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Emergency Plan of Action operation update

Somalia: Drought

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSO005	GLIDE n° DR-2015-000134-SOM
EPoA update n°: 4 Date of issue: 30/12/2016	Timeframe covered by this update: 9 Months
Operation start date: March 2016	Operation timeframe: 15 Months (New end date 21 June 2017)
Overall Operation budget: CHF 1,291,576 Total estimated Red Cross and Red Crescent response to date: CHF 694,761 Appeal coverage: 54 %	If Emergency Appeal operation, DREF amount initially allocated: CHF 129,394
N° of people being assisted: 78,990 beneficiaries (1365HH).	
Red Cross Red Crescent Movement partners currently actively involved in the operation: British Red Cross, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, The Canadian Red Cross Society, The Netherlands Red Cross.	
Other partner organizations actively involved in the operation: NERAD(Somaliland) and Humanitarian Affairs and Disaster Management Agency (HADMA), UNOCHA, CARE International, SCI, DRC, ADESO, UNHCR, TASS, UNDP, WFP, UNICEF, FAO IRC, SCI, NRC, CARE International, Concern Worldwide, ISLAMIC RELIEF, ADESO, ADRA, ACF, DRC, UNDP, TASS, ECHO.	

Summary of major revisions made to emergency plan of action:

This Emergency Appeal seeks 1,291,576.00 Swiss francs in cash, kind or services to support the Somali Red Crescent Society assist 78,900 beneficiaries (1365 HH). Following the needs on the ground, the Emergency Appeal seeks an additional 6 months to be able to achieve its goal. The new end date is 21st June, 2017. A DREF loan of 129,394 Swiss francs was processed at the beginning of the APPEAL to support the start-up activities by SRCS.

A. Situation analysis

Description of the disaster

Over the past 2 years, there have been inconsistent levels of rainfall across parts of Somalia. The Food Security and Nutrition Analysis Somalia (FSNAU) post-Deyr (short rains) 2014 Food Security and Nutrition Outlook (February – June 2015) indicated that “in the Northwest agro pastoral areas dependent on Gu/Karan rainfall for crop cultivation, these areas received below-average Gu rains, which affected crop development.

However, this was partly compensated by average Karan rains received in August and September 2014 in Woqooyi Galbeed and Awdal Regions, which improved crop yield.” Similarly, the August 2015 Technical Release of FSNAU-FEWS NET on post-Gu (long rains) indicated that in the Northwest Agro pastoral livelihood zone, poor rainfall contributed to low production prospects, with the 2015 Gu-Karan cereal harvest (October-November) estimated at only 37 percent of the 5-year average for 2010-2014. In the nearby Guban Pastoral livelihood zone, drought conditions have contributed to a severe water shortage and unusual livestock deaths.

In September 2015, there were early indications of possible food insecurity in the Somaliland territory. The Somaliland government authorities in collaboration with the United Nations Food & Agriculture Organization (FAO) have carried out an assessment (from September – December 2015), and on 5 February 2016, an alert was issued to indicate the worsening drought situation – this was also followed by an alert by the Puntland government authorities to the same effect.

A state of drought was also declared in several of Puntland's regions on the 5th February 2016, due to severe drought affecting parts of Somalia. The Puntland Government stated the drought is a severe crisis that is affecting hundreds of thousands of people across Puntland. Livestock have perished and so many people now stand on the brink of starvation.

Several Regions in Puntland and Somaliland including Bari, Karkaar, Sanaag and Sool had been hit with extensive drought that was carried over from 2015 into 2016. The numbers of food insecure populations have increased markedly following successive bouts of drought because of the combined effects of El-Nino and La-Nino. There is severe water shortages and lack of pasture in all affected areas with the availability of water reportedly classified to be quasi-zero in most of the villages. Both Puntland and Somaliland Governments issued an Appeal to agencies and donors stating that there is a need to act immediately and mobilize swiftly to support these vulnerable people who have been suffering for months.

Somalia is a country prone to recurrent droughts due to irregular rainfall pattern and effects of climate change. In both Puntland and Somaliland territories, the population mostly depend on agro pastoralism and livestock, which have been affected by the drought, reducing access to food and impacting on their nutritional/health status. The farming situation has since deteriorated due to the lack of water rains that helps in cultivation. Water sources of these communities are shallow wells which most of them are damaged and need rehabilitation. There are no nearby rivers and boreholes.

The "Drought Joint Rapid Assessment" conducted from 8 - 13 February 2016, identified the challenges and needs of the drought affected population. The challenges are as follows:

- Food insecurity
- Disease outbreaks (Diarrhea, Malnutrition, LRTI and Pneumonia)
- Low coverage of Health Services and limited drug supply
- Water shortages – as well as limited access to clean and safe water
- Deteriorating livestock situation – due to pasture and water crisis and disease outbreaks

The major coping strategies being implemented by the affected population include:

- Migration by head of household to look for work in the towns
- Reduction of meals by households
- Remittance from the diaspora and urban areas

Summary of current response

Overview of Host National Society

The Somali Red Crescent Society SRCS is currently providing Health and Care services through its Mobile and Static Clinics through its Integrated Health Care Programme (IHCP). The mobile and static clinics provide immunization (mother and child), treatment of common illnesses, nutrition screening, (Out Patient Therapeutic Feeding Programme [OTP], Therapeutic Supplementary Feeding Programme [TFSP], Maternal Child Health Nutrition [MCHN]) reproductive health (ante-natal, post-natal, delivery services) and health education in some of the areas that are currently affected by the drought. The National Society is operating a total of 12 static clinics and 6 mobiles in Somaliland and 20 static clinics and 4 mobile clinics in Puntland through multilateral support from Partner National Societies (PNS) and in collaboration with the sector ministry, UNICEF, WHO and WFP.



