URURKA BISHA CAS
OR SOMALI RED CRESCENT SOCIETY

Assisting everywhere in the same way

Long-term National Society Development investments that strengthened the positioning, sustainability and impact of Somali Red Crescent Society in a fragile, complex, protracted conflict and violence-affected environment

1. Background

In 2016 the World Humanitarian Summit's **Grand Bargain Commitments set out the goal of "localising"**[1] **humanitarian action**.

As its own contribution to localisation, the International Federation of Red Cross and Red Crescent Societies (IFRC) defines National Society Development (NSD) as "the continuous effort of each National Society to achieve and maintain an accountable and sustainable organisation that delivers – through volunteers and staff – relevant services to address needs, reduce vulnerabilities and build resilience in a changing environment." NSD encompasses all aspects of the life of a National Society, including both what is referred to as Organisational Development and Capacity Strengthening/Enhancement. The policy defines these two interrelated areas as follows:

- **Organisational Development** is the part of NSD work that focuses on fundamental issues within the National Society: its mandate, legal base, identity, long-term strategic direction, basic organisational model, leadership drive, capacity to anticipate and adapt, and the relationships between different parts of the organisation or between the National Society and its environment, including the auxiliary role. Organisational Development recognises the interconnectedness of a National Society's different functions and levels, and their influence on performance and impact.

- **Capacity Strengthening / Enhancement** is the part of NSD work that focuses on improving existing services and capacities by making them more impactful, effective, widespread and better related to the National Society mandate and mission. This includes both strengthening areas of work that focus on community resilience and empowerment, and strengthening underpinning systems, procedures and tools." (IFRC NSD Policy, 2022)

However, little is documented about how Red Cross and Red Crescent Societies' local NSD investments strengthen their impact in line with the Movement's seven Fundamental Principles – in particular those of Neutrality, Impartiality and Independence – which exist to help staff and volunteers gain access, acceptance and trust in all communities and parties in highly conflict-sensitive contexts. This case study was commissioned by a task force of Red Cross and Red Crescent Movement (Movement) members[2] as part of a study of long-term NSD investments in fragile, complex, protracted conflict and violence-affected contexts,[3] to record the impact of these and how they will inform future work. It shows how the Somali Red Crescent Society's successful NSD investments over 10 years strengthened its unique positioning as a strong, principled, trusted and local humanitarian actor through:

→ better services
→ a more effective structure
→ a more sustainable organisation
→ a stronger capacity for both response and community resilience building.

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2. Executive summary

Ururka Bisha Cas, or Somali Red Crescent Society (SRCS), has been challenged to respond to ever-present humanitarian needs for over 30 years. It is the only national institution to have survived decades of civil war and has continued to be a highly relevant humanitarian actor. In a politically fractured and conflict-sensitive environment, SRCS has managed to remain a unified National Society, which is an extremely critical achievement in the context.

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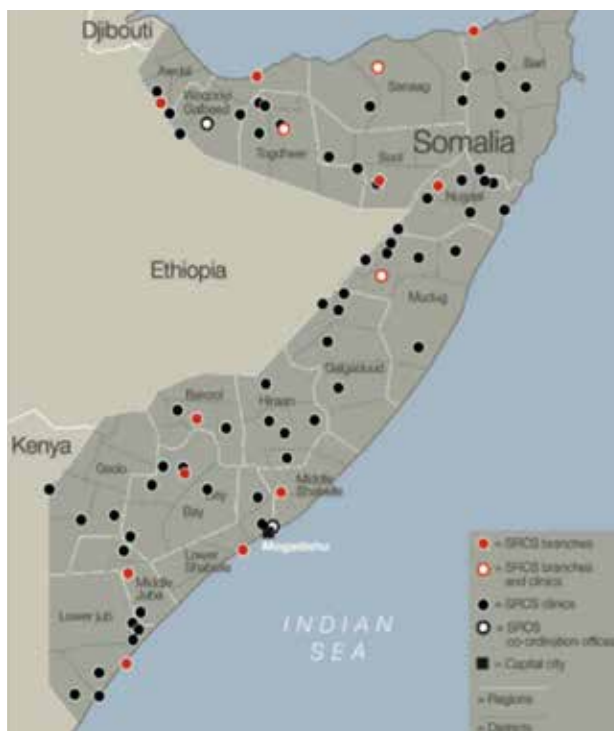
SRCS was established as an independent, non-political national humanitarian organisation in April 1963 and became a legal entity following Presidential decree No. 187 in 1965. It was recognised by the International Committee of the Red Cross (ICRC) in 1969 and became a member of the International Federation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

SRCS remains the largest and only humanitarian organisation that involves and reaches all people across Somalia's multiple territories. It is known everywhere for its neutral, impartial and independent humanitarian mission and assistance to communities. In 2022, SRCS reached 6,510,010 people. It has built organisational characteristics that make it a strong and trusted humanitarian organisation, enjoying multiple partnerships both within the International Red Cross and Red Crescent Movement, and also with external local organisations, government ministries and international organisations.

In a competitive humanitarian space that is often characterised by political allegiances and vested interests, SRCS has maintained non-partisan relationships with influential actors, including clan leaders, Islamic leaders, non-state actors and armed groups, young people, business and corporate circles, and key stakeholders in government.

Maintaining its unitary status and structure has required SRCS to navigate extreme conditions and develop humanitarian diplomacy of the highest order with a wide range of external actors.

> *"We are not driven by politics, which have fractured our society with divisions. We concentrate on the capabilities of our National Society to implement the Fundamental Principles. We have been driven by needs – we were always with the communities, listening to them and their priorities, focusing on where no other national or international organisation can reach. We focused on voluntarism, as that is where access, outreach, dissemination and sustainability come from. In conflict-related settings, although some problems are the same, the solutions are different – focusing more on life-saving initiatives".*
>
> Yusuf Hassan, SRCS president

Within its challenging external context, the SRCS has made a wide range of strategic National Society Development (NSD) investments that have built a vast countrywide network of 19 regional branches and 130 district level sub-branches. The organisation operates in a deeply conflict-affected set of environments, where the balance and profiles of volunteers, staff and governance have to be strategically managed. It has a workforce of 1,118 employees, 5,194 active and insured volunteers, and nearly 20,000 community volunteers who can be mobilised during emergencies. Its general assembly (GA), called the SRCS All-Inclusive Meeting (AIM), includes representatives from branches across all territories, maintaining its unitary

status. It is otherwise governed by an executive committee comprised of the president, vice-president and 16 members and ex-officio members, which meets every six months to carry out the key decisions of the SRCS between GAs.

To maintain its unitary status, SRCS's 19 branches are managed by two coordination offices: six under the office in Hargeisa and 13 under the office in Mogadishu. The coordination offices are situated in territories governed by separate political institutions, but the branches in both areas follow a common structure. Each one is governed by regional branch committees of nine local members, and sub-branch committees of seven members at district level.

The growth in SRCS's capacities and numbers of people reached are evidence of how its strategic NSD investments have enabled the organisation to gain access and acceptance in such conflict-affected environments:

SRCS programme	People reached 2009	People reached 2015	People reached 2022
Community health facilities (both fixed and mobile clinics	784,296 (347,282 women (233,500 children)	734,087 (322,998 women) (183,521 children)	910,160 (336,759 women (391,368 children)
Integrated health care	623,342	571,365	4,894,677
Antenatal care for pregnant mothers	80,685	152, 521	213,357
CASH grants in disaster response	–	–	190,850 households
Restoring family links and sharing Red Cross messages	45,592	114,080	300,996

SRCS is founded on a strong leadership vision, which is passionately aligned to the Movement's seven Fundamental Principles. It is clear about what SRCS wants to be and to do, and how to cope with societal divisions. Since 2015, a new SRCS leadership has focused on increasing professionalism and sustainability by updating and consolidating SRCS's common policies, structures, programmes and services across divided territories. The senior leadership has generated a strong and clear message to its partners around how they can contribute to SRCS's overall National Society Development (NSD) and strategic plans.

SRCS has invested in a phased organisational development and capacity strengthening process, with emphasis on strengthening its institutional structures. The two coordination offices recruited new staff with the professional skills needed to undertake an organisational transformation to help them operate more effectively in conflict-affected contexts.

As part of the process of transformation, SRCS's leadership launched a National Society Development Initiative (NSDI) in 2018. It started by developing key institutional policies and strategies in all core activity areas, including strengthening both programmatic and institutional aspects of its work. The NSDI aimed to coordinate the efforts of all partners supporting NSD in Somalia, and better align them to SRCS's strategic plans. In 2020, an NSD delegate was recruited, funded by the British Red Cross and located in the ICRC cooperation office, to help SRCS strengthen its coordination efforts, both within and across all SRCS's departments, coordination offices and branches, as well as across all partners' inputs.

The NSDI aimed to strengthen overall programme planning, monitoring and reporting to minimum standards. SRCS's 19 regional branches and some 130 sub-branches at district level have begun to feel the impact of new strengths in NSD areas, but in such a short time the capacity strengthening work has not yet delivered fully consistent results at all levels.

Given its context, SRCS's partners' contributions must be made strategically, and SRCS must manage them to ensure they are seen as strictly neutral and impartial. This includes making sure overall partner contributions are impartially spread across all its territories, and not misunderstood to favour some groups and clans over others. Given this critical context, some partners need to strategically rethink their contributions to support the development of SRCS as a unitary institution.

To adapt and survive as an organisation, SRCS has focused on NSD investments designed to strengthen its **proximity, visibility, legacy, reputation, and integrity.**

This case study describes the many customised NSD investments made by SRCS and its partners in response to key 'turning point' moments in its external environment. To ensure it was seen by all external stakeholders as a unified, trusted, principled, transparent and accountable territory-wide humanitarian organisation, SRCS expanded its NSDI priority areas from nine to twelve in 2022. It chose three additional priorities that would help the organisation adapt to changing external contexts and provide even quicker and more streamlined services: communications, branch development and volunteering management (as a dedicated area). This helped SRCS to build much stronger institutional capacity, and a base from which its programmes and services could reach increased numbers of remote and highly vulnerable people affected by conflict and violence.

SRCS's journey since 2011 to work in and define a humanitarian space that others cannot access offers a strong example for the Movement of how planned NSD investments, with coordinated partner support, can be used effectively in a conflict-sensitive environment. These included strategic investments to:

> → **establish networking meetings** with civil society organisations, armed non-state actors, leaders of armed groups, and local authorities to explain international humanitarian law and the RCRC Movement's Fundamental Principles, and negotiate access and acceptance with all parties to a conflict, based on a template of questions and topics
>
> → introduce **operational risk management training** in 16 out of 19 branches (supported by the ICRC), involving 25 staff, volunteers and the clinic head nurse in each branch, which increased the number of people trained in the Safer Access Framework (SAF)[4] from 100 to 300 by the end of 2021
>
> → **strengthen policy and strategy development** through its Strategic Plan 2021-2025, with new strategies adopted in health, community resilience, first aid and pre-hospital care, disaster risk management, protection, sexual exploitation and abuse, and communications
>
> → **reform HR** through new policies and guidelines, revised salary scales, job evaluations, revised organograms, staff and volunteer insurance, new gratuity funds, a payroll system and performance management systems
>
> → **refresh volunteering** through a countrywide network of 5,194 fully insured and re-registered community-based volunteers acting as ambassadors for SRCS and its Fundamental Principles, and by establishing volunteer and youth coordinators
>
> → **achieve safer access** through enhanced safety and security training for branch and coordination office staff and volunteers, risk assessment and management systems, and community access and acceptance strategies
>
> → **update transparent finance and audit systems** through revised manuals for finance and procurement, accounting software, staff training (for both finance and non-finance staff), and SRCS's first internal audit in 2022 (in preparation for its first external audit)
>
> → **increase local resource mobilisation and sustainability** through policy and strategy development and implementation, and assessment of branch income generation options
>
> → **begin to explore new approaches to local resource mobilisation** through the new Mogadishu coordination office construction: aiming at greater long-term income generation options through partners' support, including the IFRC/ICRC National Society Investment Alliance funding of CHF 400,000 and income generation pilot schemes
>
> → **deepen its localisation** so that communities feel the power of humanitarian volunteers rather than just resources – in keeping with the Grand Bargain commitments to build stronger principled, locally-led humanitarian action – through sustained investments in branches and community-based volunteers, with a sensitivity to gender and diversity.

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4   The Safer Access Framework (SAF) was first developed by the ICRC in 2002–3, in consultation with Red Cross and Red Crescent National Societies and the IFRC. It aimed to help National Societies increase their capacities and preparedness to respond safely and effectively to humanitarian needs in sensitive and insecure contexts, including armed conflict and internal disturbances and tensions. The SAF contributes to NSD by drawing attention to context-specific organisational weaknesses, through the lens of acceptance, security and access. See: ICRC. Safer Access: A Guide for All National Societies. International Committee of the Red Cross. (2014) *https://saferaccess.icrc.org/overview/*

3. Humanitarian context

The collapse of Somalia's central government in 1991, and the ensuing conflict, have claimed many lives and disrupted the country's social and economic fabric. Armed violence, the presence of non-state armed groups in some areas, and volatile security continue to limit trade and freedom of movement, hinder economic productivity, and cause displacement and food insecurity. The security situation remains unstable, posing serious challenges for humanitarian interventions, meaning that access to those who need help is unpredictable.

Somali communities also face many other challenges, including climate change, flooding, drought, environmental degradation, pest infestations and disease outbreaks, which have forced them to change their livelihood coping mechanisms. Some parts of the country are hit by frequent tropical cyclones that destroy homes and infrastructure, wipe out livestock and crops, and cause mass displacement. After heavy rains, flash floods and overflowing rivers affect thousands of people and regularly displace many from their homes.

Out of Somalia's population of 12.3 million people, 5.6 million are food insecure and 2.8 million (a fifth) cannot meet their daily food requirements. In 2021, it was estimated that 840,000 children under the age of five were likely to be acutely malnourished, including nearly 143,000 children who were likely to be severely malnourished.[5]

Within this complex setting, SRCS enjoys access and acceptance that enable it to reach the most vulnerable communities in most areas. The organisation's unique unitary status is its most precious feature, as it enjoys wide recognition in all parts of all territories.

SRCS vaccinates communities in Somalia against COVID-19, with support from EU Civil Protection and Humanitarian Aid (ECHO). The programme also involved weekly visits to villages to explain the advantages of immunisation and encourage more people to get vaccinated.

4. Strengthening 'proximity'

Over the past decade, SRCS has achieved access and acceptance at community level, and among all governmental and non-state armed actors and institutions, by strategically managing four dimensions of its organisational development.

(i) Localisation

> *"Our volunteers help people to go to different places – for health advice at our hospital or clinics. When we explain SRCS's services to communities, and that these places and services are free of charge, they say that other clinics come and go, but SRCS stays and gives us places for safe deliveries, nutrition advice and addressing fistula issues. We don't import people as staff and volunteers from other places, they are local and give the community a sense of ownership".*
>
> Abdulkadir Ibrahim 'Afi', SRCS director of communications and organisational development

In such a conflict-sensitive environment, SRCS's localised programmes in villages and communities that other organisations cannot reach are its key strength, distinguishing it from other humanitarian actors. Its NSD investments over the past decade have delivered neutral, impartial and independent community-based core services (as outlined below) that make it the prime localised humanitarian actor across the divided territory.

- **Primary health care (PHC):** providing comprehensive medical care and nutrition services to more than two million people (mainly women and children), through a network of 76 fixed clinics and 50 mobile clinics (numbers fluctuate depending on emergencies, needs and funding).

- **Epidemic prevention and response:** supporting trained volunteers to carry out prevention and promotion activities in their communities, as well as creating awareness around HIV/AIDS and harmful traditional practices, such as female genital mutilation and cutting (FGM/C). Implementing community-based health promotion activities through a community-based health and first aid (CBHFA) approach, epidemic control for volunteers and community-based surveillance.

- **Rehabilitation centres for physically disabled people:** providing orthopaedic rehabilitation services for people who are physically disabled or challenged, including prosthetics, orthotic appliances and physiotherapy, through centres in Hargeisa, Mogadishu and Galkayo.

- **Keysaney surgical referral hospital in Mogadishu:** providing surgical services in medical emergencies and for people wounded by weapons, as well as comprehensive emergency obstetric and newborn care (CEmONC), and a fistula treatment programme.

- **First aid services:** providing training for communities, employees and health workers; establishing first aid action teams that are ready to respond to emergencies in conflict regions; delivering internal first aid training for SRCS staff and volunteers.

- **Disaster management and resilience building:** helping communities prepare for, cope with, and recover from crises; providing food and non-food items, cash grants and cash transfer programmes; promoting health and hygiene; rehabilitating water points; and offering training and support to grow people's livelihoods.

- **Restoring family links:** in all branches, reconnecting families separated by conflict and crises through two national tracing offices and 22 field officers operating throughout the country.

- **Youth and volunteer project:** in some SRCS branches, building knowledge and skills by providing different kinds of training in livelihoods and marketable skills.

- **Communication and dissemination:** promoting SRCS, and explaining its work and neutrality and impartiality, to gain respect and support from communities and influential actors (stakeholders, religious groups, authorities, clan leaders, armed groups, etc). The National Society continuously engages in dialogue with key stakeholders and conducts context and risk analysis for all branches to improve access, security and acceptance.

> *"SRCS comes from the community itself and works with the community. As long as you are part of the community and it is connected and part of the process we can work neutrally, impartially and independently. We don't discriminate against anyone in terms of beliefs or politics. We provide services wherever there are needs, even in conflict-affected areas. We carry on, and even expand more and more by maintaining constant dialogue with community leaders and elders to reach more people that others can't reach."*
>
> Director of SRCS rehabilitation centre

Through its strategies to connect with communities, SRCS expanded its humanitarian services. These have won it rare distinction as the only actor trusted by all parties to multiple conflicts across the territories.

> *"One of our SRCS hospitals has been taken over many times by opposing armed groups, but it has never been looted. Each party to the conflict just changed the flags and the uniforms of the security guards, and sometimes even brought fuel to enable the hospital services to keep serving people. We have had no targeted incidents against SRCS because of our investments in dissemination. We have given communities tangible assets which they can touch."*
>
> Branch coordinator

(ii) Adapting to regionalised contexts

In such a fractured and divided state, SRCS has maintained its unitary status by making several strategic NSD investments. Since the collapse of the national government in 1991, SRCS has invested in a phased organisational development and capacity strengthening process. It initially focused on strengthening institutional structures by establishing two coordination offices, in Mogadishu and Hargeisa, to support its branch network in territories held by different authorities. These offices then recruited staff with the professional skills needed to implement many of the NSD initiatives.

