SOMALI RED CRESCENT SOCIETY

Strategic Plan

(2021-2025)

Somali Red Crescent Society

Strategic Plan
2021-2025

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Acronyms

BERT	Branch Emergency Response Team
CBHFA	Community Based Health and First Aid
CCA	Climate Change Adaptation
DM	Disaster Management
DRR	Disaster Risk Reduction
ECDPM	European Centre for Development Policy Management
ECHO	European Civil Protection and Humanitarian Aid Operations
ERW	Explosive Remnants of War
FEWS NET	Famine Early Warning System Network
FSNAU	Food Security and Nutrition Analysis Unit
GBV	Gender Based Violence
GII	Gender Inequality Index
GPI	Gender Parity Index
HDR	Human Development Report
ICRC	International Committee of the Red Cross
IDPs	Internally Displaced Persons
IFRC	International Federation of Red Cross and Red Crescent Societies
IHCP	Integrated Health Care Program
IHL	International Humanitarian Law
NDRT	National Disaster Response Team
MOH	Ministry of Health
OCAC	Organizational Capacity Assessment and Certification
OCHA	UN Office for the Coordination of Humanitarian Affairs
PGI	Protection, Gender, Inclusion
PMER	Planning, Monitoring, Evaluation, Reporting
PWD	Persons with Disabilities
RCRC	Red Cross Red Crescent
RFL	Restoring Family Links
SGBV	Sexual Gender Based Violence
SHDS	Somalia Health and Demographic Survey
SIDA	Swedish International Development Cooperation Agency
SRCS	Somali Red Crescent Society
SWALIM	Somalia Water and Land Information Management
SWOT	Strengths, Weaknesses, Opportunities, Threats
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization
VCA	Vulnerability Capacity Assessment

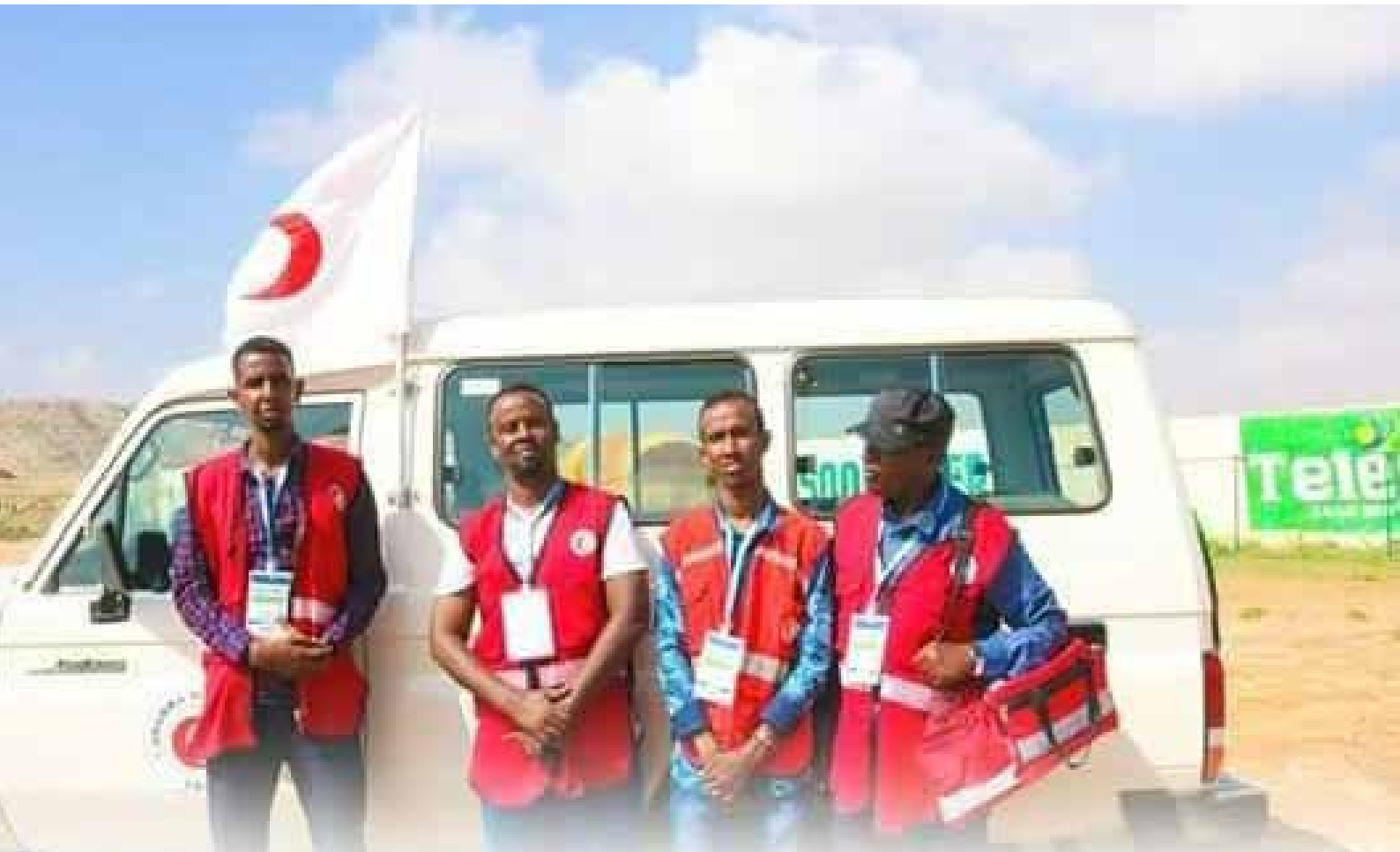
About this Strategic Plan

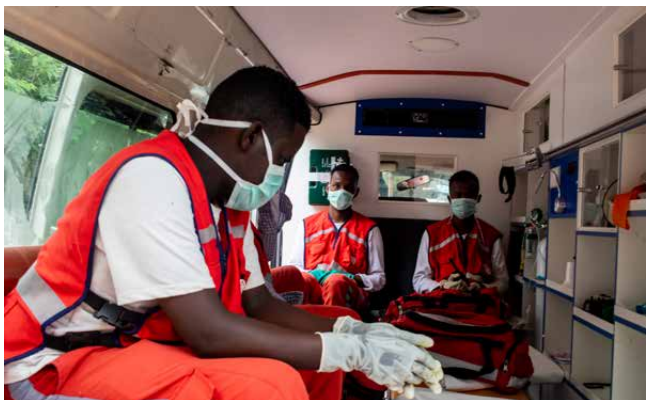
The SRCS Strategic Plan 2021-2025 takes into consideration the challenges the country faces, including fragility of the security, the fluid political environment, and susceptibility to evolving crises and disasters. The strategy also considers the changes in the external and internal environment, the funding trends, and their influence on the sustainability of the strategy.

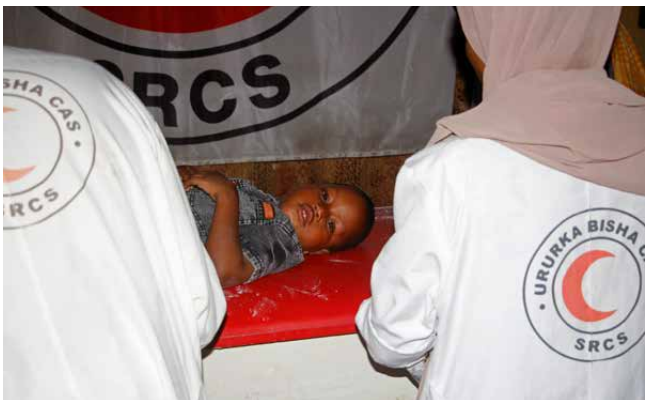
The Strategic Plan is aligned with and seeks to contribute to achieving the global vision and mission of the International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2030 and gives the overall direction of the SRCS programming for the next five years. It aims to guide the overall direction of the National Society by redefining its vision and mission. It defines the priorities and the development and formulation of the strategic goals, objectives, and outcomes to achieve the vision and mission and, to ensure that the SRCS remains a dynamic and trusted leading local humanitarian actor. The strategy also looks beyond the borders of the Red Cross and Red Crescent Movement to a wider engagement with other partners and actors to better position the SRCS as a key local humanitarian actor and partner of choice in Somalia/Somaliland.

The strategic plan has considered a holistic approach to the National Society Development (NSD) which entails building the institutional capacity of the SRCS to be prepared to continuously respond effectively and efficiently to the needs of the vulnerable communities. The strategy also aims to ensure a sustainable and diversified income streams, empowered and trusted leadership, accountable governance, and management structures able to attract volunteers of all ages and professions from all walks of life of the Somali community.

