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# Somalia Annual Report

 International Federation  
of Red Cross and Red Crescent Societies

**SP164SO**  
**30/APR/2014**

**This report covers the  
period 01/Jan/2013 to  
31/Dec/2013.**

*Somalia Red Crescent volunteers at a  
Branch Emergency Response Training  
(BERT) practical session*



## Overview

On the 10<sup>th</sup> of November, 2013, the north east coast of Somalia was hit by a powerful tropical cyclone which caused flash floods that swept away homesteads, livestock, destroyed crops and displaced many families. The IFRC deployed a technical team to the epicentre of the disaster area which is Nugal region to assist the Somali Red Crescent conduct a comprehensive assessment of the damage and the needs of the affected people which were completed by end of December. The IFRC Somalia Country Office backed by the Regional Office airlifted 300 units of non-food items comprised of Tarpaulins, kitchen sets, blankets, mosquito nets, sleeping mats and jerry cans which were distributed in Dangorayo district in Nugal region. The IFRC launched a DREF operation on 18 November, 2013 which allowed the SRCS to conduct the assessment. An Emergency appeal was launched on 20 December, 2013 to assist 3,100 families in Bari and Nugal regions of Puntland.

The Somali Red Crescent Society (SRCS), through its Integrated Health Care programme (IHCP) contributed significantly to the improvement of the health status of the most vulnerable Somali communities through the provision of basic health care services, particularly to women and children. The IHCP comprises a network of 65 static and 25 mobile Maternal and Child Health/Outpatients Department (MCH/OPD) clinics in operation throughout the 19 regions of Somalia and targeting an estimated 600,000 population.

Activities to promote health and influence positive health behavioural change were conducted through health education at the clinic and community levels by health staff and volunteers with the assistance of the Community Health Committees, mainly using the CBHFA tools. Among the topics covered were the importance of immunization, breast feeding and weaning practices, prevention of malnutrition, hygiene and sanitation practices and encouragement of healthy living. Others were the eradication/discouragement of Female Genital Mutilation/Cut (FGM/C) practices and ST/HIV and AIDS prevention. The sessions targeted

different community groups such as women, elders, religious leaders and the youth. A total of **155,043** persons (**89,195** women and **65,848** men) benefited from the health education sessions.

## Working in partnership

Operational Partners	Programme Component	Agreement
UNICEF	Contribution to the provision of Maternal and Child Health (MCH) services in particular and including the provision of cold chain facilities, provision of vaccines, MCH kits and clean delivery kits as well as targeted training for the relevant clinic and branch health staff.	Project Cooperation Agreement (PCA)
World Food Programme (WFP)	Provision of food ration for the MCHN programme for expectant mothers at delivery, lactating mothers up to 6 months and children up to 2 years	Bilateral agreement with the SRCS
World Health Organization (WHO)	Provision of Primary Health Care laboratory equipment, training of clinic staff and quality control of laboratory services	Bilateral agreement with the SRCS
UNFPA	Targeted training in reproductive health and provision of clean delivery kits	Bilateral agreement with the SRS
Ministry of Health	Coordination of cluster meetings and activities as well as policy direction for health care services	SRCS is auxiliary to the regional health authorities

## Progress towards outcomes

This section should be structured under the IFRC secretariat's business lines.

### Business line 1: Raise humanitarian standards

**Outcome 1:** A country trend report on key humanitarian and development issues is developed and updated

**Outcome 2:** A databank of objectively-analyzed National Society capacities is established that creates greater self-awareness of their profile at all levels, services, strengths, gaps and their future potential for boosting their own development.

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
Number of quarterly country analysis shared with partners	-	4	100%
No. of annual status reports from the 9 branches using FDRS key performance indicators	-	9 branches	100%

### Comments on progress towards outcomes

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance ("baseline"). **Please note that targets in red are cumulative.**

The SRCS complied with its obligations to update its databank in the Federation-wide Databank and Reporting System (FDRS) and achieved 67% in the number of documents uploaded in the system and 71% KPI completed. The IFRC is following with the NS to submit the financial statements. By close of the year 2013, the National society was unable to submit its financial statements to be uploaded in the FRDS.