In 2015, SRCS's new president took office for an initial term of four years, which was later extended to a further term. He initiated change using participatory internal processes to build the engagement and commitment of all internal and external stakeholders.

To further strengthen SRCS's neutral, impartial and independent positioning and ensure its services reached more vulnerable and conflict-affected people across the territories, discussions about introducing an NSD Initiative (NSDI) started in late 2018 (see sections 8 (i) and 8 (ii) below). In September 2019, SRCS's general assembly (GA), also called the All-Inclusive Meeting (AIM), extended the president and executive committee's term of office for another four years, and endorsed both the appointment of an SRCS vice-president and new NSD priorities initiated by the president.

The SRCS leadership also assigned executive directors to be the main focal points and drivers of change in the coordination offices, reporting to the SRCS president. They were assisted by two deputy executive directors in each office, one overseeing the branches, operations and NSD, and the other overseeing the integrated health work specifically, which remains SRCS's flagship programme.

SRCS's Strategic Plan 2015-2019/2020 guided the first two years of the NSDI plan and was aligned to the following key organisational statements to maintain the unity of the National Society.

> **Vision:** "Strong communities enabled to deal with the causes of suffering and respond to the needs of vulnerable people."
>
> **Mission:** "To prevent and alleviate suffering by working with communities, local authorities and other partners to provide basic and quality services to vulnerable people, in accordance with the Fundamental Principles of the Red Cross and Red Crescent Movement."
>
> **Core values:** "Integrity, commitment, transparency, accountability, value for people, and teamwork"

By ensuring equitable services across Somalia through its dual structure of two coordination offices and related infrastructure – such as three rehabilitation centres and one hospital for the war wounded – SRCS has provided an enviable set of neutral, impartial and independent local services.

> *"We give impartial services and don't ask people to identify themselves. In our outreach work to improve accessibility in new areas, we train branch volunteers to teach them to describe the Fundamental Principles and rehabilitation services. They can then refer people from affected areas to the rehabilitation centres, offering the poorest free transport".*
>
> Director of SRCS rehabilitation centre

(iii) Customising vulnerability and risk assessment tools to conflict-affected contexts

SRCS has adapted Movement-wide vulnerability and risk assessment tools to ensure they are relevant to conflict-sensitive contexts. Its localisation strategy involved supporting branches and emerging sub-branch networks to ensure long-term proximity to highly vulnerable and remote communities, often in territories governed by non-state armed actors, and tribal and clan-based groups.

> *"When doing CASH assessments in the middle of areas where clans are engaged in conflict, we ensure that SRCS's volunteers visiting respective areas come from that clan alone. In a town which was divided between two fighting clans, we sent two separate sets of volunteers to each side from that respective clan to hold meetings, collect data, and avoid tensions."*
>
> SRCS senior director

To ensure gender-sensitivity in a challenging cultural context, SRCS has specifically recruited both women and men, and although there are fewer women (for example, in one rehabilitation centre there are seven women out of 34 staff), the female roles are accepted as essential. There are also special areas for female staff to provide rehabilitation support to female patients – for example, amputees, those paralysed by bullets and shelling, and those suffering nerve damage after birth. Volunteers carrying out vulnerability assessments in conflict-affected areas ensure that women in these groups are referred for support.

> *"SRCS is the only national organisation working throughout the divided territories, aiming to 'assist everywhere in the same way'. Health underlies the unity of the organisation as it addresses the same health issues everywhere, whereas disaster management looks for the most vulnerable and affected people. In strengthening its locally-led community-based capacities, SRCS has enabled itself to keep abreast of community needs and risks, so much so that it has identified, curbed and treated several examples of epidemics. Its risk assessment capacities have resulted in one public authority integrating SRCS's community surveillance roles and capacities into a territory-wide community health strategy."*
>
> Partner National Society

This diagram summarises how SRCS ensures its NSD investments build institutional capacities that enable it to assess local community vulnerabilities in a way that is inclusive, participatory and builds trust (using disaster and health risk assessment tools).
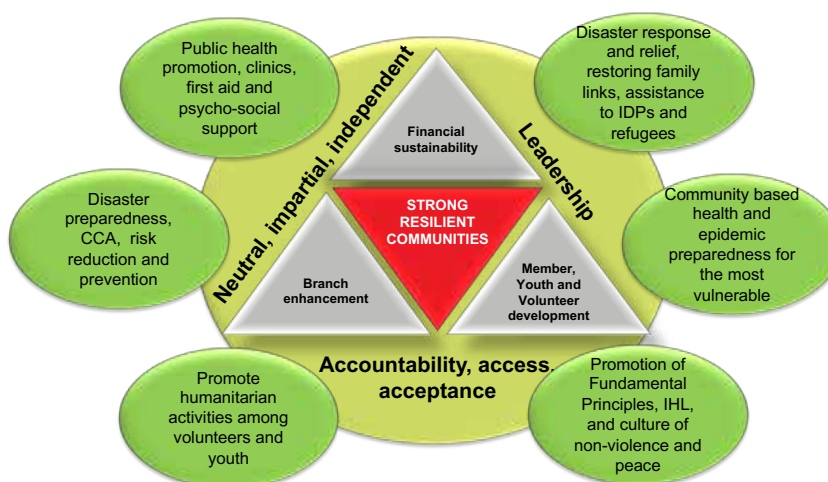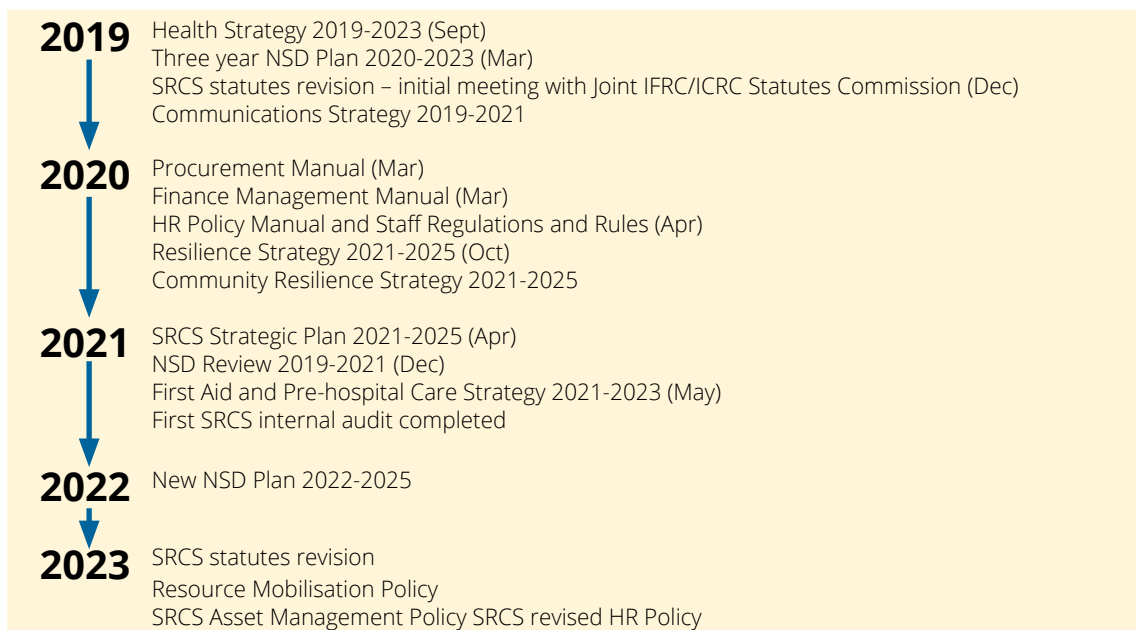
To further assess organisational risk and develop strategies to manage it, SRCS focused on compliance and risk management as one of its original nine strategic priority areas. This followed IFRC's Organisational Capacity Assessment and Certification (OCAC)5 process in 2019. To limit exposure to reputational risks, protect its neutral and independent positioning, and strengthen its operational risk and security assessment capacities (in response to outcomes of its Safer Access Framework (SAF) assessment), SRCS prioritised the following NSD investments

NSD investment area	Achievements
Review of key existing SRCS policies, procedures and practices	• Jan-Oct 2020 – review of existing policies and strategies. • Nov 2020 – policy compliance assessments conducted in coordination offices, 10 branches, Keysaney Hospital, three rehabilitation centres and several clinics.
Review of SRCS's overall financial accountability systems, structures, procedures and capacities (for more details on finance development achievements, see section 7 (iii) below)	• SRCS used support from ICRC's Risk Management Unit for six to eight months to assess systems and procedures. • SRCS assigned internal stakeholders to manage the process and gather the information.
Establishment of an SRCS Risk Management Committee to provide independent advice and oversight and report to the SRCS president and executive committee	• Nov 2020 – SRCS carried out a policy compliance assessment to contribute to its risk management policy, framework and plan. • SRCS senior leadership, executive directors, directors and programme managers met to discuss findings of internal assessment report.

To support SRCS to strengthen specific systems and reduce gaps, an NSD delegate was recruited in April 2020. This confirmed that NSD was to be "at the heart of all SRCS capacity enhancement and organisational development initiatives". With this intensified support, SRCS managed a rapid acceleration in its key NSD objectives and outputs, *particularly focused on minimising organisational risk*, and facilitated stronger coordination across the Movement.

Despite the considerable challenges presented by COVID-19 in 2020 and 2021, SRCS made significant progress in updating, developing and adopting a large number of organisational policies, strategies, guidelines and manuals. Its senior leadership made substantial advances in mitigating a wide variety of organisational risks in a short time, using a clear and strategic roadmap for change phased over several stages of activities. SRCS's key NSD outputs are listed below in chronological order, including those scheduled to be finalised in 2023.

2019
Health Strategy 2019-2023 (Sept)
Three year NSD Plan 2020-2023 (Mar)
SRCS statutes revision – initial meeting with Joint IFRC/ICRC Statutes Commission (Dec)
Communications Strategy 2019-2021

2020
Procurement Manual (Mar)
Finance Management Manual (Mar)
HR Policy Manual and Staff Regulations and Rules (Apr)
Resilience Strategy 2021-2025 (Oct)
Community Resilience Strategy 2021-2025

2021
SRCS Strategic Plan 2021-2025 (Apr)
NSD Review 2019-2021 (Dec)
First Aid and Pre-hospital Care Strategy 2021-2023 (May)
First SRCS internal audit completed

2022
New NSD Plan 2022-2025

2023
SRCS statutes revision
Resource Mobilisation Policy
SRCS Asset Management Policy SRCS revised HR Policy

6   IFRC's OCAC is an assessment process that supports National Societies to review all the elements that make for a strong organisation. It analyses their capacity and performance indicators, assesses strengths and weaknesses, and provides focus in their efforts to become strong and sustainable service providers.

> *"With its NSD investments and new capacities across its programmes, SRCS has demonstrated a remarkable ability to manage dramatically increased levels of funding. From an average of US$500,000 three years ago, it is now averaging approximately US$10 million per year including its emergency relief work, vastly expanding the numbers of people reached."*
> IFRC

(iv) Branch and regional office development

> *"We have expanded the network we have in every community. In each and every region we have strategically established a branch with access guaranteed by respecting the clans, armed actors, and communities in their respective region".*
> Yusuf Hassan, SRCS president

In 2000, SRCS and the Swedish Red Cross conducted a branch assessment which resulted in an early version of a branch development strategy. It proposed a minimum of 40 people per regional branch, of whom nine would be elected to serve two-year terms on a branch committee. Committees were to meet once a month and support the branch through fundraising and intervening in difficult circumstances, but not be involved in budgeting. The strategy included guidelines on how to select branch committee members with neutral, impartial and independent profiles, and create a membership system that was open to all.

In the current SRCS statutes, branch committees have clear remits, but they are not implemented uniformly, which leads to disparities in capacities and leadership quality. In the early stages some mistakes were made, and members were elected who had relations with the government, and so were asked to resign.

The early branch development strategy also included a code of conduct. As a result of sustained NSD investments in dissemination of the Movement's Fundamental Principles and mandates, and induction of volunteers, youth and staff into SRCS's structures, the organisation reports that there have been no violations of the code of conduct to date. This has been a vital element of its ability to remain neutrally, impartially and independently positioned in the midst of so many conflict-sensitive stakeholders.

The idea for sub-branches arose in the 1990s when SRCS wanted to cascade its services and structures to the grassroots level, increase its efficiency and be closer to vulnerable people. After the first wave of civil war fighting ended in the late 1990s, between one and four sub-branches were created under each regional branch, to address the specific longer-term needs in selected areas. Criteria for establishing sub-branches included the distance to remote communities, and the willingness of local authorities and communities to give land and/or buildings in recognition of SRCS's neutral and impartial profile. SRCS provided training for volunteers in consultation with local branch committees, and with oversight from the respective local authorities.

Some regional branches have stated that they have no sub-branches, while acknowledging that their disaster-related programmes and disaster preparedness work includes mobilising local volunteer teams to reach more communities and recruit more volunteers. In future, it would be feasible for SRCS to transition these structures into sub-branches through careful communications, orientation and coaching, particularly as they are already actively engaged in humanitarian services. The work on strengthening locally led humanitarian preparedness and response continues.

> *"Coordination offices and branches that participated in the Canadian Red Cross sponsored Preparedness for Emergency Response (PER) process are yet to identify roles and responsibilities to activate follow-up action plans at an operational level. We need to develop more systematic branch emergency response teams (BERTS) to play our first responder roles better and link to effective logistics systems to have things ready in the right place and time before disasters strike."*
> Branch coordinator

Any future revision of SRCS's statutes will provide an opportunity to learn from these experiences and define the common minimum standards, capacities and assets expected at different branch levels, so that partners can support their development, where appropriate.

Because of the critical need for SRCS to maintain a unitary structure, the NSDI (see section 8 (i) for details) was to be founded on the findings of the Organisational Capacity Assessment and Certification (OCAC) process of 2019 and achieved through intensified coordination with other Movement partners working across the territory. Although the OCAC tool was not customised to conflict-sensitive environments, SRCS used the results to build organisational capacities that would strengthen its position as a neutral, impartial and independent local humanitarian actor in its conflict-sensitive contexts. For example, investing in transparency and accountability systems to address identified deficits (see section 7 (iii)) helped it to speed up humanitarian services and gain the trust and respect of armed groups, non-state armed actors and local authorities.

> *"After OCAC it was clear where we needed to go. Now we knew our direction, priorities, and what we should be doing."*
> Senior manager, coordination office

The SRCS National Consultation Meeting following the OCAC resulted in clear agreements that a specific NSD plan for 2020-2023 should focus on nine key areas of organisational strengthening:

SRCS National Society Development Plan

1. Review of SRCS statutes

2. Finance development   **3. Logistics development**

4. Resource mobilisation   **5. PMERL**   **6. Risk management**

7. Human resources   **8. Safer access**   **9. Strategy development**

A further three priorities were added following the NSDI review at the end of 2021: communications, branch development and volunteering management (as a dedicated area). The review resulted in a new SRCS NSD plan in March 2022 for the years 2022-2025.

> *"Developing your National Society in a conflict-sensitive setting is a process of moving from one place and capacities to a continuously new set of places and capacities. We realised that we were strong in programmes, local networks, and increasing staff capabilities, but that we were weaker in a strategic approach to NSD that would enhance our capacities to be a neutral, impartial, and independent local actor."*
> Yusuf Hassan, SRCS president

Some partners' strategies focused on specific branches, which ran the risk of creating regional imbalances just when SRCS needed to promote itself as a neutral, impartial and independent actor across all territories, distributing its resources equitably. To overcome this, SRCS had to assertively manage Movement coordination by asking all partners to contribute to its longer-term capacity strengthening and organisational development in line with its Strategic Plan 2021-2025.

In addition, some partners' ways of working did not (and still do not) adhere to SRCS's internal systems, or uniformly contribute to NSD work to help SRCS develop stronger organisation-wide capacities that benefit all programmes. Some partners have also continued to use their own systems (for example, financial management and reporting) for their own project-specific work in selected branches. This causes confusion and undermines the objectives of SRCS's strategic plan of building refreshed organisation-wide capacities and systems that all internal stakeholders should adhere to. Some of these inconsistent approaches are examined in section 8, where their negative impacts on SRCS's overall development are explained, and solutions are proposed.

Prior to the NSDI, SRCS had been working on several NSD initiatives in parallel, but in a largely uncoordinated way, such as SAF, finance development and OCAC. With the launch of the new NSDI, the SRCS president was clear that every development initiative must be coordinated under this umbrella.

In 2019 an initial branch mapping activity – supported by the NSD delegate funded by the British Red Cross – attempted to get a comprehensive picture of assets, resources and local income. This did not produce optimal results, so a second exercise was carried out to map local resource mobilisation activities. This was followed in 2023 by a risk mapping exercise, supported by ICRC, which aimed to lead to an SRCS risk management policy in 2024.

To further consolidate information and branch capacities within this wider regionalisation strategy, SRCS used the IFRC's Branch Organisational Capacity Assessment (BOCA)[7] tool to identify strengths and weaknesses in each branch. With IFRC support, it ran training for trainers in each of the two coordination offices in 2022 (19 facilitators were trained in one office and 12 in the other). Both training sessions included men and women, as well as representatives from Movement partners such as the ICRC. Partners were subsequently asked to support the BOCA exercises. The Finnish Red Cross supported assessments in 12 branches in 2023, and six remaining BOCAs were planned for early 2024. SRCS next plans to hold a territory-wide consultation and analysis meeting, which will lead to the creation of an organisation-wide branch development strategy in 2024, followed by a plan of action for strengthening each branch in its respective conflict-sensitive context.

Because partners such as ICRC, IFRC, Norwegian Red Cross and others were supporting several branches with a variety of costs, SRCS was advised to develop a core cost policy, which would enable all partners to make an equitable contribution to sustaining branch costs across the territories.

(v) Adapting disaster risk reduction (DRR) to contexts sensitive to conflict

SRCS's long-term NSD investments in locally led action have given it a proximity to communities that enables it to understand, reflect and respond to new ways of identifying local risks. In conflict-sensitive areas, it has adapted its community-based risk reduction exercises by carrying out context and risk analysis processes from the Safer Access Framework (SAF), before having wider discussions with local public authorities, elders, women's groups and youth. When the branch coordinator and volunteers plan to visit a community, pre-visit assessments are carried out, which sometimes result in a recommendation to come at another time due to the local security situation.

