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# Emergency Plan of Action Final Report

## Somalia: Population Movement from Yemen to Somalia

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation n°</b> MDRSO003	<b>Glide n°</b> OT-2015-000047-SOM
<b>Date of Issue:</b> 27 November, 2015	<b>Date of disaster:</b> 28 March 2015
<b>Operation start date:</b> 23 April 2015	<b>Operation end date:</b> 23 August 2015
<b>Original allocation:</b> CHF 43,330 <b>Additional allocation n° 1:</b> CHF 29,719 <b>Total allocation:</b> CHF 73,049	<b>Total estimated Red Cross and Red Crescent response to date:</b> CHF 73,049
<b>Number of people affected:</b> 50,000 people (10,000 HH)	<b>Number of people assisted:</b> 5,000 people ( 1,000 HH)
<b>Host National Society(ies):</b> Two SRCS branches (Berbera and Bosaso); 40 volunteers, 30 staff	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> Somali Red Crescent Society (SRCS), International Committee of the Red Cross and International Federation of the Red Cross and Red Crescent Societies	
<b>N° of other partner organizations involved in the operation:</b> Care International, Government of Somaliland and Puntland, International Organization for Migration, Ministry of Health, Save the Children, Tadamun Social Society, United Nations Children's Fund, United Nations High Commissioner for Refugees, United Nations Office for the Coordination of Humanitarian Affairs, and the World Food Programme.	

## A. Situation analysis

### Description of the disaster

On 26 March 2015 the Saudi-led coalition started an air bombardment campaign targeting the positions of the Houthi rebels and forces loyal to former president Ali Abdullah Saleh in Yemen. The following months saw an escalation in air bombardment in the capital Sana'a, Hadramouth, Sa'ada, Taiz, and many other areas in Yemen, which affected an estimated 500,000 people, including 244,000 Somali registered refugees according to United Nations High Commissioner for Refugees (UNHCR). As a result, Somali and Yemeni nationals and other third country nationals affected by the crisis began to flee the country through the ports of Al Mukalla and Mukha in Yemen. The Somali Red Crescent Society (SRCS) supported by IFRC and the ICRC mobilized its staff and volunteers in Berbera and Bosaso branches to respond to the crisis. The services provided by the SRCS included first aid, primary health care through the mobile health clinics, hygiene and sanitation at the reception centres, vaccination of the new arrivals (adults and children), Restoration of Family Links (RFL), distribution of food and non-food items, referral of cases to the hospitals, assistance of people with special needs in evacuation from the vessels and handling their luggage through the port. The SRCS branches in Bosaso and Berbera in collaboration with the respective Ministries of Health (MoH), World Health Organization (WHO) and United Nations Children's Fund (UNICEF) administered polio and measles vaccinations on the new arrivals and screened the children to determine their nutrition status. In addition, SRCS volunteers distributed water and wet meals and refreshments provided by the Danish Refugee Council, Norwegian Refugee Council, Tadamun Social Society and other local NGOs. While at Bosaso reception centre, the SRCS branch supported by IFRC provided wet meals for 60



SRCS volunteers assisting new arrivals at the reception centre in Berber © SRCS

people on arrival. There was one reception centre in Bosaso town and another one had planned to be opened by the Puntland Ministry of Interior and the Inter-Agency Task Force led by UNHCR and IOM in an existing building to accommodate the increasing number of the arrivals, however, the centre was never opened. In Berbera there were two reception centres, however due to the low number of the new arrivals, the second reception centre was not fully operational by the end of the DREF operation. The reception centres were managed by the Inter-Agency Task Force led by UNHCR and International Organization of Migration (IOM) in coordination with the local authorities, while the SRCS provided hygiene and sanitation services to keep the reception centres clean. The returnees and refugees were registered at the reception centres under the supervision of UNHCR.

On 23 April 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 43,330 from the Disaster Relief Emergency Fund (DREF) to support the Somali Red Crescent Society (SRCS) to respond to the needs of the 2,000 refugees/returnees arriving in Bosaso and Berbera ports, for a period of two months. According to the Inter-Agency Task Force which included the UN agencies, International NGOs, SRCS and the government of Somaliland and Puntland, it was anticipated that an estimated 43,000 new returnees/refugees will arrive through Berbera, Bosaso and Mogadishu ports between May and September 2015. The Inter-Agency Task Force expressed concerns about the increasing needs of the new arrivals and the need to do more to assist in the delivery of the services to the refugees/returnees. On 2 July 2015, an Operations Update was issued, which extended the timeframe of the DREF operation by two months (New end date: 23 August 2015) and released an additional allocation of CHF 29,719 to enable SRCS continue responding to the on-going influx of refugees/returnees in Berbera (Somaliland) and Bosaso (Puntland) increasing the number of target population from 2,000 to 5,000 people.



SRCS health staff administer vaccine to new arrivals at Berbera port © SRCS

The DREF was replenished by DG ECHO, the German Red Cross, Netherlands Red Cross/Silent Emergencies Fund and Tsunami Residual Funding. The major donors and partners of the DREF included the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the Somali Red Crescent Society would like to extend many thanks to all partners for their generous contributions.

