

OPERATIONAL REPORT

IFRC Organisational Unit: *Somalia Country Office*
Manager: *Surein Peiris*
Reporting period: *January-June 2020*

Project Codes: *PSO001, PSO015, PSO029, PSO, MDRSO009,*
Geographic coverage: *Somalia (Puntland and Somaliland)*

| Area of Focus (AoF) / number of people reached (*) | Area of Focus (AoF) / number of people reached (*) | | Strategy for Implementation (SFI) / National Societies reached (*) |
|--|--|---------|--|
| | Male | Female | |
| AoF 1: Disaster risk reduction | 0 | 0 | SFI 1: Strengthen National Society capacities and ensure sustained and relevant RCRC presence in communities. |
| AoF 2: Shelter | 0 | 0 | |
| AoF 3: Livelihoods | 0 | 0 | SFI 2: Ensure effective international disaster management |
| AoF 4: Health | 162,308 | 286,084 | |
| AoF 5: Water, sanitation and hygiene | 32,307 | 39,486 | SFI 3: Influence others as leading strategic partners in humanitarian action and community resilience |
| AoF 6: Protection, Gender and inclusion | 0 | 0 | |
| AoF 7: Migration | 0 | 0 | SFI 4: Ensure a strong IFRC that is effective, credible and accountable |

1. Context

| # | Describe event/change | Impact on operating context |
|----|---|---|
| 1. | Limited funding for the SRCS flagship program- Integrated Health Care Program | Over-dependence on donor funding. Donor funding has been dwindling lately due to economic crisis, other disasters, emerging priorities and the recent outbreak of COVID-19 have seen the SRCS reduce the number of clinics that they are running. There is the need to urgently explore diversified methods and strategies for resource mobilization to ensure continuity of the IHCP |
| 2. | Insecurity | The volatile security situation in the country poses a major challenge. Recurrent clan conflict in some of the clinic locations has impacted on the quality and frequency of monitoring and support supervision visits, especially by the IFRC team. However, the Branch Health Officers in the affected |



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| | | regions of Puntland and Somaliland were able to undertake regular monthly field support supervision visits unhindered. |
| 3. | Covid-19 Outbreak | COVID-19 pandemic had an adverse effect on the overall activities with some PNS cutting down on planned projects. Also delayed pace of implementation of planned project activities such as the capacity building activities for staff at the mobile and static clinics. Training and workshops have not been possible with COVID-19 restrictions. This may impact on the quality of services provided by the static and mobile clinics. |
| 4. | Vaccine stock-outs | Stock out of vaccines, mainly Tetanus (TT), Oral Polio Vaccine (OPV), Pentavalent and Measles, particularly between April and June, possibly due to the effects of COVID-19 on pipeline stocks. This naturally impacted the coverage of the Expanded Programme of Immunization (EPI) with some missed opportunities. |
| 5. | Lack of thematic funding to implement the Country plan for Somalia | The main reason for underperformance in the sectors of DRR, WASH, Livelihoods, Shelter, in particular, is the lack of funding for these thematic areas. Limited unearmarked funding for the country plan is mainly absorbed by NSD efforts and thus hampers allocation of funds to thematic areas. A concerted effort led by the PRD must be made to mobilize more resources for thematic areas. The only thematic area that is somewhat covered is the Health and care sector. |

2. Delivery against priorities: progress and challenges



| P/G/C Code | P&B Output (AP code) | Progress | Red/Amber/Green Status | |
|------------|----------------------|--|------------------------|----|
| | | | Q1 | Q2 |
| | | | | |
| PSO015 | AP016 | <p>Progress: About 50% of the target population for the reporting period reached and 70% of the planned clinic and community-based activities realized. Activities carried out include, provision of curative services, vaccination of children and women, Antenatal care and delivery services to pregnant mothers, nutritional screening and provision of nutrition supplements to children under five years and health promotion sessions.</p> <p>Challenges: The limited funding opportunity compelled the SRCS to suspend the operation 10 mobile clinics. This impacted on and exposed several communities targeted with the provision of health care services.</p> <p>Outbreak of COVID-19 impacted the timeline for the implementation of capacity building activities for staff and volunteers in the first half of the year. However, the use of the online platform will be explored to carry out some of the trainings in the second part of the year.</p> | | |
| PSO001 | AP054 | <p>National Society Development has been the main area of focus under this.SRCS with the support of ICRC, IFRC and other movement partners embarked on a committed journey to strengthen its National Society Development (NSD) efforts. The NSD initiative project was launched formally by SRCS in 2019 driven by a steering committee comprising of ICRC, IFRC and few other partners and chaired by the SRCS President. Nine priority areas that need to be supported within the coming 3 years were identified through various organizational capacity assessment exercises carried out including an OCAC exercise in 2019. The nine priorities identified are- Review of SRCS statutes, Finance development, Logistics development, Resource Mobilisation, PMER, Risk Management, Human resource</p> | | |