> *"We are a community-based organisation. Before we implement a programme in a community we have volunteers based in that community. I don't know of any community without a volunteer. Volunteers therefore already know all the people and issues in their communities. We also have health services in communities for over 30 years. I stopped for a cup of tea in a village, and seeing the vehicle and logo so many people came looking for medical help. The Red Crescent and health are seen as one in the community!"*
>
> Branch coordinator

SRCS/IFRC team meeting with local community members in Ceelgerdi village, Mudug, Puntland, Somalia, in June 2022. Elders share their concerns about failed rains and prolonged drought. (Photo: Dookh Press, Hanad M. Salah).

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7   IFRC's BOCA is a self-assessment tool developed for National Society branches to identify and assess their strengths, limitations and challenges in relation to a wide range of organisational capacities. It is used as a first step in a branch development process.

As part of its disaster risk reduction work in conflict-affected settings, SRCS has made long-term NSD investments in community-based first aid, first responder capacities in relation to bombings and explosions, and emergency services – such as providing free ambulances in areas where only private ambulances are available.

Support from the German Red Cross (GRC) over more than 25 years enabled SRCS to accelerate its ability to develop strategic risk reduction approaches in response to the needs of highly conflict-affected communities. Some elements of GRC-supported programmes, such as primary health care and WASH, have gradually transitioned to become part of a more holistic approach to community resilience, which has enabled improved risk reduction around issues including climate change and adaptation.

For example, during the drought response in 2017, other organisations focused on water trucking while SRCS and GRC invested in infrastructure to save water. Their response was based around three early actions: helping to rehabilitate water points, distributing non-food relief items and strengthening community capacities for the future. As a result of earlier NSD investments, SRCS already had a strong presence of community-based volunteers from those specific areas who had access and acceptance.

> *"To address and mitigate conflict-sensitive tensions we had to meet with community leaders of tribes and clans to explain what the project is proposed to help with, and explain the criteria of how only the most vulnerable will be prioritised – the elderly and vulnerable. We then engaged them in developing community action plans. Where there were only male heads, we encouraged them to include women, and this was achieved by separate meetings held with women only. As gender issues are very sensitive – women cannot be sent to unknown villages. So, we build on our NSD investments in local community health committees which already include respected local women".*
>
> Coordination office senior director

SRCS's disaster response management (DRM) work was originally project-based, but with the support of the Canadian Red Cross, from 2020 onwards it was backed by a comprehensive policy, strategy and standard operating procedures for emergency response. This work was also supported by the Kenya Red Cross, and it adopted the Preparedness for Emergency Response (PER)[8] approach supported by the Canadian Red Cross. The resulting three-year PER workplan contained 37 DRM components, organised into 11 priority areas. Because the workplan contained both operational priorities and NSD elements, it was shared with SRCS's partners to seek coordinated technical support, including help to set up an Emergency Operations Centre (EOC). The Norwegian, Danish, Icelandic and Canadian Red Cross societies all offered assistance, while the IFRC used its largest hunger crisis appeal of 2016-2018 to support these activities.

> *"Once we had severe rainstorms and many buildings were destroyed. The government and other organisations were planning to respond, but SRCS had pre-positioned stocks, as a result of our risk reduction assessments, in advance with communities. We worked with another organisation who wanted to have a joint assessment with us for CASH distribution, but the community said no as other organisations usually give 'favours' to the community leaders, so they didn't trust them to distribute transparently, equally and honestly. The community sees others delivering temporary assistance, but SRCS deliver long-term support and are automatically part of the community".*
>
> Branch coordinator

SRCS's wider risk reduction activities led to investments in its personnel and collaboration with IFRC's Global Climate Centre in the Netherlands on ways of better predicting droughts. A more recent strategic partnership with GRC, from 2020 onwards, has strengthened SRCS's capacity in Forecast Based Action. The initial one-year pilot has been extended to three years in multiple regions, following initial training in DRR and data collection. In response to the need to develop early action protocols (EAPs) related to conflict, drought, disease outbreaks or flooding, volunteers are trained in preparedness and how to gather and analyse data.

SRCS has already developed an EAP for drought and expects to complete a similar EAP for epidemics in 2024. To help strengthen SRCS's approach to epidemic preparedness and response, the Canadian Red Cross offered an integrated protection, gender and inclusion (PGI) component that could also be a cross-cutting element of all programmes.

8   IFRC's PER is a self-assessment tool that enables NS to systematically measure, analyse, prioritise and plan preparedness for response actions to ensure timely and effective humanitarian assistance in line with the NS auxiliary role and mandate. It considers all hazards (natural, biological, technological, among others) and flexible to be used in different contexts.

This used disability inclusion as a culturally appropriate entry point, integrated under a wider protection theme. This approach is especially needed for particularly sensitive and under-reported issues, such as rape. Supported through the ECHO Programmatic Partnership it included five result areas in integrated aspects of community engagement and accountability (CEA) and PGI.

The Danish Red Cross, French Red Cross and Finnish Red Cross supported a dengue fever response in 2023. SRCS's first broad contingency plan, based on PER recommendations, is to be presented to partners in 2024, while IFRC aims to support the drought EAP through a DREF appeal.

SRCS's resilience strategy was first implemented in conflict-affected areas where the existence of multiple hazards called for a holistic, integrated approach to WASH, DRR and livelihoods. New data gathering activities now support farmers with crop rotation, diversification and good agricultural practices, while help to improve fishing techniques has enabled communities to supply regional capitals with fish.

> *"Our Resilience Strategy focuses on how communities can be resilient to multiple hazards and risks in conflict-affected and protracted crisis contexts. In adapting guidance from the Movement, we asked ourselves in our own context, 'How can we strengthen the inborn resilience of Somali communities?' – especially how they can be better prepared for a wide range of crises through knowledge, practice, and change. For SRCS, the difference between disaster risk reduction and resilience is that DRR and disaster preparedness are more disaster-oriented, whereas the Resilience Strategy is more about the hearts of the community and how they see their overall holistic growth".*
>
> Yusuf Hassan, SRCS president

SRCS's more recent commitments to strengthening community resilience are outlined in its Resilience Strategy 2022-2024, supported by the German Red Cross. This provides the overarching framework for revising and connecting its other sectoral strategies.

While SRCS is currently revising its health and disaster management policies and strategies, it is prioritising two common new cross-cutting elements in all strategies. The first is a commitment to enhanced community mobilisation through strengthened NSD investments in volunteers in all communities, The second is building community surveillance capacities among volunteers, so that SRCS can play a greater role in early identification of conflict, health crises and disasters, and support communities' preparedness.

> *"In promoting our community engagement and accountability (CEA) approaches, we have done a series of knowledge, attitude and practices (KAP) surveys. When asked 'Who do you report your health problems to?' 95% of the 680 respondents said SRCS. We were the first organisation to identify COVID-19 when community volunteers reported it to SRCS."*
>
> SRCS coordination office senior director

Somali Red Crescent Society volunteer teams carry out risk communication and community engagement action to help halt the spread of COVID-19 in June 2020. (Photo: Somali Red Crescent Society.)

5. Strengthening 'visibility'

(i) Investments in volunteers and youth

> *"Volunteers and youth are the wings on which SRCS flies."*
> Branch coordinator
>
> *"We are the only organisation who have delivered health, family reunification, and disaster response to local communities even during the civil war when there was no strong government."*
> Director of SRCS rehabilitation centre

In the most conflict-affected communities, SRCS's volunteers and youth have often been the sole visible sign of its continuing services. The strains on the volunteer force have been extraordinary, as has their resilience, as they have continued to provide mobile health services, first aid and psychological first aid, dead body management, and transport to hospitals for injured people from both sides of the conflict.

To strengthen its capacity for locally led action, SRCS adopted its first volunteering policy in 2004. But as conflicts intensified across Somalia, SRCS's work as a first responder did not leave time to focus on comprehensive volunteer safety and security. In 2018, internal discussions generated ideas for strengthening volunteering protocols and led to a pilot volunteering management system (VMS) in one coordination office, but this proved unsustainable.

Recognising the need to support volunteers and youth in conflict-affected environments, SRCS identified further NSD investments to strengthen this critical area of its work. These included setting up the Volunteering and Youth Department and appointing a volunteering and youth manager in each coordination office in 2020, and running training supported by the Swedish Red Cross in early 2023. SRCS also established a taskforce in 2022 to redraft its volunteering and youth policies, and organised peer learning missions to the Kenya Red Cross to explore ideas for a web-based VMS, learning from a National Society working in a similarly conflict-sensitive context.

Because it works in deeply conflict-affected environments, SRCS ensures that volunteers follow a strict set of protocols for induction and mobilisation. Prospective volunteers have to complete a first aid course and sign a declaration and code of conduct before they can be registered on the database and given instructions on the tasks to be carried out.

Recognising the additional safety and security needs in conflict-sensitive contexts across its territories, SRCS launched a further series of actions). These included:

✓ **mapping and re-registering volunteers in 2019:** resulting in 4,185 volunteers being registered for IFRC volunteer insurance coverage in 2020, funded through the NSDI budget, and an extra 1,009 volunteers being registered with volunteer insurance for the COVID-19 response in June 2020

✓ **strengthening safety and security guidelines:** including conducting a healthcare in danger analysis, resulting in a training needs analysis and plan of action in November 2020

✓ **strengthening volunteering and youth development support structures:** including IFRC support for nine branch volunteer and youth coordinators, and British Red Cross support for nine branch youth coordinators and a volunteer coordinator in one coordination office. Discussions are pending around a web-based VMS (but have been hampered by COVID-19 disruption)

✓ **exploring a free customised electronic VMS:** collaborating with the Kenya Red Cross, with the support of IFRC and Norwegian Red Cross, to finalise new VMS software for activation in early 2024, using the same provider as several other National Societies in Africa.

Through SRCS's long-term presence in communities – many of them very remote – and the NSD investments it has made in its programmes and services, the organisation has built a strong reputation and a high level of trust. People are enthusiastic to volunteer with SRCS and deliver positive outcomes for their communities.

> *"As a result of our Safer Access Framework training in 2021, SRCS developed a contingency plan for all regions hosting elections (for example, first aid response teams, volunteers, transport, medical kits, etc.) as a result of our new context and risk analysis strengths. The community knew we were there for them."*
>
> Branch volunteer
>
> *"In a recent flooding emergency SRCS volunteers already present in the affected communities conducted immediate assessments and undertook relief activities, before the branch could visit 15 days later."*
>
> Community volunteer
>
> *"Volunteers and youth being mobilised and trained in surveillance, disaster/cyclone/drought early warning roles, and disease tracking meant that SRCS volunteers in communities have been the first to identify and report COVID-19, measles and other local crises."*
>
> Branch coordinator

SRCS often plays a highly visible role without compromising its unitary status. It does this by demonstrating the impact its volunteers and youth make in delivering impartial, neutral and independent services in communities that others cannot reach. The following stories from branches illustrate this process in action.

> *"Previously, our volunteers were not registered and even their locations and training history weren't clear. Now we have registered volunteers and in one village where two of our health volunteers live, they send information monthly on the humanitarian needs to the branch volunteering and youth officer. This helps the community voice to be heard. One recent report read: 'Due to water scarcity, the midwives have no water to wash their hands'. SRCS immediately added water trucking to that community."*
>
> Branch coordinator
>
> *"Three months ago, our branch received information about the arrival of IDPs as a result of volunteer reports. The branch coordinator immediately sent a report to the coordination office, which convened a Movement partner meeting the next day. Funds were committed to assist them, and SRCS's Restoring Family Links (RFL) officer facilitated free phone calls for the IDPs. A plan of action was drafted and agreed within a week and assistance given, impressing other humanitarian actors in the area. Before we strengthened our structures, this assessment, reporting, financial management and assistance process would have taken at least three months!"*
>
> Branch leader
>
> *"We lived in an IDP camp and had no basic services, such as water, food and medical supplies. Acute watery diarrhoea (AWD) outbreaks occurred in our locality, where 65 people died – including women and children – and more than 350 people were affected. Specifically, my family consisted of my husband and seven children, where five of them had serious complications of diarrhoea. Luckily, SRCS provided us with the services we needed as family and my children survived. SRCS delivered the services we needed as a community, such as water trucking, food distribution, health services, and sanitation and hygiene services, by building latrines and distributing hygiene kits. SRCS improved our lives and the IDPs turned into a residential village which now has basic services, including SRCS's fixed MCH clinic."*
>
> SRCS volunteer

Although SRCS acknowledged the need to work with youth as a platform for wider community reach, NSD investments have led to an imbalance in youth activities across the territories. Without guidelines for youth engagement, SRCS's youth work remains inconsistent. There is a lack of clarity about specific roles for youth, who are sometimes seen as a category on their own and sometimes as an integrated part of the wider volunteer force.

Some branches are reaching out to new youth volunteers at four universities through software development competitions. They have recruited approximately 100 new youth volunteers who have IT and engineering skills. Some branches have no youth clubs at all, whereas others have youth clubs with a hall for rental income, a youth section, plans, activities and a youth committee that organises sports and fundraising. Some branches offered HIV/AIDs awareness training in universities on World HIV/AIDs Day, with support from IFRC and some Partner National Societies (PNS). Literacy and computer training classes have

also been successful as part of an approach that sees youth volunteering as a two-way process, offering opportunities for young people to develop their skills, avoid risky behaviours, and become agents of change in their communities.

Although there is a mandatory youth representative on all branch committees at all levels, it is not clear how actively they are able to contribute and share ideas in humanitarian discussions. As a governance leader has said: "Youth can give ideas through their managers, but it will take time to establish youth cadres".

> *"Youth under 25 years old make up 60% of SRCS's overall volunteers. In conflicts where people have been wounded and died, local SRCS youth volunteers responded with first aid supplies in remote areas. In other cases, when communities were affected by flooding and branches couldn't reach them, local volunteers organised themselves, conducted assessments of the most vulnerable and implemented appropriate activities, with the branch only managing to reach the area 15 days after the emergency."*
>
> Branch coordinator

When strengthening youth approaches was added as a specific objective under SRCS's NSDI in 2019, the youth manager role that had been piloted in one coordination office was extended to both.

> *"Our branch volunteering and youth officer arranges weekly meetings with volunteers, helping them with assessments and registration of communities in need. The signing of the code of conduct has helped us to keep better volunteer records as well. Since the volunteering and youth officer joined us, our numbers have increased by 40%."*
>
> Branch coordinator

SRCS has made important NSD investments in youth work. These lay the foundations for a wider approach to youth-led community services and awareness-raising activities into the future, particularly in areas affected by conflict and violence. They include:

- ✓ first aid training for youth in secondary schools, after which they are encouraged to become SRCS volunteers
- ✓ supporting youth volunteers to transition into paid staff roles and later into senior SRCS positions as a 'feeder route' for future leaders
- ✓ running vocational training courses, sometimes lasting two or three months, including for young women.

SRC visits a borehole in Balisbule, Puntland, Somalia. Only one of the community's two boreholes is functioning and it also serves the village of Gacnafale 20km away, where residents often travel overnight to collect water. This is the fourth consecutive failed rainy season across Somalia. Streams have dried up, traditional water reservoirs (berkads) are empty and many people are facing a hunger crisis.

(ii) 'Duty of care' considerations

> *"Our teams of volunteers have never been attacked. We always conduct a pre-assessment, security clearance, and ask volunteers in that part of the community to prepare for the arrival as part of our unified network. These procedures were considerably strengthened after we learned about the Safer Access Framework and implemented its exercises to update context analysis, risk mapping and operational management procedures, such as checkpoint clearances and keeping all parties informed of movement and new planned programmes in advance."*
>
> Branch coordinator

SRCS's code of conduct is contained in the SRCS Volunteer Management Guidelines 2004, which all volunteers are required to sign. Every SRCS staff member signs the latest code of ethics, which is an integrated part of the HR policy. All volunteers are also taken through this, as it is much more comprehensive than the code of conduct.

In 2015, SRCS undertook the ICRC's Safer Access Framework (SAF) assessment, with training for key SRCS stakeholders on context and risk analysis. In 2016, all SRCS branches undertook a context and risk analysis assessment (reviewed in 2017) as part of implementing the Safer Access Framework. The findings set an important baseline, helping SRCS to put in place an organisational strengthening strategy to address some critical gaps.

> • *"The SAF training and exercise with tools was very important input for the branches, as staff and active volunteers are now equipped with these tools and can use them. Therefore, SAF training should be continued to practice on all elements."*
>
> • *"Most of the risks analysed and identified in this exercise, and some gaps related to main actors, were based on the impact of misconception and little knowledge about SRCS"*
>
> • *"SRCS has no security and risk precaution policies, security guidelines, personal protection tools, events and press communication protocols. The absence of such policies and procedures will minimise SRCS's access, acceptance, and safer access, and increase vulnerability and risks."*
>
> • *"In the past, SRCS used to be the first or second actor to respond to events/disasters, but nowadays – maybe due to the lack of DM capacities at the branch level (which is usually more visible than other programmes) – a number of NGOs borrow simple materials from somewhere and distribute them to the victims and become the first actor that responded."*
>
> • *"The good coverage and presence of volunteers is one key factor to access, perception and acceptance of the society. Therefore, it is good for SRCS to re-establish sub-branches and train youth of those sub-branches to increase coverage and the volunteer power of the National Society."*
>
> • *"Since SRCS is auxiliary to the public authorities, we have to disseminate to all the main actors that can prevent or help to deliver our services to needy communities, particularly armed groups that seem to have misconceptions about SRCS."*
>
> Compiled reports from SRCS branches – Safer Access Framework (Context and Risk Analysis), 2016

Through key investments defined in its NSD Plan 2020-2023 SRCS made significant progress in improving the security and safety of its staff and volunteers. These investments included:

> ✓ increasing 'networking meetings' with armed non-state actors, as well as local government authorities, using a template of questions and topics (meetings were previously limited to reactive discussions with district commissioners on a needs basis, such as disaster response)
>
> ✓ dedicating one full day at SRCS's annual plan, review and budgeting meeting to SAF and networking, because they have opened up operational access
>
> ✓ updating its context and risk analysis (for both coordination offices, all branches, the SRCS hospital and three rehabilitation centres) for the third time in August 2021, and adding a plan of action, which was previously limited to certain key staff in coordination offices and branches

✓ by November 2021, ICRC was supporting SRCS to operationalise the next Operational Risk Management element in 16 out of 19 branches, which increased the number of SRCS personnel trained in SAF to 25 staff, volunteers and a clinic head nurse per branch – increasing overall numbers from 100 to 300 people by the end of 2021

✓ ensuring SAF was seen as a fully integrated part of the wider NSD plan, with a plan of action for each coordination office

✓ branches sending monthly reports on security, political and humanitarian contexts, with trend analyses and key discussion points for the attention of SRCS leadership, from 2021 onwards

✓ accessing more hard-to-reach areas, which led to new requests from other parties to the conflict for items such as first aid kits and support, and opened doors to wider humanitarian discussions with other parties to the conflict

✓ developing a contingency plan for all regions hosting elections from 2021 onwards (e.g. 24/7 first aid response teams, volunteers, transport, medical kits, etc.) as a result of new context and risk analysis.