[<click here for the contact details and here for the final financial report >](#)

## Summary of response

### Overview of Host National Society

The SRCS played a pivotal role in the operation and took the lead in the implementation of activities on the ground. The IFRC and ICRC were effectively coordinating their support to the SRCS branches in Berbera and Bosaso according to their respective mandates and ensured that SRCS regularly and effectively participated in coordination meetings with the Government of Puntland and Somaliland, UN agencies and other humanitarian actors on the ground. In Nairobi, the ICRC attended the Inter-Agency Task Force meetings on behalf of the Movement partners.

From 1 April 2015, the SRCS deployed staff and volunteers to the entry points at the ports and reception centres, which were established in Berbera and Bosaso in order to provide the returnees and refugees with emergency health services (first aid, vaccinations, nutritional screening and primary health care through the mobile health clinics etc.), pre-positioned basic non-food items (NFIs) (blankets, buckets, jerry cans and kitchen sets) were distributed as well as the clean-up of the reception centres in readiness for habitation, as well as restoration of family links (RFL) services supported by the ICRC. The SRCS distributed prepositioned NFIs to 100 households (100 kitchen sets, 100 jerry cans, 200 blankets and 100 buckets) whereas they used first aid kits from the existing Integrated Primary Health Care Programme supported by a number of partner national societies through the IFRC multilateral support including the Finnish, Norwegian, Swedish, British, Icelandic Red Cross Societies and the Government of Japan to respond to the needs of the arrivals/returnees. Existing SRCS mobile clinics were redeployed to evacuate the sick returnees/refugees from the ports to nearby hospitals, while the mobile health staff and volunteers were also re-deployed temporarily to

the reception centres to provide primary health care. 200 returnees also benefited from a one-off provision of wet food (hot meal) at the Bosaso reception centre provided by SRCS supported by IFRC.

### **Overview of Red Cross Red Crescent Movement in country**

The IFRC provided assistance through its Somalia country office, the East Africa and Indian Ocean Islands (EAIOI) regional representation, and Africa Region, which are all based in Nairobi, Kenya. Since the onset of the disaster, regular contact was established with the IFRC Somalia and EAIOI regional representation's disaster management department and Africa Region, and the ICRC to coordinate the response. On the 7 and 15 April 2015, an alert was issued using the IFRC disaster management information system (DMIS) followed by four information bulletins issued by the IFRC Somali country Representation. On 8 April 2015, an Operational Strategy Call was carried out with Operations unit at Geneva Secretariat, Africa Region and Partner National Societies at regional level. It was agreed that an allocation should be made from the Disaster Relief and Emergency Fund (DREF) to support the Population Movement Operation in Somalia to enable the SRCS branches in Berbera and Bosaso to respond to the needs of the new arrivals and to replenish the stock of the non-food items that were distributed/used, cover the costs of the volunteers being deployed to respond to the refugees/returnees influx as well as complement the assistance being provided by other organizations, specifically the International Committee of the Red Cross (ICRC). On 22 June 2015, another Operational Strategy call, was carried out and it was agreed that an extension of timeframe to be requested, and an additional financial allocation could be considered based on the demonstrated need for continuation of the response activities based on the on-going influx of refugees/returnees from Yemen, progress in the implementation planned (and expenditure) against the original EPoA and budget. An extension of the timeframe and the additional financial allocation was accepted, however it was agreed that since the scale of the response did not require the launch of an Emergency Appeal and instead the on-going needs should be integrated into the long term Development Operational Plan (DOP) for Somalia.

The ICRC supported the RFL services through the SRCS volunteers and tracing officers in Berbera and Bosaso. In April 2015, ICRC in collaboration with SRCS provided food rations and NFIs to 44 families (121 persons) as a stop gap measure at the Bosaso reception centre. The SRCS in collaboration with the ICRC and IFRC effectively cooperated and coordinated their response, and participated in coordination meetings with organizations involved in the response.

### **Overview of non-RCRC actors in country**

The Governments of Puntland and Somaliland were leading the Inter-Agency task forces that included the Somali Red Crescent, UN Agencies, INGOs, National NGOs, and Community Based Organisations. In Somaliland, to ensure well-coordinated reception and assistance to the new arrivals, a task force had been established led by the Somaliland Ministry of Interior (MOI) and co-led by UNHCR and IOM. It included the Comprehensive Community Based Rehabilitation in Somaliland (CCBRS), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), the Somaliland Ministry of Resettlement, Rehabilitation and Reintegration (MRRR), SRCS, United Office for the Coordination of Humanitarian Affairs (UNOCHA), UNICEF and World Food Programme (WFP).

In Puntland, the Government had put in place an inter-ministerial committee to oversee and coordinate the response to the influx of the refugees and returnees from Yemen. The team comprised of the following: Office of the President, Minister of Information, Minister of Interior, Minister of Security, Minister of Ports, Minister of Women, Minister of Health, and Minister of Planning and International Cooperation (MOPIC). The inter-ministerial committee was working with the Inter-Agency task force that was led by UNHCR and IOM. The other humanitarian actors included, DRC, CARE, NRC, Save the Children, SRCS, TASS, WFP, WHO, and the United Nations Office on Drugs and Crime (UNDOC).