| P/G/C Code | P&B Output (AP code) | Progress | Red/Amber/Green Status | |
|------------|----------------------|--|------------------------|----|
| | | | Q1 | Q2 |
| | | development, Safer Access, Strategy and policy development. SRCS has shown significant progress through a NSD road map thus far which augurs well for the NS. . The IFRC Somalia country office has supported the SRCS in many capacity building activities including training and funding of key staff and the introduction of a Volunteer Management System (VMS) that is a digital platform that helps better manage and track volunteer activities throughout the country. The implementation rate is over 70%. | | |
| PSO029 | AP016 | <p>Progress: Approximately 80% of the planned clinic and community-based activities were realized reaching 65% of the target beneficiaries. Activities achieved by the clinics and mobiles include treatment of common illnesses, immunization of children and women, nutritional screening and provision of nutritional supplements, skilled delivery services, post-natal review and health promotion activities.</p> <p>Challenges: The limited funding especially for the mobile clinics impacted on the target population being reached with health care services. Due to security challenges, the Somalia Country Team could not travel to Puntland to provide direct technical support to the three branches and clinics. All the SRCS Puntland Branches and clinics were remotely supported.</p> | | |
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3. Progress against targets

| # | Indicator | Indicator Planned | Indicator Actual | Comments | Red/Amber/Green Status |
|---|-----------|-------------------|------------------|----------|------------------------|
|---|-----------|-------------------|------------------|----------|------------------------|

| | | | | | Q1 | Q2 | |
|--|--|-------|-----|---|----|----|--|
| AOF1 | Disaster Risk Reduction and Climate Action | | | | | | |
| Outcome 1.1. Communities in high risk areas are prepared for and able to respond to disasters | | | | | | | |
| Indicator a. | Country has multi-hazard early warning systems | 1 | 1 | Multi-agency. | | | |
| Indicator b. | Country with national and local disaster risk reduction strategies | 1 | 1 | Resilience Strategy in place and Funding challenges. | | | |
| Indicator c. | NS is supported by IFRC and the Federation network to develop a forecast-based action | 1 | 1 | Ongoing. | | | |
| Output 1.1.1. Communities take active steps to strengthen their preparedness for timely and effective response to disasters | | | | | | | |
| Indicator a. | Community contingency plans are in place | 4 | 0 | Funding challenges. | | | |
| Indicator b. | community early warning systems are established or improved and linked with local or national meteorological systems | 1 | 0 | Funding challenges. | | | |
| Indicator c. | # of people reached by the Red Cross with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks | 15000 | 0 | Replanned for Q3 / Q4 due to COVID-19. | | | |
| Indicator d. | # of people reached through RCRC programmes for DRR and community resilience (excluding public awareness and education campaigns) | 15000 | 50 | 50 Volunteers already trained, and messages developed under Locusts Emergency Appeal. | | | |
| | # of people trained on VCA, contingency plan development in Puntland And Somaliland | 20 | 0 | Funding challenges | | | |
| | # of contingency and Emergency Preparedness implementation plans developed | 0 | 0 | | | | |
| | # of branches with Pre-positioned contingency stocks to allow rapid deployment for emergency response | 1 | 0 | Shelter /NFI Kits negotiations successfully held in Q2 for Q3 | | | |
| | # of NS staff trained on CCA, feedback handling on use of weather information forecast | 0 | 0 | | | | |
| | NS is supported to work closely with the relevant disaster response agencies in Somaliland and Puntland on DRR and CCA issues | Yes | Yes | | | | |
| Outcome 1.2. Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices | | | | | | | |
| Indicator a. | NS supports communities to develop longer term risk reduction plans that address long-term adaptation needs and unexpected climate related risks | Yes | No | Funding challenges for the Finalized NS Resilience Strategy. | | | |

| Output 1.2.1. Contributions to climate change mitigation are made by implementing green solutions | | | | | | |
|---|---|-----|----|---------------------|--|--|
| Indicator a. | NS implements activities that contribute to climate change mitigation | Yes | No | Funding challenges | | |
| | Lead in Soil conservation exercise e.g. building terraces to prevent soil erosion and gabions | Yes | No | Funding challenges. | | |
| | # of communities people trained on adopting climate-risk informed and environmentally responsible practices. | 0 | 0 | | | |
| | # of communities people trained on the impacts of overstocking and importance of timely destocking | 0 | 0 | | | |
| | Promotion of 1BC by carrying out public campaigns with other key partners on tree planting and reduction on plastic usage and disposal. | No | No | Funding challenges. | | |
| | | | | | | |
| Output 1.2.2. Communities awareness raising programmes on climate changing risks and environmentally responsible practices are conducted in target communities | | | | | | |
| Indicator a. | # of communities reached through awareness raising programs on climate change risks and environmentally responsible practices | 0 | 0 | | | |
| AOF2 | Shelter | | | | | |
| Outcome 2.1. Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions | | | | | | |
| Indicator a. | # of people targeted/reached with safe and adequate shelter and settlements | 0 | 0 | Not planned. | | |
| Indicator b. | % of surveyed people demonstrate safer building practices in their shelter solutions | 0 | 0 | Not planned. | | |
| Indicator c. | % of surveyed people who report that the shelter solution they implemented has helped in their longer-term recovery | 0 | 0 | Not planned. | | |
| Indicator d. | # of people provided with safe, adequate, and durable recovery shelter and settlement assistance | 0 | 0 | Not planned. | | |
| Output 2.1.1. Shelter and settlements and basic household items assistance is provided to the affected families | | | | | | |
| Indicator a. | # of households provided with emergency shelter and settlement assistance | 0 | 0 | | | |
| Indicator b. | # of households provided with longer-term shelter and settlement assistance | 0 | 0 | Not planned. | | |