"With SAF training we have been able to work in very difficult areas, even where our movement is very restricted. Whereas the other actors can only work in towns, we have contact with different ideological groups in other areas with different administrations, policies, rules and regulations, all of which we can navigate."

"SAF has given us a systematic way of working with the community."

"Volunteers are better supported and are responding more quickly to incidents, which has increased trust in SRCS's neutral, impartial roles and work. We have increased our acceptance and used our approach to risk management to improve our community engagement."

SRCS branch leaders

Although SRCS had maintained good progress in mainstreaming elements of SAF at coordination office and branch levels, tools still needed to be used more consistently (for example, field trip forms needing pre-approval, overseen by focal persons). To strengthen its SAF work, SRCS identified one of the deputy executive directors to be a senior SAF focal point in each of the coordination offices, which had previously only had SAF coordination committees. This has helped maintain connections across programme sectors to make elements of SAF central to all services.

Work to further embed SAF elements and perspectives in SRCS's wider programmes and services has been hampered by the following limiting factors, which have not been addressed.

- The SAF steering committee did not include other Movement partners, giving it limited opportunity to ensure SAF elements were incorporated in all programme perspectives.

- SAF is solely supported by ICRC, but many of its eight elements could be integrated into wider NSD initiatives and budgets, which could be supported by a wider range of partners if presented as part of the One NSD Plan.

- The communications aspects of implementing SAF were allocated to a communications working group, which focused on SRCS communications training and shared ICRC/IFRC communications calendars, and was not clearly linked to the expected SAF outcomes in branches

Across all regions of Puntland and Somaliland, SRCS has provided cash assistance to more than 2,600 vulnerable families, rehabilitated community water points, and provided hygiene and sanitation services. SRCS teams are also running eight mobile health clinics which target hard-to-reach areas with malnutrition screening, referrals and nutrition supplements.

The SAF capacities SRCS has built have helped prevent volunteers being targeted in any conflicts. However, three volunteers tragically lost their lives in blasts between December 2022 and January 2023, in collateral damage incidents. This reinforced the need for SRCS to exercise extreme vigilance and preparedness as part of its duty of care. As a result, an NSD investment was made in the form of eight days of volunteer training for 318 volunteers in December 2022 and 2023. The training reinforced safety and security guidelines, as well as covering all aspects of their roles – from community surveillance to protection, gender and inclusion (PGI), and how to be neutral, impartial and independent.

ICRC also helped ensure the SAF training was integrated into other programmes.

> *"I was a caretaker of camels in a nomadic community. After learning as a volunteer with SRCS, I know a lot of things about health, PGI, and now I'm working with the community health committees, health facilities, even local authorities. I have seen how volunteers have changed their behaviours to not be biased in clan thinking. I have a lot of respect from people and communities now."*
> SRCS volunteer

> *"Although we need to update our volunteering guidelines, asking volunteers to sign the code of conduct gives them much more clarity about their roles and they actively recruit others. Last year we had less than 100 volunteers, but this year we have increased to 191."*
> Branch leader

(iii) Dissemination of SRCS's mandates and communication

> *"When we use the Fundamental Principles in our local context, the language you use is important. 'Neutral' or 'impartial' are not always accepted concepts, particularly if they are seen to be out of alignment with religious texts. We use the concepts of needing to have interventions that can reach the most affected people and ask communities and leaders how we can do that without using specific words like 'neutrality'."*
> Yusuf Hassan, SRCS president

At their core, SRCS's long-term NSD investments have always addressed opportunities for communication, with 'dissemination' activities to explain SRCS's role in terms of international humanitarian law and the Fundamental Principles:

> *"We are a well-known and familiar organisation, committed to serving all people. After a lot of dissemination, we're allowed to go anywhere. We've used dissemination to create many volunteers, helping us to give a message about who we are, who we work with, our mandate, and our Fundamental Principles. Even those who are armed allow SRCS with its emblem to enter their territory because the community is respectful towards us and says 'SRCS is neutral'. Other organisations tried to take some of our principles such as 'Neutrality' and 'Humanity', but without the others they were rejected."*
> SRCS branch coordinator

Many branches see volunteering as an opportunity to get involved in awareness and mobilisation programmes in schools and universities. Others see it as a chance to build volunteers' leadership skills so they are seen as principled leaders in their own communities.

SRCS's priorities and NSD investments grew to address the new opportunities this presented by:

> → considering revisions to volunteering and youth management guidelines to support SRCS running dissemination sessions in schools, universities and public places, to inspire people to volunteer
>
> → managing consistent and structured processes for dissemination across all territories, starting with community and religious leaders, women's groups and youth organisations
>
> → asking the above stakeholder groups to help spread the message once they had accepted it
>
> → working with religious leaders to spread the message at Friday prayers in all mosques and guiding people on how to be part of SRCS and its values

- → training volunteers in enhanced communications techniques and integrating dissemination at every opportunity (for example, in beneficiary satisfaction interviews)

- → targeting community leaders, many of whom would go on to become volunteers with SRCS

- → focusing on military leaders, supported by ICRC, and using the opportunity to disseminate information about international humanitarian law (IHL) and give first aid training

- → spreading the message to commanders of all military groups that SRCS is a humanitarian organisation with a specific mandate and mission

- → putting in place guidelines to prevent volunteers using media, pictures or communications while on duty, or to sharing information about any of their work.

The results have been impressive. SRCS has been the only organisation allowed to give first aid support in many conflicts, using its volunteers, vehicles and emblems.

"In all our primary health centres (PHCs), mobile clinics and health posts the Fundamental Principles are written on the walls. We use the opportunities to disseminate public brochures too. We always consult with a community when we are going to establish a health facility. In one place where we were going to build a clinic, our own local volunteers and community leaders contributed 50% of the budget. They saw our SRCS services and that we don't want anything from the community."
SRCS deputy executive director

The NSD investments included:

- ✓ branches inviting all organisations working in their area to a meeting to explain what SRCS was doing, what it did in the past and the challenges it faces

- ✓ raising awareness of SRCS's achievements through the media, and in some cases through social media

- ✓ branches recruiting very trusted local volunteers and ensuring that SRCS was positioned as a local organisation, not an international one, to avoid creating unrealistic expectations from communities and stakeholders

- ✓ branch leaders engaging with community leaders before CASH and other distributions to agree on the most vulnerable people, resulting in volunteers being able to do door-to-door surveys to register vulnerable people and children, proving SRCS's impartiality

- ✓ implementing communications guidelines to prevent any co-branding that could dilute SRCS's unique positioning, logo and emblem (in spite of requests from UN and other organisations).

Somali Red Crescent Society, together with its partners, supports people struggling as a result of the worst drought in decades in Somaliland. Many have lost livestock and are living in a desperate situation. (Photo: Olav A Saltbones/Norwegian Red Cross.)

6. Strengthening 'legacy'

(i) Building on past perceptions and access

> *"In a major drought in 2016, SRCS helped with rehabilitating three community boreholes, while other organisations were only doing partial rehabilitation which didn't last long. Other communities approached SRCS to help them, and demanded government officials ask SRCS to do this for them. The governor said, 'Why are the communities praising only SRCS?'". Other organisations were taking police escorts and establishing secure compounds. But SRCS never takes escorts and never needs other protection due to community acceptance.*
>
> *"During armed clashes between clans fighting over water resources or grazing land, when it happens that an SRCS clinic is needed, we divide the health team into two so that different mobile clinics and ambulances who are appropriate to each clan attend each side, avoiding allegations of partiality."*
>
> Branch coordinator

In the 1990s, SRCS's leadership tried to respond to the emergencies, fighting and division in the country by maintaining and creating new branches in the midst of these humanitarian crises. SRCS started to work on health from 1991 onwards after the collapse of the government. It held meetings with clan elders, politicians and representatives of armed groups, and invested in intensive training in the Fundamental Principles to establish visibility in areas controlled by different groups. SRCS remained the only institution to provide such services from towns to villages, with no other humanitarian organisations in these areas.

SRCS's legacy is founded on its continuous historical commitment to humanitarian emergencies and crises, and its long-term investments in flagship health programmes. Amidst mass displacement, with people returning to their villages and no services running, SRCS invested in health posts from 1991-1993. Supported by staff and volunteers, and targeting very vulnerable regions, these posts later evolved into health clinics. With no policies or strategies to guide its work, SRCS focused on mobilising volunteers to respond, and reinvented itself as the only organisation that had remained unified after the division of the country.

> *"Our legacy comes from the continuous life-saving activities we have done in communities everywhere. If you offer primary health care for mothers in remote areas where no one else can reach, we show we can do something with the community's own resources, and in the most cost-effective way. We have shown we are not a 'suitcase organisation'. We stay with the people as a permanent presence in their lives through our volunteer network".*
>
> Yusuf Hassan, SRCS president

The legacy and importance of SRCS's work across more than 80 health centres – sometimes over 100 during emergency responses – cannot be underestimated. Where there are no hospitals, SRCS's health services respond to local needs. Its network of clinics in remote regions is the only way many communities can access safe primary health care, maternity care, FGM counselling and support, nutritional support and vaccinations.

Sustained partnerships with, for example, the Norwegian Red Cross (since 1982) and ICRC (since 2014), have provided continuous vital technical support, training, medicines and salary support for the three rehabilitation centres. International training for SRCS's physiotherapy and orthopaedic staff in Rwanda, Tanzania and India enables them to deliver the highest level of services, which is appreciated by all parties to the conflict as well as communities.

SRCS's NSD investments in its flagship health programmes have built a localised presence that has led to sustained acceptance and access as a neutral and impartial humanitarian actor. These have included:

> → building humanitarian diplomacy capacities in local branches and through 'networking committees' that explain to combatants the need to protect hospitals, clinics and other health facilities using a combination of international humanitarian law, the Geneva Conventions and Islamic teaching

In response to the challenge of high rural unemployment, SRCS and partners have, over time, focused on monthly training investments to build people's skills, knowledge and qualifications, while retaining a neutral and impartial stance.

"We established a few clinics per branch and used to ask community elders, who were the only authorities we dealt with at the time, to select neutral, impartial and independent people to work as volunteers. We ensured a balanced selection from different clans and sub-clans, followed by intensive dissemination and orientation into the Fundamental Principles before they could start their work. The communities used to say, 'This is our National Society'."

Ahmad Jama Abdulle, SRCS vice-president

The legacy of such investments has led to strong recognition and support from all external parties and stakeholders.

"Once the governor came and visited and saw and praised our services. At our request he promised to resolve a road issue to improve access to our hospital."

SRCS branch representative

However, SRCS has had to maintain extreme caution about how and what it communicates in public to avoid allegations of partiality. While the SAF process helped it to tighten up its internal and external communications protocols to ensure staff safety and security, some partners have suggested communications initiatives that would undermine its organisational coherence and security.

"Partners have sometimes put undue pressure on SRCS to behave as they would do, and we have made some mistakes. For example, we have occasionally encouraged SRCS to have one unified website, not realising that this would create strategic problems in a previous country now made up of multiple entities. Another example is when a Partner National Society representative sent a tweet while on mission which led SRCS having to conduct to a large damage limitation exercise. Some partners wanted to explore diaspora fundraising for SRCS in their own countries, not realising the very high risks and politicisation that this would generate."

Partner National Society

(ii) Maintaining a Movement footprint

"The combination of the commitment and dedication of SRCS's grassroots volunteers at all levels and the long-term partnerships gave SRCS a very strong Movement footprint to build from."

SRCS senior director

SRCS has had to rely on a strategic combination of national and international support, primarily from Movement partners. As a result, it has been able to use one the Fundamental Principles, Universality, to explain how as a local actor it is using the Principles to provide neutral, impartial and independent humanitarian funding when supporting SRCS's local services.

> *"We collectively tell them we want to reach the most vulnerable, and it's our partners who help us as we don't have state or local funding from others. Once we had a problem with a government who challenged our ability to access areas held by other parties to the conflict. We sat with our Red Cross and Red Crescent partners, and especially ICRC, to describe and agree how SRCS is independent in all operations, but auxiliary to authorities wherever they are."*
>
> Ahmed Jama Abdulle, SRCS vice-president

Support from a newly appointed ICRC cooperation coordinator in 2018 made a difference, and led to a proposal, with the British Red Cross, to also have a specific NSD delegate positioned within the ICRC framework. SRCS's ability to engage in strategic dialogue and use Movement partnerships to show its principled local presence has provided it with a platform for its local humanitarian diplomacy. However, there have also been some challenges within its Movement partnerships. In particular, it has been difficult to achieve a common definition and understanding with these partners of the kind of NSD investments that lead to long-term trusted positioning for a National Society in such a fragile and conflict-sensitive environment.

Some Movement partners and their staff see NSD as a set of short-term inputs designed to build capacity in specific personnel and volunteers, to better deliver external assistance and aid. These partners need to transition from their traditional 'project-driven' support to a more programmatic approach, which would support SRCS to build its wider organisational strengths and sustainable capacities.

SRCS's commitment to its own development, guided by its Strategic Plans of 2015-2019 and 2021-2025, accelerated with the support of the NSD delegate. SRCS's strategic plans continue to be aligned to IFRC's Strategy 2030, and contain the transformational goal to see it grow in effectiveness as the key unitary humanitarian actor in Somalia. This strong foundation led to the adoption of the new 'One NSD Plan' in 2022, to which all partners can contribute in a way that supplements each other's contributions and achieves synergy.

For SRCS's senior leadership, NSD has always been a wider concept made up of something "greater than the sum of all parts". It is an organisation-wide change process that leads to higher levels of efficiency, effectiveness, safety, security, positive positioning and accountability in general. Although SRCS's Strategic Plan 2021-2025 is clearly a transformation plan to strengthen its relevance, safety and positioning in such a conflict-sensitive environment, it is not always understood by all partners as such.

The new Movement Coordination for Collective Impact Agreement (Seville Agreement 2.0)[9] of 2022 assumes that either IFRC or ICRC will be a 'co-convenor' to generate territory-wide consistency. A fractured territory, made up of different governance, poses challenges for maintaining a consistent Movement footprint everywhere. Although Seville 2.0 states that there will be one co-convenor together with the National Society in any given context, the reality of the territory means that SRCS will never have one co-convenor. For example, in practice ICRC would be co-convener with SRCS in territories where conflict is prevalent, while IFRC would be co-convenor in more peaceful territories. For example, if IFRC were to be the overall co-convenor, Partner National Societies (PNS) who are willing to explore support in a more conflict-affected area would not be able to operate there due to the lack of an appropriate IFRC security umbrella there. This leads to PNS having 'integration agreements' with ICRC as a pragmatic solution. Such arrangements have helped some PNS, like the Norwegian Red Cross and Finnish Red Cross, to take over funding of selected SRCS clinics, which experienced a rapid reduction in ICRC funding due to unexpected cuts to its budgets, in return for ICRC providing security, flights and accommodation.

Differences in understanding of NSD, both among partners and SRCS coordination offices and branches, contribute to variations in the effectiveness of NSD support. Some partners restrict their NSD inputs to project-specific interests and require branches to use the partner's financial management and reporting tools and templates. However, this approach undermines SRCS's use of its own systems and risks partners building parallel systems, undermining local branch capacity.

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9   The Agreement on the Organization of the International Activities of the Components of the International Red Cross and Red Crescent Movement (the 'Seville Agreement'), as well as the Supplementary Measures to Enhance the Implementation of the Seville Agreement, were adopted in Resolution 8 of the Council of Delegates 2005. This has been superseded by the new Movement Coordination for Collective Impact Agreement (Seville Agreement 2.0). The new agreement places clearer emphasis on the host National Society's leading role as 'convenor' of coordinated Movement responses, with IFRC helping to develop and coordinate NSD support (Article 8.5) and ICRC supporting NSD mainly in the areas related to its mandate and expertise (Article 8.6).

Nevertheless, with the SRCS BOCA training of trainers completed, the resulting branch development action plan is allowing multiple partners – such as IFRC, ICRC, the Danish Red Cross and the Finnish Red Cross – to offer coordinated support to some branches, learn from the experience and scale up. It is hoped that this will also lead to more collaboration at a programme level too. Further progress was made in the creation of SRCS's NSD Plans of 2020-2023 and the updated one of 2022-2025. The latter was developed following a review at the end of 2021 and included new items. It has been incorporated into IFRC's Unified Plan, which also reflects ICRC's contributions.

The above approaches have led to several challenges in the way that NSD investments have been supported by partners since 2011, including:

→ some partners providing inconsistent funding for key activities and salaried positions, which has prevented SRCS from being able to plan and achieve its objectives to agreed timeframes

→ coordination offices being seen to have a more 'ad hoc' approach to Movement coordination, calling meetings when there are emergencies or urgent issues, rather than facilitating and benefiting from regular exchanges of perspectives, resources and learning across all partners

→ SRCS's specific strategic plan objectives not being the basis for discussions between partners and coordination offices, which instead often focus on programmatic reporting for a single sector; this means that results are not seen in terms of a larger picture that delivers enhanced humanitarian presence and stronger community resilience

→ IFRC continuing to face a lack of development funds from its partners, and so finding opportunities to support NSD through emergency operations, which has had both positive and negative results:

  o positives: IFRC has ensured integrated NSD budget lines within all disaster relief emergency funds (DREFs) and emergency appeals, and through these has contributed to the refurbishment of two to three branches and some additional facilities, such as youth clubs and volunteer training

  o negatives: although this approach makes strategic use of resources, it leads to imbalanced and somewhat unpredictable long-term support. As two examples, the inability to keep funding nine branch volunteer and youth coordinators, and the funding of an operations officer in Puntland, which SRCS does not see as part of its own strategic structure, have both caused frustration and need longer-term resolutions.

