BACKGROUND

This document complements the 2019 Country operational plan¹ and reflects the IFRC support to the Somali Red Crescent Society (SRCS) in the agreed areas of focus.

Main challenges in the country

The humanitarian crisis in Somalia is among the most complex and longstanding emergencies. For over 3 decades, poverty, marginalization, armed violence, insecurity, political instability, natural hazards and lack of development have affected vulnerable communities in Somalia. By the end of 2017, over 6.2 million people needed humanitarian assistance across the country. The frequency and severity of droughts, floods, conflict and displacement have intensified during the last decade with devastating consequences on the livelihoods of most of the Somali population, and particularly the marginalized pastoral and agro-pastoral communities, women, children, elderly and persons with disabilities. Exclusion and discrimination of socially marginalized groups are contributing to high levels of acute humanitarian need and lack of protection. Malnutrition rates have increased and inter-communal tensions over access to water and grazing lands are on the rise due to drought and uneven rainfall across the region. The
situation has continued for most of 2018 with residual impacts of drought, ongoing displacement, conflict and seasonal floods. Disease outbreaks such as acute watery diarrhoea (AWD)/cholera and measles continue to lead to preventable deaths across the country. Displacement from rural to urban areas has a significant impact on the demographic make-up of the country, leading to urban overcrowding and putting additional pressure on scarce resources and services in cities and towns. This is also increasing the risk of disease outbreaks due to limited access to safe water and poor sanitation, and overburdened health services. There is relative stability and functioning government machinery and systems in the self-declared independent State of Somaliland in the north-west and the semi-autonomous state of Puntland in the north-east. However, the ongoing conflict in the border of Somaliland and Puntland continues to reduce the resilience of communities, trigger displacement and impede access to basic services and humanitarian access to those in need. The lack of recognition of these states by the international community limits their access to development funds from the World Bank and other international sources. Thus, humanitarian and development partners take a lead role in ensuring vulnerable communities have access to vital services.

Humanitarian interventions largely depend on the country context. With reference to Somalia, IFRC identifies a number of main risk factors influencing humanitarian access and capabilities to intervene. Insecurity, significant increase in health emergencies and shortage of human resources represent the highest risks. Probability of limited logistics capacities, decreased stakeholder support, high turnover in clinic staff and volunteers and low staff competency represent medium risks. However, all of them have high impact.
The National Society role and profile

In recent years, the Somali Red Crescent Society has gone through significant change and growth, reflecting its commitment to becoming a well-functioning National Society. The SRCS coordination office in Mogadishu manages the operations in South Central and Puntland while the coordination office in Hargeisa is responsible for the operations management in Somaliland. The SRCS liaison office in Nairobi—where the National Society President is based—is responsible for coordination and overview of the operations. The National Society is committed to preventing and alleviating human suffering by working with communities, local authorities and other partners to provide basic and quality services to vulnerable people. The National Society envisions strong communities empowered and qualified to deal with the causes of suffering and to respond to the needs of vulnerable people. It is one of the largest providers of basic health services in the country and actively engages in disaster management, first aid and restoring family links (RFL). In 2019, the National Society will prioritize organizational development i.e. strengthening leadership and governance in all 19 branches. It will continue strengthening partnerships within the Movement as well as building and consolidating links with the government, some international organizations, private and informal sectors. The efforts of the Somali Red Crescent Society are in line with the 2017–2019 National Development Plan and Somalia Country Programme Paper of the IGAD3 2013–2027 Strategic Plan for Drought Disaster Resilience and Sustainability Initiative (IDDRSI) and the Africa Road Map 2017–20224. They also contribute to the realization of Somalia’s set targets for relevant Sustainable Development Goals (SDGs).

