

Revised Plan 2011



Somalia

Executive summary

Somalia is ranked at the bottom of the countries in the UNDP 2008 Human Development Index list of 179 countries and it is ranked number one in the Fund for Peace index of failed states for the past two years. The decades-long intractable conflict and surge in violence in most parts of south and central Somalia and clan-based rivalry in other parts of the country have had a devastating effect on the Somali people causing massive population movement. The combination of persistent insecurity, increased violence and climate induced hazards such as drought and floods severely eroded the rural communities and urban poor coping mechanism and brought the basic services infrastructure to the brink of total collapse. As a result, Somalia health indicators are considered amongst the worst in the world. According to WHO statistics 2009, the maternal mortality rate is 1400/100000, children under five mortality 142/1000 live births and life expectancy is 45 years (male 44, female 46).



The Somali Red Crescent Society (SRCS) is a leading health service provider in the country that provides basic health care services to the most vulnerable communities through its network of 64 Mother and Child Health/Out Patient Department (MCH/OPD) clinics/health centres and 4 mobile clinics. The services provided adopted an integrated programming approach incorporating primary health care with disaster management (DM), which has improved the organizational effectiveness in serving the most vulnerable communities. In 2011, the International Federation of Red Cross and Red Crescent Societies (IFRC) Secretariat will continue supporting SRCS integrated health care programme, disaster management and National Society development and the promotion of humanitarian values through the IFRC Country Representation.

The Movement Partners supporting the SRCS programme are American, British, Finnish, German, Netherlands, Norwegian, Japanese and Swedish Red Cross Societies as well as the International Committee of the Red Cross (ICRC). Other partners include the Japanese Government, UNICEF and WHO. The SRCS and the IFRC Country Representation office work in close collaboration with respective local authorities, United Nations agencies and other humanitarian organisations operating in Somalia. The SRCS and the IFRC are members of the health sector committee of the Coordination of International Support to Somalia (CISS) that reviews and coordinates all health activities in Somalia.

In 2011 the SRCS will continue the implementation of the long-term programmes as planned for 2010 and revised for 2011, thus providing curative, preventive and health promotion services through its clinics and the community outreach services. The SRCS programmes aim to reduce deaths, illnesses and impact from diseases and public health emergencies among the most vulnerable populations as outlined in its strategic plan 2010 – 2014. As a member of the IFRC, the SRCS subscribe to [Strategy 2020](#) and the objectives of the [Johannesburg Commitments](#), signed by all African leaders at the 7th Pan African Conference held in 2008. With the technical support of the IFRC Country Representation office, capacity development initiatives will be enhanced focusing on capacity strengthening to better service delivery to the most vulnerable people. The activities will be directed through the integrated health and care programme with an estimated target of 600,000 people.

The total 2011 budget is CHF 2,316,818

[\(Click here to go directly to the attached summary budget of the plan\).](#)

Country Context

The political and security landscape of Somalia remains complex, fragile and unpredictable. The situation has been aggravated by the intractable armed conflict for almost two decades. Accessibility to the beneficiaries in south and central Somalia has been severely constrained by restrictions on movement of humanitarian aid workers due to increased insecurity. The humanitarian space to deliver aid has been diminished leading to one of the worst humanitarian crises in the world. This volatile humanitarian situation has been further worsened by successive cycles of drought, floods and outbreak of infectious diseases such as cholera resulting in eroded livelihoods, aggravating poverty, and increasing food insecurity and vulnerability.

The emergence of new opposition groups who are locked in ferocious power struggle with the Transitional Federal Government (TFG) over the control of the capital Mogadishu has complicated an already complex and fluid situation. The bid by the opposition groups to take over Mogadishu has escalated the violence and led to wide displacement of the civilian population. The piracy along the coast of Somalia has increased disrupting the delivery of humanitarian aid by sea aggravating the humanitarian situation. During 2009/2010 the Somali coast and the Gulf of Aden witnessed 100 attempts of ship hijacking while 30 ships were captured. According to the International Maritime Bureau, Somali pirates accounted for more than half the reported piracy incidents worldwide in 2009 and nearly all of the hijackings.