Some of SRCS's partners have been aware of such dangers and have tried to support its positions rather than their own parallel teams, aiming to leave long-term capacity behind when donor funding ceases. To accelerate this process further, these partners acknowledge the need for a refreshed approach to accompaniment, which would give SRCS more time to concentrate on maintaining external relations with stakeholders rather than managing internal Movement dynamics and complexities. In the past, when Movement synergies have been achieved, the humanitarian impact has proved powerful.

Gacnafale village in Somalia has many water wells, but the taps are dry. "We need fuel and diesel to run the pumps," says the village chief. "The situation here is not good at all because we have limited resources and now we have to buy water."

> *"The collective support we receive from Movement partners, and our strengthened coordination approach, has impacted greatly on our ability to reach very remote communities in a neutral, impartial and independent way. Our trainings in health and DRM attracted the head of ECHO in Nairobi to visit, leading to the Finnish RC-supported EU-funded Programmatic Partnership (PPP). SRCS was deemed to be number one in terms of implementation rate and reach to targeted communities amongst the 25 African countries in receipt of PPP support. We could show that in a context where conflict continues, our NSD investments contributed very significantly to this success. Previously, we had focused on operations alone, but now we were building sustainable organisational capacities as well."*
>
> Branch coordinator

(iii) A new form of organisational development and sustainability resulting from conflict-affected contexts

> *"The only thing we need to work on is our income generation. Our senior leadership has initiated a priority for every branch to have the ability to pay for its core staff (the branch coordinator, finance officer, driver and security guard), and utilities."*
>
> Branch coordinator

In 2023, with the prospect of some international funding being withdrawn (for example, ICRC support of 50 health facilities in 10 regions), SRCS had to consider strategies for diversifying its funding sources beyond its traditional partners, for health services in particular (ICRC, IFRC, Norwegian and Finnish Red Cross, and the EU).

> *"ICRC's constant funding support to health centres over several decades had led to a sense of 'permanency' which was suddenly undermined by its global financial challenges of 2023 onwards. As an institution our NSD inputs had included support for SAF, BOCA, logistics development, ambulance services, and construction support for coordination offices and selected branches. However, ICRC budgets do not extend to supporting local long-term sustainability strategies, except through the joint NSIA global fund with IFRC. In this sense we have been challenged to include other partners to transition into work in geographical and technical areas that were previously the sole area of ICRC. We need to learn from this experience for integrating earlier approaches to sustainability of National Societies that we support into the future."*
>
> ICRC

SRCS must maintain external confidence in its neutrality, impartiality and independence to meet expectations from communities, as well as armed non-state actors and local authorities. To achieve this, SRCS has made NSD investments to strengthen humanitarian income streams that show its independence and used these funds neutrally and impartially to carry out its humanitarian initiatives. It has also strategically invested in organisational capacity strengthening (see section 7 (iii)) to ensure a higher level of community trust, support and understanding of its non-partisan positioning.

> *"Our investment in stronger transparent and accountable systems helped communities understand our impartiality better. In particular, our HR policy showed all actors that we want to be neutral and independent in everything we do. It enabled recruitments to proceed smoothly in operational areas, showed we were against corruption, nepotism and partiality, and built our social and community acceptance. Our localised structures gave us strengths which were based on community consultation and dialogue at all steps of a service provision process. It gave us the link between our overall organisational development and the chance to mobilise more local resources in return to expand our community services built on deeper community trust."*
>
> Ahmed Jama Abdulle, SRCS vice-president

As a result of the above strategies and challenged by the issues outlined in section 5 (ii), SRCS has consistently striven to rebalance its approach to longer-term sustainability by strengthening its local fundraising.

> *"We are very fortunate that each of our long-term partners have been with us significantly beyond 10 years, but we needed to ask ourselves: 'what if they leave?' We need to be more sustainable by ourselves. We used the OCAC process of 2019 to help us grow strengths that could be used in a coordinated way to increase local positioning and diversified income streams."*
>
> Yusuf Hassan, SRCS president

SRCS had multiple motives to grow more sustainable sources of local income. These included:

→ increasing opportunities to fund locally-led humanitarian action based on needs which donors have not, or cannot, prioritise – retaining a 'humanitarian right of initiative' that keeps SRCS less dependent on foreign funded development agendas

→ inviting communities to be part of their own solutions, where community funds enable more locally 'owned' development infrastructure, such as contributions to primary health clinic costs

→ using funds from local public authorities and communities as enablers of longer-term, more sustainable locally led action

→ countering community misconceptions that SRCS was and is a 'rich' organisation funded by international interests – "we want to show the communities through our ever-present volunteers that we are not driven by money – we are driven by access and needs" (branch leader).

SRCS's NSD plans of 2020-2023 and 2022-2025 led to specific activities to strengthen its neural, impartial resource base. Key NSD investments included:

→ Norwegian Red Cross offering a resource mobilisation (RM) consultancy (2019)

→ an SRCS branch capacity and asset mapping process identifying some local income generating practices (2019)

→ a draft SRCS RM policy and strategy being discussed internally and resulting in a plan of action (2020)

→ SRCS using a successful application to the joint IFRC/ICRC National Society Investment Alliance (NSIA)[10] fund to construct a new coordination office in Mogadishu with income generating (IG) potential (2020)

→ a successful presentation of the new coordination office concept in the partnership meeting, leading to a grant from NSIA of CHF 400,000 (2020)

→ SRCS conducting a more comprehensive joint mapping, with the Norwegian Red Cross finance delegate, of branch RM and IG activities, assets, income from commercial first aid, and income management practices (2021)

→ planning to strengthen commercial first aid capacities as an income stream, with support from the Austrian Red Cross, British Red Cross and ICRC.

A wide range of promising practices have been identified, with the possibility of taking several to scale over time, as outlined below.

✓ Some branches continue to benefit from membership income at US $10 per member, which can raise US $200-$300.

✓ Some branches use significant rental income from office and warehouse spaces (sometimes US $1,100 per month) to pay for branch coordinators and some other positions, including cleaners and guards.

✓ There are indications that between 2011-2014 the SRCS, World Bank and IFRC explored two forms of community contribution, with a view to cost recovery and sustainability of services:

(i) 'out of pocket' payments piloted in Somaliland as a very low co-payment system, but overturned by a directive that services should be free

(ii) a 50% community contribution scheme piloted in two communities, which reportedly raised good money, and laid the ground for research into the feasibility of community contribution models.

✓ In one case, the community contributed a one-off donation of US$5,000 to build a relocated clinic after getting land from the local authority.

10 The NSIA is jointly managed by IFRC and ICRC, providing tailored investment to develop the capacity of National Societies to provide sustainable humanitarian services through two types of funding: 1) accelerator funding, up to a maximum of CHF 1 million for three to five years, and 2) bridge funding of up to CHF 50,000 over one year.

> ✓ There is evidence that some static and mobile health clinics piloted cost-sharing of some drugs that are not part of the normal kits, to help replenishment costs.
>
> ✓ Some primary health clinics have included lab tests and charge token amounts to save clients travelling 150km to get tests done.
>
> ✓ There is some evidence that rehabilitation centres are also attempting some minor cost recovery by charging $5-10 for subsidising the cost of appliances.
>
> ✓ One coordination office considered options for setting up a humanitarian training centre to run fee-based training for other NGOs.
>
> ✓ Increasing partnerships with local corporates and businesses, such as with a large money transfer company and local telecommunications companies.

SRCS has benefited from the trust and positioning its NSD investments have given it over the decades in such a conflict-sensitive context. An indicator of trust can be seen in community contributions to SRCS's organisational development. These have increased over the years, despite the highly vulnerable economic context of the country, as a result of a deep set of reform processes designed to increase SRCS's overall transparency and accountability.

> *"Strengthening branch capacities to raise more resources, particularly financial resources – so that branches can reduce dependency on external funding – has continuously been stated to be the highest priority for branches. This, however, is also closely linked to SRCS finance policy and how the branches currently manage, account for, and report on their income and finances transparently, and also manage their human resources and activities. Those branches already raising income and supplementing branch salaries are showing us the way. We know that if someone invests in our assets that with $2,000 a month, we could pay for 43 staff in our branch!"*
>
> Branch coordinator

> *"Some primary health clinic staff salaries are shared with MOH and UNICEF where the latter are engaged in long-term programme support under the Essential Package of Health Care Services. But SRCS has to be very careful about positioning itself in accepting government funds, as it compromises its neutral and impartial positioning elsewhere across the territory."*
>
> Coordination office senor director

An SRCS/IFRC/ECHO project team visits a water well in Gacnafale village, Mudug, Puntland, Somalia in June 2022. A lack of fuel to run the pump means the well is not in use. (Photo: Dookh Press, Hanad M Salah.)

7. Strengthening 'reputation'

(i) Legal base foundations

> *"We are one National Society with different contexts. In certain areas we are using some rules, in other areas we use other rules but within the Fundamental Principles and our unifying mandate and policies."*
>
> SRCS deputy executive director

Somali Red Crescent Society (SRCS) was established in April 1963 as an independent, non-political humanitarian organisation, and became a legal entity following Presidential Decree No. 187 in 1965. It was recognised by the International Committee of the Red Cross (ICRC) in 1969 and in the same year became a member of the International Federation of the Red Cross and Red Crescent Societies (IFRC).

SRCS has had a Red Crescent law since it was established in 1965, but this has never been revised. Similarly, its accompanying statutes have only been amended once in 1967, while the country's administrative structures have changed considerably since then. Reviewing and updating SRCS's statutes to adapt to the changed external context, while maintaining the unity of the SRCS, is both much needed and will be challenging.

The delay in revising SRCS's statutes is mainly due to Somalia's political divide, and the concern that any change could potentially impact on the unity of the organisation. However, the advice from the IFRC/ICRC Joint Statutes Commission in Geneva is that such amendments would not need parliamentary adoption or approval, which has encouraged SRCS to initiate the process. The need to review and update the statutes to try and reflect the current structure and functioning of SRCS was endorsed by SRCS's general assembly (called the SCRS All-Inclusive Meeting, or AIM) of 2019. In this context, this area of NSD support entails the need for extreme sensitivity and drawing on legal expertise, possibly from peer National Societies that have updated their statutes in similar conflict-sensitive contexts.

In a competitive humanitarian space often characterised by political allegiances and vested interests, SRCS has maintained neutral, impartial and independent relationships with influential actors, including clan leaders, Islamic leaders, armed groups, youth, business and corporate circles, and key stakeholders in government.

In 2016/17 two coordination offices were established to more strategically manage SRCS's activities and branches. A minimum SRCS regional and district branch structure was agreed, and a first phase of work to consolidate coordination office structures and capacities led to successful recruitment of staff to build regional branch capacities in the next phase. To further strengthen the regional branch structures, all branch coordinator and finance officer positions are currently funded by partners (ICRC and Norwegian Red Cross). Any future process to revise SRCS's statutes could confirm the newly implemented and functioning structures.

Within this challenging external context, SRCS has built a vast unified countrywide network of 18 regional branches, 130 district level sub-branches, more than 80 health centres, and a workforce of 1,118 employees, 5,194 active and insured volunteers and nearly 20,000 community volunteers who can be mobilised during emergencies. Its general assembly (GA) includes representatives from branches across the entire territory to maintain its unitary status and is governed by an executive committee comprised of the president, vice-president and 16 members and ex-officio members, which meets every six months to carry out the key decisions of the SRCS between GAs.

The 19 branches, six under the SRCS coordination office in Hargeisa and 12 under the SRCS coordination office in Mogadishu, are governed by regional branch committees of nine members each, and sub-branch committees of seven members each at district level.

Each cluster of branches is supported by the two coordination offices, each of which has an executive director and two deputy executive directors, the latter of whom are assigned as a focal person for NSD initiatives. The two executive directors report to the SRCS president.

In the context of this organisational complexity, SRCS has focused on NSD investments that have strengthened its unitary status over the years. One of these has been the highly participatory, inclusive processes that led to the adoption a series of a five-year strategic plans (Strategic Plan 2015-2019, which was extended to 2020, and Strategic Plan 2021-2025). These plans were designed to guide its longer-term development, and took into account vulnerability, hazard and risk needs from all parts of all territories.

The respect that SRCS has gained from all public authorities has given it credibility and access.

> *"During the fighting no one else is working there. We work in places where government and others cannot go – reaching the last mile. The government says, 'This is the role of the Red Crescent – to assist wounded people neutrally'. The armed actors also say 'These SRCS are good people and give us very appreciated service.'"*
>
> SRCS deputy executive director

(ii) The auxiliary role and its interpretation

> *"We have managed to maintain an 'auxiliary role' with political stakeholders. Our stance has always been that after dissemination, if you work with SRCS you have to be free from partiality and be neutral and independent in everything you do."*
>
> Yusuf Hassan, SRCS president

There have been both strengths and challenges in the implementation of SRCS's auxiliary role following the civil war and division of the country into separate territories since the 1990s. SRCS's emphasis has been on staying away from politics and focusing on operational issues, through collaborative but independent positioning. Operational collaboration has focused on regular meetings with clan and tribal leaders, and field level meetings with non-state armed actors and other authorities to negotiate access.

SRCS has stressed the definition of its role as being auxiliary to the 'public authorities' (rather than 'the government'), thus acknowledging its relationship, through the Fundamental Principles, with a range of groups governing different territories.

> *"We had pressure from government not to help in areas controlled by other non-state armed actors, but we explained international humanitarian law (IHL) and that our primary mandate is to help mothers and children displaced by conflicts, or in situations affected by droughts and floods. SRCS's senior leadership continued to hold meetings with senior government officials and other humanitarian actors to educate them on a 'do no harm' approach and respect for the community. Then they gave us permission. Even in a recent example of fighting which erupted in 2023, SRCS still was able to provide ambulance services to both sides and offer protection and the exchange of dead bodies."*
>
> SRCS deputy executive director

In defining a modernised auxiliary position for itself, SRCS acknowledged that the governmental authorities in the divided territories allocated only 3-5% of expenditure to social programmes, while concentrating most of their resources on national security issues. This meant SRCS needed to define a strategic balance between supplementing and substituting for public humanitarian services, particularly where its services would be targeted by non-state armed actors if they were seen as an extension of government infrastructure.

One solution was to form a series of neutral, impartial and independent community-led health committees (CHCs) and operate primary healthcare clinics (PHCs), following a consistent model of a minimum number of staff, and humanitarian assistance packages that differed from the government's services, which were less sustainable at community level. SRCS's image was strong as it had stayed in communities since the dissolution of the country in the 1990s.

Nine-month-old Maida is screened for malnutrition at SRCS's Kenya Clinic in Burao. Children receive their first supplement at the clinic, and their mothers are given enough to take home. SRCS is working alongside the IFRC, ICRC and other Red Cross and Red Crescent Movement partners to provide support to people impacted by the crisis. (2023)

SRCS's successful community-led models, which include sensitive health surveillance capacities, have also given it the ability to negotiate with all public authorities. Its services to communities in all territories have both facilitated access and acceptance, and enabled stronger humanitarian diplomacy that results in its ability to influence particular policies of government and other donors.

The organisation's NSD investments in community-led programming put communities at the centre of its activities, with a role in programme governance. Its holistic approach of involving local volunteers supporting their communities to map out vulnerabilities and capacities, and identify gaps (for example, in areas such as disease prevention and environment management), helped reduce social tensions and conflict over resources.

SRCS's community health infrastructure has clearly substituted for public health services in remote areas and those held by different armed groups. In these places, communities' trust in SRCS's neutral, impartial, independent and principled humanitarian services led to them donating buildings and providing security for health facilities. SRCS covered the costs of medicines and salaries for staff, who were always recruited locally to ensure acceptance by local clans and sub-clans.

Long-term support from partners, such as the Norwegian Red Cross over 25 years, moved strategically from clinic-based care to community-based health promotion. SRCS's auxiliary role, its principled local capacities, its unique access, acceptance and reach, and its relevant, evidence-based humanitarian services have led to it being invited to join several humanitarian coordination mechanisms. These included:

→ CASH clusters

→ food security clusters

→ collaborations with the:

    o   Ministry of Health –COVID-19 response, including distribution of supplies and community-based awareness raining roles

    o   National Food Resilience Authority

    o   Ministry of Agriculture – including humanitarian advocacy to ensure that strategies identified the most vulnerable people, such as women-headed households.

To overcome tensions and misunderstandings between different parties to local or national conflicts, SRCS implemented several strategies supported by NSD investments. These included:

✓ establishing 'networking committees' to gain good acceptance, both at a senior level (where the SRCS president, vice-president and other senior members could meet parties to a conflict) and at branch levels, where a key responsibility of branch coordinators was to meet state representatives and non-state armed actors to resolve complexities and gain access to vulnerable communities

✓ customising ICRC's dissemination training into 'training for networking'

✓ building long-term community presence and acceptance through volunteers working in their own communities, which could be used in humanitarian diplomacy with all authorities to show that SRCS was a local and trusted actor

✓ establishing locally led humanitarian action by including local income-generating activities in health centres, where possible, to show that communities were donating their own resources to sustain highly valued local services.

Securing access and acceptance involved ongoing negotiations with the myriad of different authorities across the country. The 'networking committee' structure enabled SRCS staff to consolidate and share regular updates and successful strategies, resulting in continuously refreshed consistent communications messages across the whole organisation.

> *"We collectively tell the public authority governing a territory that we want to reach the most vulnerable people, and it's our partners who are helping us. We have no state or local funding. Whenever there's a problem with any external authorities, we activate the networking committee to sit with key counterparts to solve it. It's challenging as the leaders of non-state actor groups move and change, and we have to re-educate new ones on our terms of agreements and need for regional networking."*
>
> Ahmed Jama Abdulle, SRCS vice-president

SRCS made a strategic decision to expand its services by introducing mobile health clinics (MHCs) to extend its reach to people in high-risk and hard-to-reach areas, including nomadic and displaced communities. Such a practical application of its auxiliary role to local public authorities reinforced the perception among armed and other actors of SRCS's non-political stance, as it engaged with both state and non-state actors while maintaining independence.