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| Indicator c. | # of households provided with household items assistance | | | | | |
| Output 2.1.2. Tech support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected | | | | | | |
| Indicator a. | # of households provided with technical support and guidance, appropriate to the type of support they receive | 1500 | 0 | Lack of funds | | |
| | # of staff trained on Shelter and Settlements | 5 | 2 | | | |
| AOF3 | Livelihoods and Basic Needs | | | | | |
| Outcome 3.1. Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods | | | | | | |
| Indicator a. | % of targeted population whose livelihoods are restored to pre-disaster level | 0 | 0 | No funding for Livelihoods in the country plan has resulted in zero activities in this thematic section. However, under a DREF operation in Puntland and Locusts operation we engaged in this type of activity which cannot be reported under the operational report. | | |
| Indicator b. | # of targeted population that stabilize their net income through skill building, improved assets, micro-finance support, job creation, etc | 0 | 0 | | | |
| Indicator c. | # of targeted households that have enough to meet their survival threshold | 0 | 0 | Same comment is applicable to the entirety of this section. | | |
| Output3.1.1. Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods) | | | | | | |
| Indicator a. | # of target pop. households/productive organisations/MSME apply new acquired knowledge/skills promoted by the project to strengthen/diversify/protect livelihoods | 0 | 0 | | | |

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| Indicator a. | OR # of people supported with in-kind assets or cash or vouchers for recovering or starting/strengthening economic activities | 0 | 0 | | | |
| | #of vocational trainings mapped for the targeted groups | 0 | 0 | | | |
| | # of individuals/ institutions Identified that conduct vocational trainings | 0 | 0 | | | |
| | # of communities in SRCS operational areas trained on vocational skills | 0 | 0 | | | |
| | # of communities in reached by awareness on vocational trainings and how they translate to income generation | 0 | 0 | | | |
| Output 3.1.2. Basic needs assistance for livelihoods security including food is provided to the most affected communities | | | | | | |
| Indicator a. | # of people reached with food assistance or cash for basic needs | 0 | 0 | | | |
| Indicator b. | # of households reached by emergency activities meant to protect productive assets before or in the immediate aftermath of a disaster | 0 | 0 | | | |
| | # of beneficiaries most in need identified and supported with basic needs in collaboration with the health team | 0 | 0 | | | |
| Output 3.1.3. Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods) | | | | | | |
| Indicator a. | # households supported to increase/improve household food production | 0 | 0 | | | |
| | # of households close to rivers or water catchment areas targeted for trainings on improved farming | 0 | 0 | | | |
| | # of communities reached with public awareness and education on drought resilient crops and their nutritional values | 0 | 0 | | | |
| | # of people reached by health education sessions on nutritional foods for children under 5, lactating mothers and older persons | 0 | 0 | | | |
| | Promote 2 key income generating activities for 2 groups in Somaliland and Puntland | 0 | 0 | | | |
| Output 3.1.4. Community awareness activities on livelihoods strengthening and protection are carried out with target communities and public actors | | | | | | |
| Indicator a. | # of people reached by public awareness and education on sustainable livelihoods | 15000 | 0 | | | |

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| | # of Staff and volunteers trained on understanding community resilience | 0 | 0 | | | |
| | # of Coordination and collaboration meetings on promotion of social safety networks and protection attended/held | 0 | 0 | | | |
| Output 3.1.5. Households are provided with multipurpose cash grants to address their basic needs | | | | | | |
| Indicator a. | # of assisted households able to meet (Survival) Minimum Expenditure Basket needs (including food items, food-related non-food items) | 4000 | 0 | HH have been under assisted under DREF which is not allowed to be reported in this report. | | |
| | Market analysis conducted on food availability and quality | 4 | 4 | The ICRC shares with us this market analysis | | |
| | # of most vulnerable households (child headed, female headed, older persons headed) Selected and provided support | 0 | 0 | | | |
| | Contract a money transfers company to use for cash grants | Yes | Yes | Golis International was contracted as FSP for cash grants. | | |
| | Develop a grant transfer schedule to be shared with communities | 2 | 0 | | | |
| | # of stories measuring Impact documented through the MEAL framework | 4 | 0 | | | |
| AOF4 | Health | | | | | |
| Outcome 4.1. Vulnerable people's health and dignity are improved through increased access to appropriate health services | | | | | | |
| Indicator a. | # of people reached by NS health programmes and services | 717,931 (351,786 M, 366,145F) | 448,392 (M-162,308 & F – 286,084) | The half year realization was about 63% of the target for the year. | | |
| Indicator c. | # of volunteers mobilized by National Society for health activities | 1,500 | 450 (M-190 & F-260) | Not all the volunteers were involved particularly in the COVID-19 response | | |
| Output 4.1.1. Communities are provided by NS with services to identify and reduce health risks | | | | | | |
| Indicator a. | # of CBHFA plans developed to address identified health risks | 9 | 9 | | | |