The role of the IFRC country office

With reference to their respective multi-year strategic plans5, the IFRC Somalia country office provides strategic and technical support to the Somali Red Crescent Society in its response to the established needs, the provision of vital services and implementation of programmes. Currently, the IFRC provides support to the 2016 Somalia Drought Emergency Appeal and its revisions in 2017 and 2018. The appeal covers the immediate health, nutrition, water, sanitation and hygiene (WASH), livelihood and disaster risk reduction needs of the affected population. The IFRC country office supports the National Society in the process of developing its capacity as an effective and sustainable local humanitarian organization in the critical areas of human resources, logistics and supply chain, communications, security, PMER6, administration and finance. This process aims at encouraging the National Society to think longer-term. The IFRC country office also urges the National Society to continue engaging in the humanitarian coordination forums and NGO consortiums in order to share and learn from other actors.
**AREAS OF FOCUS**

**AREA OF FOCUS**
**DISASTER RISK REDUCTION (DRR)**

- **11,300**
  People in high-risk areas will be prepared for and able to respond to disasters

**AREA OF FOCUS**
**LIVELIHOODS AND BASIC NEEDS**

- **600,000**
  Households will restore and strengthen their livelihoods

- **10,000**
  Households will have access to clean water, sanitation and hygiene

**AREA OF FOCUS**
**HEALTH**

- **5,000**
  People will have increased access to appropriate health services

**AREA OF FOCUS**
**WATER, SANITATION AND HYGIENE (WASH)**

- **10,000**
  People will benefit from protection, gender and inclusion support

- **11,300**
  People in high-risk areas will be prepared for and able to respond to disasters

**STRATEGIES FOR IMPLEMENTATION**

- Strengthen National Society
- Ensure effective international disaster management
- Influence others as leading strategic partner
- Ensure a strong IFRC
AREA OF FOCUS

DISASTER RISK REDUCTION

The increase in humanitarian needs due to drought and floods (food insecurity, cholera outbreaks) and escalating malnutrition in children, older persons, lactating mothers and pregnant women, call for robust disaster risk reduction (DRR) interventions that would reduce the impact of these disasters and vulnerability rate and improve community resilience. Unfortunately, little funding was available for DRR activities in 2018. In the framework of the Drought Emergency Appeal, IFRC assisted the Somali Red Crescent Society mostly in the area of foods security (through cash-based intervention), WASH and health. In 2019, however, the National Society plans to focus on the community-based disaster risk reduction and climate change adaptation (CCA) with the goal to create awareness and strengthen community resilience and, thus contribute to the realization of Somalia’s set targets for Sustainable Development Goals 1, 2 and 13 as well as to One billion coalition for resilience (1BC). In collaboration with the Movement partners, IFRC Somalia country office plans to aim at strengthening 4 Somaliland and 2 Puntland Red Crescent branches in the field of preparedness, risk mitigation and response to disasters. Specifically, IFRC intends to support further development of:

1. Disaster risk reduction strategies, policies and plans
2. Climate change adaptation strategy to build community resilience,
3. Capacity in the field of disaster risk reduction and climate change adaptation
4. Multi-hazard approach to early warning systems
5. Plans of action for communities in high risk areas to prepare, mitigate and respond to droughts and floods
6. Key strategic partnerships with the authorities and key humanitarian stakeholders
7. Trainings for the National Society and community members

DRR CAPACITY STRENGTHENED IN 4 SOMALILAND AND 2 PUNTLAND RED CRESCENT BRANCHES

COMMUNITY DRR PLANS IN PLACE

COMMUNITY EARLY WARNING SYSTEMS ESTABLISHED OR IMPROVED AND LINKED WITH LOCAL OR NATIONAL METEOROLOGICAL SYSTEM

1,220,000 SWISS FRANCS SOUGHT
The trainings are planned to build awareness, knowledge and expertise in:

1. Integrated and gender sensitive community level disaster risk management and resilience approach, including environmentally responsible values and practices
2. Disaster management and resilience tools
3. Implementation of interventions
4. Further promotion of community self-organization

IFRC country office will coordinate with local and national meteorological institutions to promote application of existing indigenous and conventional practice related to Early Warning Systems (EWS) and Early Warning Actions (EWA), to ensure the communities are well conversant on how to activate these systems.