The Task Force met on a weekly basis to provide updates and coordinated the various activities that were being undertaken by various agencies, developed action plans and procedures, coordinated and supported joint assessments and missions. The main focal points for the registration process in both Somaliland and Puntland were the respective Government ministries of immigration being supported by UNHCR and IOM. The NRC and DRC were responsible for setting up and running of the reception centre in Somaliland. IOM facilitated transportation of the returnees from the port to the reception centre, where registration and additional assistance were provided under the UNHCR supervision.

The WHO was leading a medical team, including Save the Children, UNICEF and SRCS branches in Bosaso and Berbera to provide polio and measles vaccinations for all new arrivals. Nutritional screening for children was routinely

carried on arrival and no malnourished children were identified. The DRC provided refreshments at the port and wet food at the reception centre though on ad hoc basis. The wet food, water and refreshments were distributed with the assistance of SRCS volunteers. Save the Children had been using its already pre-positioned NFI supplies (blankets, mosquito nets and sleeping mats) for distribution and procured additional NFI kits. Save the Children has also conducted an assessment to identify health service providers in Bosaso for any referrals. Food for the returnees was provided for the first two days of the operation by DRC at the reception centres, beyond that, wet food was provided on ad hoc basis and remained a gap whereby SRCS Bosaso branch supported by IFRC provided a meal for 100 returnees when no one seemed to step in to fill the gap.

## Needs analysis and scenario planning

### Needs analysis

The Emergency Plan of Action (EPoA) was based on the outcomes of the Inter-Agency Task Force rapid assessments. According to the rapid assessment the immediate needs were identified in the areas of emergency relief health, family reunification, food, protection (related to legal status), water, sanitation and hygiene and non-food items. The assistance was provided at the points of entry and at the reception centres in both Berbera and Bosaso.

The total number of Somali returnees and Yemeni refugees fleeing the conflict in Yemen since the beginning of the influx on 28 March reached 28,887 by the end of August 2015. Out of this number 2,949 were Yemeni prima facie refugees while 17,493 registered at the reception centres in Berbera, Bosaso and Mogadishu. The percentage of arrivals per entry point as follows: Bosaso port in Puntland 67.15%, Berbera port in Somaliland 31.57%, Mogadishu 1.28%. 55% of arrivals through the north west and north east corridors expressed interest to return to Mogadishu. However, the Inter-Agency Task Force estimated that the number of Somali returnees and Yemeni refugees will reach 50,000 by the end of December, 2015. Based on this prediction the provision of services in all of these areas needed to be continued, hence the extension of the operation to December, 2015 was incorporated in the DOP.

The DREF operation focussed on supporting the SRCS branches in Berbera and Bosaso to respond to the immediate needs of the new arrivals/returnees, the replenishment of the items distributed/used, cover the costs incurred to deploy the volunteers to the ports of entry and the reception centres. Since the number of arrivals/returnees continued to increase, the need for an extension of the operation was required and an additional budget allocation was requested to enable the SRCS branches to provide the assistance originally planned to the arrivals/returnees was granted.

### Risk Analysis

The security risk in Yemen is extremely high, and it is equally high at sea as the boats, vessels safety measures are poor because most of them are fishing and cargo vessels not suitable for passengers transport. The new arrivals indicated that Somali nationals were being specifically targeted by some factions of the rebel groups, including some being killed. In addition, the major exit routes via the ports of Al Mukalla and Mukha were believed to have been closed, and reported to have presented challenges for people seeking safe passage.



SRCS mobile health team provide health services to the new arrivals in Bosaso, © SRCS



SRCS Bosaso branch volunteer cleaning the reception centre for the new arrivals in Bosaso town © SRCS

## B. Operational strategy and plan

### Overall Objective

Target population's survival and immediate needs were met through the provision of essential emergency relief, food, health, sanitation and RFL services targeting a total of 5,000 refugees/returnees\* at ports of entry and reception centres in Berbera (Somaliland) and Bosaso (Puntland).

### Proposed strategy

As per the agreed strategy, the following activities had been prioritized within this DREF operation:

- Deployment of mobile health units to carry out emergency health services (first aid, primary health care, case management/referral, nutritional screening, vaccinations etc.) in collaboration with UNICEF, WHO and the Ministry of Health, at the port of entry and reception centres in Berbera and Bosaso. In addition it was planned that SRCS volunteers would assist the sick, elderly and women and children with the handling of their luggage at the port as well as in the referral of the sick to the hospitals. The first aid kits (200), which had been used in the immediate response were to be replenished.
- Mobilization of volunteers, and procurement of sanitation tools (forks, gloves, masks, rakes, shovels, wheel barrows) for clean-up/sanitation activities in the reception centres in readiness for their inhabitation was to be carried out, and then continued following the settlement of the refugees.
- Replenishment of emergency relief items (blankets, buckets, jerry cans, kitchen sets and plastic sleeping mats) for 100 households, which were distributed in the immediate response.
- Distribution of one-off wet meal to 200 arrivals/returnees in reception centres, awaiting transportation was carried out. Out of this 60 people received a hot meal from SRCS Bosaso branch supported by IFRC DREF operation and the rest received hot meals provided by the Danish Refugee Council, Norwegian Refugee Council and Tadamun Social Society, however, SRCS volunteers assisted in the distribution of the meal.
- Provision of RFL services to the returnees with the support of the ICRC to restore or maintain contact with relatives that have been separated.