The continued conflict coupled with climatic induced hazards has displaced an estimated 1.55 million people across the country (UNHCR, October 2009). The surge in violence since the beginning of 2010, especially in south and central Somalia has displaced more than 200,000 people internally and driven an estimated 68,000 people out of the country seeking refuge in the neighbouring countries. The massive population movement has increased the pressure on the vulnerable host communities in the relatively stable parts of the country mainly Puntland and Somaliland, exhausting water resources, leading to food insecurity and collapse of basic public services infrastructure. The rural communities' coping mechanism has been severely eroded due to successive cycles of drought, flooding, disease outbreak and increase in food prices.

In the past decade Somalia has experienced the worst drought as a result of successive failed rainy seasons. However, the rainy season in 2010, which started in early March in most parts of the country, has recorded normal to above normal rainfall. This has resulted in improved food productivity and availability for many Somali households. The Food Security and Nutrition Analysis Unit-Somalia (FSNAU)¹ assessment report indicated that the 2010 Gu long rainy season April to June harvest for Somalia is the highest in 15 years. As a result the number of people in need of humanitarian assistance has dropped by 25 per cent from 3.2 million to 2 million, easing one of the worst humanitarian crises (OCHA updates August, 2010).

¹ [http: www.fsnau.org](http://www.fsnau.org)

The malnutrition rate has dropped in the north and north east following improvement in food production, however, it remained at crisis level in central Somalia at a rate of 16.6 per cent Global Acute Malnutrition¹. Overall, a third of Somalis are dependent on food aid and one in six children is acutely malnourished; a total of some 240,000 children – the highest malnutrition rate in the world.

The presidential elections in Somaliland were concluded peacefully on 26 June 2010, which was won by the opposition party “Kulmiye” candidate who was sworn in as the third democratically elected president of Somaliland. The successful devolution of power in Somaliland and the creation of governance structure have created a conducive environment for development and sustainable action for humanitarian activities. Although Somaliland has enjoyed relative peace and stability since it declared a unilateral independence from the rest of Somalia in 1991, the continued conflict in south and central Somalia, the unresolved dispute with Puntland in Sool and Sanag regions and the low-level insurgency in the Ogaden region of Ethiopia will pose a future security challenge for Somaliland.

Puntland security situation has become more volatile due to inter-clan dispute over resources, mainly water and pasture, increased piracy related criminality and increased activity of armed opposition groups believed to have links with Al Shabab Movement in south and central Somalia. The escalation in violence in and around the capital Mogadishu is driving more civilians north and currently Puntland hosts more than 100,000 internally displaced persons mainly from southern Somalia who were accommodated in camps in Bosaso, Galkayo and Garowe.

	Index	Indicators
Population	Number of people	7,502,654 (UNDP 2005)
Economic status	GDP per capita	\$291.1 UN Statistics Division
	Percentage of the population living below the poverty line (less than \$1 per day)	43.2% (Somalia MDG Report 2007)
Health	Adult mortality	381/1000 (male 447/1000, Female 312/1000) (WHO World Health Statistics 2009)
	Maternal mortality	1,400/100,000 (WHO World Health Statistics 2009)
	Under-five mortality	142/1000 (male 140/1000, female 144/1000) WHO World Health Statistics
	Life expectancy	45 years (male 44, female 46) (WHO World Health Statistics 2009)
Food and Nutrition	Under-five global acute malnutrition (GAM) rate	16.6% (FAO/FSNAU Post-Gu 2010)
	Food Security	2 million people in Acute Food and Livelihood crisis (FAO/FSNAU Post- Gu 2010)
Water, Sanitation and Hygiene	Percentage of population without sustainable access to an improved drinking water	71% (UNDP HDR 2009)
Population Movement	Internally displaced people	1.55 million (UNHCR October, 2009)
	Refugees in neighbouring countries	529,700 (UNHCR October 2009)
Other vulnerability indices	ECHO Vulnerability and crises index score	3/3 (most severe rank) (ECHO GNA 2008-2009)
	IASC Early warning–Early Action rating	Red alert

National Society Priorities and current work with partners

The SRCS **health programme** serves an estimated number of 600,000 beneficiaries through the network of 64 maternal and child health/outpatient department (MCH/OPD) health centres and four mobile clinics. The health centres are structured to serve the immediate neighbourhood communities, while the outreach services designed to reach remote rural communities, the nomads and the internally displaced persons (IDPs).

