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Emergency Appeal Revision

Somalia: Drought

International Federation of Red Cross and Red Crescent Societies

(Revised) Appeal **n° MDRSO005** Glide n° **DR-2015-000134-SOM**	**150,000 people** to be assisted **129,394 Swiss francs** DREF allocated **3,308,035 Swiss francs** current Appeal budget **2,613,274 Swiss francs** funding gap	Appeal launched **25 March 2016** Revision n° 1 issued **15 March 2017** Appeal ends **21 December 2017** (Extended by 10 months)

This revised Emergency Appeal seeks **3,308,035** Swiss francs (increased from 1,291,576 Swiss francs**)** to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** support the **Somali Red Crescent Society (SRCS)** in assisting 150,000 **people for 10 months**. The expanded operation will focus on the following sectors: **health; water, sanitation and hygiene (WASH); livelihood, nutrition, food security; shelter (including household non-food items).** It also reflects a substantial increase in the target population, timeframe for implementation, number of activities, and an enlarged geographic scope. The current funding gap is **2,613,274** Swiss francs. The planned response reflects the current situation and information available at this time of the evolving operation, and will be adjusted based on further developments and more detailed assessments. Details are available in the Emergency Plan of Action (EPoA).

The disaster and the Red Cross Red Crescent response to date

August 2015: Poor post Gu season[1] exacerbates drought conditions leading to reduced pasture land, water shortages, and deaths of livestock, increasing the number of acutely food insecure people to emergency levels.

January 2016: Governments of Somaliland and Puntland declare the drought situation as an emergency.

February 2016: IFRC deploys Surge Capacity to support the SRCS on needs assessments.

25 March 2016: IFRC Emergency Appeal for 1,290,936 Swiss francs to assist 78,990 people is launched.

February 2017: FEWSNET[2] report states that Famine (IPC Level 5-Catastrophe)[3] is expected if the 2017 Gu season sees minimal rain highlighting the critical connections between drought and food security and nutrition as well as water and sanitation and hygiene promotion.

Kinsi Abdi Farah now cares for her one-year-old nephew after his mother died during childbirth. She has brought Saed to the Red Crescent mobile health clinic for treatment for a persistent cough, diarrhoea and rash. Photo: Aurélie d\'Unienville, IFRC

14 March 2017: Revised Emergency Appeal is launched for 3,308,035 Swiss francs to assist 150,000 people.

[1] April-June rainfall season in Somalia
[2] http://www.fsnau.org/in-focus/fsnau-fewsnet-technical-release-february-2017
[3] A Presentation on Key Findings From the 2016 Post Deyr Seasonal Food Security and Nutrition Assessment in Somalia.

The operational strategy

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 has been affected by the drought, reducing access to food and impacting on their nutritional and health conditions. 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 and Agriculture Organization (FAO) carried out an assessment (from September – December 2015). 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.

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 spells of drought because of the effects of 2015/2016 El-Nino. There was a severe water shortage 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 separate Appeals to humanitarian 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.

Needs assessment

As result of poor April to June 2016 Gu season and failed October to December 2016 Deyr season[4] rains, food security has deteriorated significantly across Somalia, with an increasing number of people facing Crisis and Emergency (IPC Phase 3 and 4). This means that the population is at risk of increased mortality and severe long-term impacts on livelihoods and assets due to the impacts of acute food insecurity, and lack of emergency food assistance.

Food security is expected to further deteriorate over the coming months with improvements not expected until May/June in pastoral areas and June/July in agro-pastoral areas, at the earliest. If the 2017 Gu season is also poor, as currently forecasted, the severity and magnitude of food insecurity will be even larger than currently anticipated. In a worst-case scenario where the 2017 Gu season performs very poorly, purchasing power declines to levels seen in 2010/11, and humanitarian assistance is unable to reach populations in need, Famine (IPC Phase 5) would be expected.

Somalia has one of the worst infant and young child feeding and micro-nutrient indicators in the world. According to FEWSNET, over 363,000 children suffer from acute malnutrition and are in need of urgent treatment and nutrition support. This includes 71,000 children, who suffer from severe malnutrition and fear risk of death if not treated. Levels are particularly critical in Woqoyi Galbeed, and Sanaag regions in Somaliland and Bari and Mudug in Puntland.

A summary of response to date

Since the launch of the Emergency Appeal in March 2016, SCRS has been able to provide:

- Six mobile clinics reaching 80 percent of targeted population (highlights include nutritional screening and referrals for children, health promotion sessions, counselling sessions on breastfeeding as well as youth and infant nutrition, ante-natal care (ANC), and immunization for pregnant women);
- Provision of clean and safe water for consumption through rehabilitation of 24 berkeds, reaching roughly 4,600 people in each area;
- Water filter distribution reaching 1,078 households and aqua tab distribution to meet the needs of 42,840 households;
- Participatory Hygiene and Sanitation Transformation (PHAST) training for 120 volunteers;
- Hygiene promotion and hygiene education reaching over 78,990 people;
- Food assistance for 900 households through mobile money transfers for two months;
- Nutrition screening for under five, treatment and referrals of complicated cases reaching 15,798 children.