The NS financial management capacity assessment was completed paving the way for the implementation of a comprehensive finance development initiative to improve the financial management reporting system and accountability. The project will be implemented on phases during a period of three years. The dissemination of the new Accounting and Administration Manual to the branches started where one workshop was conducted in Garowe, Puntland and another workshop is planned to take place in Somaliland in January, 2014.

The development of the new health strategy for the national society included a detailed assessment of the capacities of the SRCS at branch level, albeit; this was restricted to Somaliland and Puntland. The external evaluation of the drought response operation and health programme reviews conducted in Somaliland and Puntland identified capacity gaps in branch development. The IFRC will provide technical and financial support to the NS to address these gaps.

Within the digital divide project initiative, installation of a VSAT communication system to improve the internet connectivity in Hargeisa (SRCS Coordination Office for Somaliland), Garowe, Galkayo has been completed where the system is up and running. Installation of the system in the fourth station, Bosaso will be done during the first quarter of 2014. The improvement in internet connectivity will facilitate and encourage the SRCS staff and volunteers to enroll in on-line courses to enhance their knowledge.

The NS finance development initiative which is ongoing include an assessment of the competences of the finance staff at branch and coordination offices level to design the appropriate training modules to build the technical capacities of the finance and management staff. The enhancement of the technical skills of the DM officers at branch level is ongoing through Branch Emergency Response Drills where six drills were conducted in 2013.

## Business Line 2: Grow Red Cross Red Crescent Services for Vulnerable People

**Outcome 1:** Timely quality disaster relief assistance is delivered to people affected and SRCS mobilizing fully their branch emergency response teams where required.

**Outcome 2:** Comprehensive technical assistance is provided to SRCS on community level disaster management programming, incorporating disaster risk reduction.

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
# of Branch Emergency Response Teams (BERT) established and trained in Somaliland, Punt land and South/ Central Somalia.	-	9	7 (78%)
# of pilot community managed DRR programmes each in Somaliland and Puntland	-	2	100%

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance ("baseline"). **Please note that targets in red are cumulative.**

### Comments on progress towards outcomes

The fourth quarter saw an increase in the number of volunteers and branches engaged in the emergency response team training from the anticipated 50 to 67 volunteers. The trained volunteers of Bosaso and Garowe utilized their new skills during the tropical cyclone disaster that hit Puntland region in November 2013 to the satisfaction of the people affected, the local government and relief organization's involved in the response operation.

Due to the short implementation period, the project managed to train 7 branches out of the total 9 reflecting an 78% target achieved in Somaliland and Puntland. The remaining training for the two branches in Somaliland (Erigavo and Burao) will be done in 2014.

The Branch Emergency Response Team (BERT) trainings were not conducted at branch level in South and Central Somalia due to insecurity and lack of access. However, one Training of Trainers (ToT) training was conducted in Mogadishu for 30 DM officers and senior volunteers from 10 branches in South Central Somalia. The trained DM instructors will conduct the BERT for the 10 branches in 2014.

### Business Line 3: Strengthen the Specific Red Cross Red Crescent Contribution to Development

**Outcome 1:** Strategy 2020 is rolled out in Somalia through the SRCS branches where accessibility is feasible. Support provided to SRCS for strategic planning based on S2020

**Outcome 2:** Programme support mechanisms addressing health care priorities are developed and improved and encouraging volunteering and engagement of youth in Red Cross Red Crescent activities.