The SRCS will continue implementing programmes in response to the health issues and emergencies such as seasonal acute watery diarrhoea (AWD) and other disease outbreak through the community-based health and first Aid (CBHFA) programme complementing the services of the network of health centres. The trained volunteers actively participate in awareness raising activities to reduce vulnerability to HIV and AIDS and other epidemics. The social mobilisation campaigns are linked to the national events such as Red Cross Red Crescent day, world breast-feeding day and the World Aids Day among others.

The **disaster management** programme will draw resources on strengthening the capacities of SRCS staff and volunteers and enhance the capacity of local communities for effective, appropriate and timely response to disasters and crises. The disaster management activities will be linked to the CBHFA activities aimed to improve restoration of livelihoods and the community-based systems after disasters.

With the support of the IFRC Country Representation office, SRCS will focus on the following **National Society development** components: governance and management development, management support on coordination of its branches, financial management systems, accountability and reporting as well as support to the SRCS branches in the roll out of the Volunteer Management Policy. The OD support in south and central Somalia will continuously be provided through the integration of community-based First Aid (CBFA) activities at branch level in collaboration with the National Society development, health and disaster management programmes.

Through the humanitarian diplomacy initiatives, the SRCS continues disseminating the principles and values through the mainstream programmes in health, disaster management and National Society development. Therefore, the budget for the promotion of principles and values is spread across the mainstream programmes. Focus is on promotion of the Fundamental Principles and Humanitarian Values, promoting the reduction of stigma and discrimination and promoting tolerance and social inclusion.

All SRCS programmes are in line with the strategic aims of the Strategy 2020 and the National Society strategy 2010-2014, which contribute to saving lives, protecting livelihoods and strengthening recovery from disasters, promoting healthy living and social inclusion and a culture of non-violence and peace.

SRCS has been working and will continue to work with the following partners in 2011:

Partner	Programme component
British Red Cross	Health programme in Somaliland
Finnish Red Cross	Health programme in Somaliland and National Society development.
Norwegian Red Cross	Health programme in Puntland, National Society development, coordination and management development Bilateral support to three rehabilitation centres for physically disabled people in Hargiesa, Galkayo and Mogadishu
Swedish Red Cross	Health, National Society development, coordination and management development
German Red Cross	Bilateral support to health ,youth, water and sanitation in Somaliland, disaster risk reduction in Puntland and support for four clinics in Bari Region, Puntland through special bilateral arrangement with the IFRC
Japanese Government/Japanese Red Cross	Health programme in Puntland – Garowe
International Committee of the Red	Support to 32 clinics in south and central Somalia, promotion of principles and

Cross (ICRC)	values and disaster response in conflict-affected areas.
UNICEF	Supply of MCH kits, renewable supplies and vaccines to all SRCS clinics across the country
WHO	Laboratory reagents for malaria microscopy, training, quality control
World Vision	SRCS orphanage and vulnerable children programme in Somaliland
Food Security Assessment Unit (FSAU)	Collaboration with SRCS in collecting and analysing nutrition data using SRCS clinics network as part of its food security and nutrition analysis activities in Somalia.
UNAIDS	Comprehensive health and HIV services for cross border and mobile communities
UNFPA	Integration of sexual reproductive health and HIV in the MCH/OPD health centres
The World Bank	Health programmes in Puntland and Somaliland

Secretariat Supported programmes in 2011

Health and Care

The Health and Care programme budget is CHF 1,582,404.

Programme purpose²

Develop, promote and strengthen community-based health and care programmes focusing on curative, preventive and health promotion services.

Programme component 1: Primary health care

Outcome 1 Reduce mortality and morbidity by providing improved quality health services through the network of MCH/OPDs and Mobile clinics, and community-based activities focusing on curative, preventive and health promotion services.

Outcome 2 Improved health services are provided to the target communities through the network of MCH/OPDs, outreach and mobile clinics.