In order to further promote and support the above plans, IFRC Somalia country office will continue its efforts within the framework of the SMCC initiative and will appeal to the partner National Societies to provide adequate multilateral or bilateral funding.
AREA OF FOCUS

LIVELIHOODS AND BASIC NEEDS

According to the July 2018 FEWSNET, significant assistance needs will remain in Somalia throughout 2018–19, with worst-affected populations in northern and central pastoral areas facing larger gaps in basic food provision, with an estimated 2.7 million people expected to face food shortage or worse in 2019. Pastoralists in northern and central regions lost a large herd of livestock to 2017 drought while flooding temporarily displaced over 359,000 people in the northwest.

In the period 2016–2018, the Somali Red Crescent Society implemented the Hunger Resilience Project in 2 regions of Puntland and 4 of Somaliland, targeting communities affected by recurrent drought, floods, civil conflict, and a changing climate. The intervention improved food and nutrition status of 500 pastoralists and agro-pastoralist households (HH), with a specific focus on women-headed households with young children as well as to small businesses and group savings and loans initiatives. The initiative improved access to water through rehabilitation of 5 boreholes in Puntland and 2 water dams in Somaliland. The improved access to water has also improved hygiene, especially for children and women who are more vulnerable to cholera and other related water borne diseases. In 2019, the intervention will continue to focus on Somaliland and Puntland areas that are accessible, targeting food insecurity and malnutrition, ensuring communities are better prepared to meet challenges caused by food insecurity, chronic undernourishment and hunger in the short term and are more resilient and secure in the long term. The intervention plans to promote and support genuine community participation and ownership through adequate engagement in all stages of the project and contribute to the environmental rehabilitation. The main guidance and support will come from the Somali Red Crescent branch volunteers and staff, enabling the communities to ensure the sustainability of the intervention. In support of the National Society and in partnership with the government and Movement partners, IFRC plans to provide assistance in the area of:

1. Food or cash for basic needs
2. Vouchers and cash grants to improve recovery and start economic activities
3. Vocational skills training
4. Training on alternative farming methods and drought resilient crops
5. Household food production to increase potential for alternative income from sale of harvest
6. Community level initiatives such as tree planting or production of vegetables, fruits and fodder

7. Public awareness-raising and education on sustainable livelihoods

8. Training on community resilience, household income and savings for volunteers and SRCS branches

IFRC will continue urging the National Society to strengthen regional and international cooperation and partnership for hunger resilience and, at the same time, promote IBC initiative. These activities will contribute to the realization of Somalia’s set targets for SDG 1\(^1\) and SDG 3\(^2\).
AREA OF FOCUS

HEALTH

Due to the lack of access to any health care provider (less than 15% of the rural population) and low health awareness due to low literacy rate (37.8%), Somalia faces increased morbidity trends in non-communicable diseases while still struggling to manage the communicable and childhood preventable diseases. One out of every seven Somali children dies before the age of 5 (137 deaths/1,000 live births), succumbing to pneumonia (24%), diarrhoea (19%), measles (12%), as well as neonatal disorders (17%). One out of every 12 women dies due to pregnancy related causes. Access to improved water source (including piped water and wells) is estimated at 53% while about 63% has access to sanitation facilities (toilet and latrines). According to the Integrated Food Security Phase Classification (IPC), most areas of the country are currently Stressed (IPC Phase 2) while Crisis (IPC Phase 3) exists in some areas and among IDPs. According to July 2018 FSNAU data, Crisis (IPC Phase 3) is expected to continue in riverine livelihood zones and northern and central Somalia. Emergency (IPC Phase 4) is expected in Guban pastoral livelihood zone.