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| Indicator b. | # of people reached by NS with services to reduce relevant health risk factors | 430,759 (150,766M , 279,993F) | 179,011 (M – 72,466 & F – 106,545) | The number of targeted facilities was reduced due to funding limitation | | |
| | # of volunteers Provided with refresher training on CBHFA/PHAST/CBS | 1,027 | 21 (M- 12 & F – 9) | The COVID-19 pandemic did not allow continuation of this training | | |
| | # of teachers trained on CBHFA and PHAST | 50 | 0 | The COVID-19 pandemic did not allow this training | | |
| | # of people reached by household/community and school health promotion sessions | NA | 0 | There were limitations to conducting this activity due to the COVID-19 outbreak | | |
| Output 4.1.2. NS develop the capacity to assess and provide relevant long-term health care support to vulnerable households | | | | | | |
| Indicator 1. | # of people reached by long term health care support | 574,400 | 269,173 F- 179,449 & M – 89,972 | The number of targeted facilities was reduced due to funding limitation | | |
| | # of under-5 children Screened to determine their nutritional status & enrolled into OTP | NA | 61,067 (F- 30,496 & M 30,571) | The number screened is above the estimated 5% of the target population being children under the age of 5 years | | |
| | # of women provided with ANC and PNC services | NA | 39,224 | | | |
| | # of pregnant mothers who have delivered under skilled Birth attendant | NA | 3,236 | Deliveries by the mobile clinics are relatively low, compared to the static clinics that conduct deliveries around the clock. The mobile clinic midwife conducts a delivery only when the clinic is at a location. | | |
| | # of people provided with curative services through the static and mobile clinics | 459,520 | 139,667 (F 85,373) | The possible effects of COVID-19 outbreak and unreliable | | |

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| | | | M 54,294) | population date could account to | | |
| | # of OPD kits and other medical supplies procured for service delivery | 480 | 138 | The number of mobile clinics being supported has reduced significantly due to lack of funding hence the reduction in number of kits procured. | | |
| | # of staff trained on case management/data quality (NCD/IMCI/Community Mental Health/Management) | 135 | 91 (M- 36 & F- 55) | COVID-19 outbreak did not allow all the planned trainings to be carried out | | |
| | # of static and mobile clinics who have reactivated and trained their Community Health Committees (CHC) | 30 | 0 | COVID-19 outbreak did not allow all the planned trainings to be carried out | | |
| | # of static and mobile clinics Strengthen/upgrade Primary Health Care Laboratories in 25 static clinics | 25 | 0 | Inadequate funding will not allow full realization | | |
| | # of static clinics Rehabilitated and equipped | 15 | 0 | Lack of funding will not allow the full realization of this | | |
| Output 4.1.3. Communities are supported by NS to effectively detect and respond to infectious disease outbreaks | | | | | | |
| Indicator a. | NS has contingency plans to respond to epidemics and pandemics | 9 | 9 | | | |
| Indicator b. | # of volunteers trained by NS in epidemic control | 1,027 (411 M, 616 F) | 814 (M- 326 & F – 488) | | | |
| Indicator c. | NS supports outbreak response at the request of the respective government | 1 | 1 | | | |
| Indicator d. | NS adopting a One Health approach to epidemic preparedness | 0 | 0 | | | |
| | # of Volunteers trained on Epidemic Control for Volunteers (ECV) | 1,027 | 814 (M- 386 & F- 428) | | | |
| | # of contingency plans for response to epidemics and pandemics developed | 9 | 9 | | | |

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| | Surveillance mechanism set up and activated in 25 clinics static and 15 mobile clinic communities in event of an emergency | 40 | 21 | Number of clinics being supported were reduced due to funding challenges | | |
| | # of response to health emergencies carried out (including chlorination activities) | 2 | 1 | There was a response to the flooding in Puntland | | |
| Output 4.1.4. Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency | | | | | | |
| Indicator a. | # of people trained by NS in first aid | 1,000 (350 M, 650 F) | 616 (M-383 & F-233) | Most First Aid training activities w were suspended due to the COVID-19 outbreak | | |
| Indicator b. | # of people provided with clinical health care services during emergencies | 5,000 (2,000 M, 3,000 F) | 208 (M-118 & F – 90) | This | | |
| Output 4.1.5. Increased involvement of Red Cross Red Crescent volunteers in immunization activities particularly in under immunized populations | | | | | | |
| Indicator a. | # of National Societies involved in national immunization campaigns | 1 | 1 | | | |
| Indicator b. | # of people reached with NS immunization activities | 40,000 (19,600M, 20,400F) | 25,979 (M 4,859 F21,120) | | | |
| | # of children less than 5 years who were fully immunized | NA | 9,637 | | | |
| | # of pregnant women given at least 2 doses of TT vaccination | NA | 9,929 | | | |
| | # of non- pregnant women given at least 2 doses of TT vaccination | NA | 6,413 | | | |
| Output 4.1.6. Increased Movement wide attention and programmatic focus on the critical health needs of populations living in complex settings | | | | | | |
| Indicator a. | # of NS implementing REACH approach to addressing health needs in complex settings | 1 | 1 | | | |
| Indicator b. | # of NS with an active outreach plan to reach key marginalized population groups | 1 | 1 | | | |
| AOF5 | Water, Sanitation and Hygiene | | | | | |
| Outcome 5.1. Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services | | | | | | |