The IFRC secretariat support for SRCS programmes will be channelled through its mainstream integrated health care programme, which aims to provide essential community health services including maternal and child health, health education services, CBHFA, disease prevention and HIV and AIDS awareness services. The health and care programme covers most of the regions of Somalia, providing basic health care services through its 64 MCH/OPD health centres and four mobile clinics in 19 branches.

The main health services provided in all SRCS clinics focuses on reducing mortality and morbidity by treating common diseases, such as acute respiratory infection (ARI), diarrhoeal diseases, skin and eye infection, anaemia and malnutrition as well as maternal and child health ailments and diseases. The child health component will focus on routine immunisation, periodic vaccination campaigns, children screening for nutrition and growth monitoring, general health education for the mothers including promotion of breast feeding and weaning practices. Community-based volunteers will be mobilised to help promote vaccination and other maternal, newborn and child health interventions. Severely malnourished children will be referred to Outpatient Therapeutic Treatment (OPT) and those with oedema and other complications will be referred to hospitals for case management.

Safe motherhood will continue to be one of the essential health services provided at the clinic level. SRCS clinic staff will work closely with the midwives and traditional birth attendants (TBAs) in managing and assisting with safe delivery including antenatal and postnatal care (ANC/PNC). Health education in the immediate clinic catchment area will be conducted through outreach services, whereas in the remote rural areas will be delivered through the mobile clinics services. The health education component will include hygiene promotion, nutrition, EPI, ANC/PNC, and

² In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'. Source: OECD-DAC glossary.

discouraging Female Genital Mutilation/Cutting. Under the HIV and AIDS programme, SRCS will scale-up its activities to reduce vulnerability to HIV and AIDS and its impact through preventing further infections, reducing stigma and discrimination of people living with HIV (PLHIV) The SRCS volunteers will carry out community sensitisation and mobilisation to reduce stigma and discrimination through active participation in events such as World Aids Day. The SRCS with the support of the IFRC and collaboration with UNFPA will provide training for the health workers on reproductive health in pre and post crisis situations.

The SRCS will continue strengthening its CBHFA programme focussing on ‘CBHFA in action’ by integrating it in the primary health care, disaster management and branch development. The CBHFA activities include social mobilization during disease outbreaks, chlorination of water points, hygiene promotion, detection and referral of cases to the clinics and psychosocial support during crises.

Monitoring will be regularly conducted to ensure successful implementation of activities. The health staff members at the clinic level will continue submitting monthly reports to the branch health officers. The health officers will regularly carry out monitoring visits to all the health facilities in their area of responsibility provides support and identifies constraints/gaps. Depending on the security situation IFRC management and health team will carry out quarterly monitoring and supervision visits to the programme areas to provide support and ensure accountability and transparency of the operations.

b) Potential risks and challenges

The SRCS health programme is totally dependent on external funding, which is not sustainable. The global financial downturn has its impact on the level of funding in 2010. Logistics and security constraints may lead to delays in the delivery of medical supplies and impact on the quality and frequency of the monitoring visits by the IFRC Country Representation staff members. Increased insecurity increases the operational costs including for monitoring and supervision visits and internal transportation.

There is an increased pressure from the local authorities and target population on SRCS to extend its health services to cover new districts. With limited opportunity to raise resources locally or increase funding from external partners, SRCS will not be able to meet these demands and that could have a negative impact on its image as a reliable and credible leading health service provider in Somalia.

Disaster Management

The Disaster Management Budget is CHF 143,572.

Programme purpose	
To reduce deaths, losses, damage and other detrimental consequences of disasters and crises.	
Programme component: SRCS institutional disaster preparedness and response	
Outcome	Improved and effective operational capacity of SRCS staff, volunteers and the target vulnerable communities to prepare for and respond to disasters

The DM programme will focus on strengthening the operational capacity of the SRCS staff and volunteers and enhancing the resilience of the target communities to respond to disasters. With support from the IFRC, the SRCS will develop and update its contingency plans at national and branch level, pre-positioning of relief items in disaster prone areas and continue emergency response drills at national and branch level to ensure preparedness for disasters such as seasonal floods, fire and disease outbreaks.