Bari Region in Puntland: Photos SRCS

The SRCS, with the support of the German Red Cross (GRS) is implementing an ECHO funded operation supporting communities in Maroodijeeh and Awdal Regions as part of the drought response. Through the ECHO project the SRCS is reaching an estimated 28,810 households with clean water for household consumption as well as food security support through cash grants for alternative livelihoods and health interventions in the above-named areas. This complements the ongoing appeal implementation activities.

The National Society is also implementing a number of projects including Youth Development, Community-Based Health and First Aid (CBHFA), HIV programme, Restoring Family Links and a Community Resilience programme with three main components; WATSAN, Livelihoods, Drought Resilience and Climate Change Adaptation. This is through the support of Red Cross/Red Crescent Movement Partner National Societies (PNS) both multilaterally through IFRC or bilaterally.

The SRCS has built a wealth of capacity and experience in responding to emergencies. Since 2011, DREF and Emergency Appeal operations have been carried out in response to the 2010/2011 drought which affected Puntland and Somaliland (MDRSO001 Emergency APPEAL); and Population Movement (MDRSO002 DREF) into Puntland and Somaliland following the Yemeni crisis since March 2015. The National Society (NS) will build on the experience and lessons learned from these operations (as relevant) in the response to the current emergency. Recommendations from the Drought Evaluation Report MDRSO001, Drought 2011, will be incorporated in implementing the current drought response activities as a lesson learnt.

Overview of Red Cross Red Crescent Movement in country

GRC and Finnish Red Cross are currently running an ECHO project in Maroodijeeh and Awdal regions of Somaliland. Under the current severe drought, GRC will be supporting SRCS Lassanod branch with unconditional cash distribution to selected beneficiaries in two communities in the Sool region (Lasurdin and Hudun). This is within the framework of a GRC supported programme of resilience building activities that are taking place in those two communities. At the moment, the SRCS branch are carrying out beneficiary selection in the community. Following that the GRC will decide on the actual method of cash distribution.

Overview of non-RCRC actors in country

The Government Disaster Response arms such as NERAD (Somaliland) and Humanitarian Affairs and Disaster Management Agency (HADMA) in Puntland has overall coordination of all responses to disasters and emergencies in the respective zones. UNOCHA plays the coordination role through mapping of what different agencies are or plan to intervene. Other agencies implementing humanitarian activities related to the drought response under WASH (CARE International, SCI, DRC, ADESO, UNHCR, TASS, UNDP), Food and Nutrition/Cash transfer Programmes include (WFP, UNICEF, FAO IRC, SCI, NRC, CARE International, Concern Worldwide, ISLAMIC RELIEF, ADESO, ADRA, ACF, DRC, UNDP, TASS)

Needs analysis and scenario planning

Beneficiary selection: In total, the Emergency APPEAL targeted an initial 78,990 beneficiaries in Somaliland and in Puntland who are being affected by the drought. The selection of beneficiaries was based on their level of vulnerability, including: households that have lost their source of livelihoods (loss of crops and animals), the chronically ill, elderly, female-headed households, lactating mothers and under-5 children (malnourished), pregnant women, and/or people with disabilities. The SRCS has been working closely with the government, stakeholders and other agencies to ensure that there will be no duplication of interventions of activities.

The selection process was participatory. This included conducting community meetings to set up beneficiary selection committees that assisted to define vulnerability and identify the beneficiaries.

Immediate needs:

Food security, Nutrition, and Livelihoods:

Around 5 million people remain in food security stress with 1.139 million people estimated to be in IPC1 3 (crisis) and 4 (emergency) levels per the latest FSNAU/FEWSNET2 report dated 20 September 2016. Somalia is an extremely fragile country and people's ability to cope with any additional shock is very limited. Critical levels of global acute malnutrition are found mainly in southern and central Somalia. An estimated 300 000 children under 5 would be acutely malnourished of which 50 000 children are likely to be severely malnourished and are risk of death if not treated. Somalia has one of the worst infant and young child feeding and micro-nutrient indicators in the world.

The findings from the joint IFRC and SRCS Rapid Assessment (23 - 28 February 2016) showed that households were using negative coping mechanisms such as reduction of number of meals consumed. Most households reported that they were then consuming 2 meals per day down from 3 square meals and a snack (for children). The meals being consumed lacked dietary diversity, while the households which used to consume meals constituting sorghum/maize meal, beans, vegetables, and milk from their own harvest while currently most households report that they were

¹ Integrated Food Security Phase Classification (IPC).

² FAO-managed Food Security and Nutrition Analysis / Famine Early Warning Systems Network.

consuming pasta and rice purchased from the market. The prices of commodities had significantly increased with maize selling at USD 1 per kg from USD 0.5 per kg, price of rice at USD 1.20 per kg. The prices of other essential commodities are; sorghum USD 0.6/kg, vegetable oil USD 1.8/litre, flour USD 0.80/kg and sugar USD 0.9/kg. The market has been functional with most commodities available and this is attributed to the strong trade linkages between Somaliland and the Gulf countries.

Following the recent post assessment conducted by IFRC/SRCS (23 November - 1 December 2016), the cost of food has not changed per UNOCHA. The only problem now is that the communities have a low purchasing power meaning the cash distributions received provide less reach than previously. The appeal does not request more funding to cover this, but rather the appeal reallocated funds in this revision to continue to meet minimum needs. SRCS/IFRC proposed an initial cash transfer value of CHF 105 per household per month which had been calculated based on the market price of food basket using Somalia minimum household of 6 persons following the rapid assessment conducted in February 2016. However, the sphere minimum standards for a household is 5. The Food Basket has 25kg Maize, 25 kg flour, 3 litres vegetable oil, 25 kg Sugar and 25 kg pulses. This will be maintained and used during the planned Emergency APPEAL extension.

