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Emergency Plan of Action (EPoA) Somalia: Response to Acute Watery Diarrhoea (AWD)/Cholera Outbreaks

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation: MDRSO006	Glide n°: EP-2017-000036-SOM
Date of issue: 24 April 24, 2017	Date of disaster : November 7, 2016
Operation manager (responsible for this EPoA): William BABUMBA, Head of Country Office, IFRC	Point of contact: Mr. Yusuf Hassan Mohamed, President SRCS
Operation start date: 14 April 2017	Expected timeframe: 3 months
Overall operation budget: CHF 302,721	
Number of people affected: 150,000	Number of people to be assisted: 85,000 people (17,000 households)
Host National Society presence (n° of volunteers, staff, branches): Five SRCS branches (Galkayo, Garowe, Bosaso, Las Anod and Burao) 260 volunteers, 100 health staff and 2 Operations Managers	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Federation of Red Cross/Red Crescent Societies	
Other partner organizations actively involved in the operation: Ministry of Health in Puntland and Somaliland, UNICEF, WHO, Save the Children International (SCI), World Vision International (WVI), International Organization of Migration (IOM), Health Poverty Action (HPA)	

A. Situation analysis

Description of the disaster

Somalia is prone to a cycle of natural disasters such as drought, flooding and tropical cyclones because of climate-change phenomena of La-Nina and El-Nino. Early indications of the country experiencing food insecurity emerged in September 2015 and in February 2016, the Somaliland and Puntland governments issued separate alerts with Appeals to humanitarian agencies and donors for support to the drought response. The drought conditions continued through 2016 and worsened since November, affecting more than 50% of the population. Country-wide, cumulative total displacements directly attributable or related to drought between 01 November 2016 and 31 March 2017, comes to 535,624 (UNHCR, April 2017). Loss of livelihoods, mainly livestock, shortage of water, pasture and food due to the drought have been responsible for these displacements.

Drought naturally triggers increases in epidemics such as Acute Watery Diarrhoea (AWD)/Cholera and measles, some of which are cross-border outbreaks. A total of 14,165 cases of AWD and 497 deaths were reported in different parts of Somalia from January to November 2016. Of these 47.7% were female while 57.9% are children below 5 years. ([WHO, 20 Nov 2016](#)). In a WHO update of 05 March 2017, the cumulative reported cases since the beginning of the 2017 in 46 districts of 12 regions in the country stood at 13,126 with 302 deaths and therefore a Case Fatality Rate (CFR) of 2.4%.

The latest update from Puntland ending on 02 April 2017 has a cumulative reported case of AWD/cholera since the beginning of the year at 1,674 and 57 deaths, indicating a CFR of 3.4%. In Somaliland, the most recent AWD outbreak reported as at 10 April in the Buuhole community on the Somaliland/Ethiopian border was 291 cases and 14 deaths, indicating a CFR of 4.8%. Since the beginning of the year, Communities with most reported AWD cases in Puntland are: Goldogob, Jariban and Galkayo (IDP camps) in the Mudug Region, Bosaso (mainly in the Tawakal IDP Camp) in the Bari region and Garowe (Washington IDP camp), Eyl and Burtinle in the Nugal Region. In Somaliland, the reported cases are in the Buuhole district as well as Teleh in the Sool region; areas in the Toogdheer and Awdal regions respectively). This brings the total number of affected regions in Somaliland and Puntland to six.

The IFRC has supported the National Society to respond independently to the reported outbreaks so far, this year, including chlorination, case management and social mobilization or to collaborate with partners such as UNICEF, WHO and the Ministry of Health as well as other actors such as WVI, SCI, HPA and IOM in the responses in Puntland and Somaliland.

The AWD outbreaks appear not to be abating and hence the need to scale up the National Society's preparedness, response and social mobilization capacities. Priority areas of focus in this regard will be the provision of AWD/cholera supplies, training of staff and volunteers in case management, active surveillance with tools to undertake that, provision of sanitation equipment to target communities and enhanced community mobilization interventions with the DREF.

Summary of the current response

Overview of Host National Society

The Somali Red Crescent Society (SRCS) has been a key partner of the Ministry of Health in responding to health emergencies, including AWD/cholera outbreaks over the years. In the current outbreaks, the SRCS has deployed its mobile teams from the respective branches to respond to most of the outbreaks that have been reported in different parts of Somaliland and Puntland with the support of the International Federation of Red Cross/Red Crescent Societies (IFRC). The mobile teams have been very active in case management. This has been done in collaboration with the Ministry of Health and UNICEF that have provided the required supplies for the responses. The 32 static clinics managed by the National Society in Puntland and Somaliland have not only been involved in case management but they also act as sentinel services to provide early warning information for timely investigations and response.