The community-based preparedness and response component will focus on engaging the local communities in selected disaster prone areas to implement small scale disaster risk reduction projects that enhance response capacity and resilience. Activities under this component will be linked to the CBHFA interventions in order to enhance the skills of the local communities at risk in tackling emergency situations. The project promotes a culture of safety among the target population to ensure that they are well-prepared and have the adequate response capacity.

b) Potential Risk and Challenges

Increased insecurity has disrupted the replication of the branch emergency response teams drills in the south and central Somalia. Alternative means to relocate the venue to Somaliland or Puntland proved to be very costly. The major challenge facing the disaster management programme is the lack of funding following the closing and phasing out the Tsunami Recovery Programme projects end of 2009.

National Society Development

The National Society Development budget is CHF 434,264.

Programme purpose	
To increase local community, civil society and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability	
Programme component 1: Support National Society OD Process	
Outcome	SRCS governance and management capacity to effectively lead the NS and its service delivery has improved.
Programme component 1: : National Society leadership and management development	
Outcome	The CBHFA integration into DM activities in South and Central Somalia led to enhanced branch capacity and community resilience to respond effectively to emergency situations.

At the last General Assembly, the IFRC Secretary General expressed his desire to see the integration of IFRC Representation offices and technical support within the National Society functional structures. The level of NS development, and an understanding of the roles of the various actors will be critical to the implementation of the integration strategy, thus it is fundamental for the secretariat to prepare the National Society and ensure the availability of resources. The IFRC Africa Zone office is responsive to a new organisational development framework to work more closely with its membership. The National Society development function will be strengthened at operational level, and it is key for the regional representations to be capacity development oriented; thus the portfolio will clearly focus on capacity development, programme support, support in coordination (operational alliance, cooperation agreement strategy), research and development. The role of the IFRC Zone and Country Representation offices is mainly to ensure sufficient bases for effective capacity development.

The SRCS volunteering and youth development programme components are cross-cutting and integrated into other programmes activities. Volunteers' management and youth activities will be developed in line with SRCS Volunteer Management Policy, which will be updated regularly to address the issues of recruitment, training, motivation and retention of volunteers. The *Naadiga (youth club)* concept, which was implemented in four branches, will be replicated in Hargiesa branch in Somaliland. The IFRC will assist the SRCS coordination office in Somaliland in resource mobilization to secure funding for the construction of the youth club.

To enhance the managerial effectiveness and accountability of the SRCS branch management (branch secretaries, programme and finance officers) will receive further training on programme management, financial management and reporting. The IFRC will assist the National Society to update its standard operating procedures to improve performance and accountability.

To strengthen the community-based activities in south and central Somalia within the overall National Society development programme, IFRC will support the integration of CBHFA and disaster management activities in order to improve branches operational capacity and subsequently enhance community resilience.

c) Potential risks and challenges

Increased insecurity in south and central Somalia restrict staff and volunteers movement to implement activities. Adequate funding to provide sustainable capacity building support might be a concern.

Principle and Values

The principles and Values components will be integrated in the health and care, OD and DM programmes, hence there will be no separate budget for the PV programme.

a) The purpose and components of the programme

Programme purpose	
	To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.
Programme component 1: Promotion of Fundamental Principles and Humanitarian Values	
Outcome	Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values among the general public.
Programme component 1: Anti-discrimination and violence reduction	
Outcome	Vulnerable communities ability to combat discrimination, intolerance and violence is enhanced.

The principles and values programme is a cross-cutting programme, which will be integrated in health, National Society development and disaster management activities. Through the health education sessions at clinic level, commemoration of events such as RC/RC Day, World AIDS Day, and HIV and AIDS awareness campaigns, promotion of respect for human dignity, and fight against harmful practices such as Female Genital Mutilation (FGM) the target communities will receive the information on RCRC Principles and Humanitarian Values.

Through the OD and DM programmes more support will be generated to disseminate the Red Cross Red Crescent Principles and values using the volunteers' network and utilizing the events to advocate on behalf of the disadvantaged and support their integration in their communities.

c) Potential risks and challenges

There is persistent HIV-related stigma and discrimination against PLHIV from family members, friends and other community members. SRCS branches in the south and central zone may not be able to openly advocate on behalf of PLHIV or carry out awareness campaigns to reduce stigma and discrimination due to the restriction imposed by the opposition groups on such activities in the areas under their control.