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|---|---|--------|-------|---|--|--|
| Indicator a. | % of target communities using appropriate and sustainable water, sanitation and hygiene services in humanitarian, recovery or development context | 10% | | There was no specific funding for Water, sanitation and Hygiene activities | | |
| Output 5.1.1. Communities are provided by NS with improved access to safe water | | | | | | |
| Indicator a. | # of households provided with safe water services that meet agreed standards according to specific operational and programmatic context | 10,000 | 6,670 | This was through chlorination of water sources in a large IDP camp | | |
| | # of social mobilization activities carried out on household water treatment and storage | 12 | 5 | Mainly carried out during the rainy season | | |
| | # of water storage facilities Rehabilitated | 20 | 0 | Lack of funding did not allow the implementation of this activity | | |
| Output 5.1.2. NS provide communities with knowledge and best practice on treatment and reuse of wastewater | | | | | | |
| Indicator a. | # of households reached with awareness raising activities on improved treatment and safe use of wastewater | 0 | 0 | There was no specific funding for Water, Sanitation and Hygiene activities | | |
| Output 5.1.3. Communities are supported by NS to reduce open defecation | | | | | | |
| Indicator a. | # of people provided with knowledge on and access to improved excreta disposal | 6,000 | 0 | No funding for this activity | | |
| | # of rapid water, sanitation and hygiene assessment conducted | 20 | 0 | No funding for this activity | | |
| | # of latrine facilities Rehabilitated | 20 | 0 | No funding for this activity | | |
| Output 5.1.4. NS provide communities with knowledge and best practice to improve community-based management of water and sanitation facilities | | | | | | |
| Indicator a. | # of community-based water and sanitation management plans developed | 32 | 0 | No funding for this activity | | |
| | # of 20 persons trained on community water management from 20 static clinic communities | 400 | 0 | No funding for this activity | | |
| Output 5.1.5. NS promote positive behavioural change in personal and community hygiene among targeted communities | | | | | | |
| Indicator a. | # of households reached with key messages to promote personal and community hygiene | 6,000 | 2,300 | ONE WASH project which was to cater to the WASH activities have been put on hold due to | | |

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| | | | | Covid 19 and has resulted in negative results on WASH. | | |
| | # of community volunteers trained on Participatory Education Theatre (PET) focusing on WASH | 400 | 0 | Lack of funding did not allow the implementation of this activity | | |
| | # of schools trained on Participatory Hygiene and Sanitation Transformation (PHAST) | 32 | 0 | Lack of funding did not allow the implementation of this activity | | |
| | # of communities Provided with tools (wheel burrows, spade, rakes) | 32 | 0 | This will be executed in the second half of the year | | |
| AOF6 | Protection, Gender, and Inclusion | | | | | |
| Outcome 6.1. Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable | | | | | | |
| Indicator 1. | National Societies FDRS data on people reached is disaggregated by sex and age (proxy indicator) | 1 | 1 | | | |
| | # of Branches assessed with the view to determining the opportunities and limitations for gender mainstreaming in National society | 9 | 9 | | | |
| | # of gender focal persons and branch volunteer leaders trained on gender & diversity | 9 | 9 | | | |
| | # of educational institutions where Menstrual Hygiene Management (MHM) was Introduced | 6 | 0 | Limited funding did not allow the realization of this activity | | |
| | # of hygiene kits Procured, and distributed | NA | 0 | Limited funding will not allow the implementation of this activity | | |
| Output 6.1.2. Progs improve access to opportunities and rights for people who are marginalized or excluded | | | | | | |
| Indicator a. | NS country programmes include measures to improve equitable status (e.g. access to education, employment/livelihoods, training) | 1 | 1 | | | |
| | Enroll Puntland and Somaliland Gender Officers in the GBG Sub-Sector Cluster | 1 | 1 | | | |
| Output 6.1.3. Progs and ops prevent and respond to sexual and gender-based violence and other forms of violence especially against children | | | | | | |

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| Indicator a. | NS has annual plan with IFRC-supported NS annual programmes that demonstrate evidence of addressing SGBV | 1 | 1 | | | |
| Indicator b. | # of IFRC-supported NS annual programmes that address preventing, responding to and mitigating violence towards children | 1 | 1 | | | |
| | # of clinic heads and midwives trained on Clinical Management of Rape (CMR), psychosocial support and referral of rape survivors/victims | 50 | 30 (M-6 & F – 24) | The remaining training will be organised in the second half of the year | | |
| | # of rape kits Provided in Puntland and Somaliland | 25 | 4 | Funding allowed only 4 to be ordered but yet to be delivered | | |
| Output 6.1.4. Advocacy initiatives contribute to preventing and responding to all forms of violence especially SGBV and against children | | | | | | |
| Indicator a. | # of interventions made on SGBV and child protection issues by IFRC staff at national, regional and international forums | 1 | 1 | | | |
| Output 6.1.5. Educational and community dialogue progs raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal | | | | | | |
| Indicator 1. | # peer trainings on YABC/ABC conducted by NS/IFRC | 90 | 0 | Lack of funding will not allow the realization of this activity | | |
| Indicator 2. | # humanitarian education programmes implemented and recorded (through the HELP platform) | 2 | 0 | Lack of funding will not allow the implementation of this activity | | |
| | | | | | | |
| AOF7 | Migration | | | | | |
| Outcome 7.1. Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination) | | | | | | |
| Indicator a. | # of migrants that, irrespective of their legal status, safely access (throughout their journey) appropriate services that address their basic needs, enhance their resilience, and protect their rights” (and make it sex-disaggregated) | 0 | 0 | We have not planned any Migration activities which the NS did not consider as a priority. | | |
| Output 7.1.1. Assistance, protection services to migrants and their families are provided and promoted through engagement with authorities as well as in partnership | | | | | | |
| Indicator a. | # of people reached (see definition) with services for migration assistance and protection | | | | | |
| Indicator b. | # of people reached (see definition) with services for migration assistance and protection | | | | | |
| Indicator c. | # of cross border displaced people/migrants targeted/affected | | | | | |