Beneficiary selection

Interventions will be aligned with the IFRC-minimum standard commitments to gender and diversity in emergency programming, for example 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,

[4] **October-December rainy season in Somalia**

elderly, female-headed households, lactating mothers and under-five 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.

Overall objective

The overall objective is to assist 150,000 people to meet their basic humanitarian needs focusing on health, nutrition, livelihoods and access to safe water for the drought affected population in six regions of Somaliland (Woqoyi Galbeed, Toghdheer, Hargeisa, Sahil, Sool and Sanaag), and two regions of Puntland (Bari, and Nugal).

The immediate access to health services will be provided through mobile clinics. The food needs of the targeted population will be met through provision of food and water assistance using Cash Transfer Programming (CTP) based on availability of funds. Safe and clean water will be provided through rehabilitation of water points (boreholes and berkeds[5]) available in the proximity of the beneficiaries including sensitisation of beneficiaries on water treatment and usage. Capacity strengthening of the SRCS will be carried out to ensure the proposed activities are carried out effectively.

The strategy focuses mainly on addressing the priority needs and areas of interventions identified by the IFRC:

1. Reduce the health risks of the affected populations in six regions of Somaliland (Woqoyi Galbeed, Toghdheer, Awdal, Sahil, Sool and Sanaag), and two regions of Puntland (Bari, and Nugal) through outreach of mobile and static clinics (with a particular focus on pregnant women, lactating mothers and under five malnourished and severely malnourished children).
2. Prevent risk of waterborne and water related diseases in targeted communities in six regions of Somaliland (Woqoyi Galbeed, Toghdheer, Awdal, Sahil, Sool and Sanaag), and two regions of Puntland (Bari, and Nugal) through rehabilitation of water points (borehole and berkeds) and sensitization of beneficiaries on water treatment and usage.
3. Meet immediate household food needs of target population through unconditional cash transfer programming and water needs through restricted cash grants in two regions in Somaliland (Sool and Sanaag), and two regions of Puntland (Bari, and Nugal).

Actions have been taken in coordination with both Movement partners and non-Movement partners to ensure that there is no duplication of efforts and a clear demarcation of operational areas.

Coordination and partnerships

The IFRC, Partner National Societies (PNSs) and the ICRC are working in close collaboration through the Somalia drought task force coordination weekly meetings that updates on the ongoing implementation of activities on the ground. This has enabled good working relations and prevented cases of overlap and duplications of interventions. It has also helped the Movement partners to complement each other in areas they are not able to cover in terms of implementation.

The PNSs that are operating in Somaliland namely German, Norwegian, British and Finnish Red Cross have formed a consortium through a jointly signed Memorandum of Understanding (MOU). They are currently working bilaterally with the SRCS supporting CTP for nutrition, water and basic necessities.

The ICRC's multidisciplinary intervention with the SRCS has been targeting drought-affected communities from the northern regions of Sool and Sanaag to the border with Kenya in the south. Activities range from food security and nutrition (in south and central Somalia), to water provision and distribution and health. In the face of growing needs, the ICRC is also launching a budget extension targeting 1.5 million beneficiaries, while continuing to respond to conflict-related emergencies and with its regular programmes focusing on resilience and livelihoods to address the long-term structural humanitarian needs generated by 25 years of protracted conflict.

Proposed sectors of intervention

[5] A water storage facility in Somalia

Health

Outcome 1 The immediate risks to the health of affected populations are reduced

Output 1.1 Community-based disease prevention and health promotion measures provided

Activities planned:

- Community health promotion sessions (house to house, schools and community gatherings)
- Production of Information Education Communication (IEC) materials
- Community education on behaviour change integrated with hygiene promotion activities
- Community mortality surveillance and reporting in the Health Information system

Output 1.2 Severe Acute Malnutrition is addressed in the target population Activities planned:

- Screening under five children for malnutrition
- Opioid Treatment Programme (OTP) services for the malnourished children
- Defaulter tracing
- Hospital referrals to children with severe malnutrition complications
- Sessions for exclusive breastfeeding and nutrition counselling with involvement of mother to mother support groups

Output 1.3 Increased access to primary health care services through the mobile clinics

Activities planned:

- Immunization services to children under five years
- Provide children under five with Vitamin A, Zinc and de-worming
- Anti-natal services including tetanus toxoid vaccine to pregnant and women and child bearing age
- Micronutrients to pregnant and lactating mothers
- Post-natal services to mothers
- Treatment of minor illnesses to the target community
- The SRCS volunteers conduct community health promotion sessions
- Procurement of medical supplies and nutrition supplements

Water, sanitation and hygiene

Outcome 2 Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 2.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities planned:

- Fuel for 10 borehole generators
- Rehabilitation of 12 water points (boreholes/berkeds)
- Regular water quality monitoring for quality assurance
- Routine and scheduled system maintenance for boreholes and berkeds
- Restricted cash grants of CHF 36 for purchasing of water for drinking and domestic use both for human and animal" targeting 900 households for four months
- Procurement and distribution of: water treatment /2,000 aqua/pur tabs, 2,500 water jerrycans, 2,000 ceramic water filters

Output 2.2 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

Activities planned:

- Further training volunteers on PHAST methodology
- Conduct one-on-one communication targeting 150,000 people for improved hygiene awareness

Livelihoods; Nutrition; Food security

Outcome 3 Immediate food needs of the disaster affected population are met

Output 3.1 Cash transfers are provided to 900 households (5,400 beneficiaries) to purchase food
Activities planned: • Revisit the design of beneficiary selection tools • Revisit the source for mobile money service providers through tender • Revise if necessary and sign MoU and contracts with mobile phone service provider • Refresher train volunteers on beneficiary selection • Use Beneficiary selection and registration on new beneficiaries • Beneficiary refresher training on the use of mobile money transfer system • Prepare monthly mobile phone cash transfer. • Inform community on cash distribution • Cash transfers of CHF105 to 900 household for three months • Monthly post distribution monitoring • Price and market capacity monitoring
Outcome 4 Critical nutritional status of the targeted community is improved
Output 4.1 Sufficient nutritious food accessed by children under five in vulnerable households/communities
Activities planned: • Nutrition screening • Procurement of nutritional supplements • Supplementary feeding to moderately malnourished children under five • Volunteer training in food preparation and utilization • Cascading of training on food preparation and utilization • Monitoring of nutritional indicators
Output 4.2 Screening and referrals for acute malnutrition carried out for children under age five
Activities planned: • Nutrition screening • Referral of severely malnourished children for therapeutic feeding

Shelter (including Household non-food items)
Outcome 5 Immediate shelter and settlement needs of the drought affected population in Somaliland and Puntland are met
Output 5.1 Distribution of Non-Food Items (NFIs) and emergency shelter items undertaken to meet the needs of the target population in the drought areas
Activities planned: • Identification/registration of beneficiaries for distribution of NFIs • Mobilization of 120 volunteers to carry out NFI distributions • Distribution of NFIs to 6,000 households • Local procurement and transport for distribution (15,000 blankets, 11,000 plastic sheets, 10,000 sleeping mats)

In addition to the sectors above, the operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the programme
- Ongoing process of adjustment based on these assessments
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, disaster-affected people
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation

The detail plan of action under quality programming is as follows:

Quality programming
Quality programming (areas common to all sectors)
Outcome 6 Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation
Output 6.1 Initial needs assessment are updated following consultation with beneficiaries
Activities planned: • Mobilization of staff and volunteers to carry out rapid needs assessment • Analyse and consolidate assessment data from the field and maintain constant liaison with the 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 the IFRC
Outcome 7 Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation
Output 7.1 Monitoring information informs revisions of plan of action where appropriate
Activities planned: • Continuous monitoring of the activities implementation by the SRCS • Periodic monitoring by the IFRC technical support team • Refresher train the SRCS staff and 120 volunteers on Stay safe
Output 7.2 The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate
Activities planned: • End of implementation evaluation or review

Programme support services

In order to ensure effective and efficient technical coordination, the following programme support functions will be put in place human resources, logistics and supply chain; information technology (IT); communication; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.

€ Budget

See the attached Revised Emergency Appeal Budget.

Garry Conille
Under Secretary General
Programme and Operations Division

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Secretary General

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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 (NGOs) 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