Over the past three years, the network of 46 static and mobile clinics (Maternal and child health/Outpatient department) managed by the Somali Red Crescent Society treated over 80% of the estimated target population of 600,000, including the most vulnerable population in Somaliland and Puntland as well as the internally displaced persons (IDPs), nomadic and remote communities. Being the most at-risk in the conflict/post conflict Somali environment, women and children have been the primary focus of the integrated health care programme (IHCP), reaching children and women of child-bearing age (WCBA) with treatment, immunization, nutritional screening and provision of supplements to those assessed to be malnourished. With enhanced health promotion and education by both health staff and community volunteers, the number of deliveries conducted with the assistance of skilled health workers is increasing while the trend in deliveries conducted by traditional birth attendants (TBAs) is decreasing. In 2019, the Somali Red Crescent Society plans to address some of the critical gaps and challenges in health care delivery in Puntland and Somaliland that could further contribute to improving the primary health indicators (maternal mortality rate, infant mortality rate, child mortality rate) of the country. IFRC plans to assist the National Society in responding to multiple emergency health care needs, including reproductive and child health, communicable and non-communicable diseases and community-based health promotion by trained community volunteers, using the CBHFA strategy. The key activities will include:

1. Scaling up the immunization programme
2. Nutritional screening, and provision of supplements
3. Provision of curative services
4. Promotion of safe motherhood (ante-natal care, delivery, post-natal care)

5. Health education on diverse subject areas to clients at the clinics and the community at large

6. Capacity building of clinic staff, National Society branch managers and volunteers

The Somali Red Crescent Society is one of the largest providers of basic health services in the country and it will be encouraged to develop a health-related multi-year funding plan as well as capacities in finance and resource mobilization.

This intervention is in line with the SRCS health strategy and the Essential Package of Health Services (EPHS), as the key government policy avenue for health service delivery to the population. It will contribute to the realization of Somalia’s set targets for SDG17 3.

### Person Reached by Long-term Health Care Support
- **600,000**

### Volunteers Mobilized by the National Society for Health Activities
- **3,000**

### CBHFA PLANS DEVELOPED TO ADDRESS IDENTIFIED HEALTH RISKS
- **9**

### Contingency Plans Developed to Respond to Epidemics and Pandemics
- **9**

### National Society Volunteers Trained in Epidemic Control
- **1,000**

### People Provided with Clinical Health Care Services During Emergencies
- **80,000**

### Persons Trained in First Aid
- **620**

### People Reached in 9 Immunization Interventions
- **30,000**

**Outcome**

Vulnerable people’s health and dignity are improved through increased access to appropriate health services.
Recurrent drought in the country has largely contributed to inadequate population access to potable water and has resulted in frequent disease outbreaks, particularly acute watery diarrhoea and cholera (AWD/C), the most recent being the widespread outbreak in 2017. According to the African Development Bank Group (2016), access to improved water supply in Somalia is estimated at 32% while the population with improved sanitation is at a low 24%. Routine monitoring reports from the clinics and target communities reveal that access to potable water per head/household is below the Sphere standard.

Over the years, IFRC has supported the Somali Red Crescent Society in volunteer training, routine household, community and school WASH promotion, training of school teachers in community-based health and first aid (CBHFA) and participatory hygiene and sanitation transformation (PHAST) and provision of PHAST tools to support community and school health and hygiene promotion interventions. The 2018 Drought Emergency Response targets included construction of 400 latrines; organization of hygiene promotion activities for 5,000 households; training for 300 community volunteers to conduct hygiene and sanitation promotion activities; rehabilitation of 100 water sources to increase community access to potable water. In 2019, the National Society seeks to increase investment and continue with WASH interventions, especially in Puntland as the worst affected area whenever there is a severe drought. These interventions will contribute to the realization of Somalia’s set targets for SDG 6 that focuses on increasing sustainable access to safe water and sanitation facilities. In order to support the National Society, IFRC plans to engage in:

1. Assessments in all static clinics in Puntland and Somaliland
2. Rehabilitation of water storage, hand washing facilities and latrines in static clinics
3. Development of effective waste management systems in targeted communities
In line with a longer-term strategy to reduce morbidity and mortality related to poor WASH access, IFRC also plans to seek resources for One WASH global programme to target AWD/C hot spots in Somalia with large scale WASH interventions.