The strategic plan was a product of extensive review and consultation process within SRCS branches and coordination offices, and the Red Cross and Red Crescent Movement partners analysing the internal and external environment to formulate the goals and objectives and use it as a framework for planning and allocation of resources to achieve its vision and mission.







1.1. The National Society Profile

The Somali Red Crescent Society (SRCS) is an independent, non-political humanitarian national organization. It was established in April 1963 and became a legal entity following the presidential decree No. 187 in 1965. It was recognized by the International Committee of the Red Cross (ICRC) in 1969 and became a member of the International Federation of Red Cross and Red Crescent Societies (IFRC) the same year.

The SRCS governance structure is made up of the All-Inclusive Meeting (General Assembly), a high decision-making authority that meets once every two years, and an Executive Committee of 16 members that meets every 6 months. The Executive Committee is comprised of the president, the vice president, and 14 other members including ex-officio members. Each of the 19 branches has a committee of 9 members, chaired by a branch chairman. The fourth level of the SRCS governance structure is the sub-branch committees comprised of 7 members each, ensuring a presence at the community/district level, and therefore making SRCS a national grass root organization.

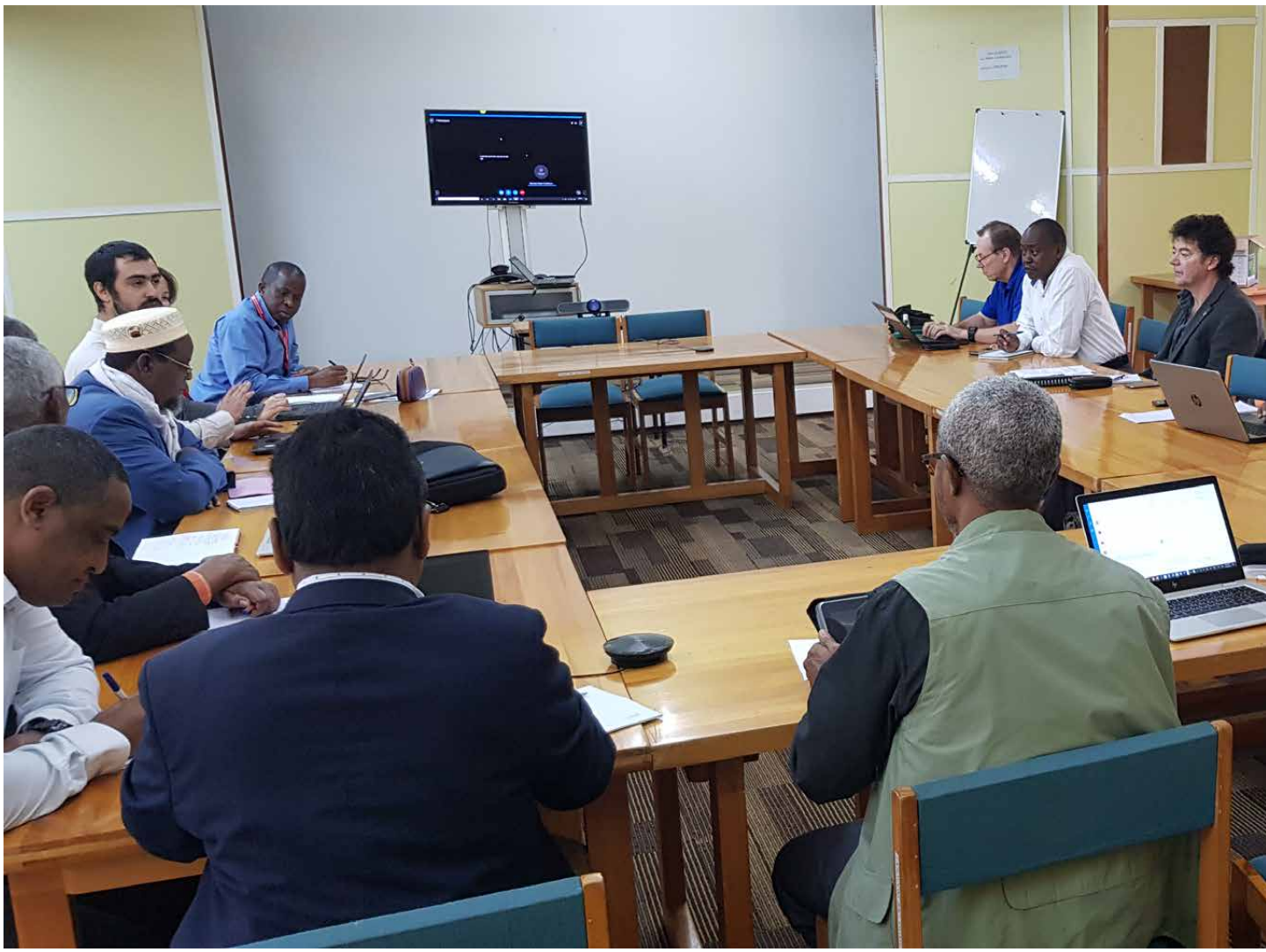
The SRCS has statutes, however, it is outdated and do not reflect the current structure and functioning of the SRCS which is affected by the fragile and fragmented geo-political environment.

The SRCS continue to deliver lifesaving humanitarian services across the country despite the protracted conflict, political divide, and increased insecurity. It is credited for maintaining its unity as one National Society despite all the challenges of working in a fragmented and politically divided country.

The SRCS runs its operations and programs through two Coordination Offices, one in Hargeisa, which manages the six branches of Somaliland, and the other in Mogadishu, which manages the 13 branches in the central and south regions of the country. The SRCS as ~~a~~ grassroots organization with a country-wide coverage has 1015 paid staff, more than 5,000 active volunteers and around 20,000 community volunteers who can be mobilised during emergencies.

In terms of service delivery, the SRCS runs several programmes including Primary Health Care, Secondary Health Care-hospital, Rehabilitation for Physically Disabled Persons, First Aid and Pre-hospital Emergency Care Services, Disaster Management, Resilience Programming, Restoring Family Links (RFL) Communication and Dissemination, and Youth and Volunteers' Development.

Through an internal assessment mechanism at branch level, the SRCS identified its weaknesses and the areas that need improvement to be able to address the challenges that hinder the sustainable development of the national society. In 2018 the SRCS expressed a strong desire to undertake a comprehensive National Society Development Initiative. To support the process, the SRCS acknowledged the need and agreed to undergo an Organizational Capacity Assessment and Certification (OCAC) self-assessment exercise.



On the 18th and 20th of February 2019, the SRCS conducted an OCAC (phase 1) self-assessment exercise in Hargeisa Somaliland. Based on the recommendations of the OCAC exercise, nine themes were identified that constitute the key priorities for the development of the capacities of the National Society. These are legal base, Communication, Integrity, Human Resources Development (staff & volunteers), Resource Mobilization, Financial Management, Security and Safety, and Planning, Monitoring, Evaluation and Reporting (PMER). The OCAC recommendations are considered high priority areas for the development of the National Society as a leading local humanitarian actor in the country.[1]

1.2. The Planning Process

During the last two decades the SRCS has developed several strategies of five years cycles each. It also developed sectoral strategies such as health, communication, resilience, resource mobilization, finance manual, logistics and procurement manual, volunteers' management guidelines, youth policy, human resource policy and First Aid manual. The current Strategic Plan 2015-2019 expired in December 2019. In January 2020, with the endorsement of the SRCS Executive Committee, the SRCS President extended the validity of the Strategic Plan to the end of 2020.

In July 2020, the SRCS launched the process to develop the new Strategic Plan 2021-2025. A Task Force comprised of the SRCS vice president, senior management, the National Society Development

1 IFRC: SRCS Organizational Capacity Assessment and Certification (OCAC) self-assessment findings report, June, 2019

The Somaliland coordination office organized branch level consultation and review meetings for the six branches under its supervision to conduct branch self-assessment and review the expired Strategic Plan 2015-2019.

Manager, and key staff from different branches was formed to undertake the development of the new strategic plan. Due to the COVID-19 pandemic travel restrictions and compliance with social distance protocols, planned meetings of the Task Force were held virtually. The Task Force held meetings virtually every two weeks where it discussed and agreed on a road map, methodology and a plan of action.

Consultations led by the two Coordination Offices took place at branch levels in Mogadishu and Hargeisa. The Mogadishu Coordination Office organised its review and consultation meeting on the 17th - 18th of October 2020 for 13 branches to review 2015-2019 strategy and conduct branch self-assessment. The meeting highlighted the achievements, challenges and capacity gaps at programme and branch levels, and identified the priorities to be focussed on in the next five years.