**Outcome 3:** Social cohesion is promoted and situations of discrimination and exclusion are addressed

**Outcome 4:** NS capacity and internal development are strengthened by alignment of assistance to their self-determined needs

Measurement			
Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance ("baseline"). **Please note that targets in red are cumulative.**

# of target branches with work plans consistent with the NSP and S2020	12	75%
# of OPD kits procured and distributed	384	100%
# of monitoring visits conducted by Branch Health Officers	12	
# of SRCS volunteers and staff trained on Nutrition, EPI and case management	75	93%
% of children less than one year immunized against vaccine preventable diseases	80%	110%
% of antenatal mothers receiving ANC services		
% ANC mothers receive T.T2 +	60%	43%
% of mothers attending ANC services delivered by trained/qualified health worker at the health facility	60%	97%
# of branches in Somaliland, Punt land & South Central zone utilizing CBHFA approach in community based activities	9	100%
# of volunteers trained on CBHFA and epidemic control.		20
# of branches in Somaliland, and Puntland with active HIV action teams	9	100%
# of branches and clinics with trained volunteers and staff on peer education	9	100%
# of HIV/AIDS & anti-FGM/C campaigns conducted	2	100%
# of IEC material developed and distributed		
% increase in volunteer base, compared to 2012	20%	90%
# of branches in Somaliland & Puntland that are using the updated Volunteer Management Policy	9	100%
# of branches in Somaliland and Puntland with youth clubs implementing activities in Red Cross/Red Crescent principles and values	9	67%
# of communities reached with information promoting the RC/RC fundamental principles	31	100%
% of surveyed community members that feel as secure or more than a year ago	-	67%

### Comments on progress towards outcomes

Through the IFRC support, the Somali Red Crescent branches in Galkayo, Garowe and Bosaso rehabilitated boreholes and water pans as part of the drought response intervention. Through the Emergency Appeal which was ended in April 2013, water resources development contributed to improvement in access to safe water which improved the livelihoods of the targeted population. The mid-term evaluation report which was published in February, 2013 documented the impact of water resources development in improving the livelihoods of the people affected by the drought.

The integrated primary health care programme and communication activities including the dissemination of the RC/RC principles and values enabled the national society branches continue advocating for the promotion of peace and tolerance and non-violence and respect for human dignity. The youth and volunteers development activities and First Aid Training encouraged the SRCS youth and volunteers to join different action teams at branch level using the youth clubs supported by IFRC as centres for their activities. The SRCS Somaliland celebrated the World First Aid Day which was attended by senior Government officials led by the Minister of Transport. The occasion was an opportunity for SRCS to disseminate the Red Cross Red Crescent Principles and values and to raise the awareness about the road safety. As a result the Minister of Transport declared that it is mandatory for all citizens in Somaliland applying for driving license take First Aid Course. Other events such as the World Aids Day, the Wold Health Day, and the Red Cross Red Crescent Day were commemorated where messages to promote tolerance and fighting of stigma and discrimination were disseminated.

The SRCS Health Strategy 2013-2017 has been printed and distributed to the SRCS branches as well as to the partners and other stakeholders. The IFRC is working with the NS to develop an activity plan to operationalize the strategy. The SRCS Health baseline survey consultation process with the stakeholders is under way to address the gaps in the design and the tools presented by the consultant. The field consultations including focus group discussions have been completed. The analysis and the write up of the report will be completed during the first quarter of 2014.

The SRCS continued to contribute to achieving the aims of S2020 through implementation of the priorities of the NS Strategic Plan 2010-2014 and the Health Strategy 2013-2017, developed with assistance and support from IFRC country representation. Dissemination about the aims of S2020 is widely done through the various training workshops conducted in all branches with the exception of three branches in south and central Somalia due to insecurity. Specific training on S2020 for Branch Governance will be conducted in 2014.

The static clinics provided routine basic health care services to the target clinics throughout the reporting period although there were occasional shortage of vaccines or kits from UNICEF while access to some clinic communities by international staff for monitoring and supervision was not possible for security reasons.

As a result of the deployment of staff and volunteers in responding emergencies, not all the planned community level trainings could be conducted. However, it was a major step for the national Society to go beyond staff and branch volunteers to train community members such as the Community Health Committee members and TBAs on CBHFA.

The lower than average coverage for under 5 children who received Vitamin A supplement was due to shortage in the supply as a result of the delay in the supply of the UNICEF MCH kits, particularly in Puntland in the first half of 2013. The content of the MCH kit had been changed leading to delay in supplies. As a result, essential drugs such as vitamin A, iron prophylaxis and vitamin A and T.T. were not available, accounting for a large "missed opportunities"

The mobile health clinics operated under both the Emergency Appeal and the Tsunami Residual Fund to provided commendable and invaluable basic health care interventions to the remote and nomadic communities as well as IDPs. They also played a pivotal role in the response to health emergencies that occurred in and outside their operational target areas, particularly in the polio campaigns.