Water, sanitation, and hygiene promotion:

The drought also resulted in the affected population having difficulties in accessing safe and clean water for consumption. The average distance to water sources based on FSNAU data was 48km. Most wells and berkedes (earth dams) have dried up, forcing communities to rely on purchase of water for household consumption and for livestock. The available water sources in most of these areas are still unprotected and not safe for household consumption.

During the recent post assessment conducted by IFRC/SRCS (23 November to 1 December 2016) findings noted the communities being targeted by the SRCS water is available from water merchants and is costing an average USD 6 per barrel (200 litres) in Somaliland while the water prices in Puntland are determined by distances between the water source and the community i.e. USD 4 for nearby and USD 7 for locations furthest from the water sources. There are however coordination mechanisms in the two regions, one led by the Government and another by UN-OCHA and as part of their coordination role share data on what other agencies are doing as well as price monitoring reports. The data for shared by the clusters particularly the WASH cluster will help determine the cost of water for every month.

Currently other agencies are providing a maximum of 7 barrels (1,400 litres of water). The main advantages of water vouchers are that SRCS will be able to track the number of people redeeming vouchers for water as well as ensuring the quality of water being supplied to the targeted communities. The fact that other agencies including UNICEF are already using this model the IFRC/SRCS will not adapt this for implementation. However, the administrative costs of using cash transfers are relatively lower than vouchers in addition to the fact that the targeted beneficiaries are already registered. The unconditional cash for water programme will be sourced at USD 6 per barrel (200 litres). The Somalia minimum household of 6 persons following the rapid assessment conducted in February 2016 will guide the process. However, the sphere minimum standards for a household is 5. The system will target the same 900households receiving food assistance. This will be conducted for 4 months.

To ensure all the needs of the households are met the IFRC/SRCS will increase the cash transfer to enable the targeted households be able to meet their water needs. The rationale for giving targeted households the cash is since communities in Somalia have always been buying water limiting the risk that the cash will be diverted for other uses. A monitoring system will however be put in place to monitor water quality, price as well as how much of the value transferred the beneficiaries are using for water as well as the trends in water price per barrel to ensure that the assistance meets the minimum sphere standards. Continuous sensitization will also be required to ensure beneficiaries are clear on the purpose of the cash assistance. A revision will be carried to reduce the amount of water filters to 2000 and increase the number of aqua tabs by 2000 to ensure good water quality.

Health & care:

According to data from the Ministry of Health led Joint Rapid Drought Assessment 8 - 13 February 2016 and the post raid assessment held on the 4th - 13th September 2016, led by UNOCHA, the common diseases in the areas affected by the drought are; diarrhoea, typhoid, malnutrition (severe and acute), pneumonia, acute respiratory infections and anaemia. Health officials also reported that there is an increase in skin infections which they attributed to water shortages. Health Centre officials at the Kalabeyr clinic in Gabiley (Somaliland) reported 2 deaths within the month in January 2016, one due to malnutrition (1-year-old child) and the other due to diarrhoea (9-year-old child). There is limited access to health services due to distances to health facilities as most communities had to walk between 5km to 15km to the nearest health facility. Most members of the community reported that they are unable to visit health facilities for vaccination due to the high costs of transportation. The Kalabeyr health centre provided vaccination services to patients who walk-in and not those within their 15km radius. Most children in these communities' accessed polio vaccination services from the Ministry of Health and other agencies through ad-hoc outreach vaccination campaigns. Due to funding challenges, these outreach services are limited despite the huge need. The clinic reported they were only able to carry out 3 community outreach visits in 2015, with support from the Global Alliance of Vaccine Initiative (GAVI) and so far, none in 2016.

Records at the Kalabeyr Clinic showed an increase in cases of anaemia, with an average of 74 cases in adults and 17 in children. This analysis was obtained from data recorded between October 2015 - January 2016.

Non-Food Items (NFI)

The drought situation has affected food, water and pasture for animals forcing people to migrate in search of water and food for their use and for their livestock. The water and pasture shortage have caused deaths of livestock in large numbers and disease outbreaks. Following the massive movement of people during the post assessment carried out by IFRC/SRCS (23 November - 1 December 2016), there is need of immediate/emergency Non-Food Items such as blankets, mats, plastic sheets and jerry cans (moving from hotter areas to colder areas).

Longer-term needs: SRCS is carrying out a hunger and resilience programme at the moment funded by the Iranian Red Crescent Society. Lessons learnt will be used will build on the experience in the response to the current emergency and tie it to longer term projects. Recommendations from the Drought Evaluation Report MDRSO001, Drought 2011, have been incorporated in implementing the current drought response activities as a lesson learnt and will be used in longer term needs.

Risk Analysis

Please refer to the Original Plan of Action (MDRSO005) for information on the risk analysis.

B. Operational strategy and plan

Overall Objective

The overall strategy is based on the need to improve Health, Nutrition, Livelihoods and access to safe water for the drought affected population in 4 regions of Somaliland (Hargeisa, Sahel, Sool and Sanaag), and 2 regions of Puntland (Bari, and Nugal). The immediate food needs of the target population will be met through provision of food and water assistance using Cash Transfers based on availability of funds. Access to health services provided through mobile clinics. Safe and clean water will be enabled through rehabilitation of water points available in the proximity of the beneficiaries.