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The SRCS convened a virtual Strategic planning workshop from 29th-30th of March 2021. It was attended by the Strategic Plan Development Task Force members, ICRC, IFRC, and the Red Cross Red Crescent Partners and was facilitated by the Independent Consultant who was hired by the SRCS to write up the Strategic Plan. The workshop reviewed the results of the consultation process, discussed the strategic direction, the vision and mission and the formulation of the goals, objectives, and outcomes.

Context and Humanitarian Analysis

Somalia has suffered for decades from prolonged conflict and climate induced disasters, such as recurring droughts, floods, and cyclones, and more recently the desert locust infestation. The collapse of the central government and state institutions in 1991 led to the destruction of most of the economic and social infrastructure and assets of the country. Somaliland seceded from Somalia and declared self-independence in 1991. However, it has yet to be recognized internationally.

While political instability, insecurity, conflict, and violence have prevailed in many parts of the country, Somaliland and Puntland have enjoyed greater levels of stability and peace.

The fragile political and security situation has been exacerbated by climate induced disasters and hazards which continue to increase in frequency, intensity, and impact, with devastating effects on the lives of the most vulnerable communities. The most common climate hazards in the country are cyclical drought, seasonal floods, and tropical cyclones.

The country has endured multiple severe drought episodes since 1965. In 2011, it experienced a devastating drought that the country has yet to recover from. The severe drought and conflict turned a drought-related food crisis into famine that led to 258,000 deaths and displaced over one million people, with the majority being from the southern regions of Somalia[2]. Although food security has improved in recent years, an estimated 5.9 million people remain in need of humanitarian assistance, and some 4.5 million are at risk of acute food shortage, while over 2.7 million people including 1.6 million internally displaced persons (IDPs) across the country are expected to face crisis or emergency levels of food insecurity by mid-2021[3] .

The country health indicators remain among the worst in the world. The Maternal Mortality Rate

2 Andrew J Seal and Robert Baily, The Famine in Somalia, Lessons Learnt from a Failed Response 2013

3 FEWS NET, FSNAU, OCHA HNO January 2021

(MMR) is estimated at 692/100,000 live births[4], while the Child Mortality Rate is estimated at 122/1000 live births[5]. The immunization coverage in the country is estimated at 30%-40% against the WHO Africa Regional Target of 90 percent. [6]

The country human development indicators reflect of the protracted conflict and political instability endured in the last three decades. Life expectancy is 57.50 years[7] which is below the global average life expectancy of 72.63 years UN estimate for 2020 [8]. Sixty per cent of the economy is based on pastoralism/ agriculture which contributes 60% of the GDP. The Human Development Index (HDI) value is 0.285 as of 2012 [9]. The overall literacy rate is 31%, 26% for women, 36% for men[10]. The country population of 15.4 million is youthful where 60% are under the age of 25 years. The urban population is 39.6% whereas the rural and nomadic population is 60.4%.[11]

The leading cause of death in the country is diarrheal diseases due to lack of access to safe drinking water and poor sanitation and hygiene. The World Health Organization (WHO) reported over 17,000 cholera cases and 388 deaths from the beginning of 2017 to the end of March in the same year across the country. According to UNICEF the likelihood of children dying before the age of five in the country is 13.7% (1 in 7 children); this is one of the highest rates in the world. The leading causes of these deaths include pneumonia at 24%, diarrhoea at 19% and measles at 12%.

Control of vaccine preventable diseases remains a huge challenge in the country due to low routine immunization coverage and the continued inability to reach almost 600,000 under-five-children with supplementary immunization activities. The polio outbreak that hit the country in May 2013 is a strong reminder of the risks posed by a large cohort of unimmunized children[12]. According to UNICEF and WHO, only 30%-40% of children in the country are immunized against the six major childhood disease, the global average is 80%. Routine child immunization coverage among one-year-old children is 24% for measles and 31% for diphtheria, tetanus, and pertussis (DTP3). The collapse of the health care system due to the protracted conflict has contributed to the spread of preventable and curable diseases such as polio and meningitis which lead to impairment.

In terms of water, sanitation, and hygiene (WASH) facilities, only 52 per cent of the population has access to basic water supply and only a quarter of the population has access to improved sanitation facilities within 10 meters[13]. Approximately 95% of the population uses ground water for drinking[14] . Poor access to safe drinking water and lack of adequate sanitation facilities coupled with poor hygiene practices are major threats for the survival and development of children in in the country. A large percentage of the population is at persistent risk of waterborne diseases like acute watery diarrhoea/cholera. Diarrhoea is also closely linked to malnutrition which causes high rates of deaths in children under the age of five.[15]

Hygiene awareness and knowledge of the links between poor hygiene and communicable diseases outbreak are lowest among the poorly educated rural and nomadic population. Poor sanitation contributes to high levels of acute respiratory infections and diarrhoea that resulted in the death of thousands of Somali children every year. Practices of poor sanitation are exacerbated by seasonal

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4 Somalia Health and Demographic Survey 2020

5 WHO Somalia 2018

6 Somalia Health and Demographic Survey 2020

7 https://www.macrotrends.net-countries>lifeexpectancy

8 https://ourworldindata>lifeexpectancy

9 UNDP HDR 2012

10 UNDP HDR 2012

11 World Bank 2019

12 Abdinasir Abdullahi Jama, International Journal of Paediatrics. Determinants of Complete Immunization Coverage among children Aged 11-24 months in Somalia. Published 01 June,2020 https://doi.org/10.1155/2020/5827074

13 https://www.unicef.org>Somalia-water-sanitation and hygiene

14 FAO/SWALIM September 2014

15 UNICEF Somalia

flooding which ruin many water sources and latrines leading to contamination of water sources[16].

The outbreak of COVID-19 has resulted in the decline in the utilization of the health services with a potential risk of reversal of the gains made in improving the health indicators. The Somali diaspora remittances which constitute a significant proportion of the Somali household income has suffered a 48% decline due to COVID-19. The pandemic along with other communicable diseases and ongoing outbreak of cholera, will continue to affect the most vulnerable Somalis and strain the already weak health delivery system. According to WHO global estimate, 20 percent of the Somali population will suffer from the direct impact of the pandemic in 2021.[17]

Mainstreaming cross cutting issues- themes:

2.1 Protection, Gender, and Inclusion (PGI)

The status of women in the country remains considerably low compared to men. Most Somali women live within customs and practices centred around their traditional roles with limited access to markets, product services, education, health care and participation in governance.

The gender inequality index (GII) in the country is 0.776, with a maximum of 1.0 denoting complete inequality, placing the country at the fourth highest position globally. Likewise, gender parity index (GPI) which is the ratio of female and male primary and secondary net attendance ratio for both secondary and tertiary education is significantly behind by global comparisons at 27% and 18% respectively.[18]

Female Genital Mutilation/Cutting (FGM/C) is widely practiced in the country where approximately 98% of girls primarily between the age of 4-11 years undergo the harmful practice. This harmful practice carries serious health consequences, and it increases the likelihood of dying during childbirth. Child marriage is also high where girls are married early with 36% of women aged 20 to 24 years were married before the age of 18. Thus, Somalia has the 10th highest prevalence rate of child marriage in the world. Women and girls continue to be vulnerable to gender based violence (GBV) and conflict related sexual violence. The situation is further exacerbated by the ongoing conflict, insecurity in some parts of the country and displacement. As collecting water is often the responsibility of girls and women, many women and girls face conflict at water points which make them vulnerable to high risk of physical or sexual assault[19].