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| | # of participants from SRCS in workshops/meetings on the roll out of the Global Compact on Refugees and Global Compact on Migration. | | | | | |
| | # of Participants from SRCS attending workshops on the formulation of a Regional Framework for Migration and Displacement under IFRC | | | | | |
| Output 7.1.2. Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented | | | | | | |
| Indicator a. | # of RCRC initiatives with policy and strategic planning decision-makers to promote greater awareness of, assistance for, and protection of migrants | | | | | |
| Indicator b. | # people reached by awareness raising and sensitization campaigns to address xenophobia, discrimination, and negative perceptions towards migrants | | | | | |
| Output 7.1.3. Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster | | | | | | |
| Indicator a. | a. # of people assisted through RFL activities through Emergency Appeals & DREFs | | | | | |
| | | | | | | |
| SFI1 | Strengthen National Society | | | | | |
| Outcome 1.1. NS capacity building and organizational development objectives are facilitated to ensure that NS have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan/perform | | | | | | |
| Indicator b. | NS has a self-development plan in follow up to OCAC | YES | YES | SRCS through its NSD initiative developed the NSD plan partly supported by the IFRC which acts as the road map to develop the NS. | | |
| Indicator c. | Supported NS is satisfied with the IFRC-facilitated capacity building and organizational development | YES | YES | IFRC facilitated many capacity building initiatives for the SRCS including in areas of Youth and Volunteer management, Health, PGI and infra structure development which has been very well acknowledged by the SRCS. The SRCS annual | | |

| | | | | | | |
|---|--|------|------|--|--|--|
| | | | | partners meeting was hosted by IFRC. | | |
| Indicator e. | NS has insurance for volunteers | YES | YES | This has been a major achievement as the NS volunteers have never been insured before. Now they are insured under the IFRC Volunteer insurance scheme, Geneva. | | |
| Indicator f. | # of insured volunteers in NS | 4000 | 5194 | The total Volunteer force are insured under the scheme. | | |
| Indicator f. | NS has long term programmes supported by IFRC that include a community engagement and accountability component | YES | YES | The long- term health program has CEA components. However, discussions underway to mainstream CEA in all programming next year. | | |
| Output 1.1.1. NS have strong effective leadership | | | | | | |
| | # number of people trained in governance and management at board level and brunch level | 80 | 0 | Due to Covid 19 this has not been possible. | | |
| Output 1.1.2. NS have assessed their capacity at HQ and branch level and identified areas for organizational improvement | | | | | | |
| | # of participants in BOCA ToT facilitators | 0 | 0 | SRCS has not planned to have BOCA training as the NS adopted an alternate branch capacity assessment method prior to developing the NSD plan. | | |
| | #of branches conducting OCAC and BOCA | 1 | 1 | OCAC is one- time exercise for the whole NS and was done in 2019. | | |
| | # of participants from SRCS attending the CEA 4-day training and planning workshop | | | This activity was not held due to COVID 19 and hence inapplicable. | | |
| Output 1.1.4. National Societies have effective and motivated volunteers who are protected | | | | | | |
| | # of Participatory Education Theatre (PET) groups established | 9 | 0 | Covid 19 restricted these types of activities | | |

| | | | | | | |
|--|--|-----|-----|--|--|--|
| | # of Youth/Volunteers trained in PET | 60 | 0 | Same as above | | |
| | # of Youth / Volunteer focal persons supported in Somaliland and Puntland. | 9 | 9 | This has been a major achievement funded through the country plan where all 9 branches have Youth and Volunteer offices plus a Y & V coordinator for Somaliland. | | |
| | A developed, adapted and rolled out volunteer management system | YES | YES | A digital platform that cater to Volunteer management was introduced and rolled out to branches just before the Covid 19 pandemic. | | |
| Output 1.1.5. National Societies have a strong youth voice and youth engagement | | | | | | |
| Indicator a. | #/% of NS has i. adopted Youth Policy | YES | YES | SRCS has a Youth and Volunteer policy in place. | | |
| Indicator a. | #/% of NS has: ii. adopted Strategic plan for Youth Engagement | NO | NO | | | |
| Indicator a. | #/% of NS has: iii. Youth representative in the NS's governance | NO | NO | This will be dealt in the proposed new constitution | | |
| | Support community volunteer engagements (dissemination) activities in 9 branches (Somaliland and Puntland). | | | | | |
| | # of Youth / Volunteers trained in CBHFA and CBS # of ToT workshops carried out in the implementation of the revised Youth & volunteer management guidelines. | 60 | 21 | Covid 19 restricted targeted trainings. | | |
| Output 1.1.6. National Societies have the necessary corporate infrastructure and systems in place | | | | | | |
| | | | | | | |
| Output 1.1.7. NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened | | | | | | |
| Indicator a. | NS implements preparedness and response programmes for CBRN emergencies | 8 | 0 | SRCS resilience strategy is still in draft stage. NS not yet ready. | | |