It was the expectation that the SRCS finance management system development process would reach the procurement, installation, training and use of the software stage. However, the process did not move fast enough to complete the entire activities. The procurement, installation, training and use of the software will be carried out in 2014.

During the reporting period, the programme covered more communities than the planned target due to the response to numerous emergencies and outbreaks such as polio, malaria and measles that occurred. In the course of responding to these emergencies other services were provided, particularly to women and children. This therefore explains why the annual target indicators were exceeded in some cases such as the number of under 1/5 children receiving 3 doses of DPT, mothers attended to 3-4 times during pregnancy and ANC mothers who received health education as observed in the analysis.

A baseline study that will support the implementation of the SRCS Health Strategy (2013-2017) and provide some basis for measuring programme progress and impact was conducted in all three zones of the country. The report will however be ready in the first quarter of 2014.

Due to insecurity in some instances and volunteer engagement in response to emergencies/outbreaks such as polio, malaria, the tropical cyclone and flooding, not all the targeted sub-branches and clinic communities could be trained in CBHFA and Epidemic Control. For the same reason, not all the teacher and the targeted schools could be covered fully.

#### **Business Line 4: Heighten Red Cross Red Crescent influence and support for our work**

**Outcome 1:** SRCS is supported to update its statutes and further develop the auxiliary role of its branches at regional level

**Outcome 2:** Resource mobilization capacities of SRCS are scaled up, diversifying income sources and expanding partnerships

Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
# of targeted SRCS branches with operational agreements with local authorities.	-	5	100%
SRCS resource mobilization strategy in place	-	1	ongoing
# of SRCS branches trained in resource mobilization	-	6	

#### Comments on progress towards outcomes

To scale up the efforts in resource mobilisation at the local level, the SRCS appointed six honorary members to join its Executive Committee drawn from the private sector, two each from the three Zones, Somaliland, Puntland and South and Central Somalia to assist in local fund-raising. Majority of these honorary members are from the Telecommunication sector that will assist the NS to acquire shares in the mobile phone companies. In the meantime, the branches in Somaliland and Puntland with the support from the IFRC are working on plans to expand their resource mobilization base through developing business centres. The Bosaso branch acquired a plot of land in the main commercial centre of the town which will be developed as a business centre expected to generate income from renting of shops, office space, running of internet café etc. the IFRC will work with the RC/RC partners to fund-raise for this project. The NS has embarked on developing a resource mobilization strategy with assistance from IFRC.

With support from IFRC and ICRC the NS created a new department for resource mobilization. In the meantime, the branches in Somaliland and Puntland stepped up their resource mobilization efforts to cover some of their core costs. As a result, the SRCS Branches of Garowe in Puntland and Hargeisa in Somaliland started to cover the salaries of key staff, such as branch secretaries.

#### Business Line 5: Deepen our tradition of togetherness through joint working and accountability

**Outcome 1:** Assistance is aligned among Movement components: the SRCS, PNS, ICRC and the Federation, to optimize the Movement's work and impact at country level.

**Outcome 2:** International cooperation and coordination dialogue is enhanced through regular Africa Zone NS leadership meetings, dialogue platform meetings and other NS groupings and regional networks

**Outcome 3:** SRCS increases the quality and impact of its programmes through sound programme management, including timely and quality planning, monitoring and reporting International cooperation and coordination dialogue is enhanced through regular Africa Zone NS leadership meetings, dialogue platform meetings and other NS groupings and regional networks

Indicators	BL	Annual Target <sup>[1]</sup>	Year to Date Actual
# of new partners that become active with the SRCS		2	
# of SRCS staff participating in outside forums			
% realization of implementation schedule		100%	On track
% overdue in reporting			100%

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### Comments on progress towards outcomes

The NS strived to enhance the participation of the youth by establishing active groups and engaging them in personal growth and development activities. The activities are geared towards shaping their characters and nurturing responsible leaders for the communities.