Children continue to bear the brunt of the ongoing conflict, insecurity, and violence. The conflict coupled with climate induced hazards has displaced 2.6 million people across the country and separated many children from their families and friends and exposed them to risk of violence, economic and sexual exploitation, abuse, and potential trafficking increasing their vulnerability. Women and girls make up 53 per cent of the IDPs population many are widows or heads of households. According to UNICEF, 2,300 Somali children, some as young as 8, were recruited into armed forces and groups, the highest number in the world. Many of these children were exposed to sexual and gender-based violence. Hundreds of others are maimed and killed[20]

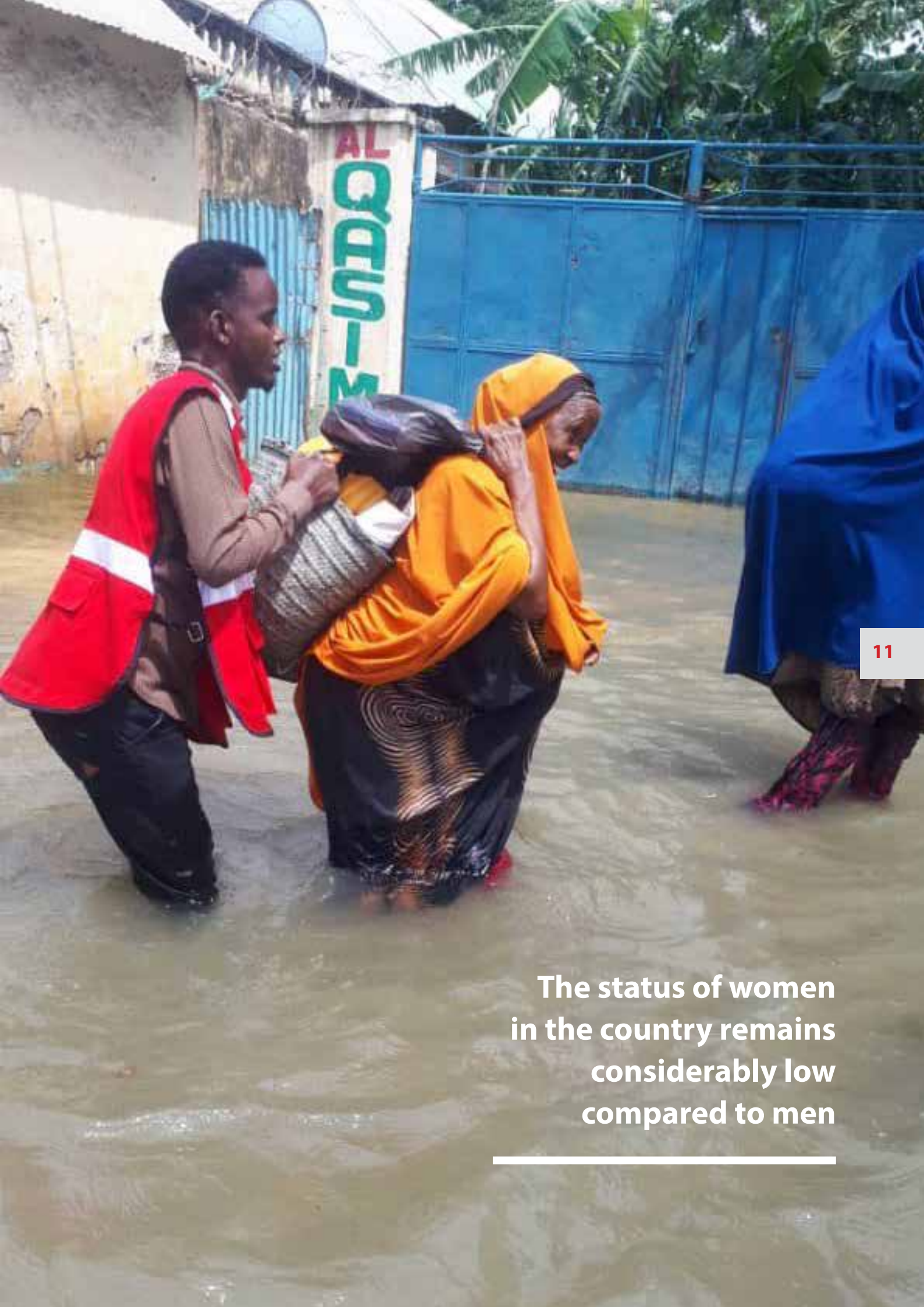
16 WASH Cluster-Somalia- Strategic Operational Framework (SOF) 2018 http://www.humanitarianresponse.info/en/operations/somalia/water-sanitation-hygiene

17 OCHA Somalia ,Humanitarian Needs Overview January 2021

18 UNDP Somalia gender and women's empowerment program document 2011-2015

19 https://www.unicef.org>somalia>water-sanitation and hygiene

20 https://www.unicef.org>somalia>child-protection



The status of women in the country remains considerably low compared to men

Persons with disabilities are facing many challenges in the country and are particularly vulnerable.

Persons with Disabilities

Statistics or comprehensive information on the number of persons with disabilities in the country is lacking. However, a study published by the Swedish International Development Cooperation Agency (SIDA) in 2014 estimated that people with disabilities in the country make up to 20% of the population and that on average each family had at least one member with disability. SIDA study also estimated that landmines and Explosive Remnants of War (ERW) are causing some 7,000 disabilities per year and children are especially vulnerable.

Children with disabilities face many barriers to inclusion including an inaccessible physical environment, lack of awareness in the community, limited teaching skills and capacity, limited access to educational opportunities, negative attitude and stigma, poverty and severe shortage of assistive devices and mobility aids. There is no specific health care or financial support system for disabled people in the country increasing their vulnerability and making independent life difficult for them.21

Persons with disabilities are facing many challenges in the country and are particularly vulnerable. They often face negative social stigma and are often isolated and excluded from the society resulting

21 https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/13587

in their significantly reduced voice, participation and access to basic services and facilities. They are often not been included in programs aimed at supporting persons with disabilities including humanitarian assistance.22

Despite experiencing three decades of civil war, anarchy, violence, devastating climate induced calamities, dysfunctional public sector, Somalis have shown remarkable resilience. An energetic and entrepreneurial engaging private sector and vibrant civil society have emerged, as for example in telecommunications, money transfers channelling Somali diaspora remittances of 2 billion US$ in the country per year, whereas 73% of the population uses mobile money23

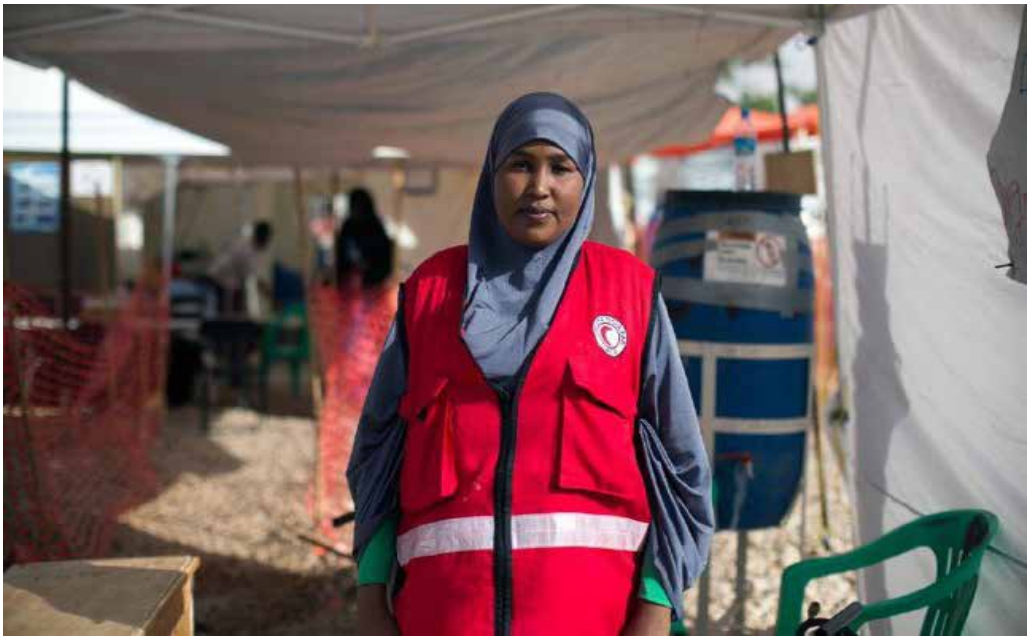
Stakeholder Analysis:

3.1. The External Environment

The SRCS Stakeholders include Red Cross Red Crescent Movement partners, donors and external partners, community members, SRCS leadership, senior management, staff and volunteers, and government authorities.

The stakeholder analysis investigates the external environment with focus on stakeholders' engagements, current trends of humanitarian funding and other humanitarian interventions. It will also investigate how stakeholders perceive SRCS as a leading local humanitarian actor in the country.

Before the collapse of the Somali state in 1991, the SRCS is probably the only national humanitarian organization with a country-wide coverage. However, with the emerging crisis that followed the collapse of the Somali state institutions and with passage of time, there has been a gradual but massive proliferation of national and international NGOs and civil society organizations working in the humanitarian sector. As SRCS is not the only humanitarian service provider in the country, it is important to analyse the current priority areas of other organizations so that SRCS can learn from others, share knowledge, and experience, and build partnerships.



22 Manku, K (2018) Supporting people with disabilities in Somalia, K4D Help Desk Report, Brighton, UK. Institute of Development Studies.