### Target Communities Using Appropriate and Sustainable Water, Sanitation and Hygiene Services in Humanitarian, Recovery and Development Context
- **5%**
- **5,000** Households provided with safe water services
- **20** Access is provided to improved hygiene and sanitation in at least 20 static clinics
- **32** Community-based water and sanitation management plans developed
- **3,000** Households provided with knowledge on and access to improved excreta disposal
- **3,000** Households reached with messages on personal and community hygiene

### Outcome
Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services.
AREA OF FOCUS

PROTECTION, GENDER AND INCLUSION

Socio-cultural barriers, beliefs, attitudes and practices in Somalia deny women equal opportunities, breeding economic dependency on men. Men generally decide the woman's role outside the household although women are the pillars behind the survival of the household. Gender-based violence (GBV) and female genital mutilation/cutting (FGM/C) practices and discrimination against women are widespread in many social and economic spheres. There are inadequate legal frameworks, resources and systems in place and inadequate capacity to manage reported cases. According to the 2017 GBV sub-sector report, the integrated response and multi-sectoral coordinated action of GBV service providers enabled timely life-saving services for 174,237 survivors made up of 41,856 girls and 26,324 boys as well as 81,422 women and 24,635 men.

Gender and diversity is a novelty in the Somali Red Crescent Society (SRCS), with only recent support from IFRC in training of trainers, engagement of gender officers for Puntland and Somaliland and sensitization workshops for staff and volunteers. IFRC has also supported the Somali Red Crescent Society in piloting menstrual hygiene management (MHM) in a number of schools in Puntland and Somaliland with encouraging results. Guided by the IFRC guidelines, the 2019 gender activities will build on the minimum footprints so far made in gender and diversity and will include:

1. Assessment of 9 branches in Somaliland and Puntland to determine opportunities and limitations in mainstreaming gender into programming

2. Sensitization drives spearheaded by gender officers in targeted communities in Puntland and Somaliland

3. Advocacy for the development of the required legal framework, systems and support mechanisms for addressing gender issues

4. Development of capacity of clinic nurses and midwives to attend to rape cases and provide psycho-social support to survivors/victims of rape, referral and medico-legal services

340,000 CHF SOUGHT
5. Introduction of menstrual hygiene management in 10 educational facilities for girls in Puntland and Somaliland and provision of menstrual hygiene kits for the school girls

6. Revision of SRCS internal regulations and other guidelines to integrate gender, diversity and equality

7. Efforts to close the gender gap in branch management and governance through dissemination and training

8. Coordination with other actors, including UNICEF and UNFPA in the field of technical support and implementation

**PERSONS REACHED**

- **10,000**

**BRANCHES IN SOMALILAND AND PUNTLAND ASSESSED AND STAFF TRAINED**

- **9**

**GIRLS IN 10 EDUCATIONAL INSTITUTIONS IN SOMALILAND AND PUNTLAND SENSITIZED IN MENSTRUAL HYGIENE MANAGEMENT AND PROVIDED WITH HYGIENE KITS**

- **10**

**STAFF IN 32 STATIC CLINICS TRAINED ON CLINICAL MANAGEMENT OF RAPE, PSYCHOSOCIAL SUPPORT AND REFERRAL**

- **32**

**OUTCOME**

- Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.
STRATEGY FOR IMPLEMENTATION

STRENGTHEN NATIONAL SOCIETY CAPACITIES

Somalia Red Crescent Society (SRCS) was established in 1965. Since 1991, when the war broke out, Somalia has been characterised by political instability and non-functioning political, economic and social institutions. The National Society has always stepped up through its mandate and has continuously provided much needed support services to vulnerable communities in the country. Development of capacities, including staff, volunteers, systems and procedures, has been one of the main areas of focus for the National Society across all coordination offices and all 19 branches. Based on the National Society strategic plan and strategic priorities of IFRC, ICRC and other Movement partners, capacity development activities will continue in 2019. IFRC will engage in the following:

1. An OCAC\textsuperscript{10} exercise for the National Society to self-assess current capacities, identify gaps and prioritize critical areas that need addressing