Beneficiaries targeted included men, women, children, pregnant and lactating mothers and the elderly, in the Berbera (Somaliland) and Bosaso (Puntland) where the majority of people are arriving from Yemen using boats or shipping vessels.

### Operational support services

#### Human resources (HR)

The operation was carried out with the following personnel:

Region	Volunteers	Staff
Berbera	20	1
Bosaso	20	1

Forty (40) SRCS volunteers were mobilized by the two SRCS branches to work in shifts (20 per branch) and were on standby to respond as when people arrived.

Dedicated disaster management (DM) officers recruited were engaged (one officer per branch) to lead the field work and ensured the effective implementation of the planned activities. In addition, the six SRCS health staff members mobilized provided the health services at the reception centres and the point of entry while two SRCS tracing officers and volunteers mobilized worked with support from the ICRC.

### Logistics and supply chain

The DREF allocation had been used to enable the replenishment of the NFIs that had been distributed from prepositioned stocks, as well as food rations (wet meal) and first aid kits that had also been utilized. All items were procured locally in accordance with the IFRC standard procurement procedures. One vehicle was rented to support the clean-up/sanitation activities at reception centres, specifically the collection of garbage etc., while two mini buses were rented by Bosaso branch to transport volunteers to/from their point of collection to Bosaso port. In addition, the SRCS used their own vehicles to support the implementation of the operation, with fuel (4,000 litres) and maintenance, which were revised to ensure that the costs can be covered for the additional two months. Support to the mobile clinics in Bosaso and Berbera in terms of fuel for the vehicles, spare parts and maintenance was needed to enable the mobile health teams to evacuate and refer cases that needed further care to the regional hospitals and other health facilities.

## **Communications**

Communication and visibility of the operation was ensured by SRCS in collaboration with the IFRC Somalia Country Office, and included health awareness for the returnees/refugees, the planned activities to address those needs, as well as the preparation of case studies/photographs for use on the IFRC websites, and social media platforms. The use of IEC materials was utilized for this as part of visibility. As noted earlier, on 7 and 15 April 2015, the SRCS issued alerts on the situation via the DMIS; and on 20 April 2015, issued an Information Bulletin, followed by two operations updates which can be located at: [http://www.ifrc.org/docs/Appeals/15/IB\\_SO20.04.15.pdf](http://www.ifrc.org/docs/Appeals/15/IB_SO20.04.15.pdf). Continuous collection of information was carried out by SRCS in both branches (Berbera and Bosaso) and through the Inter-Agency Task Force meetings, which were held on weekly basis in both Puntland and Somaliland. In addition, the SRCS shared timely weekly updates with IFRC Somalia Country Office that shared with the IFRC EAIO Regional Office. This practice was maintained throughout the operation.

## **Security**

In Somalia, the security situation remained unpredictable and volatile, and in some areas the security risk is extreme. The fluid security situation was of great concern for the humanitarian organizations, especially in Puntland. Over the past years, security armed guards from the Puntland Police Special Protection Unit (SPU) have been hired to escort non-Somali staff traveling on mission to Puntland or working outside the main city limits. However, in Bosaso town, armed security escort is required at all times. Hiring of armed security escorts from Puntland SPU was mandatory for all organizations operating in Puntland, including the IFRC. The SRCS national staff and volunteers are not required to use armed escort from the SPU. The IFRC representation provided regular security briefings that indicated the level of security risk and measures to be taken for prevention and mitigation in case the situation deteriorates. Security measures were heightened after the attack on Humanitarian Aid workers in Garowe town, Puntland towards the end of April 2015.

## **Planning, monitoring, evaluation, & reporting (PMER)**

The DREF operation was monitored during the implementation by the IFRC and SRCS teams for quality assurance as well as to ensure that the benefits of intervention reached the target population. The operation was monitored through field visits to Bosaso and Berbera branches by IFRC and SRCS staff and leadership. Feedback was given to the stakeholders that included local authorities and the Inter-Agency Task Force for the Yemen crisis, RCRC Movement partners, and donors. The SRCS Bosaso and Berbera branches produced regular updates about the progress of the implementation of planned activities. Lessons learnt on good practices, constraints, challenges, initiatives to overcome the challenges were documented and shared with the partners.

In the additional two months, field visits were planned for Bosaso branch to provide similar support (in May and August 2015). The original EPoA and budget for the DREF operation was revised in June/July 2015 and extended for two months based on the needs that arose from the continuous influx of the refugees/returnees.