23 Somalia HDR UN Data Global 2014

According to Somalia NGO Consortium annual report 2015, there are 81 National and International organizations operating in the country. Additionally, there are several Civil Society Organizations and small local NGOs that are not members of the NGO Consortium overcrowding the humanitarian landscape in the country and competing with SRCS for funding and space.

Humanitarian actors, National and International alike, the private sector and clan networks have been the primary providers of basic humanitarian services and social protection in Somalia. While this continues to save lives, it has pushed the NGOs and implementing partners to scramble for declining financial resources. In some cases, their interest in securing their niche within the Somali aid environment is greater than their incentive to pragmatically respond to the needs of their beneficiaries. On the other hand, these increasing number of organizations competing for limited resources need more coordination, cooperation, and partnership to improve the delivery of services.[24]

SRCS need to be aware of these changes in the humanitarian landscape which in turn should inform its strategy and sustainability of its implementation so that it can position itself as a brand leader in the humanitarian sector.

The country remains heavily dependent on external humanitarian and development assistance. The country received 2 billion US$ in Official Development Assistance (ODA) in 2017 and 2018. The European Union, UK, and Germany provided more than half of the development aid in 2018 (US$ 454 million). The United States of America, UK, and the EU were the largest providers of humanitarian assistance, with 78% of total assistance (US$ 883 million)[25].

The EU humanitarian funding in 2020 reached EUR 51.2 million, and EUR 321 million since 2017. The EU and its member states provide over 35% of all Humanitarian Aid in Somalia[26]

The table below shows the funding trend between 2017-2019 in millions of US$ [27].

Type of Aid	2017	2018	2019
Humanitarian	1,331	1,138	263
Development	725	874	678

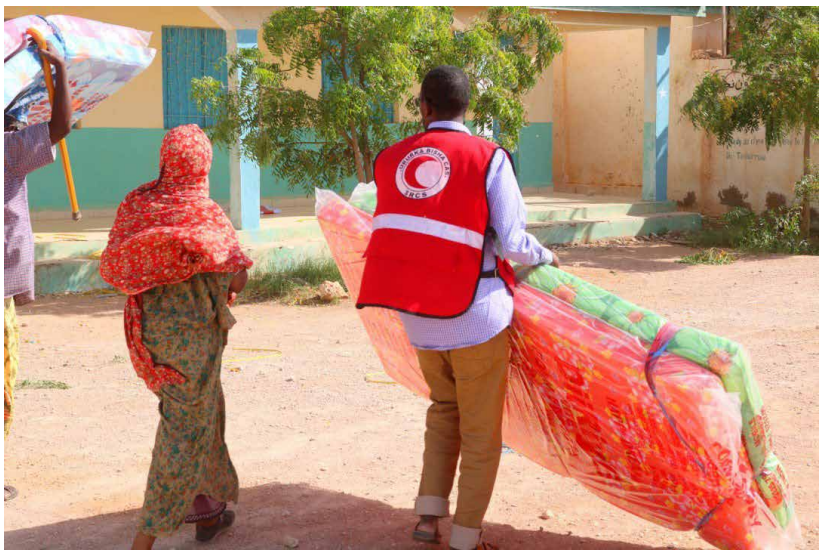
Currently there are 20 bilateral donors mainly from the western countries, 21 UN Agencies and

24 European Centre for Development Policy Management (ECDPM) Discussion Paper No. 246 March 2019

25 OCHA Somalia Financial Tracking System. Aid Flows in Somalia May 2019

26 ECHO fact Sheet July 2020

27 OCHA Somalia Financial Tracking System. Aid Flows in Somalia May, 2019



The SRCS has well established network of branch and sub-branch committees and community health committees

programs and 81 national and International NGOs. However, there are other new players in the Somali humanitarian landscape categorized as non-traditional donors such as Turkey and the Gulf States who are increasingly having influence in Somalia politics and Aid flows. In order to diversify its funding source and not to depend entirely on the RC/RC Movement partners funding, SRCS should reach out to the emerging donors for funding opportunities.

The SRCS for a long time remained a strategic and preferred partner for the UN leading Agencies in the country such as UNICEF, WHO, and WFP. According to a WFP official "*the SRCS is an invaluable partner in facilitating targeting of services to those in need being the largest local humanitarian actor in terms of staffing, knowledge, and skills and coverage*". [28]

The SRCS should capitalise on this trust and good reputation to strengthen its partnership and networking with the leading UN Agencies to ensure buy-in and commitment to support the new strategic plan.

The SRCS has a well-established working relationship with the respective government line ministries and local authorities, playing its auxiliary role support with the local government authorities. The SRCS contribution in the humanitarian service delivery as a leading national humanitarian actor is well recognised and valued by the government authorities. For example, the Ministry of Health in Somaliland described SRCS as a reliable stakeholder in the health sector with a strategy in line with the vision and priorities of the Ministry of Health (MoH). According to the MoH, the SRCS health programme is among the best implemented programs working at grassroots level and hard to reach areas where the need is greatest. The same sentiments were echoed by the government authorities in Puntland.[29]

To maintain its effective auxiliary role support to the government authorities, SRCS need to clearly identify key areas of influence in which the government system appears to be weak and articulate this in the new strategy to remain relevant, effective, and efficient service provider.

The current precarious security situation in some regions in the south of the country impedes access to the targeted communities and restricts the ability of the SRCS to provide the needed services to the intended beneficiaries. The SRCS will maintain its current modus operandi in these regions by keeping a low profile with the Emblem visibility to avoid the risk of denial of access to the vulnerable communities.

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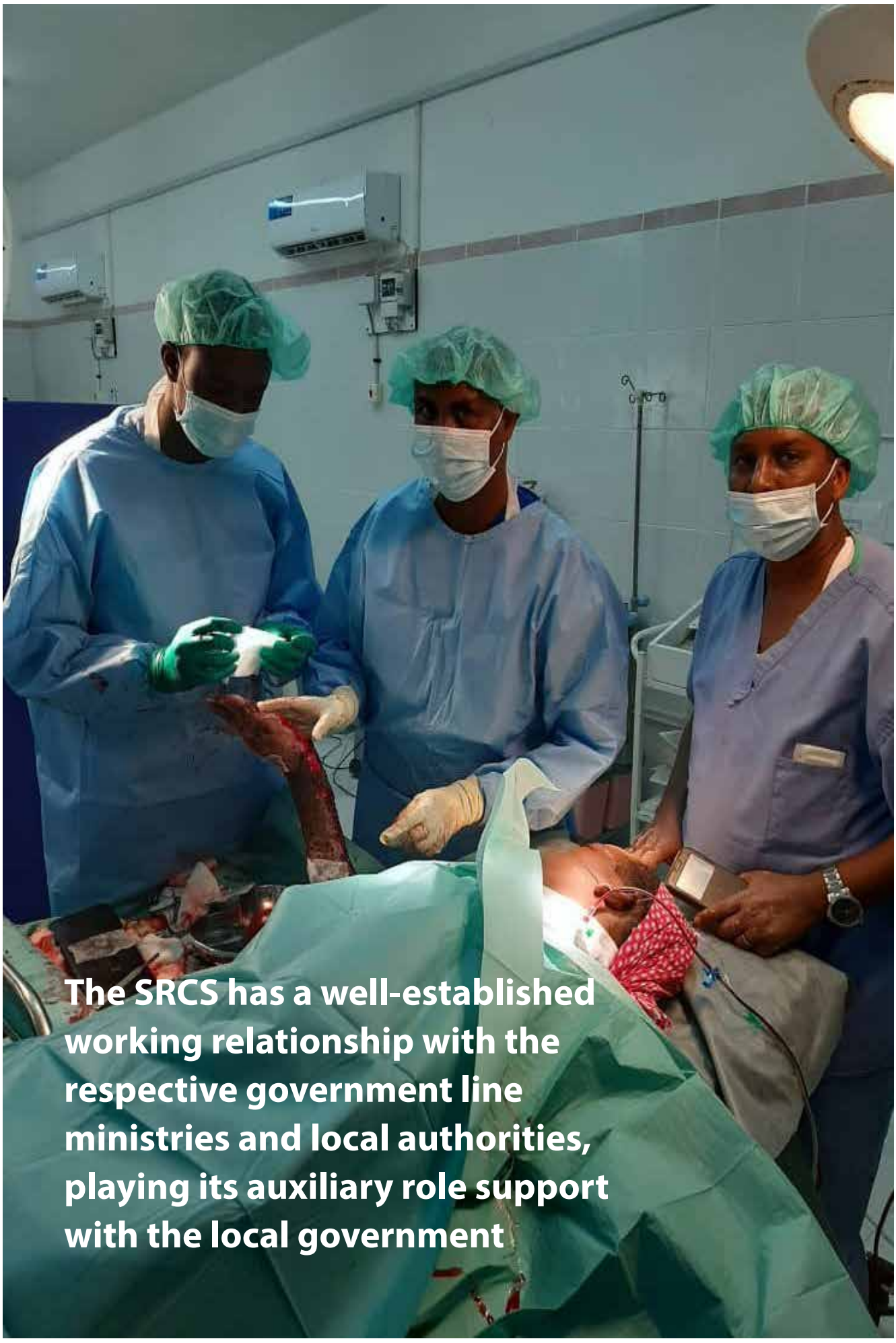
28 SRCS IHCP Mid-Term Evaluation Report October, 2015