> *"When one party to the conflict would gain control over an area and ask us to work there, we would say, 'We are there already and were there before you. But our staff and volunteers cannot follow you as our neutrality will be in danger and staff and volunteers will be attacked. We will do our own needs assessment before distributions. We cannot hand over goods to armed groups, but we will do it ourselves and you can come and see the distributions of you want, but not interfere.'"*
>
> Abdulkadir Ibrahim 'Afi', SRCS director of communications and organisational development

SRCS used several NSD investments to strengthen branches, sub-branches and public health clinics, and maintain a permanent presence in communities to continue to carry out its auxiliary role. The NSD investments arising from strategic use of SAF also helped generate internal guidelines to help SRCS enact its auxiliary role in a safe and secure context – for example, using risk management techniques to establish who to contact before volunteers were deployed in conflict-sensitive areas.

> *"There are frequent misunderstandings as many stakeholder groups have frequent reshuffles of leadership, and this means we have to have capacities for continuous dissemination for new appointees. In some places other organisations, such as the UN, give vehicles, so government departments ask us, 'Why don't you give us vehicles too?'. We remind them that 'We are working for communities, not governments', but we need more humanitarian diplomacy training."*
>
> SRCS branch coordinator

Where two clans are fighting, SRCS will apply its auxiliary role to different governing groups by deploying two mother and child health clinics (MCHs) with profiles that are acceptable to each clan. The coordination offices also maintain a balance of staff who can be deployed with sensitivity to conflict-sensitive areas. When making cash distributions, SRCS ensures it supports everyone, regardless of their clan affiliation. Similarly, impartiality applies when rehabilitating boreholes – if one community is to benefit from a borehole, two others in the vicinity must also be served.

A recent federal government regulation in one part of the territory outlawed organisations from working in areas controlled by a non-state armed group. However, because the president of the government had been an SRCS volunteer in the past, SRCS was able to get permission to help people in all areas. It is a testament to SRCS's strategic decision-making and neutral, impartial and independent positioning that since the dissolution of the unitary state none of its staff and volunteers have been targeted.

(iii) Building social inclusion and peace

> *"Some branches have responded to SRCS's Youth Engagement Guidelines, undertaking their own activities, such as peer-to-peer sessions in universities, giving awareness sessions on gender abuse, avoiding drugs, and HIV/Aids, and organising sports events to promote peace and social cohesion between youth. In some branches with their own youth committee and management structure, we are building youth to be leaders of tomorrow."*
>
> SRCS branch coordinator

SRCS has used SAF principles in its Resilience Programme since 2018. When new support is planned, it holds gender- and diversity-balanced community meetings (including 20% disabled people) to inform them of the proposed support and request they form a committee of 15 diverse representatives. A community memorandum of understanding is then signed agreeing that the project will be impartial, focus on the most vulnerable and build social cohesion.

SRCS has made NSD investments with a view to building capacities to promote greater social inclusion and peace. Much of this work has focused on school children and youth, due to the high level of social exclusion and unemployment experienced by young people, which leads to armed groups recruiting them into militia and military service.

Young people make up more than 65% of the population across the territories, while young women make up 45%. To show that it recognises gender rights as part of building social inclusion, SRCS has focused in some areas on giving a voice to more young women graduates as volunteers. One branch has gone from having 19 women to 300, compared with 60 men. Another has recruited 21 women within its staff team of 37.

> *"Most of our skilled personnel in health are women – for example, in outpatient departments, anti-FGM advocacy roles, and health clinics where women come for confidential treatments."*
> SRCS branch coordinator

There are large concentrations of internally displaced people (IDPs) and informal settlements in parts of the territories, and gender-based violence is common in overcrowded camps. SRCS has been acutely aware of the need to sensitively address the issue, for example, by improving lighting and increasing the numbers of latrines. In situations where women are not allowed out at all, house-to-house visits for hygiene awareness campaigns enable female volunteers to speak with women without men present.

SRCS has invested in protection, gender and inclusion (PGI) strategies, built on the assertion that everyone should have equal access to health services. Since most people visiting its health centres are women and mothers, this aspect of its work has a natural focus on women-headed households. SRCS's PGI guidelines were approved in 2023 and have already been used in food distribution and disaster response work.

NSD investments have strengthened community-led volunteer-based humanitarian actions. For example, transitioning from clinic-based health care to community-based health care has strengthened SRCS's ability to focus on more integrated community level achievements and socially inclusive outcomes.

> *"After developing women's solidarity groups of trained volunteers attached to community health committees, we aimed to promote the eradication of FGM. In one community, two older women had practiced FGM for the last 15 years. After several awareness sessions on harmful effects, we convinced them to stop the practice, and they became members of the Women's Solidarity Group. They are now promoting practices against FGM and have replaced their FGM income by running a small tea shop."*
> SRCS branch leader

SRCS volunteer Halima records details for COVID-19 contact tracing. "If the patient does not return for the second dose, we call them because we have their details," she says.

8. Strengthening 'integrity'

(i) The role of SRCS's statutes

SRCS's statutes outline a membership system with three categories of members: Ordinary, Associate and Corporate, which enables people to apply for a five-year renewable membership for a small fee. However, although a branch assessment in 2000 refreshed guidelines for membership recruitment, this has not been actively pursued. There are two main reasons for this: firstly, it risks non-neutral members joining and being elected into governance systems; and secondly, a lack of transparency in systems for membership income could lead to allegations of corruption. Both risks would undermine SRCS's strict adherence to the Fundamental Principles and erode community and institutional trust in its neutral, impartial and independent positioning.

To remain unified amidst Somalia's political divisions, SRCS suspended work to revise its statutes for several years. However, following the 2019 OCAC assessment, statutes revision emerged as one of SRCS's nine priorities. The IFRC country office and ICRC Somalia delegation, as well as the IFRC/ICRC Joint Statutes Commission (JSC) in Geneva provided appropriate and strategic support to SRCS's leadership. Their main proposal included support for a legal base consultant from the Kenya Red Cross to initiate the first review and steps of a statutes review and develop drafts for discussion and consultation.

With the support of the consultant, SRCS aims to work on new approaches to adding 'addendums' to its existing statutes, which will mean that they do not have to go to government authorities for approval. This is because SRCS operates in territories governed by separate public authorities who are unlikely to agree a mandate that covers territories governed by other authorities. It will first conduct an internal evaluation on sensitive amendments needed to some existing provisions, such as 'government appointees' in certain roles.

Revising the statutes will enable SRCS to continue to strengthen its internal guidance on separating governance and management (particularly at branch level where confusion still exists), and its integrity management systems. This work will focus particularly on formalising local resource mobilisation mechanisms to improve sustainability, as well as strengthening governance guidelines so that filters are applied to avoid any staff or volunteers being recruited who have political or religious affiliations that would pose a risk to SRCS's neutrality, impartiality and independence.

(ii) Refreshing governance at all levels to oversee a decentralised branch network

"A recent conflict has been going on for nine months with lots of heavy weaponry and fighting, with people affected badly, displaced and killed. But our branch continued working full time, providing all services to the people. The military forces did not touch any of the branch office or assets. The branch provided equal impartial services to both sides – compared to other countries where Red Cross/Crescent buildings were looted."
SRCS senior director

SRCS's branch and sub-branch committee members are chosen for their strictly neutral, impartial and independent profiles. SRCS's statutes say that a minimum of 40 members (of whom at least 30% should be women) must exist to form the branch assembly, from which a committee of seven are elected (of whom at least three must be women). Elected members should have credibility in the community and ideally represent the interests of men, women, disabled people, youth and local businesses. The committee elects a chair, vice-chair and secretary who serve with a mandate for four years. Meetings should be held monthly with agendas and minutes. As an invitee, the branch coordinator provides updates about successes, challenges and activities.

Many SRCS members and leaders serve long terms because conditions in the country are not conducive to making frequent changes, and this also maintains consistency of respect and positioning. Some rotation does occur as necessary when members move for employment and other reasons. In these circumstances, the remaining branch and sub-branch committee members sit again with their communities to select the next members using the same principled profiles that can convey the neutral, impartial and independent positioning of SRCS in its local contexts.

> *"SRCS's leaders are well-known in communities. They are often doctors or those with a strong humanitarian history. They are chosen by their own communities. Other organisations assign leaders and volunteers from other locations, but communities ask them, 'Why are you not selecting from our own community?'. By doing this we gain trust, access and acceptance, enabling communities to input into all planning and implementation work through this leadership."*
>
> SRCS branch coordinator

This locally led leadership enables the community to feel that its voice is heard, as branch leaders can give two-way neutral, impartial and independent feedback to and from SRCS at community level. To ensure both old and new branch committee members benefit from continuously refreshed humanitarian perspectives, SRCS collaborates with its Movement partners to:

✓ facilitate twice-yearly branch meetings to discuss access issues

✓ invite Movement partners in selected conflict-sensitive areas to discuss trends and issues in areas governed by non-state armed actors

✓ hold Movement induction training (in 2018, 2019 and 2020) for branch leaders and committee members.

Most SRCS branch committee members are male due to local cultural traditions. However, an active gender balance is maintained through most of the staff, nurses and auxiliary nurses of the clinics and rural centres being women. Female staff from the local area are trusted, and as a result most branches' and sub-branches' services reach and serve primarily women and children. Men migrate more frequently looking for work, but women provide and maintain the long-term trusted positioning of SRCS in communities.

> *"Wherever we go, the community try to do the hosting for us. They give us food, accommodation and somewhere to sleep. Other organisations can't go to some areas, but SRCS can go everywhere."*
>
> SRCS branch coordinator

(iii) Strengthening transparency and accountability

> *"Transparency and accountability are both internal and external issues. We have transformed many of our systems to further strengthen our positioning as a neutral, impartial, independent and credible organisation, both for communities and partnering institutions. These include transitioning from manual to software-based finance and logistics systems, revolutionising the way in which our HR systems recruit staff to professional standards (with questions jointly set by our partners), and producing consolidated financial statements since 2022, with our first ever external audit approaching in early 2024. We consistently share all SRCS's strategic plans, annual reports and programme monitoring reports with partners, authorities and other external institutions."*
>
> Abdulkadir Ibrahim 'Afi', SRCS director of communications and organisational development

To gain respect as a trusted local humanitarian actor, SRCS has maintained long-term commitments to strengthen its transparency and accountability systems.

SRCS's new leadership launched a National Society Development Initiative (NSDI) in 2018, starting with its work to develop key institutional strategies in core activity areas (such as health and first aid), as well as strategies for supporting NSD areas. The NSDI aimed to coordinate the efforts of partners supporting NSD initiatives and better align them to SRCS's strategic plans. In 2019, an NSD delegate was recruited, funded by the British Red Cross and located in the ICRC cooperation office. His role was to help SRCS strengthen its coordination efforts, both internally and across all departments, coordination offices and branches, as well as across all partners' inputs. However, the first version of the role was perceived by some external stakeholders very much to be part of the ICRC structure, rather than an integrated support to SRCS. To rectify this, the subsequent NSD delegate was appointed with a new focus, reporting directly to SRCS's senior leadership while being under a British Red Cross structure.

SRCS's commitment to its own development, guided by its Strategic Plans 2015-2019 and 2021-2025, accelerated with the support of the NSD delegate. The plans continued to be aligned to IFRC's Strategy 2030 and contained many transformational goals for it to continue to grow in effectiveness as the key unitary humanitarian actor.

After using the IFRC's Organisational Capacity Assessment and Certification (OCAC) process in 2019, SRCS identified nine key areas of institutional capacity gaps and turned them into specific workplans and targets. In a short space of time, it developed six working groups and taskforces that delivered multiple outputs. These included programmatic strategies:

- Health Strategy 2019-2023
- Resilience Strategy 2021-2025
- Strategic Plan 2021-2025
- First Aid and Pre-Hospital Care Strategy 2021-2025
- SRCS COVID-19 Response Plan 2020.

They also included NSD outputs that built organisational credibility, strength, accountability and efficiency:

- Finance Manual 2020
- Procurement Manual 2020
- HR Policy Manual and Staff Regulations and Rules 2020
- accounting software
- Communication Strategy 2020
- first SRCS internal audit in December 2022
- PMERL Policy and Strategy 2020
- Resource Mobilisation Policy and Strategy 2021
- revised Human Resource Policy 2023
- SRCS Asset Management Policy 2023; revised Statutes 2023
- updated Resource Mobilisation Policy and Strategy 2023.

To gain the trust both of governmental and armed non-state actors as well as donors, SRCS made NSD investments in transparency and accountability systems across four key areas: human resources; finance; logistics capacity; and planning, monitoring, evaluation, reporting and learning (PMERL). These investments not only earned SRCS respect and trust, but also increased the speed, effectiveness and impact of its humanitarian services. This in turn built trust and confidence in the organisation among a range of external state and non-state actors, strengthening its neutral, impartial, independent and transparent reputation, and securing the access and acceptance needed to serve all people everywhere.

A Somali Red Crescent Society health clinic in Badweyn, NER city, Galkayo. (Photo: Olav A Saltbones.)

Noting that the profile of SRCS staff at all levels needed to meet its strictly neutral, impartial and independent standards, the organisation made significant NSD investments in improving its transparent and accountable human resource recruitment and development practices. To address the HR deficiencies identified in the OCAC in 2019, SRCS has taken action to consolidate the trust that communities have in its appointment systems, with support from ICRC, IFRC and the British Red Cross.

NSD investment area	Achievements
Human resource development SRCS recruited a HR consultant in 2018 who completed: • a salary survey with comparators against other similar organisations • a framework for standardised job descriptions • an analysis matching staff profiles to updated jobs • a proposal for security, benefits and medical coverage packages. The above initiative resulted in two HR directors being recruited and trained in database management, one for each coordination office.	✓ 2020 – SRCS HR Policy Manual incorporating staff regulations and rules adopted. ✓ 2021 – first ever performance management system implemented. ✓ SRCS stakeholders in branches and PHCs perceive very positive impact of new HR policy and procedures on recruitment of new staff, with more transparent tests and exams, reinforcing Fundamental Principles. ✓ SRCS HR files on all staff, with Excel spreadsheets linking salaries to benefits and managed performance standards.

The outcomes of the enhanced HR systems can be felt in the higher levels of community trust that they have generated, opening further access and acceptance to isolated and vulnerable populations:

> *"We now have a clear recruitment process – we involve the local administration, local women's groups and do it in front of them. To maintain neutrality and impartiality and avoid clan-based influences, we inform the local administration about what kinds of neutral and impartial people will be recruited, then put up public advertisements, ask candidates to pass a test/exam to participate, and then shortlist and interview. We stress at community level that we do not want any applicants with any form of criminal record, affiliation with any radical group or organisation inside or outside the country, and that we need a clearance certificate from the appropriate intelligence services of good behaviour after also checking court records."*
> Coordination office senior director
>
> *"Most branch staff have received training in the new HR policy and manual which has improved overall approaches to supervision, implementation of work and job descriptions, and balancing accountability through increased staff obligations and increased benefits in return."*
> Branch leader
>
> *"When it comes to human resources, we see a bright future with well-educated professional people coming to our National Society."*
> Branch coordinator

SRCS has also invested in **finance development** initiatives to address weaknesses identified in the 2019 OCAC, with continued support from the Norwegian Red Cross, British Red Cross, IFRC and ICRC. These have included managing a standardised implementation of the SAGE accounting system that is now followed by all partners. While other local organisations are weak in financial systems and reliability, SRCS's NSD investments aim to demonstrate the neutrality, impartiality and independence of its more transparent and accountable operations and services. The key initiatives undertaken have included:

NSD investment area	Achievements
Finance development (FD) From 2013, the Norwegian Red Cross (NRC) supported FD, including mapping all systems, which led to a FD plan of action with targets to be achieved by 2020. This included strengthening accounting, budgeting, monitoring, internal control and fixed asset management systems.	2020 – revised Finance Management Manual adopted by SRCS executive committee. 2020 – first SRCS consolidated financial report achieved. March 2021 – Hargeisa coordination office (CO) trained newly recruited finance assistants from six regions.

In 2019, NRC agreed for its regional FD delegate to allocate 40% of time to SRCS to strengthen support. An SRCS FD working group was established in 2019 to *"better coordinate and collaborate between RCRC Movement partners in SRCS institutional development plans in FD and RM"* (FD and RM taskforce terms of reference). The taskforce members included mainly finance focused staff in the form of *"SRCS finance directors from two coordination offices, IFRC, ICRC, British Red Cross, German Red Cross and Finnish Red Cross"*. The objectives of the taskforce included: • sharing information on activities in FD • providing technical inputs for developing tools and systems • taking lead roles based on members' expertise in developing policy/s as part of the FD work plan developed by the group.	June 2021 – both COs completed uploading of all 2020 expenses into SAGE system. By October 2021 - branch financial reporting improved. 2020 – NRC support for SRCS finance officer for financial consolidation, training in software, and coaching other SRCS staff. 2020 – new SRCS SAGE accounting software contract with NRC support and implementation in two COs and three rehabilitation centres. 2021 – computerisation of further SRCS accounts through SAGE software. 2021 – FD policy compliance assessment fed into SRCS Risk Management Framework and plan of action, recommending to both executive directors stronger consolidated internal financial reporting. 2022 – first SRCS internal audit identified several areas for further strengthening, following which SRCS planned its first ever external audit in early 2024.

These investments had an impact on the delivery of humanitarian services, further strengthening trust in SRCS among communities, armed groups and non-state armed actors, and local authorities and organisations who all saw SRCS as a partner of choice.