As noted, the IFRC Somalia country representation mobilized one member of staff to provide assistance, and this included monitoring missions, which was carried out in collaboration with the SRCS.

## **C. DETAILED OPERATIONAL PLAN**

## Quality Programming / Areas Common to all Sectors

<b>Quality Programming / Areas Common to all Sectors</b>	
<b>Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation</b>	
<b>Output 1.1: Detailed assessment is carried out across all sectors and the Emergency Plan of Action for the DREF operation is revised appropriately to address outstanding needs if required.</b>	
<b>Activities planned</b>	
1.1.1	Detailed assessment is carried out across all sectors and the operation plan of action is revised appropriately to address outstanding needs if required.
1.1.2	Maintain monitoring of the population movement and evolving situation with regular reports to IFRC.
1.1.3	Coordination with relevant departments of the SRCS, IFRC, ICRC and Inter-Agency Task Force Teams.
1.1.4	Revise Emergency Plan of Action; and Budget if required.
<b>Achievements</b>	
1.1.1	Detailed assessment was carried out across all sectors and gaps identified. This informed the revision of the original DREF operation which was extended by two months. The assessments carried out by the Inter-Agency Task Force showed that immediate needs were in the areas of emergency relief health, family reunification, food, non-food items protection (related to legal status), water, sanitation and hygiene. The services were to be at the points of entry and at the reception centres in both Berbera and Bosaso.
1.1.2	Continuous monitoring of the operation was carried out by the SRCS and IFRC, in coordination with the Inter-Agency Task Force and other agencies. In addition the IFRC Somalia delegation carried out a monitoring visit to Berbera and Bosaso branches to ensure the compliance with the DREF procedures and minimum international humanitarian standards (SPHERE, Fundamental Principles etc.) in April, 2015; while the IFRC health delegate and staff from EAIOI operations unit carried out monitoring and supervision visit to Berbera branch in May and August 2015 respectively to support the SRCS volunteers and staff deployed to the operation and to ensure that activities are implemented according to the EPoA. Continuous monitoring of the situation by SRCS and timely weekly updates to IFRC were provided.
1.1.3	An Inter-Agency Task Force was formed during this operation. The Government of Puntland and Somaliland were leading the Inter-Agency Task Force that included the Somali Red Crescent, UN Agencies, INGOs, NGOs, and Community Based Organisations. The Task Force met on a weekly basis to provide updates and coordinated the various activities that were being undertaken by various agencies, developed action plans and procedures, coordinated and supported joint assessments and missions. Coordination meetings between SRCS, ICRC and other Inter-agency Task Force members were carried out, both in Somalia and Nairobi (Kenya), and continued until close of operation.
1.1.4	IFRC revised the EPoA and budget for the DREF operation in August 2015; however the final revision until the end of the year (from the end of the timeframe of the DREF operation) was incorporated in the Development Operational Plan 2015, to enable the SRCS branches in Bosaso and Berbera to continue providing assistance to the refugees and returnees.
<b>Challenges</b>	
Key challenges included:	
<ul style="list-style-type: none"> <li>Human Resources: The predictability of the arrival of the boats from Yemen posed a challenge as the departures depends on the lull in fighting around the two ports of Al Mukkala and Mukha in Yemen. However, the SRCS branches in Berbera and Bosaso mitigated this challenge by organizing the volunteers to work in shifts so that at any given time there were teams ready to be deployed to the ports whenever a boat or vessel arrived.</li> </ul>	
<b>Lessons Learned</b>	
Lessons learned included:	
<ul style="list-style-type: none"> <li>National Society capacity building: For future interventions in these two branches, SRCS volunteers need to be trained on rescue operations at sea and to be provided by lifesaving jackets as most of boats, vessels arriving are fishing boats or cargo ships with poor safety measures.</li> </ul>	

## Health and Care

**Needs analysis:** The SRCS worked in collaboration with key stakeholders to provide a range of emergency health services. The number of target increased from 2,000 to 5000 due to the increase in the number of arrivals which justified the revision of the DREF EPoA to continue the provision of emergency services to the new arrivals.

**Population to be assisted:** 5,000 people (1000 households), which were the arrivals/returnees from Yemen (including men, women and children)