2. Development of the National Society development plan and long term programming

3. Mapping of the work done by a coordinated Movement action in the area of capacity development, identification of the gaps and mobilization of resources to meet the identified gaps

4. Through a Movement-wide initiative, organization of National Society development review workshops

5. Facilitation of leadership/integrity workshops/trainings for governance and management

6. Development and dissemination of the governance manual

7. Adoption of the National Society youth policy and implementation of the revised youth and volunteer management guidelines

8. Branch development, organization of a BOCA\textsuperscript{20} ToT\textsuperscript{21} and promotion of BOCA roll-out at branch level

9. Promotion of relevant IFRC online courses, in particular targeting youth and volunteers

10. Provision of participatory education theatre kits for 9 branches and training of volunteers

11. Systems development, consolidation of procedures and policies, enhancement of integrity, accountability and compliance as well as risk mitigation
12. Awareness-raising in the National Society about the WPNS\textsuperscript{22} and DRCE\textsuperscript{23} approaches to strengthen their preparedness and response plans

13. Promotion of community-based disaster risk reduction and climate change adaptation in local communities, local authorities and private sector

14. Promotion of the National Society work with the government in order to develop coordination and partnerships with government institutions such as HADMA\textsuperscript{24} in Puntland and NDFOR\textsuperscript{25} in Somaliland, particularly around food security

15. Provision of financial support for the running and operational costs of the National Society and IFRC country offices

16. Ensuring that all active National Society volunteers in Somaliland and Puntland are insured through IFRC global insurance scheme

17. Follow up on the PAC\textsuperscript{26} indicators/recommendations

18. Follow up on the 2015 IC\textsuperscript{27} pledges and on the commitments made at the IFRC General Assembly in Antalya, Turkey in 2017

**OUTCOME**

NATIONAL SOCIETY HAS THE NECESSARY LEGAL, ETHICAL AND FINANCIAL FOUNDATIONS, SYSTEMS AND STRUCTURES, COMPETENCES AND CAPACITIES TO PLAN AND PERFORM.
STRATEGY FOR IMPLEMENTATION

ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT

Following the 2016 British Red Cross-led assessment of the National Society capacities in the field of disaster management (DM), the Somali Red Crescent Society (SRCS) has shown strong commitment to developing the structures, strategies and systems required to become an effective, efficient and accountable humanitarian organization. In order to develop their disaster management strategy, the Somali Red Crescent Society requires support of and close collaboration with its partners. IFRC will take the lead in supporting the National Society in developing its DM strategy and will coordinate the DM working group comprising of ICRC, partner National Societies and the Somali Red Crescent Society. The DM working group will work towards ensuring effective structures and resources for the National Society, improving their coordination role and direct disaster risk reduction (DRR) action in Somalia. The proposed 2019 intervention will target 8 branches and 8 communities in high-risk areas in both Somaliland and Puntland to adopt and operationalise the SRCS DRR strategy. This intervention will be in line with the 2017–2020 Africa Road Map, 1BC and IGAD Drought Disaster Resilience and Sustainability Initiative (IDDRSI). IFRC plans to support the National Society by engaging into the following activities:

1. A review of DM operations and lessons learnt to inform the DM strategy development process
2. Dissemination of various disaster management and resilience frameworks in order to build self-organized communities in the areas of disaster risk reduction and resilience
3. Further development of effective structures and resources in the National Society to coordinate and direct disaster risk reduction and management
4. Further development of effective structures and resources in targeted communities to coordinate and direct community-managed DRR (CMDRR)
5. Development of the National Society and community structures for cash transfer programming
6. Adoption of a multi-hazard approach for the early warning system
7. Development of an integrated disaster risk reduction and resilience plan
8. Recording and publishing DRR and livelihoods programmes impact

OUTCOME

EFFECTIVE AND COORDINATED INTERNATIONAL DISASTER RESPONSE IS ENSURED.
STRATEGY FOR IMPLEMENTATION

INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS

To influence others at national or regional level, it is necessary to 1) scale up and make people and local communities a part of the solution and 2) partner up and network widely. In the past two years, the Somali Red Crescent Society was supported in building strong links with some international organisations, private and informal sectors. In 2019, IFRC and other Movement partners plan to support further consolidation of these links through National Society’s active involvement in relevant humanitarian coordination forums and respective NGO Consortiums. They will use such forums to promote the 2017–2020 Africa Road Map, 1BC initiative and localization of aid as recommended by the Grand Bargain. By organizing workshops and developing position papers, IFRC will continue supporting SRCS in further development of its systems and procedures, including the National Society Partnership and resource development strategy, in order to build a strong domestic partnership pool that will bring in local resources.