The proposed activities address the priority needs and areas of interventions identified by the both IFRC and the Joint Rapid Assessment as follows:

1. Meet immediate household food needs through cash transfer programming.
2. Reduce the risks to the health of affected populations.
3. Prevent risk of waterborne and water related diseases in targeted communities as per the proposed interventions below.

Proposed strategy

The proposed strategy aims to support an initial 57,500 beneficiaries in Somaliland and 21,490 beneficiaries in Puntland with immediate interventions (household food needs, access basic health services and clean and safe water for household consumption). As per the agreed strategy, the following activities were prioritized within this Emergency APPEAL operation

Proposed Interventions:

- Food assistance through mobile money transfers to 900 Households for over 3 months
- Provision of health services to 78,990 people through the deployment of mobile clinics
- Nutrition screening for 15,798 children under five, treatment and referrals of complicated cases.
- Provision of clean and safe water for consumption through rehabilitation of 12 boreholes and 12 berkeds (both Somaliland and Puntland)
- Provision of fuel subsidy for 10 boreholes and 6000 ceramic water filters.
- Health and hygiene promotion through training 120 volunteers for both Somaliland and Puntland.
- Purchase mobile phones for the targeted beneficiaries depending on the available funds.

Cancellation of activities

- Provision of health services to 78,990 people through the deployment of mobile clinics

- Nutrition screening for 15,798 children under five, treatment and referrals of complicated cases.

Revision of activities in 9 months

- Food assistance through mobile money transfers to 900 Households for over 3 months depending on the available funds.
- Provision of clean and safe water for consumption through rehabilitation of identified water points within the budget limit (both Somaliland and Puntland)
- Provision of ceramic water filters depending on the available funds.
- Provision of water treatment (aqua tabs) depending on the available funds.

Additional activities in 15 months

- Water assistance through mobile money transfers to 900 Households for over 4 months depending on the available funds
- Procurement and distribution of Non-Food Items (Target: 15,000 blankets, 11,000 plastic sheets, 10000 sleeping mats, 15,000 Jerrycans)

Exit strategy: Please note that the Emergency APPEAL operation is scheduled to end on 21 June 2017 subject to timely implementation and availability of funds for implementation. Sustainable options will be identified and explored as long-term measures for the drought response. It will be agreed with the various partners under the Drought task force working group that the role of the SRCS in collaboration with the partners is to meet the immediate needs and fill gaps while going through the process of receiving funds for more sustainable support to the drought affected communities.

Operational support services

Human resources

Please refer to the Original Plan of Action (MDRSO005) for information on the Human Resources, including the operational strategy and plan, and operational support needs. However, the running of the mobile clinics ended by September 2016 as per the initial plan but the Eid bonus for the SRCS staff was considered and factored in during the 9-month revision. The operation has had 3 SRCS Disaster Management National Staff (1 for Somaliland and 2 for Puntland considering the coverage) and an IFRC Somalia Country Office Disaster Management technical staff and will continue supporting the National Society with the implementation of the operation.

Logistics and supply chain

The logistics responsibilities included sourcing the most urgent and relevant relief items, delivered and distributed equitably to those in need, in a timely, transparent and cost-efficient manner. International procurement support has been provided for the purchase of OPD kits and has ensured quality of the kits that have been procured shipped to the targeted branches in Puntland and Somaliland. All other procurement including procurement process for the Cash Transfer Programming, aqua tabs, water filters and water points for rehabilitation have been carried out locally in accordance with the IFRC standard procurement procedures. Technical surge capacity support during procurement has been provided remotely by the IFRC Somalia Country Office. Due to the remoteness of the affected areas, and the rough terrain, there was need to budget for both fuel for transportation of items and rental of vehicles (activation of mobile clinics) for the 6 months' duration of the initial operation.

Information technologies (IT)

Since Cash Transfer Program is part of the intervention, the initial plan was to purchase mobile phones for the targeted beneficiaries, the activity was revisited during the 9month revision as there was an oversight during the initial budget preparation. However, purchase of mobile phones was not factored in the budget, but was considered during revision of the Emergency APPEAL. Selection was based on a basic mobile phone that is mobile money transfer operational. Airtime costs for staff and volunteers have been budgeted to ensure they can communicate while in the areas of implementation carrying out the interventions. The Cash Transfer training was conducted in the month of May 2016.

Communications

The Somali Red Crescent Society, in collaboration with the IFRC Somalia country representation, and with support from IFRC Africa Regional communications, has coordinated and supported awareness and publicity activities on the IFRC website especially with recent joint Monitoring and Communication mission conducted in August 2016, to sensitize the public, media and donors on the situation on the ground and the humanitarian response. A recent story

from the joint mission can be found in the following link: <http://www.ifrc.org/en/news-and-media/news-stories/africa/somalia/the-fragile-balance-between-life-and-death-during-somali-drought-72464/>

Initial Planned Activities

- Produce monthly information bulletins, facts and figures, key messages etc. and share with relevant stakeholders, including beneficiaries and partners supporting the operation
- In collaboration with programmes, work on advocacy message to address the different issues linked to the current conflict (health, food security, GBV, etc...)
- News releases, fact sheets, videos, photographs and qualified spokesperson contacts are immediately developed and made available to media and key stakeholders. When security allows, facilitate media field trips to affected areas to create awareness
- Produce IEC materials
- Maintain a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter
- Support the launch of this Appeal and other major milestones throughout the operation using people-centred, community level diverse content, including web stories, blogs, video footage and photos with extended captions. Share any communications material created through this APPEAL with IFRC, ICRC and other movement partners for use on various communications channels including the IFRC Africa web page, www.ifrc.org/africa
- Build the communications capacity of the NS communication team through training and appropriate equipment, if needed (photo and video camera)

As security, might reduce the possibility of doing a field visit, security trainings were organized for the DM team and other colleagues so they can collect material (photos, quotes) as they go to the field.