<b>Health and Care</b>	
<b>Outcome 2: Immediate risks to the health of the population are reduced through the provision of emergency health services in the areas of Berbera and Bosaso, over a period of four months.</b>	
<b>Output 2.1: Arrivals/returnees are provided with access to immediate emergency health services (New target 5,000 people/1000 households)</b>	
<b>Activities planned</b>	
2.1.1	Deployment of health units (Target: Two mobile health units)
2.1.2	Provide emergency health services to arrivals/returnees, including First Aid, nutritional screening, and vaccinations of children (in collaboration with other partners)
2.1.3	Provide psychosocial support to traumatized arrivals/returnees
2.1.4	Referral of population in need of further treatment to the nearest health facilities.
2.1.5	Replenishment of first aid kits (New target: 200 First Aid kits)
<b>Achievements</b>	
2.1.1	Deployment of two mobile health units each with three health staff and two community mobilizers to provide emergency health services for the new arrivals was completed, and as such the level of implementation achieved was 100 per cent. The two mobile health units continued to carry out emergency health services for the returnees/new arrivals during the operation on arrival at the ports and at the reception centres.
2.1.2	In total, 1,400 returnees received various emergency health services including first aid, nutritional screening and vaccination both at Berbera and Bosaso. The branch health officers organised the health teams and assigned them with various tasks that involved receiving returnees/refugees at the port to the reception/transit centres. Providing first aid services, primary health care, vaccination, hygiene promotion, health education, transport to hospitals for cases needed further attention etc. The SRCS volunteers were involved in the preparations for receiving the returnees/refugees. They participated in the evacuation of returnees/refugees from the port to the reception centres and assisted those who continued on their onward journey. They also provided first aid services, primary health care, refer to the Regional Hospitals and psychosocial support to the returnees/refugees.
2.1.3	In total, 317 returnees received psychosocial support from the emergency health team.
2.1.4	In total, 460 returnees were referred to the Regional Hospitals in Bosaso and Berbera for further treatment.
2.1.5	In total, 150 first aid kits were procured (75 kit for each branch) to replenish the kits that were used in the immediate response, which equates to 75 per of the intended target.
<b>Challenges</b>	
Key challenges included:	
<ul style="list-style-type: none"><li>• RCRC/Agency coordination: Expectations from the refugees/returnees, the partner organization and government were very high yet the SRCS branches could only assist according to their capacity and the available resources.</li><li>• PMER: Urban refugees from Yemen demanding high standards of services which could not be provided in the Somali context.</li></ul>	
<b>Lessons learned</b>	
Lessons learned included:	
<ul style="list-style-type: none"><li>• RCRC/Agency coordination: Ways to solve the issue of high expectations are being looked at and will be addressed in</li></ul>	

future through prior consultations with stakeholders.

- National Society capacity building: SRCS volunteers need further training on rescue operations at sea which require the appropriate equipment like lifesaving jackets and other equipment to be able to evacuate passengers from boats and vessels if needed.

## Water, Sanitation and Hygiene Promotion

**Needs analysis:** The SRCS volunteers undertook the clean-up/sanitation related activities in the reception centres where arrivals/returnees were being hosted to make them suitable for human habitation. Following the increase in the number of arrivals to reach 5,000 during the operation there was need to continue these activities.

**Population to be assisted:** 5,000 people (1000 households), which are arrivals/returnees (including men, women and children) from Yemen. In addition, 100 arrivals/returnees that received hygiene related NFIs were also assisted (replenishment of distributions was carried out).

### Water, sanitation and hygiene promotion

**Outcome 3: Immediate risk of sanitation and hygiene related disease to the population is reduced through the provision of clean-up / sanitation activities; and hygiene related Non-Food Items, in the areas of Berbera and Bosaso, over a period of four months.**

**Output 3.1 Arrivals/returnees are accommodated in reception centres, which are suitable for human inhabitation (Target: 5,000 people/1000 households).**

**Output 3.2: Arrivals/returnees are provided with hygiene related NFIs, which meet SPHERE standards.**

#### Activities

- 3.1.1 Procurement of sanitation tools required for the clean-up campaigns.
- 3.1.2 Mobilisation of volunteers; and carry out clean-up campaigns in the reception centres.
- 3.1.3 Mobilisation of volunteers; and distribution of hygiene related NFIs (100 people)
- 3.1.4 Replenishment of hygiene related NFIs (Target: 100 buckets, 100 jerry cans)

#### Achievements

- 3.1.1 60 sets of sanitation tools (forks, gloves, masks, rakes, shovels, wheelbarrows) were procured, which equates to 100 per cent of the intended target (100).
- 3.1.2 SRCS volunteers were mobilized to carry out clean-up/hygiene and sanitation activities in the reception centres in readiness for their habitation three times a week during the period of the DREF operation.
- 3.1.3 SRCS volunteers were mobilized, and distributed hygiene related NFIs (one bucket, and one jerry can per person) to 100 people, which equates to 100 per cent of the intended target.
- 3.1.4 Replenishment of hygiene related items (100 buckets and 100 jerry cans) was completed, and as this equates to 100 per cent of the intended target (100 buckets and 100 jerry cans)

#### Challenges

Refer to Health and Care section.

#### Lessons learned

Refer to Health and Care section.

## Shelter and Settlements

**Needs analysis:** The SRCS distributed pre-positioned NFIs to 100 arrivals/returnees that had left behind all their household items; and were accommodated in the reception centre in Bosaso.