29 SRCS IHCP Mid-Term Evaluation Report October 2015



The SRCS has a well-established working relationship with the respective government line ministries and local authorities, playing its auxiliary role support with the local government

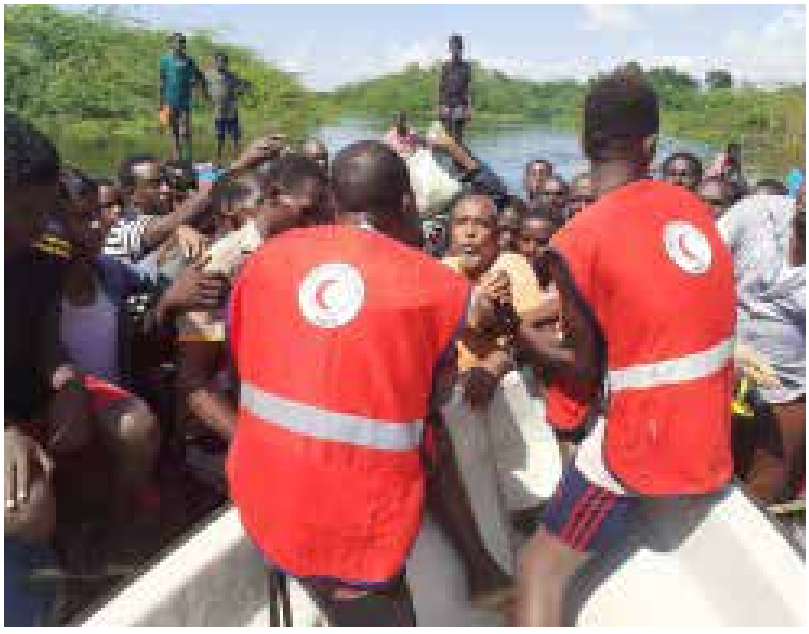
The respective communities across the country who are the ultimate target of the SRCS programs are important stakeholders to be kept informed and engaged for the success of the implementation of the strategy. The SRCS has well established network of branch and sub-branch committees and community health committees working at grassroots level who can be mobilized to generate resources locally to contribute to the sustainability of the services provided to the vulnerable communities. This will enhance SRCS Community Engagement and Accountability and ensure the sustainability of the implementation of the strategy.

The Red Cross/Red Crescent Movement partners continued to support the SRCS financially and technically as a trusted reliable partner for over three decades making the RC/RC Movement partners a key and influential stakeholder. The RC/RC Movement partners provided technical and financial support for the SRCS to run its programs and strengthen its institutional capacity. The RC/RC Movement partners need to be informed of the National Society Development agenda and priorities to help in the resource mobilization drive for the National Society, advocate on its behalf, and ensure commitment and buy-in for the successful implementation of the strategic plan. Taking this into consideration, the strategic plan is emphasizing the importance of the external environment so that the work of the SRCS is widely acknowledged and recognized for further promotion of its branding as a leading humanitarian actor in the country.

3.2. The Internal Environment

Though SRCS has made good progress in terms of programming and capacity development, there is still room for improvement. These include internal and external communication, branding, Community Engagement and Accountability, stakeholders' satisfaction, and humanitarian diplomacy. All these challenges need to be addressed and the weaknesses to be strengthened to position the SRCS as a leading national humanitarian actor in the country.

The SRCS membership, governance, senior management, staff and volunteers are all stakeholders with varying degrees of influence in the development process and sustainability of the national society strategic plan. All levels of the national society structure have a role to play in the implementation of the strategy. They need to be kept informed with the development process of the strategy through a robust internal communication drive to ensure ownership, commitment and buy-in for support.



Though SRCS has made good progress in terms of programming and capacity development, there is still room for improvement.

SRCS: Strengths, Weaknesses, Opportunities and Threats

Analysis

Strengths	Weaknesses
• Country-wide network of branches and sub-branches with own premises including warehousing facilities and means of transport. • Acceptance and support by the community and local authorities. • Auxiliary support is well recognized by the authorities. • One of the leading health service providers with well-established network of health facilities, static and mobile. • Significant number of trained dedicated staff and volunteers • A partner of choice with strong support from the Red Cross Red Crescent Movement. • Competent and committed leadership. • Strategies, policies and guidelines and plans in place	• Dependence on external funding • Weak legal base and outdated statutes. • retention of volunteers • High turnover of staff due to uncompetitive remuneration • Lack of sustainable DM tools such as National Disaster Response Teams, Branch Disaster Response Teams • Inadequate Early Warning System and Early Action • Rehabilitation Services limited to urban areas where Rehabilitation Centres are located. • Difficulty in presenting the National Society program as one. Dependent on Project approach vs Program approach. • Lack of prepositioned emergency stocks for response and limited warehousing facilities in some branches. • Lack of DM Standard Operating Procedures (SOPs) • Lack of DM strategy • Lack of Emergency Operations Centre (EOC)
Opportunities	**Threats**
• The largest national humanitarian organization in the country • Committed and supportive Red Cross Red Crescent Movement Partners. • Positive public image and recognition from authorities • Member of the Red Cross Red Crescent global network	• Precarious security situation in some parts of the country. • Inter-clan conflict impede access to vulnerable people in some parts of the country. • Unstable political situation in some parts of the country. • Increasing poverty level. • Challenges related to climate change. • Competition for resources with other humanitarian actors. • Donors' fatigue • Political divide in the country may jeopardize NS's unity

Somali Red Crescent Society

Vision

Re silient communities empowered and enabled to deal with the causes of suffering and respond efficiently and effectively to the needs of vulnerable people.technological impression.

Mission

To alleviate human suffering by working with communities, local authorities and other partners to provide the needed humanitarian services to the vulnerable people in accordance with the Fundamental Principles of the Red Cross Red Crescent Movement and Humanitarian Values.

The Red Cross and Red Crescent Fundamental Principles and Values

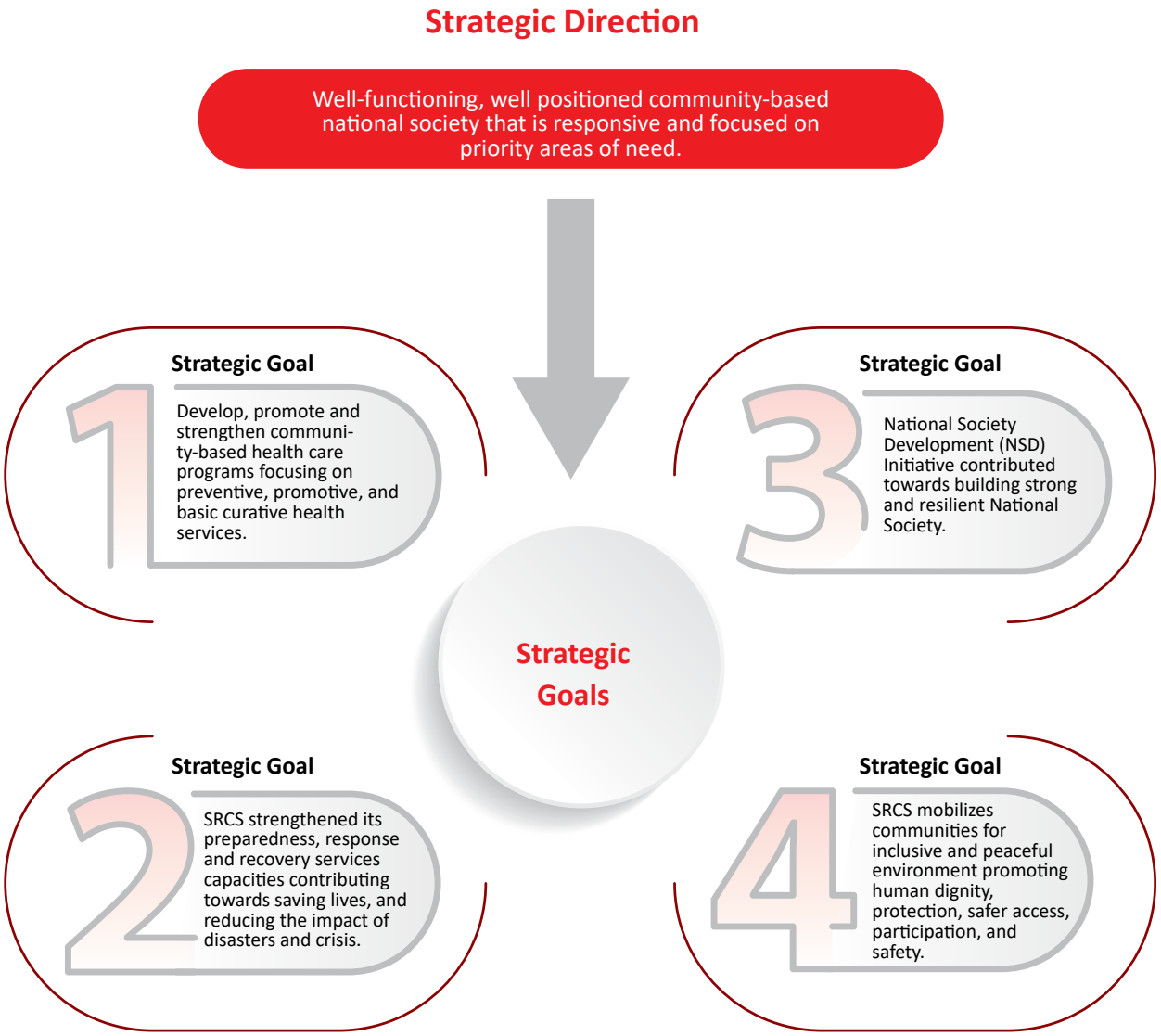
The SRCS is guided by the Fundamental Principles of the International Red Cross and Red Crescent Movement

