	637,562	447,015	202,181
PSO407	Yagori/Erigavo clini	0	0		0		0
PSO410	HIV/AIDS	243,238	432,952	-378,592	297,598	910,130	531,539
PSO412	Global fund - GFATM	112,919	-85,251	-37,260	-9,592	39,293	2,033
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	3,176,347	-1,972,452	2,443,164	5,613,200	3,640,748
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	507,986	-229,400	306,838	1,155,874	926,474
PSO002	Assistance to NS	0	0		0		0
Sub-Total Organisational Development		28,252	507,986	-229,400	306,838	1,155,874	926,474
Coordination & Implement							
PSO004	SRCS HQ support	0	0		0		0
PSO101	Coord.&Management	64,784	235,331	-219,105	81,010	377,492	158,387
PSO502	Nairobi	0	0		0		0
Sub-Total Coordination & Implement		64,784	235,331	-219,105	81,010	377,492	158,387
Total	SOMALIA	1,332,305	3,919,663	-2,420,957	2,831,011	7,146,566	4,725,609