OUTCOME

THE IFRC SECRETARIAT AND THE NATIONAL SOCIETY INFLUENCE DECISIONS AT LOCAL, NATIONAL AND INTERNATIONAL LEVELS THAT AFFECT THE MOST VULNERABLE.

STRATEGY FOR IMPLEMENTATION

ENSURE A STRONG IFRC

In order to continue contributing to the global efforts related to SDGs 1, 2 and 3 (eradicate poverty and alleviate suffering) as well as to the 2015–2030 Sendai DRR framework and 1BC, IFRC country office in Somalia plans to further increase its capacity. It will ensure an enabling environment for staff, through improved and frequent communication, teamwork, regular staff appraisals and staff support in both offices in Hargeisa, Somalia and Nairobi, Kenya. The country office will continue to work closely with human resources (HR), policy, strategy and knowledge (PSK) and other IFRC departments to ensure learning opportunities for the staff, especially in the area of finance, communications, PMER, procurement, logistics and security. The staff will be encouraged to continue taking IFRC online learning courses to enhance their skills and abilities as well as relevant external courses and to attend cluster meetings. Adherence to the Code of Conduct and all other policies will remain an integral part of the staff performance.

OUTCOME

IFRC IS EFFECTIVE, CREDIBLE AND ACCOUNTABLE.
ENDNOTES

1. 2019 Country Operational Plan outlines the results that IFRC wants to achieve in collaboration with the Somali Red Crescent Society;
2. The International Red Cross and Red Crescent Movement;
3. IGAD – Intergovernmental Authority on Development leading the IDDRSI platform for the countries of the Horn of Africa;
4. Africa Road Map;
6. PMER—Planning, monitoring, evaluation and reporting;
7. WASH—Water, Sanitation and Hygiene
8. The goal of 1 Billion Coalition — 1 billion people, at least one person in every household, every school or business, and every community taking actions to enhance their own and their community's resilience.
9. SMCC—Strengthening Movement Coordination and Cooperation
10. FEWSNET—Famine Early Warning Systems Network;
11. Sustainable development goal 1—contribute to ending poverty by enhancing alternative livelihoods;
12. Sustainable development goal 3—contribute to good health by improving access to food with high nutritional value for malnourished children, pregnant and lactating mothers and older persons in need.
14. IDPs—internally displaced persons
15. FSNAU—FAO Food Security and Nutrition Analysis Unit
16. CBHFA—Community-based health and first aid
17. Sustainable development goal 3—contribute to good health by improving access to food with high nutritional value for malnourished children, pregnant and lactating mothers and older persons in need
18. Water, Sanitation and Hygiene
19. OCAC—Organizational capacity assessment and certification;
20. BOCA—Branch organizational capacity assessment;
21. ToT—Training of trainers;
22. WPNS—Well-prepared National Society,
23. DRCE—Disaster response capacity evaluation,
24. HADMA—Humanitarian Affairs and Disaster Management Agency,
25. NADFOR—National Disaster Preparedness and Food Reserve Authority,
26. PAC—Pan-African Conference of African Red Cross and Red Crescent Societies;
27. IC pledges—commitments made at the 32nd International Conference of Red Cross and Red Crescent held in 2015;
28. 2016 UN Secretary General’s High-Level Panel on Humanitarian Financing;
29. The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief;
Contact information of the IFRC country office, for partners who wish to find out more

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International Federation of Red Cross and Red Crescent Societies