**Population to be assisted:** 100 new arrivals were assisted with shelter materials

<b>Shelter and settlements</b>	
<b>Outcome 4 Immediate shelter and settlement needs of the population are met through the provision of with NFIs, in the areas of Berbera and Bosaso, over a period of four months</b>	
<b>Output 4.1: Arrivals/returnees are provided with NFIs, which meet SPHERE standards (Target: 100 people)</b>	
<b>Activities planned</b>	
4.1.1	Identification of arrivals/returnees requiring assistance
4.1.2	Mobilisation of volunteers; and distribution of basic NFIs (Target: 100 people)
4.1.3	Replenishment of basic NFIs (Target: 200 blankets, 100 kitchen sets, 100 plastic sleeping mats*).
4.1.4	Coordination and consultation with ICRC, and other international / national actors on the provision of NFIs
<b>Achievements</b>	
4.1.1	SRCS volunteers identified returnees who required assistance – and this was continued following the extension of timeframe through the Operations Update.
4.1.2	SRCS volunteers were mobilized to distribute NFIs (two blankets, one kitchen set) to 100 people, which is 100 per cent of the intended target. In addition, 100 plastic sleeping mats were also distributed.
4.1.3	Replenishment of NFIs (200 blankets, 100 kitchen sets and 100 plastic sleeping mats) was completed, and therefore implementation is 100 per cent. Note that the plastic sleeping mats were being included for replenishment through the Operations Update.
4.1.4	Coordination with relevant departments of the SRCS, IFRC, ICRC and Inter-Agency Task Force Teams with regard to distribution of NFIs took place prior to the distribution exercise.
<b>Challenges</b>	
Refer to Health and Care section.	
<b>Lessons learned</b>	
Refer to Health and Care section.	

## Food Security, Nutrition and Livelihoods

**Needs analysis:** The SRCS provided food rations (wet meals) to 200 arrivals/returnees that were accommodated in the reception centre in Bosaso.

**Population to be assisted:** 200 arrivals/returnees from Yemen served with wet meal.

<b>Food security, nutrition and livelihoods</b>	
<b>Outcome 5 : Immediate food needs of the population are met through the provision of food rations, in the areas of Berbera and Bosaso, over a period of two months</b>	
<b>Output 5.1: Arrivals/returnees are provided with appropriate wet food rations (Target: 60 people)</b>	
<b>Activities planned</b>	
5.1.1	Mobilisation of volunteers; and distribution of food rations (Target: 60 food rations*) – this was reduced from 200 through the Operations Update.
<b>Achievements</b>	
2.1.1	SRCS volunteers were mobilized; and distributed 60 one-of wet meal at Bosaso reception centre, which equates to 30 per cent of the original target (200), but 100 per cent of the revised target (200), which was agreed through the Operations Update and reduced accordingly based on the assistance received from other organizations.
<b>Challenges</b>	
Refer to Health and Care section.	
<b>Lessons learned</b>	
Refer to Health and Care section.	

## Restoring Family Links

**Needs analysis:** The SRCS carried out activities to re-establish contact between arrivals/returnees, who were separated due to the war in Yemen, and assured them that they are safe.) . *This activity has been supported by the ICRC.*

**Population to be assisted:** 5,000 people (1000 households), which are arrivals/returnees (including men, women and children) from Yemen

<b>Restoring family links</b>
<b>Outcome 6: Restoration of family links between members of the population that have been separated from, or without news of, their relatives as a result of the disaster.</b>
<b>Output 6.1 Arrivals/returnees have access to appropriate means of communication to re-establish and maintain contact with their relatives</b>
<b>Activities planned</b>
6.1.1 Registration of arrivals/returnees that have been separated from their relatives, and tracing carried out for family restoration (Target: number of phone calls made, number of successful family reunions made).
<b>Achievements</b>
<p>6.1.1. The SRCS provided RFL services to the refugees/returnees with the support of ICRC to restore or maintain contact with relatives that had been separated. In total, 3,286 phone calls were made through the SRCS volunteers and tracing officers. This activity was supported by the ICRC, and not through this DREF allocation.</p> <p>Both the Tracing and Dissemination Officers at branch level worked hand in hand to assist the refugees and returnees to contact their relatives inside and outside Somalia. They were responsible for RFL activities such as phone calls as well as dissemination of the services offered by SRCS. They settled the arrivals after receiving them. They also provided information on services offered by SRCS at the port and the transit centres. Their workload as well as that of the volunteers depended on the number of arrivals that at times it took 5 days if the number reached 1,000 and above.</p> <p>The SRCS volunteers did counting per head for the returnees/refugees. They provided special care for people with disabilities, the aged, children and pregnant women. The volunteers supported the Ministry of Health in polio vaccination of the returnees/refugees once they arrived at the port. They did handling of the luggage of the people needed assistances. When the returnees arrived at the transit/reception centres, the volunteers helped them in RFL activities by making calls to their respective relatives abroad and inside Somalia. The service was provided both on arrival and at the reception centre.</p>
<b>Challenges</b>
Refer to Health and Care section.
<b>Lessons learned</b>
Refer to Health and Care section.

## D. THE BUDGET

The DREF allocation was CHF 73,049 of which CHF 64,737 was spent. A balance of CHF 8,312 remained and will be returned to the DREF.