| | | | | | | |
|--|---|--------|-----|---|--|--|
| Indicator b. | # of NS planning their disaster preparedness activities based on the results of the assessment of their preparedness for effective response capacities (previously WPNS/DRCE) | 35,000 | 0 | This is now known as PER. Initial ground- work done and further activity is planned for Q3 and Q4 | | |
| Outcome 1.2. National Societies develop deeply shared identities and improved internal and external communication | | | | | | |
| Indicator a. | NS defined auxiliary role that is current (including relevant RCRC laws and statutes meeting minimum requirements) | 1 | 1 | Statutes revision process is underway. | | |
| Output 1.2.1. NS have an up to date strategic plan, statute and governance structure | | | | | | |
| | #NS with up to date strategic plans | 1 | 1 | Yes | | |
| | Working through the Movement wide SRCS NSD Initiative, provide technical support to SRCS to review its current Strategic Plan which is expiring in 2019. | YES | YES | Validity of SRCS Strategic plan is extended till 2021. | | |
| Output 1.2.2. The auxiliary status of NS is well understood by relevant public authorities and clearly articulated in domestic law and policy | | | | | | |
| | # of meetings organized by SRCS with local authorities to explain its work and how best to develop partnerships with Government institutions i.e. HADMA (Puntland) and NDFOR (Somaliland) particularly around Food security coordination. | NA | NA | | | |
| Outcome 1.4. The Federation network benefits from its wealth of experience and expertise, a shared culture of innovation, learning and building on best practices and | | | | | | |
| Indicator c. | NS is engaged in peer to peer support through the IFRC network | YES | YES | Kenya RC has consented to provide peer support to SRCS on statutes revision. | | |
| Indicator d. | NS reports that it benefits from the experience/expertise/innovation/learning opportunities of the IFRC network | YES | YES | SRCS has reported in the affirmative. | | |
| Output 1.4.1. Coordinated initiatives that support learning, innovation & knowledge brokering are developed/maintained across the Federation network | | | | | | |
| Indicator a. | # of functioning reference centers; | | | | | |
| | Youth and volunteers are supported through youth centers to take up relevant IFRC online learning courses. | YES | NO | Various youth programs are conducted and youth supported but not through Youth centres as such. | | |

| | | | | | | |
|---|---|---------------------------|-----|---|--|--|
| | Peer exchange learning opportunities and encouraged throughout the branches | YES | NO | Covid 19 has affected this activity. | | |
| SFI2 | Ensure effective international disaster management | | | | | |
| Outcome 2.1. Effective and coordinated international disaster response is ensured | | | | | | |
| Indicator i. | Volume (CHF) of cash transfer programming delivered year to date | 350,000 | | CTP is an emergency response tool. Hence through DREF we have delivered 150,000 CHF cash transfers. Can we capture this under this? | | |
| Indicator j. | # of crisis-affected people assisted through cash transfer programming (CTP) | 70,000 | | | | |
| Output 2.1.1. Effective response preparedness and surge capacity mechanism is maintained | | | | | | |
| | # Volunteers strengthened on DRRM and CMDRR | 160(65M,95 F) | 0 | Lack of funds | | |
| | # of women and men with knowledge on DRR | 70,000(25,000 M,45,000 F) | 0 | Lack of funds | | |
| | #SRCS and Community structures strengthened for Cash transfer programming | 10 | | Under DREF | | |
| Output 2.1.3. NS compliance with Principles and Rules for Humanitarian Assistance is improved | | | | | | |
| | # of trainings conducted on Humanitarian Principles and their applications | 3 | 0 | Due to Covid 19 no trainings possible. | | |
| Output 2.1.4. Supply chain and fleet services meet recognized quality and accountability standards | | | | | | |
| | Sustained accreditation as Humanitarian Procurement Center (HPC) | 4 | 0 | | | |
| Output 2.1.5. Integrated services are provided to the NS working internationally | | | | | | |
| | Map out all programmes that are integrated with other movement programmes or regional initiatives | YES | YES | | | |
| Output 2.1.6. Coordinating role of the IFRC within the international humanitarian system is enhanced | | | | | | |
| | #Number of working groups led by IFRC | 3 | 3 | | | |
| | SRCS strategy is developed and signed off | 1 | 0 | Work in progress | | |

| | | | | | | |
|---|---|----|---|--|--|--|
| SFI3 Influence others as leading strategic partner | | | | | | |
| Outcome 3.1. The IFRC secretariat, together with NS uses their position to influence decisions at local, national and international levels that affect the most vulnerable | | | | | | |
| Indicator a. | # of relevant policy docs (like laws, policies, strategies...) adopted by governments at the domestic level that include provisions influenced by NS with support from the IFRC | 1 | 0 | Not started due to complex political climate and external environment. | | |
| Indicator b. | # of institutional partners formally registered with the One Billion Coalition for Resilience | 35 | 0 | | | |
| Output 3.1.1. IFRC and NS are visible, trusted and effective advocates on humanitarian issues | | | | | | |
| | # of domestic partnerships set up with the National Society to help support services provided to vulnerable communities. | 3 | 1 | A partnership was set up with Coca Cola regional office to support Covid 19. | | |
| | # of orientation workshops organized on 1BC targeting board members, managers and selected programme staff | 3 | 0 | | | |
| | # of branches in Somaliland selected for development of IBC partnerships | 3 | 0 | | | |
| Output 3.1.3. IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming | | | | | | |
| | Indicator a. % of evaluation which are followed up by a management response | | | | | |
| Output 3.1.4 IFRC influences the outcomes of inter-governmental, inter-agency and academic forums relevant to humanitarian and development policy | | | | | | |
| Output 3.1.5. National Societies are supported to undertake successful policy and legislative advocacy at the national level | | | | | | |
| | | 8 | 0 | Environment not conducive for legislative advocacy | | |
| Outcome 3.2. The programmatic reach of the National Societies and the IFRC is expanded | | | | | | |
| Output 3.2.1. Resource generation and the related accountability are developed and improved | | | | | | |