Security

The security situation in the country remains unpredictable and volatile, and in some areas the security risk is extreme. The fluid security situation is of great concern for the humanitarian organizations, especially in Puntland. Over the past years, armed security guards from the Special Protection Unit (SPU) have been hired to escort non-Somali staff traveling on mission to Puntland and Somaliland or working outside the main city limits. However, in Bosaso town, armed security escort is required at all times. Hiring of armed security escorts from Puntland SPU is mandatory for all organizations operating in Puntland. The SRCS national staff and volunteers are not required to use armed escort from the SPU, however, in case of security changes need may arise for National Society staff and volunteers, to have armed escort during interventions. The IFRC Somalia Country Office will continue to provide regular security briefings that indicate the level of security and measures to be taken for prevention and mitigation in case the situation deteriorates.

The IFRC has a Security Advisor who has been supporting and working closely with the IFRC Somalia Country Office through the monitoring of the security situation and guidance on how the operation is being implemented. The SRC Staff will continue to seek security clearance from the IFRC Security Advisor before undertaking any field missions to Somaliland or Puntland. Further to this, the IFRC Security advisor has recommended the IFRC Disaster Management Programme Officer and an SRCS Programme staff for the Security HIT Training taking place in Denmark in September 2016. The staff as well as volunteers working directly with the operation have undertaken `Safer Access` and the `Do no Harm` concept training when the operation was initiated.

Planning, monitoring, evaluation, & reporting (PMER)

Continuous monitoring has been carried out by SRCS staff members in the areas of implementation (within the 6 months and will continue in the additional months during revision) to support the drought intervention, and will ensure that there is compliance with the minimum international humanitarian standards (SPHERE, Fundamental Principles etc.), as well as beneficiary satisfaction, and the management of the available resources. The IFRC Somalia Country Office will also carry out monitoring missions in collaboration with the SRCS to support the effective implementation of the Emergency APPEAL and a revision of the Emergency Plan of Action (EPoA) + Budget will be conducted based on the results of the monitoring report.

The IFRC Somalia Country Office supported an inception workshop which took place between 10 - 11 April 2016, in Hargeisa, Somaliland. This workshop included IFRC and SRCS technical staff who are involved in the implementation. This meeting discussed the entire content of the response and how the activities are going to be implemented within the 6-month period of the Appeal.

Here are some points that were discussed during meeting:

Strategy of mobile clinic deployment, including:

- Numbers of stations (villages), numbers of expected visits and access for beneficiaries (distance)
- Beneficiaries mobilization strategy: how to make sure children admitted in the nutrition program are coming back for follow up visits; communication plan with communities on program, visit schedule, malnutrition sensitization.
- Admission criteria and cured criteria according to nutrition protocols
- Referral system if needed (for severely malnourished and sick children who might need in-patient capacity clinic for follow up)
- Project Indicators and reporting timelines (monitoring framework): the nutrition mobile clinic is a good way to follow up the trends of malnutrition among the population, and it will be useful to justify any required update to the strategy

On CTP:

- Tendering process
- Market survey
- CTP training (as required)

Rehabilitation of borehole/berkeds/fuel subsidy

- Number for each region
- Location of boreholes for rehabilitation and fuel subsidy
- Number of borehole to benefit from fuel subsidy
- Quantity of fuel for each borehole

General:

- Logistic requirement (include Region Log on CTP and OPD kit to respect IFRC SOPs)
- Strategy on prioritization of activities as the funding of the appeal is not guaranteed (and might be low, because of the nature of the operation, based on previous experiences). The revision appeal reflects these priorities.

The operation has ensured that all aspects of the implemented components are monitored and specific tools are developed/modified as necessary taking cognizance of gender and age disaggregation of data. The IFRC Somalia Country Office and the IFRC Regional Disaster Crisis Prevention, Response and Recovery Department together with IFRC PMER units are providing technical support, and ensure that monitoring and reporting structures are established.

A joint assessment was carried out by SRCS, UNOCHA, UNICEF and other Humanitarian agencies in Puntland and Somaliland between September and October 2016. The joint assessment focused on the current drought affected areas of Nugal and Bari (Puntland), Soal, Sanaag, and Togdheer (Somaliland) regions among others. This included looking at the progress of livelihoods, wash, food security etc. Please note that given the expected outcome of the assessment has guided in the expansion operation while targeting more drought-affected communities, including either an additional duration of the APPEAL depending on scale of the disaster.

Administration and Finance

A Memorandum of Understanding (MoU) has been signed between the IFRC Somalia Country Office and the SRCS, which outlines the parties' responsibilities to implement the activities planned within the Emergency APPEAL, and ensure that the appropriate guidelines are complied with in terms of the use of the funding allocations. The SRCS has a permanent administrative and financial department, which has within the operation ensured the proper use of financial resources in accordance with terms of the MoU. Monthly field returns have been sent to the IFRC Somalia Country Office for verification and booking to ensure that the activities are reported in accordance with the IFRC Standard Financial Management procedures. Office costs for stationery (printing, photocopying, paper etc.) have been budgeted for in the Emergency APPEAL.

C. Detailed Operational Plan**Livelihoods; Nutrition; Food security**

Needs analysis: *FSNAU reports that 5 million people are in dire need of food assistance. SRCS through this operation will provide cash through mobile money transfers to enable 900 households to meet their monthly food*

needs. The transfer value has been calculated based on the average cost of the food basket for a household of 6 which meets the 2100kcal per day.