"Our finance systems moved from being based on "working advances" that required complex receipts and our finance systems moved from being based on 'working advances' that required complex receipts and reporting back to partners and donors to SRCS now being responsible for everything. We are now a cashless National Society, with even cash transfers to beneficiaries being made digitally."
Yusuf Hassan, president of SRCS

"Finance development has had a big impact on the SRCS and beneficiaries. We now have active standard operating procedures to maintain our transparency and integrity."
SRCS branch volunteer

"From two years ago, when there was no regular financial reporting, we now produce a financial report each month, pay salaries on time, and discuss reports with all departments on a weekly basis."
Coordination office deputy executive director

"Since 2020 SRCS started to consolidate financial information into one system. It helped SRCS successfully replace the previous systems for cash transfers to beneficiaries in emergencies (when all partners would come with different formats and priorities) and now all use SRCS's own documentation and systems."
Branch coordinator

"The SAGE system being increasingly used with appropriate training being rolled out, including some finance training for non-finance managers. Salaries and volunteer expenses are paid on time through effective bank transfer systems (previously had to wait one to two months)."
Coordination office deputy executive director

"Earlier financial reporting crises have reduced to solving daily enquiries within 24 hours (for example, ICRC's backlog of CHF 1 million was reduced to less than CHF 100,000 in one year)."
Coordination office senior manager

"There are many instances in which the improved finance systems have:
    ✓   *iincreased the speed of cash disbursements and transfers to vulnerable people*
    ✓   *increased deliveries to primary health care clinics*
    ✓   *improved the speed of vaccination programmes*
    ✓   *resulted in partners sending cash to SRCS in a timely manner due to quick reporting."*
Partner National Society

Logistics capacity development has proved critical in moving humanitarian assets, aid and support to the most remote and vulnerable populations located in divided and conflict-affected territories. Against the baseline identified in SRCS's OCAC of 2019, its NSD investments have achieved commendable success:

NSD investment area	Achievements
Logistics capacity development The IFRC, ICRC and Norwegian Red Cross (NRC) provided sustained support to strengthen SRCS's logistics and procurement processes and systems.	Feb 2020 – SRCS Procurement Manual (PM) finalised with IFRC, ICRC, NRC support. 2020 – ICRC supported two SRCS logistics officers in each coordination office (CO) and selected branches. 2020 – SRCS staff trained on new SRCS PM by NRC and ICRC logistics. 2020 – Hargeisa CO trained staff in PM. 2021 – Mogadishu CO trained 26 procurement, administration and finance staff using the Procurement Manual 2020 – SRCS DRM directors visited Kenya Red Cross to see preparedness infrastructure, warehouse systems, information management during disasters, and fleet management systems. Due to lack of SRCS branch procurement officers, the learning from the Kenya Red Cross visit has not yet been actioned.

The humanitarian outcomes and impact of the enhanced logistics capacities of SRCS have been notable, strengthening capacities for negotiation with armed non-state actors and local authorities to access the most vulnerable communities:

> *"Our new procurement system has vastly sped up response in emergencies – e.g. in a recent DREF which had to be organised very quickly as affected populations were displaced and moving, the whole cash transfer system was set up and delivered within a week. Branches now have tendering processes which were not practiced before.*
>
> *"Communities know our fair and transparent procurement policies and standard operating procedures. They know that whichever supplier is chosen will be the most competent. In November 2021, our coordination office asked UNICEF to assist with hiring a procurement officer as part of their six months support and we were successful, which helps to build our capacity. We used this person to build a database of suppliers and a framework agreement with suppliers."*
>
> Coordination office senior manager

SRCS also made NSD investments that built local capacities to ensure transparent and accountable **PMERL systems for reporting of its services, performance and accountable use of resources** both to the communities it serves and to stakeholders supporting its work.

NSD investment area	Achievements
Planning, monitoring, evaluation, reporting and learning (PMERL) development The IFRC, ICRC and the British Red Cross have provided sustained support to strengthen SRCS's PMERL processes and systems, including in the OCAC-identified areas of: ✓ PMERL guidelines, procedures and training ✓ tools for stakeholder satisfaction analysis beneficiary communication ✓ community engagement and accountability	Feb 2019 – OCAC identified gaps and targets for PMERL development. 2020 – SRCS appointed PMERL directors in both coordination offices (COs), supported by IFRC and ICRC. GRC funded SRCS PMERL officer to oversee livelihood programming reporting in Hargeisa CO. SRCS started to update key statistics on IFRC's Federation Databank and Reporting System. Dec 2021 – both SRCS PMERL directors attended a two-week PMERL course offered by AMREF University in Nairobi.

✓ standard SRCS formats, templates, or tools for PMERL.	2021 – IFRC and ICRC detailed briefings for both PMERL directors, including on gender disaggregated data.
	2021 – both COs produced PMERL development plans including monitoring visits and technical support to branches.
	2021 – both PMERL directors took IFRC online learning platform PMERL courses in project planning, and monitoring and evaluation (M&E).
	2021 – COs undertook a comprehensive 130 question branch capacity assessment report in December to identify capacity gaps and solutions.
	Dec 2021 – initial discussion to develop SRCS CEA Strategy.
	2022 – PMERL directors aimed to strengthen disaggregated data collection across all of SRCS, including diversity and disability data.
	2022 – PMERL directors worked closely with programme teams to ensure effective reporting through on-the-job training and monthly reports for consolidation at CO level.
	2023 – branch officers trained in M&E plan.

SRCS has traditionally had strong active engagements with communities and sought their feedback, so strengthened community engagement and accountability (CEA) capacities built on this. Both communities and public health authorities have welcomed SRCS's patient satisfaction surveys in health facilities, and the fact that it has provided a phone number for people to order medication or express appreciation.

SRCS's community health committees (CHCs), which are often made up of local religious leaders, schoolteachers, mothers, etc, also provide effective CEA feedback at their monthly meetings. Some have raised the issue of staff not reporting for duty, which has led to performance reviews and action. Because of how much they appreciate SRCS's work, some CHCs even send volunteers as nominated security guards for the clinics.

This more structured approach has contributed to new forms of humanitarian impact:

> SRCS's clinics belong to the community, not just to SRCS."
>
> "Our widely appreciated reporting during the COVID-19 response improved as a result of new PMERL personnel."
>
> "We have tried to balance having PMERL to improve our own programme impact, with the needs that donors have for reports. Partners have their own reporting templates whereas we tried to support monitoring and evaluation using indicators in our own programmes and services."
>
> "Although SRCS PMERL directors are the focal points for CEA, in future SRCS needs a wider CEA strategy with clear responsibilities for all personnel. At present we have instituted CEA at community level but we have separate hotlines connecting to many offices. We need to consolidate all numbers and unify the feedback we are receiving from communities."
>
> "We aim to have a PMERL focal person, and ideally PMERL manager and officer in each branch into the future."
>
> "We now want CEA and PGI elements and accountabilities to be included in all SRCS job descriptions to institutionalise responsibilities in future."
>
> "SRCS rehabilitation centres have started using a monthly reporting format which is consolidated by the coordination office PMERL director into a monthly and quarterly cross-sectoral report."
>
> SRCS coordination office directors and branch heads

SRCS's protection, gender and inclusion (PGI) work (which was supported by the Canadian Red Cross for six years), has focused on training schoolteachers and public health promoters. To strengthen this area, SRCS undertook a PGI organisational assessment in 2022.

To further strengthen perceptions of its neutral and impartial services, SRCS invested in digitalisation as a means of gathering more vulnerability and monitoring data. Using IFRC's Digital Maturity Assessment Tool in early 2023, with the support of the Danish Red Cross and British Red Cross, it developed a plan of action. The systems have not only given SCRS sector-leading capacities for collating local data, but also helped it to report more transparently on the humanitarian impact of its services. Outcomes of digitalisation have included:

→ introducing a patient management system in rehabilitation centres from 2017 that allows them to effectively manage patients, monitor trends and produce strategic reports to improve humanitarian diplomacy objectives

→ introducing a web-based volunteer management system (introduced in Hargeisa in 2020, needing to be extended to Mogadishu)

→ involving SRCS volunteers and field teams in cash distribution using mobile money (supported by ICRC/IFRC)

→ SRCS health clinics beginning to use ALMANACH, a digital tool for the management of childhood illnesses (introduced in 2020 at Mogadishu clinics, needing to be expanded to more clinics)

→ SRCS health clinics contributing to Demographic and Health Information Surveys (DHIS 2), involved in community-based surveillance

→ some salaries being paid though mobile money where banking services are not available

→ SRCS subscribing to its own Zoom platform to conduct online meetings since 2020

→ SRCS financial accounts being migrated to SAGE accounting software (first consolidated report produced for 2020)

→ introducing a shared task management (STM) tool for approving financial requests from SRCS introduced in 2020, partially functioning).

"Digitalisation has helped us be more accountable, but also lead humanitarian interventions across the territories. In November 2023, SRCS leadership agreed to establish corporate emails for the staff. An SRCS, ICRC and IFRC taskforce was nominated to work on this and now SRCS has a registered domain and individual email is being created for key staff members. Effective from March 2024, staff will use official SRCS accounts. One common email address helps to maintain perceptions of our unified National Society status. And due to our strengthened digitalised and rapid data gathering capabilities, public authorities are now trusting the National Society's data. All this helps us to continue to be positioned neutrally, impartially and independently in conflict-sensitive environments that lead to distrust of other organisations."

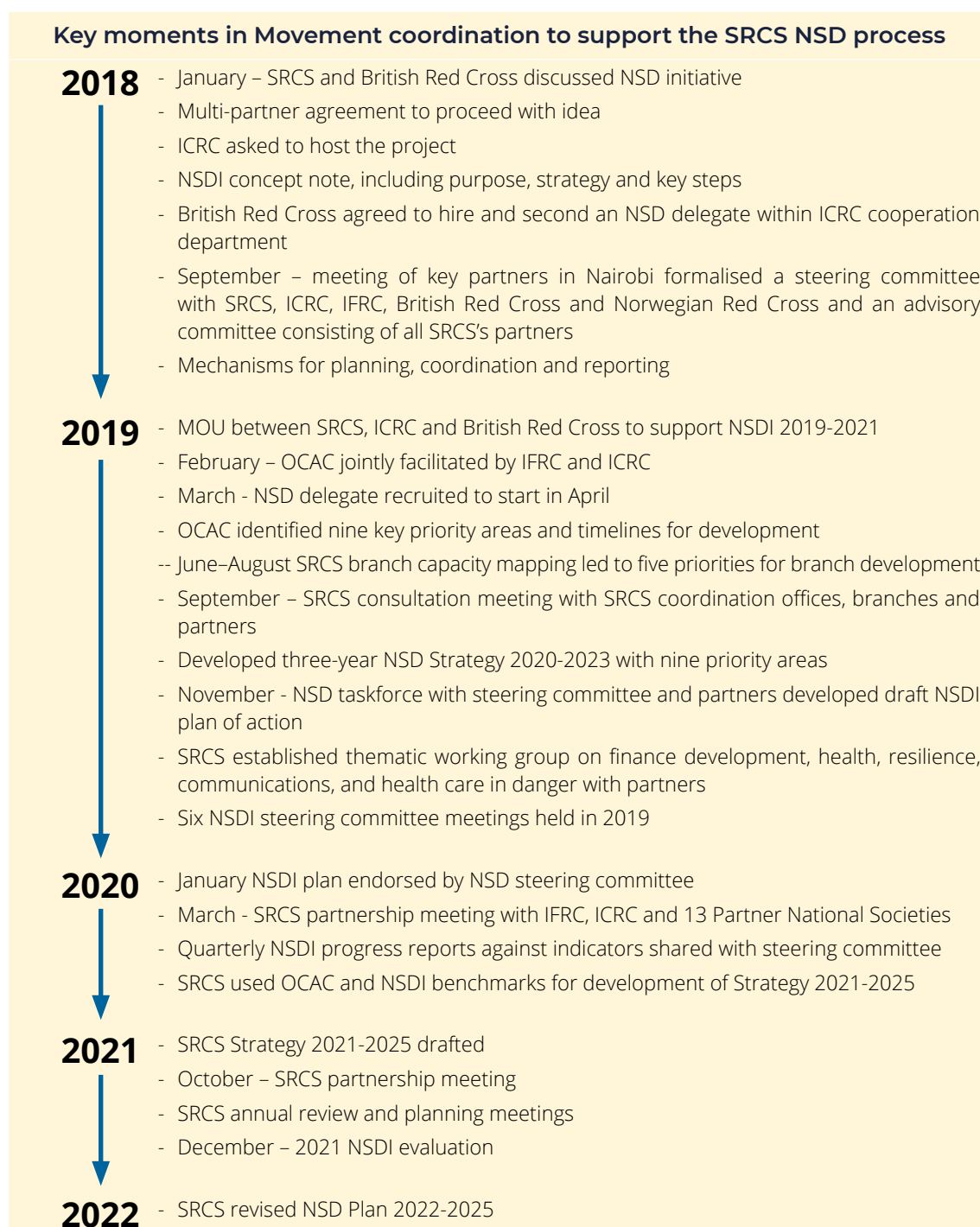Yusuf Hassan, SRCS president

Across all regions of Puntland and Somaliland SRCS has provided cash assistance to more than 2,600 vulnerable families, rehabilitated community water points, and delivered hygiene and sanitation services. SRCS teams are also running eight mobile health clinics targeting hard-to-reach areas with malnutrition screening, referrals and provision of nutrition supplements

9. Strengthening Movement cooperation and coordination – building complementarity and collective impact

(i) Using and adapting existing Movement mechanisms to enhance overall cooperation and coordination in country

From 2018 onwards, SRCS started to implement several Movement coordination mechanisms and meetings to help deliver its NSD plan and achieve its objectives in a harmonised way, as outlined below.

Key moments in Movement coordination to support the SRCS NSD process

2018
- January – SRCS and British Red Cross discussed NSD initiative
- Multi-partner agreement to proceed with idea
- ICRC asked to host the project
- NSDI concept note, including purpose, strategy and key steps
- British Red Cross agreed to hire and second an NSD delegate within ICRC cooperation department
- September – meeting of key partners in Nairobi formalised a steering committee with SRCS, ICRC, IFRC, British Red Cross and Norwegian Red Cross and an advisory committee consisting of all SRCS's partners
- Mechanisms for planning, coordination and reporting

2019
- MOU between SRCS, ICRC and British Red Cross to support NSDI 2019-2021
- February – OCAC jointly facilitated by IFRC and ICRC
- March - NSD delegate recruited to start in April
- OCAC identified nine key priority areas and timelines for development
- -- June–August SRCS branch capacity mapping led to five priorities for branch development
- September – SRCS consultation meeting with SRCS coordination offices, branches and partners
- Developed three-year NSD Strategy 2020-2023 with nine priority areas
- November - NSD taskforce with steering committee and partners developed draft NSDI plan of action
- SRCS established thematic working group on finance development, health, resilience, communications, and health care in danger with partners
- Six NSDI steering committee meetings held in 2019

2020
- January NSDI plan endorsed by NSD steering committee
- March - SRCS partnership meeting with IFRC, ICRC and 13 Partner National Societies
- Quarterly NSDI progress reports against indicators shared with steering committee
- SRCS used OCAC and NSDI benchmarks for development of Strategy 2021-2025

2021
- SRCS Strategy 2021-2025 drafted
- October – SRCS partnership meeting
- SRCS annual review and planning meetings
- December – 2021 NSDI evaluation

2022
- SRCS revised NSD Plan 2022-2025

There are still aspects of Movement cooperation and coordination that are deemed to be missing. These include the need for:

> → reducing transactional costs for SRCS as a result of multiple partner formats for planning, monitoring and reporting (e.g. nearly all partners support health programmes, but all relate to the SRCS health directors – could a health consortium introduce simplified shared analysis and reporting?)
>
> → strengthened resource mapping (e.g. ICRC used to have effective mapping of the clinics it supported, but not of the whole number across all the territories), to produce one comprehensive map of clinic resources, supplies and operational needs
>
> → partners to undertake more consistent advocacy with back donors about SRCS's strategic needs (e.g. to do cash distributions in territories under non-state armed actor control to enable SRCS to continue to be positioned as the only neutral, impartial and independent humanitarian organisation across all territories).

Despite several attempts to draft a Movement coordination agreement (MCA), this has still not been finalised. The drafts have been delayed by ICRC and IFRC legal departments in Geneva, whose interest is to continue to align them to changing global formats. This has left a strategic gap in terms of documentation, but SRCS continues to manage its Movement cooperation and coordination through the following mechanisms, including IFRC's Unified Plan process:[11]

> ✓ maintaining an annual **partnership meeting** as a strategic Movement coordination platform at which SRCS invites all partners to identify key areas to offer specialist support
>
> establishing the **NSDI** (see section 8 (ii) for full details), supported by:
>
> o a quarterly **steering committee** chaired by SRCS president and attended by IFRC, ICRC and the British Red Cross and Norwegian Red Cross
>
> > o an advisory committee which meets irregularly but is comprised of all Partner National Societies, together with IFRC and ICRC. For example, this was convened as a full day discussion on NSD at the last partnership meeting of October 2023
>
> ✓ actively participating in the IFRC-led **Unified Plan** process in 2023
>
> ✓ thematic **SRCS taskforces** co-led by another Movement partner that has appropriate technical expertise – e.g. volunteering and youth (co-led by IFRC); human resource development (with participation from IFRC, ICRC); risk management (co-led by ICRC); and asset management policy development (co-led by British Red Cross)
>
> ✓ thematic **SRCS working groups** in PMERL and finance development.

To achieve greater Movement coordination and cooperation in specific areas, SRCS has focused on establishing working groups and taskforces. However, this has not resolved all issues, mainly due to persistent partner behaviours that undermine SRCS's attempts to coordinate Movement resources. For example, in supporting SRCS's CASH capacities, the Danish Red Cross, Finnish Red Cross and IFRC each want it to follow their specific standard operating procedures for CASH distribution.

Despite the challenges of Movement coordination, SRCS's NSD investments have strengthened its organisational capacities and improved systems and processes, enabling it to continue delivering neutral, impartial and independent services. As a result, several new Movement partners have been attracted to support SRCS's critical humanitarian work. These include the Danish Red Cross, Italian Red Cross and Canadian Red Cross (the latter with a contribution to SRCS's self-identified NSD priorities of CA\$200,000 a year for five years). SRCS has also been awarded the joint IFRC/ICRC National Society Investment (NSIA) Fund Accelerator Grant to support its sustainability strengthening work. This will result in a new coordination office building that can deliver more rental income to support its future costs.

(ii) Harmonising Movement support for SRCS's own NSD priorities

> *"NSD is like the controlling of the National Society's structures, policies, and where we want to be – you need to have a plan with the right objectives. Our earlier strategies were conflict-oriented, building life-saving capacities over the decades in areas such as first aid and health care, but after a SWOT analysis we realised that we hadn't focused enough on building our longer-term capacities."*
>
> Abdulkadir Ibrahim, SRCS director of communications and organisational development

SRCS's Strategic Plan 2021-2025 emphasises a central commitment to a "Well-functioning, well positioned community-based National Society" (SRCS Vision 2021-2025) that is responsive and focused on priority areas of need.

SRCS's leadership felt the need to improve the coordination of partner contributions to SRCS's NSD. Partners had differing perceptions and definitions of NSD work, with some seeing it as a 'project' to strengthen a specific capacity area, while others saw NSD initiatives in a more holistic way as supporting an overall organisational transformation process through wider concepts such as branch development.