| | | | | | | |
|--|--|----|---|---|--|--|
| Output 3.2.2. IFRC leadership in resource development for emergencies is maintained | | | | | | |
| | | 3 | 3 | IFRC maintained a lead in resource development during Covid 19. Locusts manifestation and Qardho floods | | |
| Output 3.2.2. IFRC leadership in resource development for emergencies is maintained | | | | | | |
| | # of positioning papers developed to support resource mobilization | | | | | |
| Output 3.2.3. National Societies are supported in resource and partnership development (both from domestic market and foreign sources) | | | | | | |
| | Develop marketing document and relevant concept notes working in close collaboration with PRD colleagues and Movement and non-movement partners. | 0 | 4 | Developed marketing docs and CN | | |
| SFI4 | Ensure effective IFRC | | | | | |
| Output 4.1.1. IFRC has an effective senior global leadership team | | | | | | |
| | # of activities/programmes actively supported by IFRC | 30 | 6 | Covid 19 has hampered many programs to be implemented. | | |
| Output 4.1.2. IFRC staff shows good level of engagement and performance | | | | | | |
| | # of Regular staff meetings and supervisions held | 12 | 6 | Regular staff meetings are held virtually post covid. We can achieve the target by Dec. | | |
| Output 4.1.3. Financial resources are safeguarded; quality financial and admin support is provided contributing to efficient operations and ensuring effective use of | | | | | | |
| | # of meetings held to support financial management and system review | 4 | 2 | On track | | |
| | # of financial monitoring and risk management exercises done | 4 | 2 | On track | | |

| Output 4.1.4 Staff security is prioritised in all IFRC activities | | | | | | |
|---|--|---------------|---|---|--|--|
| | # of indoor trainings done for teams in Nairobi, Somaliland and Puntland | 2 | 0 | No trainings due to covid | | |
| | | | | | | |
| Output 4.1.5 Data and information management systems are developed in support of results-based management | | | | | | |
| | # of result-based reports produced | 6 | 0 | | | |
| | | | | | | |
| Output 4.1.6 Internal audit, investigations and legal advice are conducted/provided with a view to improving accountability | | | | | | |
| | # of external and internal audits conducted at coordination and branch office levels | | | | | |
| | | | | | | |
| | | | | | | |
| Output 4.1.7 IFRC staff have a common understanding of, and reflect in their work, corporate communications priorities, frames and messaging | | | | | | |
| | # number of staff with a common understanding of corporate communication priorities and frameworks | 20 | 6 | | | |
| | | | | | | |
| | | | | | | |
| Outcome 4.2 IFRC governance bodies are provided with the relevant information, systems, and facilities necessary to ensure the successful fulfilment of | | | | | | |
| Output 4.2.1 System is put in place to support governance board decision making | | | | | | |
| | # of trainings done for NS on communicating to the board. | 1 | 0 | | | |
| | | | | | | |
| Output 4.2.2 System is put in place to follow up on the outcomes of statutory meetings | | | | | | |
| | # NS staff informed of key outcomes from statutory meetings | 80(35 m,45 F) | 0 | | | |
| | | | | | | |
| Outcome 4.3 A strategy and a plan of action, are developed to mitigate the risk of fraud and corruption within the IFRC Secretariat and National Societies | | | | | | |
| | # NS that has developed its own fraud and corruption prevention policy | 1 | 0 | Discussions held and buy in by SRCS obtained. Intend to complete next year. | | |
| | | | | | | |

| | | | | | | |
|--|---|-----|---|---------------------------|--|--|
| | # NS staff who are certified as fraud examiners | 120 | 0 | Not possible due to COVID | | |
| | | | | | | |

4. Financial Situation

| P/G/C Code | Income | Expenditure |
|---------------|---|---|
| | <i>Highlight any issues in relation to fundraising.</i> | <i>Explain briefly any over or underspending</i> |
| PSO001 | <i>Funding YTD CHF 402,162</i> | <i>Expenditure YTD CHF 282,814</i> <i>(over 70% implementation which is excellent and on track)</i> |
| PSO015 | <i>Funding YTD CHF 752,032</i> | <i>Expenditure YTD CHF 243,303</i> <i>(implementation rate 32% due to delayed funding from the Swedish RC and COVID-19 slowing down the pace of implementation. However, we are certain that the total budget will be expended by December 2020.</i> |
| PSO029 | <i>Funding YTD CHF 292,115</i> | <i>Expenditure YTD CHF 88,891</i> <i>(implementation rate 30% due to delayed funding from the Swedish RC and COVID-19 hampered the implementation rates but we are confident that the total budget will be spent by December 2020)</i> |

[Click here](#) to go directly to the financial report.



5. Learning

| Source or event that prompted the learning | Key learning points | Owner/contact |
|---|--|--|
| Eg evaluation (provide hyperlink to report) Eg. Workshop (provide location and date of event) Eg. Field visit | | |
| Monitoring and supportive supervision of the Somaliland clinics in March 2020 | The field visit looked at quality of care being provided by the staff at the facilities, and gaps /challenges in service provision. | SRCS/IFRC/ Finnish Red cross regional representative and Health advisor. |
| Health Technical working group held virtually in J23rd and 24 th June 2020 | The meeting focused on progress of the Health program as well as updates on the COVID-19 interventions being carried out by the different regions. | SRCS/IFRC/ICRC/PNS |

6. Upcoming events

| Date | What | Where | Recommended participation |
|---------------|--|---------|---------------------------|
| October 2020 | Health Technical Working Group Meeting | TBC | SRCS, IFRC, ICRC, PNSs |
| Sept-Dec 2020 | PER | virtual | SRCS, IFRC, CRC |
| Sept2020 | FbA Orientation. | virtual | SRCS, IFRC |