Population to be assisted: 900 households (5,400 beneficiaries) supported with cash transfers for 5 months.

Livelihoods; Nutrition; Food security			
Outcome 1: Immediate food needs of the disaster affected population are met. Outcome 1.2 Critical nutritional status of the targeted community is improved	Outputs		% of achievement
		Outcome 1.1 Output 1.1.1 Cash transfers are provided to 900 households (5,400 beneficiaries) to purchase food Outcome 1.2 Output 1.2.1 Sufficient nutritious food accessed by children under 5 in vulnerable households/communities Output 1.2.2 Screening and referrals for acute malnutrition carried out for children under age 5	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Output 1.1.1 <ul style="list-style-type: none"> Design beneficiary selection tools. Source for mobile money service providers through tendering Sign MoU and contracts with mobile phone service provider. Train volunteers on beneficiary selection Cash Transfer Training for 15 National Society staff and volunteers Beneficiary selection and registration Beneficiary training on the use of mobile money transfer system Prepare monthly mobile phone cash transfer. Inform community on cash distribution Cash transfers of CHF 105 - 900 households for 3 months Monthly post distribution monitoring Price and market capacity monitoring 	X		60%
Activities Revised Output 1.1.1 Cash transfers of CHF 105 to 900 households for 3 months	X	X	
Output1.2.1 <ul style="list-style-type: none"> Nutrition screening Procurement of nutritional supplements Supplementary feeding to moderately malnourished children under 5 Volunteer training in food preparation and utilization Cascading of training on food preparation and utilization Monitoring of nutritional indicators 	X		100%
Output 1.2.2 <ul style="list-style-type: none"> Nutrition screening Referral of severely malnourished children for therapeutic feeding 	X		100%
Progress towards outcomes			

Nutrition screening of 15,798 was carried out and referrals for severely malnourished for therapeutic feeding was done through the mobile clinics. Mobile clinic activities were discontinued in September 2016 due to limited funding to the appeal. Beneficiary selection tools were designed and the setting up of the cash transfer system including contracting mobile money transfer service providers was completed 2 cash distribution cycles have been completed reaching 900 households. The targeted beneficiaries also received mobile phones which was part of the revision as this was an oversight during the start of the operation. However due to limited funding the targeted 3rd distribution cycle was not conducted. SRCS/IFRC Somalia Country Office worked with UNICEF on the supply of the plumpy 'nuts and BP5 biscuits for the treatment and prevention of malnutrition targeting malnourished children under 5, pregnant and lactating mothers. A Cash transfer training was conducted in May 5-7, 2016 in Hargeisa, targeting Puntland and Somaliland branch secretaries, volunteer heads and the Disaster Management focal staff who later went back to train the respective volunteers covered under the Emergency Appeal. Volunteer training on food preparation and utilization was also conducted. An additional 3 months Cash distribution will be considered during the extension to cover the same number of households as the initial plan.



CTP beneficiaries receiving Sim cards and Cell phones/ Mobile phones during the cash transfer in Puntland

Shelter (including Household non-food items)

Needs analysis: *Following the massive movement of people during the post assessment carries out by IFRC/SRCS (23 November - 1 December 2016), because of displacement there is also the need of immediate/emergency Non-Food Items such as blankets, mats, plastic sheets, jerry cans.*

Population to be assisted: 78,990 drought affected communities supported for 6 months.

Shelter (including Household non-food items)			
Outcome 2: Immediate shelter and settlement needs of the drought affected population in Somaliland and Puntland are met	Outputs		% of achievement
		Output 2.1 Distribution of Non-Food Items (NFIs) and emergency shelter items undertaken to meet the needs of the target population in the drought areas (Target: 6000HH)	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
<ul style="list-style-type: none"> Identification/registration of beneficiaries for distribution of NFIs. 		X	0%
<ul style="list-style-type: none"> Mobilization of 120 volunteers to carry out NFI distributions 		X	0%
<ul style="list-style-type: none"> Distribution of NFIs to 6000HH 		X	0%
<ul style="list-style-type: none"> Local procurement and transport for distribution (Target: 15,000 blankets, 11,000 plastic sheets, 10000 sleeping mats) 		X	0%

Progress towards outcomes

Please note this is an additional activity added under the additional revision for 6 months

Health

Needs analysis: SRCS re-activated 6 mobile clinics as well as stocking up the operational mobile clinics in 6 regions to ensure adequate coverage of health services in the hard to reach areas affected by the drought.

Population to be assisted: 78,990 drought affected communities supported for 6 months.

Health			
Outcome 3: The immediate risks to the health of affected populations are reduced.	Outputs		% of achievement
		Output 3.1 Community based disease prevention and health promotion measures provided Output 3.2 Severe Acute Malnutrition is addressed in the target population Output 3.3 Increased access to primary health care services through the mobile clinics	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Output 3.1 <ul style="list-style-type: none"> Community health promotion sessions (house to house, schools & community gatherings) were carried out Production of IEC materials Conduct Community education on behavior change integrated with hygiene promotion activities. Community mortality surveillance is carried out and reported in the Health Information system. 	X		100%
Output 3.2 <ul style="list-style-type: none"> Screening children (<5 years) for malnutrition OTP services for the malnourished children Conduct defaulter tracing Hospital referrals to children with severe malnutrition complications. Conduct sessions for exclusive breastfeeding and nutrition counselling with involvement of mother to mother support groups 	X		100%
Output 3.3 <ul style="list-style-type: none"> Provide immunization services to children (<5 years) Provide children (<5 years) with Vitamin A, Zinc and de-worming. 	X		100%