- “Utensils and tools” was overspent by CHF 911, (which equates 29 per cent) due to under budgeting for the price of kitchen sets. “Utensils and tools” line is a combination of three lines i.e. buckets, jerry cans and kitchen. Both buckets and jerry cans had positive variances; however there was an underestimation of the unit price of the kitchen set when the budget was prepared – unit price budgeted at CHF 22.75 but actual price was CHF 32.1071.
- “Volunteers” was underspent by CHF 7,073, (26 per cent) due to over budgeting on this line. The volunteers’ allowance (per diem) was paid as per deployment missions to the ports of Berbera and Bosaso according to the arrival of the boats/vessels. The traffic from Yemen ports of Mukha and Mukkala slowed down in July-August 2015

mainly due to the holy month of Ramadan and the rough seas during this period of the year in addition to lack of access to the Yemeni ports. Therefore, the number of volunteers deployed was reduced significantly.

- “National Staff” was overspent by CHF 279, and this expenditure line was incurred to cover the per diem of the monitoring mission to Berbera branch undertaken by the EAIOI operations unit, which was budgeted for under “Travel”.
- Only 150 first aid kits were procured instead of the 200 planned kits as the remaining 50 kits have been budgeted for under the extension was included in the DOP and will be reported on in the annual report.
- The saving made on the medical supplies is due to the use of the already existing medical supplies provided for under the Integrated Health Programme in the annual DOP. The medical supplies were procured in bulk for the whole year and the stock was already in place when the influx started. Therefore, the medical clinics were redeployed from their original area of operation in the rural areas to address the health needs of the new arrivals in Bosaso and Berbera. The IHCP is supported through IFRC multilateral support which received contributions through the DOP from the Swedish, Finnish, Icelandic, British, Norwegian RC Societies and the Government of Japan.
- On ‘communications’, the NS used less airtime for this operation and were also not charged by local media outlets for the campaign when the SRCS branches were advocating on behalf of the new arrivals at local level. The budget lines also included communication allocation to the country and regional offices which were not utilized.

## Contact information

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

- **In Nairobi, Somali Red Crescent Society coordination office:** Dr. Ahmed Mohammed Hassan, President SRCS; email: [drahmed\\_m\\_hassan@yahoo.com](mailto:drahmed_m_hassan@yahoo.com) mobile phone +254 721 59 89 78
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### For Resource Mobilization and Pledges:

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### For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Africa Zone :** Robert Ondrusek, PMER Coordinator; phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)

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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 Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Disaster Response Financial Report

MDRSO003 - Somalia - Yemeni Refugees

Timeframe: 23 Apr 15 to 23 Aug 15

Appeal Launch Date: 23 Apr 15

Final Report

### Selected Parameters

Reporting Timeframe	2015/4-2015/10	Programme	MDRSO003
Budget Timeframe	2015/4-2015/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		73,049				73,049	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		73,049				73,049	
<b>C4. Other Income</b>		73,049				73,049	
<b>C. Total Income = SUM(C1..C4)</b>		73,049				73,049	
<b>D. Total Funding = B +C</b>		73,049				73,049	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		73,049				73,049	
<b>E. Expenditure</b>		-64,737				-64,737	
<b>F. Closing Balance = (B + C + E)</b>		8,312				8,312	

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### III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>73,049</b>			<b>73,049</b>		
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	2,864		2,784			2,784	80	
Food	900		896			896	4	
Water, Sanitation & Hygiene	4,500		4,122			4,122	378	
Medical & First Aid	5,000		3,372			3,372	1,628	
Utensils & Tools	3,117		4,028			4,028	-911	
<b>Total Relief items, Construction, Sup</b>	<b>16,381</b>		<b>15,203</b>			<b>15,203</b>	<b>1,178</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	13,550		14,550			14,550	-1,000	
<b>Total Logistics, Transport &amp; Storage</b>	<b>13,550</b>		<b>14,550</b>			<b>14,550</b>	<b>-1,000</b>	
<b>Personnel</b>								
National Staff			279			279	-279	
National Society Staff	4,040		4,060			4,060	-20	
Volunteers	27,120		20,047			20,047	7,073	
<b>Total Personnel</b>	<b>31,160</b>		<b>24,386</b>			<b>24,386</b>	<b>6,774</b>	
<b>General Expenditure</b>								
Travel	4,500		4,470			4,470	30	
Communications	2,000		1,263			1,263	737	
Financial Charges	1,000		914			914	86	
<b>Total General Expenditure</b>	<b>7,500</b>		<b>6,647</b>			<b>6,647</b>	<b>853</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recovt	4,458		3,951			3,951	507	
<b>Total Indirect Costs</b>	<b>4,458</b>		<b>3,951</b>			<b>3,951</b>	<b>507</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>73,049</b>		<b>64,737</b>			<b>64,737</b>	<b>8,312</b>	
<b>VARIANCE (C - D)</b>			<b>8,312</b>			<b>8,312</b>		

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Budget Timeframe	2015/4-2015/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	73,049		73,049	73,049	64,737	8,312	
Subtotal BL2	73,049		73,049	73,049	64,737	8,312	
<b>GRAND TOTAL</b>	<b>73,049</b>		<b>73,049</b>	<b>73,049</b>	<b>64,737</b>	<b>8,312</b>	