The IFRC Country office is working closely with the RCRC partners to share information on resources available for the NS capacity building through regular meetings and dialogue. During 2013 two Movement partners were held with the support of IFRC and ICRC. The IFRC and the German Red Cross are sharing plans on Community Resilience initiative in Somaliland which will include a component for strengthening the NS DM capacities. Similarly, the IFRC, British Red Cross and the German Red Cross are sharing information for a development of a DRR initiative in Puntland and branch organizational capacity assessment to be conducted in 2014. The IFRC, the Norwegian Red Cross and ICRC are supporting the NS in the implementation of its finance development project

### Stakeholder participation and feedback

The SRCS works as an auxiliary to the regional authorities and as such implements its programme in harmony with the regional authorities' policies and strategies. In Somaliland, the Dilla clinic in the Awdal region is already implementing the Basic Emergency Obstetric Care (BEMOC) programme in collaboration with UNICEF, UNFPA and the Ministry of Health. In Puntland, all the midwives in 18 clinics have been trained in preparation for the commencement of a similar programme. Through the Project Cooperation Agreement (PCA with UNICEF, the SRCS clinics conducted Expanded Programme of Immunization (EPI) as well as outreach services and participated in some targeted trainings. The clinics also have been involved in outbreak surveillance activities in collaboration with WHO. In a recently concluded external evaluation the Deputy Minister of Health in Puntland described SRCS clinics as "the best there are in Puntland". A similar compliment on the performance of SRCS clinics was received from Somaliland health authorities.

The main beneficiaries of the SRCS programme, the communities, through the Community Health Committees, were involved in the planning, management and monitoring of the SRCS clinic activities as well as coordination of community based health promotion activities by the community volunteers. They were also actively involved in the mobilization of the community in response to emergencies and during the immunizations campaigns as well as the mobilization of financial and other resources to support the development of community health. Although no structured or formal study has been conducted to obtain feedback from stakeholders, feedback from community members, through community meetings and coordination meetings at the regional levels commend the quality and scope of services provided by the SRCS for reaching many underserved and remote communities with limited access to basic health care services.

### Key Risks or Positive Factors

Key Risks or Positive Factors	Priority	Recommended Action
	High Medium Low	
<b>Insecurity</b> (Puntland, Global/East African/Nairobi insecurity restricting travel and access to the project areas)	M	<ul style="list-style-type: none"> <li>Defer implementation of planned project activities</li> <li>Defer planned monitoring and supervision by IFRC Somalia Country Representation staff and Puntland National and branch health staff</li> </ul>
<b>Logistics</b> (Unavailability of cargo space in ECHO and UNHAS flights to Somalia)	L	<ul style="list-style-type: none"> <li>Use of commercial flights for the shipment of cargo to Somaliland and Puntland with cost implications</li> </ul>
<b>Beneficiaries</b>	L	<ul style="list-style-type: none"> <li>Employ stakeholder negotiation</li> </ul>

(Lack of beneficiary involvement in project implementation)		<p>mechanisms rejuvenate community interest and participation</p> <ul style="list-style-type: none"> <li>• Increase community involvement in all phases of the project to increase ownership</li> </ul>
<b>External</b> (Diminished stakeholder support - vaccines, MCH kits, food ration, MCH capacity)	L	<ul style="list-style-type: none"> <li>• Delay immunization schedules for children under five &amp; women of childbearing age</li> <li>• Lobby for increased participation by the Puntland and Somaliland MoH</li> <li>• Lobby for increased external partner participation</li> </ul>
<b>Human Resources</b> (High turnover of clinic staff and volunteers)	M	<ul style="list-style-type: none"> <li>• Provide competitive and practical incentives to staff and volunteers</li> <li>• Lobby for funding for long term contracts for DM Officers and activities</li> </ul>