<ul style="list-style-type: none"> • Provide anti-natal services including tetanus toxoid vaccine to pregnant and women of child bearing age • Provide micronutrients to pregnant and lactating mothers • Offer post-natal services to mothers • Treatment of minor illnesses to the target community • SRCS volunteers conduct community health promotion sessions. • Procurement of medical supplies and nutrition supplements 	X		
	X		
	X		
	X		

Progress towards outcomes

Major services provided by the mobile clinic teams were curative, preventive and health promotion as per the detailed EA implementation plan. The locations for the mobile clinic operations were identified and the process of activating the mobile clinics was done during the first 2 weeks of the operation. Recruitment of staff to support the clinics was finalized concurrently. Procurement of minor equipment and servicing of vehicles for the mobile services was completed. The procurement of other international procurement (OPD) kits was finalized through the IFRC Global Logistics Service in accordance with the IFRC standard procurement procedures.

In Somaliland, Community health promotion sessions (house to house, schools & community gatherings) were carried out. 2580 people (538 male and 2042 female) attended health promotions sessions conducted in Sool and Sanaag targeted villages in April-July 2016. Regular community educations on BCC have been conducted in sool and sanaag regions on weekly basis. Community mortality surveillance has been carried out and reported in the Health Information system. Screening of nutritional status of under 5 children for malnutrition 3758 children (2321Sool and 3527 Sanaag) was conducted. Under the OTP services for the malnourished children, 127 children were severely malnourished and provided with supplementary feeding such plumpy nut. 376 mothers attended and received counseling sessions and 50 of them mothers provided exclusive breastfeeding, IYCF and nutrition counseling with involvement of mother to mother support groups. 8796 under 5 children (3966 sool and 4830 Sool) received complete vaccination, 3211 (1717 Sanaag and 1494 Sool) pregnant mothers received and women bearing age TT, 3090 under 5 children and were treated in patient attendance in sool and sanaag regions. 1037 children were provided with de-worming tables in sool targeted villages. 1827 mothers (1153 sool and 674 Sanaag) were provided with Ante-natal care (ANC) (first and second and third visit) 292 mothers provided PNC and received Vitamin A.

In Garowe Puntland the teams worked in 20 communities and all these villages received integrated health care services each month, supplies according to their needs such as Essential drugs, Vaccines, Plumpy Nut and relevant documents. A total of 1332, under 5 years' children were nutritionally screened, 354 of them classified as moderate, and 32 severely malnourished children. Majority of the malnourished children were enrolled in OTP program. Global malnutrition was 384 (29 %) and this is very critical since it is >20%. The main causes of malnutrition are diseases as well as poor feeding practices and deficient food intake, Acute Respiratory Infection (ARI), intestinal parasite, diarrhea, poverty, are the underline cause due to poor sanitation in the villages under drought prone areas. Also, majority did not have water. Women of child bearing aged were vaccinated i.e. pregnant 316 were immunized.

Provision of health services 78,990 people through the deployment of mobile clinics. However, the running of the mobile clinics ended by September 2016 as per the initial plan as the funding was minimal and activities under Food Security and WASH had to be prioritized. IFRC Somalia Country Office Health Unit explored possible ways to secure additional funding bilaterally to support the same clinics up to December 2016. Eid bonus was considered and factored in during the first revision.

Water, sanitation, and hygiene

Needs analysis: *One of the biggest challenges that the communities in Somaliland and Puntland are facing is access to safe and clean water for household and livestock consumption. SRCS seeks to provide access to safe and clean water for consumption, through Cash for Water, the rehabilitation of boreholes and berkedes (earth dams), provision of fuel subsidies and distribution of water filters and aqua tabs. Behavior change and hygiene promotion activities will be strengthened by volunteers trained on the PHAST methodology.*

Population to be assisted: *78,990 drought affected communities supported for 15 months.*

Water, sanitation, and hygiene			
Outcome 4: Immediate reductions in risk of waterborne and water related diseases in targeted communities.	Outputs		% of achievement
		Output 4.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population. Output 4.2 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Output 4.1 <ul style="list-style-type: none"> Provide fuel for 10 borehole generators. Rehabilitate water points (berkeds and boreholes) Carry out regular water quality monitoring for quality assurance. Conduct routine and scheduled system maintenance for boreholes and berkeds 	X X X	X	70%
Output 4.2 <ul style="list-style-type: none"> Train 120 volunteers on PHAST methodology. Distribution of ceramic water 6000 filters. Conduct one-on-one communication targeting 57,500 people for improved hygiene awareness activity. 	X X X		70%
Activities revised <ul style="list-style-type: none"> Cash transfers of CHF 36 to 900 households for 4 months Procurement and Distribution of additional ceramic water 2000 aqua tabs Procurement and Distribution of ceramic water 2000 filters. Procurement and Distribution of 2500 		X X X X	0%
Progress towards outcomes			



Pre-rehabilitation of berkeds in Somaliland.

Beneficiaries receiving water filters in Taleex, Somaliland

Water points (Boreholes and Berkeds) were identified and selected for rehabilitation. The IFRC logistics team working with the NS completed the procurement of spares and equipment for the rehabilitation and the process will be completed by December 31st ,2016. This was made possible through the additional funding by the Swedish Red Cross under the 3 months' extension of the Emergency APPEAL. 120 Volunteers were trained on PHAST and the procurement process for water filters in Somaliland as well as aqua tabs in Puntland were completed and distributed to the affected communities.