- Humanity
- Impartiality
- Neutrality
- Independence
- Voluntary Service
- Unity

Core Values

- Integrity
- Commitment and Leadership
- Transparency and Accountability
- People Centered
- Teamwork and collaboration
- Professionalism and Competency
- Innovativeness and Adaptability/Learning
- Results orientedAccountability

Strategic Direction



Strategic Goals and Objectives

Strategic Goal 1

Develop, promote and -strengthen community-based health care programs focusing on preventive, promotive, and basic curative health services.

Strategic Objectives

Strategic objective 1.1: Primary Health Care

Provide quality, Promotive, Preventive and Curative health services through SRCS fixed and mobile health facilities network.

Outcome 1.1.1 Health wellbeing of communities and vulnerable people improved through access to sustainable, affordable, and quality health services.
Outcome 1.1.2 Communities at risk from pandemics and epidemics and other health emergencies have increased access to affordable and appropriate health services.
Outcome 1.1.3 Enhanced and strengthened capacity of the SRCS health professionals and volunteers as front-line health service providers

Strategic Objective 1.2: Secondary Health Care

Provide quality surgical care and obstetric and neonatal health care services

Through SRCS referral facilities (Keysaney Hospital)

Outcome 1.2.1 War wounded and persons suffering from conflict related injuries have access to quality surgical care.
Outcome 1.2.2 Women have access to improved obstetric neonatal care and fistula repair services.

Strategic Objective 1.3: Rehabilitation of physically disabled persons

The rehabilitation of persons with physical disability and other special needs and their support and integration in the community is ensured.

Outcome 1.3.1

Persons with physical disability and special needs received quality rehabilitation services and their integration in the community is supported effectively.

Strategic Objective1.4: First Aid

Provide quality First Aid services through enhancing the skills of the First Aiders and provision of adequate First Aid equipment and materials.

Outcome 1.4.1

SRCS health staff, volunteers and communities were enabled to provide prehospital First Aid to the war wounded, people affected by sudden onset disasters and crisis and, severely sick persons in a timely, effective, efficient and safe manner

Strategic Objective 1.5: Community Based Health Care

Communities empowered to engage effectively in prevention of the underlying causes of poor health and respond to health emergencies.

Outcome 1.5.1

Communities were able to identify and address community health concerns and mitigate and reduce the impact of health hazards and other underlying causes of poor health through community engagement.

Strategic Objective 1. 6

Communities empowered and enabled to lead the response to health emergencies.

Outcome 1.6.1

SRCS and community capacity is enhanced to mitigate the risks of epidemics and pandemics and be able to respond effectively to the health emergencies and crisis.

Strategic Goal 2:

SRCS strengthened its preparedness, response and recovery services capacities contributing towards saving lives, and reducing the impact of disasters and crisis.

Strategic Objective 2. 1

The SRCS organizational capacity is strengthened at all levels to respond timely and effectively to the needs of communities affected by disasters and crisis.

Outcome 2.1.1 SRCS branches staff and volunteers acquired knowledge and skills through tailor-made training in disaster management using tools such as Vulnerability and Capacity Assessment (VCA), Climate Change Adaptation (CCA), Disaster Risk Reduction (DRR), Branch Emergency Response Teams (BERT) and resilience programming.
Outcome 2.1.2 Well-developed and sustainable Early Warning System is operational at all levels enabling SRCS to respond effectively to the wide spectrum of evolving disasters and crisis.
Outcome 2.1.3 SRCS auxiliary support role with the local authorities in disaster risk reduction is well defined and recognized.
Outcome 2.1.4 Warehousing facilities were established in each branch with emergency stocks prepositioned for timely response to disasters and crisis
Outcome 2.1.5 Disaster Management Strategy and policy are developed, and national society disaster preparedness and response plan is implemented.

Strategic Objective 2.2

The resilience of vulnerable communities to respond effectively to disasters and crisis is enhanced focusing on community empowerment and leadership.

Outcome 2.2.1 Communities lead and take action to strengthen their resilience to respond to climate induced hazards and calamities.
Outcome 2.2.2 Communities strengthened their resilience and empowered to connect, mobilize and manage resources to respond to disasters and crisis effectively.
Outcome 2.2.3 Communities affected by disasters and crisis have their needs met through access to adequate, appropriate and timely assistance.
Outcome 2.2.4 Internally displaced persons, returnees, migrants, refugees and local communities affected by disasters and crisis are able to meet their basic needs during and aftermath of shocks.
Outcome 2.2.5 Communities have access to safe drinking water, improved sanitation and hygiene.

Outcome 2.2.6 SRCS Coordination Offices and Regional Branches are adequately resourced to enhance their resilience and capacity to respond to disasters and crisis.
Outcome 2.2.7 The SRCS developed the capacity to provide adequate and appropriate Restoring Family Links (RFL) services for the families separated by conflicts and crisis.

Strategic Goal 3:

National Society Development (NSD) Initiative contributed towards building strong and resilient National Society.

Strategic objective 3.1

The overall objective of the SRCS NSD initiative is to revise, develop and strengthen SRCS organizational structure and management, systems, and procedures to deliver timely and effective response to people in need and address issues of financial sustainability, accountability, and compliance[30].

SRCS statutes is updated, its governance and management structures are clarified, and the roles and responsibilities are defined.

Outcome 3.1.1 SRCS legal base and statutes are reviewed and updated in accordance with 2018 Guidance for NS Statutes adopted by the IFRC General Assembly.
Outcome 3.1.2 SRCS managerial capacity at Coordination Offices and branch level is strengthened and coordination and communication between governance and management is improved.
Outcome 3.1.3 SRCS auxiliary support role with the local authorities is well recognized and its partnership and cooperation with its stakeholders is strengthened.
Outcome 3.1.4 SRCS recognizes the role of digital technology to transform itself into an effective and efficient local humanitarian actor.
Outcome 3.1.5 SRCS undergoes a digital transformation and actively engage in the Red Cross Red Crescent Network Go platform and other digital platforms.
Outcome 3.1.6 SRCS strengthened its engagement with partners within and outside the Red Cross Red Crescent network and work collectively to address key challenges facing the communities.

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Strategic Objective 3.2

SRCS management structures, systems and procedures are developed and strengthened to respond timely and effectively to people in need and its financial sustainability, accountability and compliance is ensured.

Outcome 3.2.1 SRCS financial sustainability is ensured through the implementation of the resource mobilization strategy and the development of the financial accounting and reporting systems and issues of integrity, accountability and transparency at all levels are complied with.
Outcome 3.2.2 SRCS contributes to covering some of its basic core costs at Coordination Offices and regional branches.