01/03/2017

MDRSO005 Somalia : Drought

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	255,000			255,000
Food	118,500			118,500
Seeds & Plants	0			0
Water, Sanitation & Hygiene	628,800			628,800
Medical & First Aid	133,380			133,380
Teaching Materials	0			0
Utensils & Tools	0			0
Other Supplies & Services	274,000			274,000
Emergency Response Units	0			0
Cash Disbursements	507,600			507,600
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**1,917,280**	**0**	**0**	**1,917,280**
Land & Buildings	0			0
Vehicles Purchase	0			0
Computer & Telecom Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	**0**	**0**	**0**	**0**
Storage, Warehousing	0			0
Distribution & Monitoring	37,440			37,440
Transport & Vehicle Costs	90,600			90,600
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	**128,040**	**0**	**0**	**128,040**
International Staff	0			0
National Staff	107,348			107,348
National Society Staff	389,128			389,128
Volunteers	207,060			207,060
Total PERSONNEL	**703,536**	**0**	**0**	**703,536**
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	**0**	**0**	**0**	**0**
Workshops & Training	225,780			225,780
Total WORKSHOP & TRAINING	**225,780**	**0**	**0**	**225,780**
Travel	20,000			20,000
Information & Public Relations	16,000			16,000
Office Costs	32,700			32,700
Communications	15,000			15,000
Financial Charges	47,800			47,800
Other General Expenses	0			0
Shared Support Services				
Total GENERAL EXPENDITURES	**131,500**	**0**	**0**	**131,500**
Programme and Supplementary Services Recovery	201,899	0	0	201,899
Total INDIRECT COSTS	**201,899**	**0**	**0**	**201,899**
TOTAL BUDGET	**3,308,035**	**0**	**0**	**3,308,035**
Available Resources				
Multilateral Contributions	694,761			694,761
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	**694,761**	**0**	**0**	**694,761**
NET EMERGENCY APPEAL NEEDS	**2,613,274**	**0**	**0**	**2,613,274**

International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

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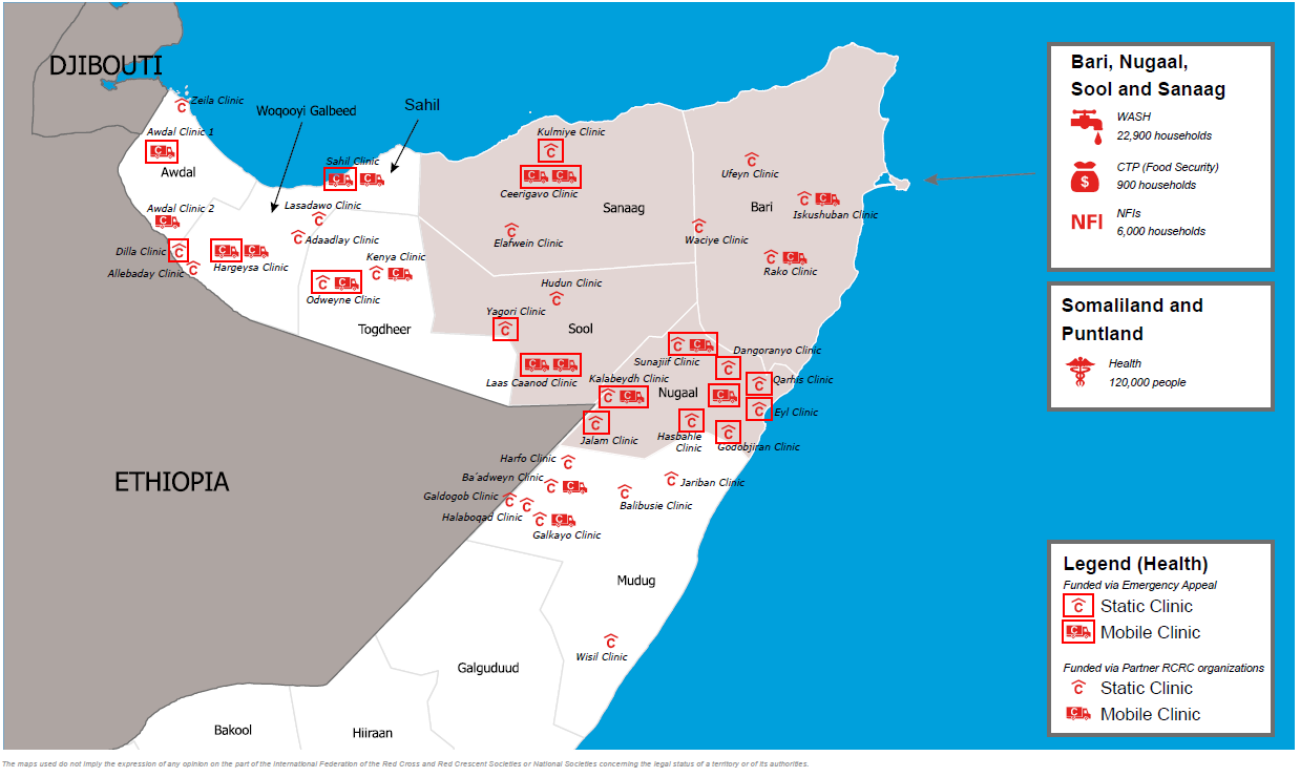
6 March 2017

Somalia: Drought



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

MAP DATA SOURCES: GADM, IFRC