SRCS Garowe Branch rehabilitated three community water reservoirs (Berkeds) in the areas of Tuulo-Ooman, Birta-Dheer and Kalabayr, under Garowe district in Nugal region, although one in Kalabayr is not yet completed but will be completed by mid December 2016, by SRCS-Garowe Branch this was done to improve water accessibility of both livestock and people under the drought. 6 barkedes (3 Sool and 3 sanaag) have been completed and rehabilitated, 2 are under-rehabilitation which totals to 8 barkedes. SRCS Bosaso branch rehabilitated the following Barkedes Kodmo, Guudcad,

Adisone, Jidhan approximately , 4600 people have benefited the through this rehabilitation. However, the amount of water filters procured were 1078 against a targeted total of 6000 for Somaliland and 714 aqua tabs instead of the planned 900 for Puntland (following past experiences of water filters being fragile) due to limited funding. Continuous one-on-one communication on hygiene promotion and hygiene education targeting 57,500 people for improved hygiene awareness is being conducted by the SRCS volunteers and staff.

Quality programming

Quality programming			
<p>Outcome 5: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation.</p> <p>Outcome:5.2The management of the operation is informed by a comprehensive monitoring and evaluation system</p>	Outputs		% of achievement
	<p>Output 5.1 Initial needs assessment are updated following consultation with beneficiaries.</p> <p>Output 5.2.1 Monitoring information informs revisions of plan of action where appropriate</p> <p>Output 5.2.2: The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate</p>		80%
	Is implementation on time?		% progress (estimate)
Activities		Yes (x)	No (x)

<p>Output 5.1</p> <ul style="list-style-type: none"> In Mobilization of staff and volunteers to carry out rapid needs assessment Analyze and consolidate assessment data from the field and maintain constant liaison with SRCS staff and volunteers in the field. Continuous needs assessment. Revise Emergency Plan of Action based on ongoing implementation and ongoing assessment. Start-up meeting. Coordination with relevant departments of the SRCS and IFRC. 	X		80%
Progress towards outcomes			
<p>IFRC together with SRSC Staff and volunteers were mobilized for a rapid assessment 23rd February 2016 - 28th February 2016. Continuous needs assessment is ongoing and data from the field is being consolidated. A planned Joint Assessment by the SRCS, UNOCHA and other humanitarian agencies has been scheduled from the 4th to 13th September 2016 in both Bosaso and Garowe Puntland, this activity will be captured during the revision of the budget. The IFRC Somalia Country Office supported a start-up meeting which took place between 10 and 11 April 2016 in Hargeisa, Somaliland. A banner was produced for the start-up meeting. This workshop included IFRC and SRCS technical staff directly involved in the implementation of the planned interventions. This meeting discussed the entire content of the response and how the activities will be implemented within the 6-month period of the APPEAL as per availability of funding. Coordination by IFRC Somalia Country Office with SRCS is ongoing.</p> <p>A 3 months' revision of the Emergency APPEAL was carried out to run from September to December 2016. This was the 6 months Operations Update so as to complete the implementation of the activities after the additional funding. However, following the poor performance of the Gu` and Deyr rains which has not been sufficient over the past 2 months as per the seasonal calendar the water and food situation as well as the livelihoods of communities in Somalia is critical, this Emergency APPEAL seeks a 6 months' revision to cater for the current needs.</p>			
<p>Output 5.2.1</p> <ul style="list-style-type: none"> Continuous monitoring of the activities implementation by SRCS. Periodic monitoring by IFRC technical support team. 	X		80%
<p>Output 5.2.2</p> <ul style="list-style-type: none"> Evaluation or review. 		X	0%
Progress towards outcomes			
<p>The monitoring framework for the interventions was discussed during start up meeting. Currently SRSC is carrying out continuous periodic monitoring of activities. A joint Monitoring and Communication visit was carried out by the IFRC from the 4th to 9th August 2016 in Somaliland, the outcome of the report will be used for the extension process of the Emergency APPEAL. A similar planned mission for Puntland was conducted from the 23rd November - 1st December 2016, and this has guided the revision of the appeal. 120 Volunteers were trained on safer access and do no harm. An evaluation review has not been conducted yet. An internal evaluation review of the lessons learnt and gaps will be conducted at the end of the operation subject to availability of funding.</p>			

D. Budget

See attached budget (Annex 1) for details and revisions.

Contact Information

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace.**

EMERGENCY APPEAL OPERATION

31/10/2016

MDRSO005 Somalia : Drought

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
Food	283,500			283,500
Water, Sanitation & Hygiene	464,600			464,600
Medical & First Aid	21,810			21,810
Other Supplies & Services	129,100			129,100
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	899,010	0	0	899,010
Storage, Warehousing	21,000			21,000
Total LOGISTICS, TRANSPORT AND STORAGE	21,000	0	0	21,000
National Staff	18,000			18,000
National Society Staff	67,077			67,077
Volunteers	11,652			11,652
Total PERSONNEL	96,729	0	0	96,729
Workshops & Training	96,386			96,386
Total WORKSHOP & TRAINING	96,386	0	0	96,386
Travel	6,000			6,000
Information & Public Relations	16,000			16,000
Office Costs	10,260			10,260
Communications	6,000			6,000
Financial Charges	61,362			61,362
Total GENERAL EXPENDITURES	99,622	0	0	99,622
Programme and Supplementary Services Recovery	78,829	0	0	78,829
Total INDIRECT COSTS	78,829	0	0	78,829
TOTAL BUDGET	1,291,576	0	0	1,291,576
Available Resources				
Multilateral Contributions	694,761			694,761
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	694,761	0	0	694,761
NET EMERGENCY APPEAL NEEDS	596,815	0	0	596,815