The principles and values programme has attracted no funds in previous years and this trend is likely to continue, which will impact the level of implementation of activities.

Role of the secretariat

The secretariat's budget for its support role is CHF 156,578.

a) Technical programme support

The IFRC Somalia Country Representation based in Nairobi coordinates the multilateral assistance support to the National Society to enable it provides the humanitarian assistance to the needy people. This includes technical and financial support, quality assurance and accountability, monitoring, coaching and capacity building support for the staff through continuous training. Mid-year, annual and specific donors' reports are provided to the partners and donors in accordance with the IFRC Standard policies, procedures and regulations on performance and accountability.

b) Partnership development and coordination

The SRCS and the IFRC Country Representation office work in close collaboration with respective Somali local authorities, UN and other humanitarian agencies operating in Somalia. Collaboration is geared towards effective coordination, knowledge sharing and enhancing experience and implementation capacity at different levels. The SRCS and the IFRC are members of the health sector committee of the Coordination of International Support to Somalis (CISS) that reviews and coordinates all health activities in Somalia.

The Red Cross Red Crescent Movement partners directly supporting the SRCS programmes hold regular consultation meetings for information sharing, harmonization and coordination of support to the National Society.

The IFRC and SRCS will continue developing and strengthening the strategic partnerships within the Red Cross Red Crescent Movement and with other external partners to broaden its base and scope of cooperation and diversity of funding sources. The IFRC will assist the SRCS to broaden its partnership around immunization and encourage it to strengthen its civil society network.

c) Representation and advocacy

The IFRC Country Representative will continue working closely with the SRCS president and the programme coordinators in the field to ensure that the National Society is well represented with the donor community, UN agencies, and at the Inter-Agency Standing Committee (IASC) meetings and other international forums that will take place in Nairobi or Somaliland and Puntland. The IFRC Representation supports SRCS in advocating on behalf of the vulnerable people as a way of mobilising resources and advance the humanitarian agenda guided by the strategic aims of the Strategy 2020 and its enabling actions.

Promoting gender equity and diversity

The SRCS has a gender-balanced composition of health staff; two of the three national health officers are females. Moreover, most of the volunteers in all SRCS clinics are young, majority being female. It is intended that there should be a wider variety of all age groups and mixed gender balance among volunteers in all branches. All community health committees have both female and male members who assist SRCS in managing the clinics and link the National Society to the community. The IHCP is primarily targeting women and children.

Quality, accountability and learning

The SRCS completed its strategic development planning process 2101-2014 in December 2009 and was adopted at the 'all-inclusive' meeting held in February 2010. The strategy has set the National Society priorities for the coming five years and is used as reference document for revising the country plan for 2011.

Regular monitoring of programme activities is undertaken by the IFRC delegation and SRCS staff. Building on the successes of previous years, monitoring and evaluation will continue to be strengthened at all levels to improve the accountability and transparency of SRCS/IFRC humanitarian operations in Somalia. The clinic, community and branch reports will be analysed to measure coverage and impact of the programme in the areas served.

All SRCS departments meet twice a year to share experiences, review programmes and plan implementation of activities. Reports are collated and compiled by the national health officers and sent to the IFRC Country Representation for further analysis, validation, consolidation and sharing with the partners.

[click here to view the 2011 budget summary below](#)

How we work

The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the World.

The International Federation's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and Peace.

Contact information

For further information specifically related to this revised plan, please contact:

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MAASO001 - Somalia

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	36,000	237,440	42,500			315,940
Land, vehicles & equipment		1,959	9,541			11,500
Transport & Storage	10,000	270,734	38,456			319,190
Personnel		574,559	168,159		146,400	889,118
Workshops & Training	80,000	79,767	58,383			218,150
General Expenditure	8,240	315,089	88,998			412,326
Depreciation						
Contributions & Transfers						
Programme Support Services Contingency	9,332	102,856	28,227		10,178	150,593
Total Budget 2011	143,572	1,582,404	434,264		156,578	2,316,818