## Lessons learned and looking ahead

1. The SRCS has not only been a key player in the provision of basic health care services throughout Somalia but also a valuable and reliable partner to many actors due to the quality of services they offer the population as well as in programme management and accountability. The strong partnership has brought some added value to the services the National Society is rendering to the community. The SRCS could use that leverage it has within the partnership to advocate for more stakes that will be beneficial to both to the National Society and the target population. The WFP for instance could be lobbied to contribute more towards the construction of more storage facilities at clinic level to store the food it provides for mothers and children, it could also contribute more to cover operational cost of administering the Maternal & Child Health & Nutrition (MHCN). That involves the distribution of food ration to pregnant and lactating mothers as well as infants through the MCH/OPDs. While the Ministry of Health is generally regarded as underfunded, the sector ministry could also contribute its quota to the SRCS programme, however small, to support activities that should have been undertaken by the ministry.
2. The Community Management Model (use of the CHC as a link between the clinic/SRCS and the communities in local resource mobilization, social mobilization and support to clinic management) has been instrumental in the successful implementation of the project. It is being considered by the Health Ministry and other partners for replication, even with some modifications.
3. The use of volunteers and Traditional Birth Attendants as health promoters in the community has been vital in educating the community to promote changing health seeking behaviour and practices. This strategy needs to be strengthened with both continuous training and appropriate tools to enable them reach the community with greater success. Female Genital Mutilation/Cut (FGM/C) remains a key health and social issue in Somalia and the health promoters could play a frontline role in discouraging and eradicating the practice. It should therefore be incorporated in all their training schemes.
4. An increased partnership in a multi-sectoral approach is having positive impact on the SRCS programme. It is estimated that about 90 percent of deliveries in Somalia are conducted at home by unskilled health workers. However, the trend is changing within the target communities in the SRCS health programme due to the partnership with WFP and the improved quality of services with the addition of maternity wings with delivery facilities at the MCH/OPDs. Increasing numbers of women are now patronizing ante-natal services, being delivered at the clinics with the assistance of trained health workers and attend post-natal services due to the food ration provided by the WFP.
5. Retention of national staff and volunteers is a capacity issue which needs to be addressed through updating the volunteers' management policy and more investment on tailor-made skills training programmes. This will motivate and encourage them to continue their engagement with the National Society.
6. While the level of communication and coordination with the health partners is adequate, the communication and coordination on Disaster Management need to be enhanced.

7. The ever-dwindling partner funding brings the sustainability of the SRCS health programme into question, although an appreciable capacity has been built over the years for service continuity. But that calls for urgent steps by the National Society to speed up and prioritise the development of a resource mobilization policy/strategy to tap into local resources to fund part of its core costs. Although the National Society has since the beginning of the reporting period taken the initiative to foot some of the core costs, the level is very insignificant and needs to be scaled up.

## Financial situation

[Click here to go directly to the financial report.](#)

## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

## Contact information

For further information specifically related to this report, please contact:

- **In Nairobi, Somali Red Crescent Society coordination office:** Dr. Ahmed Mohammed Hassan, President SRCS; email: [drahmed\\_m\\_hassan@yahoo.com](mailto:drahmed_m_hassan@yahoo.com) mobile phone +254 721 59 89 78
- **In Nairobi, IFRC Somalia Country Representation:** Ahmed Gizo, Country Representative, email [Ahmedadam.GIZO@ifrc.org](mailto:Ahmedadam.GIZO@ifrc.org) phone: +254 20 2835 239.
- **In Nairobi, East Africa Regional Office:** Finnjarle Rode, Regional Representative e mail [finnjarle.rode@ifrc.org](mailto:finnjarle.rode@ifrc.org) phone +254 20 283 5124
- **IFRC Zone:** Bhupinder Tomar, Head of Programme Support and Corporate Services ; phone: +254 733 880 126; email: [bhupinder.tomar@ifrc.org](mailto:bhupinder.tomar@ifrc.org)

### For Resource Mobilisation and Pledges

- **In IFRC Zone:** Martine Zoethouthmaar, Resource Mobilization Coordinator; Addis Ababa; phone: +251 93-003 6073; email: [martine.zoethoutmaar@ifrc.org](mailto:martine.zoethoutmaar@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator; phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)