> *"Our support to strengthen SRCS's epidemic preparedness and emergency health response capacities will assist SRCS to deepen its community-based impact in keeping with its localisation objectives. This will build on SRCS's community health committees and their connections with women's groups working on FGM and other health issues by integrating school clubs and training elder students and teachers on these issues. This will transfer more responsibility to branches and community groups, whereas previously the coordination offices would have led such initiatives. In this way, community members themselves will have capacities to manage their own health and hygiene, sexual and gender-based violence issues, protection, gender and inclusion work, and work to eradicate FGM. The branches, volunteers and communities will also have assistance in mental health and psychological support services (MHPSS) to help them give assistance to marginalised, IDP and disabled populations."*
>
> Partner National Society

In addition, some partners have not followed SRCS's internal systems, or contributed uniformly to NSD work to assist SRCS to develop stronger organisation-wide capacities that benefit all programmes.

Faced with the risk of being perceived as a fractured institution using different standards and systems in different parts of the divided state, SRCS needed a more unified approach to establish its neutral impartial and independent organisational positioning with a wide range of external stakeholders. As a result, a meeting of key SRCS partners held in Nairobi, Kenya, in September 2018 agreed to formalise a steering committee for a National Society Development Initiative (NSDI) to contribute to a joint Movement effort to support the development of SRCS.

The NSDI's overall purpose was framed as follows:

> *"The overall goal of the NSD Initiative is to revise, develop and strengthen SRCS organizational systems and procedures for SRCS to be able to deliver timely and effective response to people in need and to address issues of financial sustainability, accountability and compliance."*

The steering committee meeting, chaired by the president of the SRCS and attended by ICRC, IFRC, the Norwegian Red Cross and British Red Cross, allowed partners to discuss and agree on mechanisms for planning and coordinating the NSDI. All partners agreed to contribute to a joint Movement effort to support the development of SRCS's capacities within the following parameters:

✓ a countrywide focus	✓ recognises the different contexts, capacities and priorities between SRCS's coordination offices
✓ a single comprehensive plan which incorporates all NSD initiatives (to date, this has not been developed)	✓ is realistic, proportional and sustainable
✓ inclusive of all Movement partners' NSD initiatives (this is yet to be initiated)	✓ directly leads to increased humanitarian services, professionally delivered at scale.
✓ common systems and processes	

A memorandum of understanding (MoU) between the British Red Cross and ICRC on the Somalia NSD Initiative was agreed and signed, covering 2019 to December 2021, followed by agreed terms of reference. An in-country NSD delegate was also recruited, funded by the British Red Cross and embedded within the ICRC cooperation department, to provide technical NSD support and accompaniment to SRCS's NSDI objectives. He started work in April 2020.

The role of the NSD delegate contributed to many significant achievements. A critical success factor was undoubtedly the significant years of Movement experience that both the first NSD delegate and his successor came with. Benefits for both SRCS and its partners were as follows.

For SRCS the NSD delegate role:

→ delivered strong and strategic support to SRCS's internal reform process

→ played an 'accompaniment role' to help align all organisational changes and reform plans

→ helped develop unified guiding principles and profiles of new personnel, and supported training, coaching and induction for new SRCS staff

→ supported the consolidation of work on branch development and volunteer management

→ ensured that emerging SRCS policies were linked and aligned to each other

→ helped ensure a balanced approach between activities and support across both coordination offices and all branches

→ in its second version, supported SRCS to manage its overall increased financial and programmatic accountability to attract more diverse partners

→ involved SRCS even in ICRC's internal planning for results (PfR) process to ensure common perspectives on external and internal challenges, etc.

For partners, the NSD delegate:

→ ensured that NSD contributions were always focused and aligned to SRCS's strategic objectives

→ became the focal point for Movement coordination at an operational level after the changes in reporting line referred to above

→ played a pivotal role by supporting the SRCS's head of NSD and communications to keep all working groups and taskforces meeting regularly, without competition, and working productively on outcomes against one thematic plan and budget that ensured common minimum standards and approaches

→ kept partners focused on consistent approaches to NSD elements and contributions to SRCS's organisation-wide outcomes, not just their own programmes

→ advocated consistently for NSD elements to be addressed at planning stages of all programmes, both with ICRC heads of programmes and sectors, as well as with wider partners to ensure complementarity

→ facilitated cross-sectoral linkages across ICRC programme departments

→ coached SRCS counterparts to take on stronger roles in Movement coordination in the future at all levels.

Somali Red Crescent Society together with its partners are doing what they can to support people in Somaliland struggling because of the worst drought in decades. Many people have lost some or all of their livestock and are living in a desperate situation. (Photo: Olav A Saltbones/ Norwegian Red Cross.)

In March 2020, SRCS adopted its National Society Development Initiative Plan 2020-2023, which included an initial plan of action for 2020. The following table contains a summary of the specific partners that offered support to each of the nine components of the NSDI plan:

Area of support to SRCS	Main international actors	Objective
Revision and update of SRCS statutes	IFRC, ICRC	Update statutes for SRCS to clarify: constitution of SRCS governing structures, roles and accountabilities, governance and management.
Finance development	NRC, ICRC, BRC, IFRC	Reinforce SRCS efforts towards financial integrity and transparency through well-functioning accounting procedures and good governance
Logistics development	NRC, ICRC, IFRC	Reinforce SRCS efforts towards procurement and asset management with financial integrity and transparency
Resource mobilisation	NRC, ICRC, IFRC	Address the financial sustainability of SRCS by developing a resource mobilisation policy, strategies and guidelines, well-functioning accounting and reporting systems and identification of core costs.
Programme monitoring, evaluation and reporting	ICRC, IFRC, BRC	Develop, establish and implement a common PMERL system for SRCS at all levels to ensure quality service delivery and accountability. (The objectives were further widened to include the mainstreaming of protection, gender, and inclusion (PGI) considerations, as well as community engagement and accountability, with the support of wider partners).
Compliance and risk management	IFRC, ICRC	Promote, practice and contribute to the improvement of transparency and accountability within SRCS; identify and manage barriers to transparency and accountability.
HR/volunteer development	IFRC ICRC BRC	Promote within SRCS good HR practices, including fair and equitable remuneration that will enhance employee engagement, motivation and overall contribution towards the achievement of organisational objectives.
Safer access	ICRC	Achieve increased access and acceptance for SRCS throughout the country, and safety for staff and volunteers.
Policy and strategy development	ICRC, IFRC, GRC, BRC, NRC, CRC	Determine SRCS strategic aims and priorities in Somalia for the next five years, and strengthen SRCS programmes and capacities to achieve its strategic aims.

"Our SRCS National Society Development Initiative has changed the National Society and how we work. It's helped us to look at our systems and restructure ourselves. We've now prioritised some of the areas we had lost and wanted to build – we've developed policies, guidelines, and new departments to support the systems. We've also prioritised some key areas which have very difficult armed actors and groups, to reach areas where others cannot reach".

SRCS senior manager, coordination office

Following an external evaluation of the NSDI at the end of 2021, several enhancements were made, including:

→ British Red Cross continuing to fund the position of NSD delegate, but with a strengthened reporting line to SRCS senior leadership instead of Movement partners (achieved in 2023, with the incoming NSD delegate reporting directly to SRCS's president and director of organisation development)

→ transitioning from the terminology of 'NSDI' to a 'One NSD Plan', with a harmonised Movement support plan to which all partners can contribute (developed in 2022 to incorporate wider partners' NSD contributions through their programming budget lines)

→ a commitment to develop an SRCS branch development strategy, supported by a mapping of branch services, capacity gaps and Movement support, after the completion and analysis of the BOCA exercise in 2024

→ describing better the impact of NSD outputs and outcomes on improving programme and service quality, reach, sustainability and humanitarian impact to attract NSD funding (achieved in 2023 through more PMERL, and communications focusing on human interest and impact stories to show the outcomes of effective NSD)

→ refreshing SRCS volunteering guidelines and adopting youth engagement guidelines in 2024

→ Movement partners transitioning from delivering independent, project-based support to supporting NSD through all programmes, through a One NSD Plan with harmonised support mapping.

However, SRCS has also experienced challenges in trying to strengthen Movement coordination mechanisms and align support to its strategic, conflict-sensitive environments. These include:

✗ partners and donors sometimes wanting to give large funds to a single institution in a specific location (such as a primary health clinic (PHC)) for unclear reasons, meaning that SRCS cannot use the funds to resource more PHCs in other areas to show its neutrality and impartiality

✗ partners favouring infrastructure-based donations (cars, computers, rehabilitated buildings) without parallel NSD investments that would enable SRCS to, for example, generate more local income

✗ many partners requesting bilateral programming with respective coordination offices, hence multiplying pressures on SRCS to deliver individual narrative and financial donor reports, and building parallel PNS teams instead of supporting SRCS with upgraded staff training, etc. "We need less staff and more outreach!"

✗ pressure from some partners to expand SRCS's partnerships with external international actors (e.g. UNICEF) despite the fact that certain non-state armed actor groups target and attack such institutions. E.g.: *"You can have $4 million but you will need to do A-Z"* SRCS's solution is only to engage in such partnerships using logo-free medicines, and ensuring these relationships are not publicised or covered in their respective reports.

"We have always sought to strengthen our approaches to Movement cooperation and coordination. We consult partners in the development of all our strategies, and mechanisms such as working groups have made it easier for partners to follow the resulting SRCS's strategies as well. However, a trend towards bilateralism makes coordination even more important, though challenging."

Ahmed Jama Abdulle, SRCS vice-president

SRCS conducted two phases of partner mapping in 2021 and 2022. These aimed to identify the priorities of each coordination office so that SRCS senior leadership could avoid duplicating support, and to allocate any NSD funds received equitably to each office. The objective of each phase was also to be more assertive in managing Movement coordination by asking all partners to contribute to its longer-term capacity strengthening and organisational development in alignment with its new Strategic Plan 2021-2025.

This has not been easy and even the first phase of SRCS's NSD (the NSDI) led to unexpected outcomes that undermined its original objectives. For example, the restricted number of organisations attending the NSD steering committee meetings in phase one (SRCS, IFRC, ICRC, Norwegian Red Cross and British Red Cross) resulted in other partners not being consistently engaged in organisation-wide NSD discussions, other than when invited to SRCS's annual review and planning meetings.

This has led to less optimised NSD support. For example, the Danish, Finnish and Italian Red Cross organisations usually commit to NSD support, but needed clarity around where such contributions could be most effective. The Preparedness for Emergency Response (PER) assessment supported by the Canadian Red Cross included branch capacity assessment elements, and (although there were no clear follow-up plans of action to improve standard operating procedures for SRCS branch emergency response teams), these are yet to be connected to the wider NSD plan. At the same time, support for protection, gender and inclusion (PGI) from the Icelandic Red Cross is for the whole of SRCS, but is yet to be aligned to the NSD work. Similarly, the German Red Cross's support for strengthening community engagement and accountability (CEA) with staff and volunteers in its programme areas could be mainstreamed across SRCS structures. To a large extent, these scenarios have been addressed since 2023 and improved under the SRCS's revised NSD Plan 2022-2025, but challenges to optimising Movement coordination remain.

Whereas some Partner National Societies foresee a decline in funding for certain NSD elements, all partners currently have an opportunity to discuss and contribute ideas in the twice-yearly partnership meeting. Some partners see strategic opportunities for SRCS to further strengthen its Movement coordination practices and maintain a neutral, impartial approach across all territories by building on good practices and developing them into the future. Ideas include:

→ using SRCS's One NSD Plan to say "we would like you to work bilaterally with these branches here, and multi-laterally with those there"

→ using the sharp recent decline in ICRC funding as an opportunity to secure more Partner National Society support for primary health clinics. In the past, ICRC supported SRCS almost exclusively with the supply of medicines, but new support from partners to enhance capacity could help mobilise community health volunteers to strengthen communities' health preparedness

→ counter-balancing a predicted decline in programme funding by replacing it with more non-funded technical assistance. For example, the Swedish Red Cross could offer enhanced technical support in areas such as PGI (through its regional PGI delegate, who could help mainstream it in the Institutional Health Care Provider (IHCP) in Swedish Red Cross's final year of IHCP support); or support on the Volunteering in Conflict and Emergencies" (VICE) programme

→ increasing options for peer-to-peer exchange to share learning and knowledge between several National Societies working in similar conflict-affected settings

→ engaging recent partners, such as the Danish Red Cross, to support NSD initiatives through both multi-lateral and bi-lateral processes:

   o programmatic areas could include: healthy living, disaster preparedness and response, inclusive and safe communities, psycho-social support, non-communicable diseases, forecast-based action, and youth development, aligned well to SRCS's Strategic Plan 2021-2025

   o non-programmatic areas could include: building on Danish Red Cross's global MOU with ICRC on branch development in conflict-sensitive contexts; supporting branch development across SRCS's two coordination offices to maintain support for a unitary structure, while contributing to an enhanced SRCS branch development strategy as referenced in the recommendations of the 2021 NSDI evaluation

   o Danish Red Cross's application to the Danish Ministry of Foreign Affairs for 2022-2025 provided a strategic framework for support in the above capacity areas, together with technical delegate-based capacity support available from its regional office in areas such as logistics, procurement, NCDs and forecast-based early anticipatory response.

SRCS's new capacities and capabilities have enabled it to support other National Societies in the region. Its presence in cluster groups in WASH, health, protection, security and livelihoods, and the CASH Working Group led to it being elected chair of the East Africa CASH Working Group for the last two years.

> "Our unified structure, knowledge and capacity strengthening across the whole institution is part of our strength. We are clear that we are competent, committed and making important contributions to other National societies in the region."
>
> SRCS senior director

To implement many of the recommendations of the 2021 NSDI evaluation, SRCS made several NSD investments to further strengthen Movement cooperation and coordination. These included:

✓ strengthening SRCS leadership at the annual partnership meetings, transitioning these from a fundraising opportunity into a strategic central platform for facilitating coordinated Movement support for SRCS's overall development, with NSD for sustainable service delivery as a permanent priority topic

✓ addressing the limitations of the earlier NSDI Plan (supported by limited NSD supportive partners) to create an inclusive NSD Plan 2022-2025, which gives all partners the opportunity to make contributions to SRCS's organisational strengthening objectives

✓ merging SRCS's NSD Plan into IFRC's Unified Country Plan in 2022, showing the contributions of all Movement partners in one harmonised support plan aligned to SRCS's latest strategic plan

✓ maintaining a structure of quarterly NSD steering committee meetings, and one or two stakeholder meetings including partners across the two coordination office territories

✓ trying to overcome the limitations of very emergency-driven funding that has one- or two-year timeframes at most (such as DREF and emergency appeals), and rebalance these with new partnerships over a longer timeframe (e.g. discussions with the Danish Red Cross on DANIDA funding for five years of resilience-focused programming support)

✓ articulating NSD Plan objectives that have broadened support from a wider group of Partner National Societies (e.g. Finnish Red Cross adding NSD elements to programme-oriented support; Canadian Red Cross providing SRCS with a three-year lump sum of NSD funding to decide on its own priorities; and Danish Red Cross supporting NSD budget lines)

✓ using Canadian and Icelandic Red Cross NSD funding for 2023 to contribute towards a new coordination office model and warehouse with income-generating opportunities, while IFRC funded in parallel a separate warehouse to strengthen sustainability through business development programmes.

An SRCS team speak with people displaced by the hunger crisis in Kalabaydh village, Mudug, Puntland, Somalia, in June 2022. (Photo by Dookh Press/Hanad M Salah.)

10. Lessons learned on NSD strategies to adapt organisational relevance and capacities in fragile, complex, protracted conflict and violence-affected environments

SRCS has consistently prioritised the need to strengthen its coordination of NSD strategies and investments from partners to enable it to deepen its neutral, impartial and independent positioning. This has resulted in a number of very positive strengths and put it in a unique position to respond to individuals and populations affected by different forms of violence and conflict. The characteristics that distinguish SRCS from other civil society and governmental organisations include:

→ the ability to 'interpret' the Fundamental Principles through local contextualised concepts, such as 'How can you help us reach the most affected people?' in conflict settings, without having to use words such as 'neutrality' or 'impartiality'

→ 'interpreting' the Fundamental Principles to align with Islamic religious teaching and texts (noting that ICRC's work on interpreting the Fundamental Principles through Islamic texts is not yet as widely known, disseminated or promoted as it should be across the Movement)

→ consistently promoting an auxiliary role that relates to 'public authorities' (not to 'government' as is sometimes used across the globe), thus ensuring its access and acceptance to a wide range of state actors, and non-state armed actors governing different parts of the divided territories

→ establishing a unique countrywide coordination mechanism of a liaison office in Nairobi, Kenya, from which the president, vice-president and director of organisational development and communications are available to all territories through two coordination offices that oversee SRCS's humanitarian activities in areas governed by a range of public authorities in a divided state

→ maintaining a set of life-saving health-focused institutions, which offer both curative and preventive community-based care, surveillance and humanitarian services across the entire territory, thus building confidence, trust, access and acceptance in SRCS's neutral, impartial humanitarian services among all actors and communities

→ transformational leadership focused on accountability and transparency, coupled with a vision of 'networking committees' at leadership, coordination office and branch levels, that disseminate SRCS's mandates and Fundamental Principles, and negotiate safe access and acceptance between all parties to conflicts

→ mobilisation of local volunteers who come from specific communities to facilitate community trust and ownership over SRCS's local programmes, coupled with diverse staff profiles that enable selected staff to work within the cultural contexts of specific areas without creating tension

→ coordination of long-term Movement partners (some over 40 years) to mobilise appropriate technical assistance aligned to the needs of SRCS's own strategic plans

→ the capacity to leverage Movement support (by showing that SRCS is a local principled actor) in strategic negotiations with state and non-state actors, to show that SRCS's neutral, impartial and independent resources are not linked to local governmental interests

→ using its territory-wide branch infrastructure to transform its capacity from disaster and crisis response only to also include community-based and owned humanitarian services, which helps communities become more resilient, and builds social inclusion and peace, by mitigating tensions and negotiating community-owned solutions

→ disseminating and using its auxiliary role to local public authorities to challenge decisions, and negotiate using SRCS's own humanitarian and vulnerability criteria to select affected people in communities divided by hostility and tension

→ investments in transparency and accountability, including through digitalisation, that enable clear evidence-based data gathering; reporting to corroborate SRCS's neutral, impartial and independent status; and providing a safe and appealing platform for expanded humanitarian financing

→ enhanced stakeholder and risk mapping capacities at all levels, before engagement with all external stakeholders and armed actors, as a result of SAF training.

THE FUNDAMENTAL PRINCIPLES
OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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