Strategic objective 3.3

The SRCS human resources policy is implemented including fair and equitable remuneration that will motivate the staff and enhance their engagement and commitment to improve the overall performance of the National Society.

Outcome 3.3.1 SRCS has improved its human resource management through implementation of its human resource policy.
Outcome 3.3.2 SRCS strengthened and updated the security and safety measures for its staff and volunteers.
Outcome 3.3.3 SRCS updated its volunteers' management policies and procedures and ensured the motivation and encouragement of the volunteers to remain engaged with the national society and retain their services.
Outcome 3.3.4 Well-coordinated national society development initiatives are enhanced at all levels and gaps identified through OCAC process are addressed.

Strategic Objective 3.4

SRCS developed and implemented a Planning, Monitoring, Evaluation and Reporting System (PMER) at all levels to ensure improved reporting, accountability, and compliance.

Output 3.4.1 PMER capacities of SRCS program managers and staff is strengthened.

Output 3.4.2 Coordination, communication, and information sharing within SRCS and with its partners is improved.
Output 3.4.3 Operationalization and implementation of approved policies and strategies with benchmark and indicators is ensured.

Strategic Goal 4

SRCS mobilizes communities for inclusive and peaceful environment promoting human dignity, protection, safer access, participation, and safety.

Strategic Objective 4.1

SRCS capacity to promote the understanding of the Red Cross and Red Crescent Fundamental Principles and Humanitarian Values and the International Humanitarian Law is enhanced

Outcome 4.1.1 SRCS contributes to a positive change in communities through wider understanding, dissemination and adherence to the Fundamental Principles of the Red Cross Red Crescent Movement and humanitarian values and the International Humanitarian Law.
Outcome 4.1.2 Promote the respect for diversity and human dignity and advocate with and on behalf of the vulnerable communities.
Outcome 4.1.3 SRCS staff and volunteers knowledge and skills on advocacy and networking is enhanced promoting SRCS image and acceptability.
Outcome 4.1.4 Integrate the safer access framework in all SRCS programs and promote the understanding of the protective value of the emblem.
Outcome 4.1.5 Promote peace education, the culture of non-violence, inclusion, and tolerance among the SRCS youth and disseminate the IHL, the RCRC Fundamental Principles and SRCS core values.

Cross cutting issues- themes

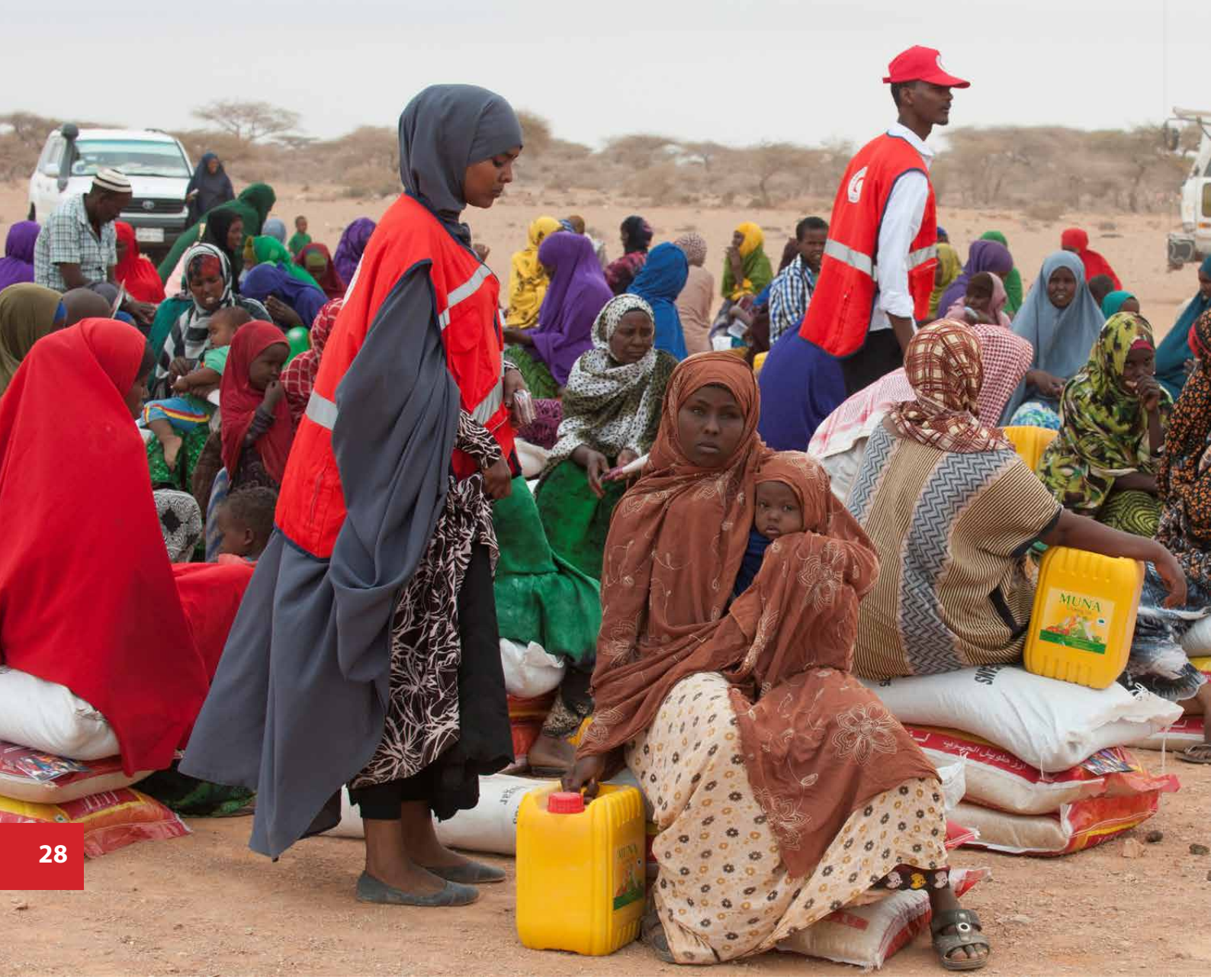
5.1: Protection, Gender, and Inclusion

Outcome 5.1.1 SRCS adopt a comprehensive Gender, Protection and Inclusion approach across its operations and programs.

Outcome 5.1.2 SRCS contributes to increase the knowledge and awareness of communities and advocates with public authorities, religious and community leaders to eradicate the harmful practices.
Outcome 5.1.4 SRCS leads by example and inspires others on gender and diversity.
Outcome 5.1.5 The needs and priorities of women and men within SRCS staff and volunteers are identified and responded to.
Outcome 5.1.6 SRCS ensured the participation of women in the planning and implementation of its programs and projects.
Outcome 5.1.7 SRCS advocates for access for Persons with Disabilities (PWDs) to education, health services and protection.
Outcome 5.1.8 SRCS facilitates and increases access to physical rehabilitation services for PWDs.
Outcome 5.1.9 SRCS increases access to livelihoods support opportunities for PWDs and their inclusion in the humanitarian assistance programming.
Outcome 5.1.10 SRCS contributes to building the capacity of communities to prevent and respond to incidents of child abuse at community level and protect the rights of displaced children living in IDPs camps.

Monitoring and Evaluation of the Strategy:

The SRCS will track the progress of the implementation of the strategic plan through a robust Monitoring and Evaluation plan. Measuring and reviewing of progress towards achieving the goals, objectives and outcomes of the Strategic Plan will be based on Key Performance Indicators (KPIs). Monitoring of activities and outputs will be performed regularly and any significant deviation from the targets will be reported to the leadership and senior management. Periodic monitoring of the operational plan will be conducted to feed into the annual internal review at the Coordination Offices level to assess progress towards the achievement of the goals and objectives. There will be two evaluations throughout the life cycle of the Strategic Plan to measure the achievements towards the goals and objectives. One internal in the form of mid-term review to be conducted at the end of the year 2023, and another external evaluation that will be conducted at the end of 2025 to assess whether the implementation of the strategic goals and objectives achieved the vision and mission of the national society. The results will be communicated to the internal and external stakeholders through specific reports.



The Key Performance Indicators to consider:

- Financial sustainability
- Resource mobilization
- Community Engagement and Accountability
- Increased Partnership
- Increased membership and volunteers at the centre
- Digitalization at all levels

ABOUT SRCS

The Somali Red Crescent Society (SRCS) is an independent, non-political humanitarian organization that was founded in April 1963 and was established with presidential decree No. 187 in 1965.

It was then recognized by the ICRC in 1969 and in the same year became a member of the International Federation of the Red Cross and Red Crescent Societies.