National Society staff and volunteers have also been deployed in chlorination of household and community water sources. They are engaged in social mobilization drives aimed at stemming and preventing further outbreaks in communities that have had a bout of outbreaks. The Bosaso Branch for instance carried out a 2-day exercise to chlorinate all water reservoirs in the Tawakal Internally Displaced Persons (IDP) camp in Bosaso to prevent the spread of AWD that had claimed 12 lives as well as improving access to safe water while improving the hygiene and sanitation. Besides chlorination exercises conducted by volunteers from the Garowe Branch at the Washington IDP camp, the Branch in February conducted a 7-day mass chlorination campaign in the Garowe town in collaboration with the Ministry of Health. These have been followed by scaling up social mobilization campaigns in the communities. In Somaliland, the National Society has conducted similar chlorination exercises and distributed water treatment tables to the affected communities. Currently, the Las Anod Branch in Somaliland has deployed two mobile teams for case management while embarking on a 20-day chlorination and social mobilization campaigns in the Buuhole community of about 80,000 people, following the reported AWD outbreaks. The National Society is targeting a population of 105,000 in Somaliland and Puntland in scaling up its AWD/cholera prevention and response activities. This will constitute an integral part of the scaled-up Emergency Appeal that will be published in April.

Overview of Red Cross Red Crescent Movement in country

The IFRC is supporting the SRCS through the Africa Regional Office, all based in Nairobi, Kenya. The Somalia Country Office has been in regular consultation with the Regional, the Disaster Crisis: Prevention, Response and Recovery (DCPRR) and the Health Departments on progress in response and strategies to scale up preparedness and response to the outbreaks that have taken a nation-wide dimension. With the outbreaks appearing to be on the surge, an attempt was made by the Somalia Country Office to post an alert on the Disaster Management Information System (DMIS) on 06 April 2017. Further discussion with the IFRC Geneva Secretariat Health Department has resulted in the decision to apply for a Disaster Relief and Emergency Fund (DREF) as a start-up loan to allow the National Society to conduct AWD/cholera prevention and response activities.

The International Committee of the Red Cross (ICRC) has a very significant presence in Somalia. Regarding the current drought response, the ICRC together with the National Society focuses on areas which are also affected by active conflict and sporadic violence: South and Central with Health, EcoSec and WatHab activities; Puntland and the disputed territories with Somaliland with EcoSec and WatHab activities. The IFRC on the other hand supports the National Society programmes in Puntland (Health) and Somaliland (Health – included in the disputed territories – and other activities outside the disputed territories). With the onset of the AWD/cholera outbreaks throughout the country, the ICRC has supported the National Society in the response in South/Central Somalia while the IFRC has similarly provided the needed support to the National Society in the response in Somaliland and Puntland. Both the IFRC and the ICRC have been closely coordinating with other actors in the response to the outbreaks. There is also regular Movement collaboration in the response through sharing of technical tools and other support as well as updates in the outbreaks and responses.

Movement Coordination

Besides the IFRC and the ICRC, participating National Societies that support the Somalia Country Programme, including the Finnish Red Cross, the Swedish Red Cross, the Norwegian Red Cross and the Icelandic Red Cross have contributed been updated and have contributed multilaterally to the response through the IFRC.

Overview of non-RCRC actors in country

There are quite a number of players in the health sector in Somalia, both international and local that collaborate with the UN agencies such as UNICEF, WHO and the sector Ministry. Coordination meetings between the Ministry of Health, WASH and Health partners are held regularly in Puntland and Somaliland with the National Society as one of the active partners. Emergency preparedness and response teams have been set up at the regional and district levels while multi-sectoral rapid response teams have been and made operational in Puntland. The Ministry of Health of Somaliland set up technical committee for drought responses in which key health partners including SRCS are members.

In the response to the AWD/Cholera outbreaks, the IFRC and the National Society have collaborated with a number of international organizations such as the World Vision International (WVI), Save the Children International (SCI), International Organization of Migration (IOM), Health Poverty Action (HPA) and a host of local or community based organizations.

In addition to the SRCS, the WVI, IOM, HPA and SCI have deployed mobile health teams to respond to reported outbreaks in the different locations in Puntland and Somaliland where they engage in case management. Where they have static health facilities, they have served as sentinel sites to provide early warning information. Population Service International (PSI) has also made available, water purification tablets (Aqua tabs) for the response to improve household drinking water.

The UNICEF in collaboration with the Ministry of Health has been providing the supplies for AWD/Cholera response, including cholera kits with supplies such as ORS, infusion and antibiotics. UNICEF together with the Ministry of Health also provide refresher training for health staff and volunteers in the response interventions

The WHO has also supported the training of health and allied surveillance staff in sentinel sites for surveillance and data management as well as Integrated Management of Childhood Illnesses (IMCI). The WHO equally provides tents for the setting up of Cholera Treatment Centres (CTCs) and support outbreak investigations, collection of samples for analysis and emergency drugs. The Ministry of Health with the support of UNICEF and WHO provides the overall coordination of all preparedness, response and social mobilization activities related to the outbreak of AWD/cholera.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Daily updates and monthly summaries provided by respective zonal governments in collaboration with UNICEF and WHO highlight the extent and trends in the outbreaks. Health Cluster Coordination meetings in Nairobi and in the Puntland and Somaliland zones have helped to outline the gaps that required partner attention and for coordinated response to the outbreaks. Key among these gaps identified at the last Health Cluster meeting were:

- Inadequate access to life-saving services in most communities, with the winding up of the Essential Package of Health Services (ÉPHS). Therefore, where outbreaks occur, there could be no immediate response.
- Inadequate funding and logistics/supplies for rapid response to outbreaks.
- Inadequate coordination between the Health cluster and the Ministry of Health.
- Inadequate surveillance in place for early warning information to assist investigations and responses.
- Insufficient capacity of health staff in case management.
- Need to scale up WASH interventions to increase community access to safe water.

The DREF operation will contribute to addressing some of these gaps in effectively responding to the outbreaks and targeting about 85,000 persons in Somaliland and Puntland. The outbreaks have been in pockets but appears to be higher in the IDP communities due to the concentration of people and hence the higher risk of infection from shared amenities and services general unsanitary conditions, coupled with inadequate to use of unsafe water. The target population is derived from areas operation of the SRCS as well as areas that have no other organization supporting or operating. Like the SRCS, other actors such as WVI, SCI and IOM are focusing on areas that they are supporting mobile health clinics in the AWD/Cholera response.

Risk Assessment

Besides the raging drought being the trigger for the overall increase in the AWD/cholera outbreaks, there are a number of risks directly associated with the outbreak. Security and access challenges in Puntland have prevented Federation and PNS international staff from accessing most of the affected communities in that zone. This has denied that zone from receiving direct technical support in responding to the outbreaks. Similarly, only remote monitoring could be conducted and therefore intervention effectiveness could not be ascertained. National Society staff and volunteers as well as ICRC resident staff however have almost unlimited access (and international staff to some degree). Somaliland is reasonably accessible to international staff, except for some disputed territories with Puntland and other areas affected by sporadic clan clashes.

Community perception of water treated with chlorine or aqua tabs could equally affect the successful implementation of the planned interventions under the DREF. Generally, the community has hesitation in drinking water treated with aqua tabs with the complaint that that natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change perception to water treated with chlorine or aqua tabs.

Beneficiary Selection

The target of this DREF has been selected in line with that of the revised Emergency Appeal which is 150,000 people. In effect, a large percentage of the target population in the Emergency Appeal is at potential risk of AWD/Cholera outbreak and therefore the scaled-up interventions under the DREF will aim at reaching this target. The primary focus will however be on women and care givers in particular the IDP camps in Bosaso, Garowe and Galkayo, being the ones who conduct the bulk of household chores including cooking and taking care of children. Beneficiary selection will also include communities that have reported recent outbreaks such as Wachale, Eyl, and Buuhole and Taleh as well as the 32 static clinic communities and the mobile clinics. The secondary focus will be potentially high risk communities that will be supported to enhance their capacity to obtain and transmit timely outbreak information for the necessary responses.

The population of 85,000 targeted under this DREF are in communities that the SRCS has health or community-based interventions as well as other communities that have no other actors operating and have been requested by the Ministry of Health to assist in responding to the AWD/cholera outbreaks.

B. Operational strategy and plan

Overall objective

This operational plan aims at implementing lifesaving interventions including improved surveillance for early case detection, timely response, including effective case management to stem or prevent further outbreaks of AWD/cholera in the target population. Through a combination of strategies such as improved surveillance, timely alerts and responses, effective case management and sustained social mobilization by SRCS volunteers, the National Society could contribute significantly to control outbreaks and promote healthy living among the target population.

Proposed Strategy

The current context, of limited access to health care, poor access by response actors due to insecurity and high malnutrition rates, requires a tailored approach targeted at reducing the case fatality rate of the outbreak, limiting the spread and reducing transmission. To reach the at-risk population, SRCS will utilise its network of existing mobile and static clinics as Cholera Treatment Units (CTU) and its network of community volunteers to establish community based treatment Oral Rehydration Point (ORP).

Limited health surveillance data means that the current situation is still evolving with indications that the outbreak could extend and with estimates of an additional 20,000 - 30,000 cases expected. Therefore, the operation will target 60 communities with ORP kits and will be procure an additional 40 as contingency. Sixty volunteers will be trained and mobilised to manage the ORP's in their communities, including the assessment of dehydration, malnutrition status, and hygiene promotion. In addition, mobile data collection via SMS will be established to improve surveillance and understanding of the outbreak and support operational decision making. The operation will cover airtime for mobile phones of volunteers to be able to report the suspected cases they are treating at community level and ensure rapid response by the mobile clinics if caseloads are high.

The National Society's mobile and static clinics will receive items necessary for case management including ORS, and equipment. They will stabilise cases and refer when to CTC's when required. Mobile phones for data collection will occur at mobile and static clinics and volunteer supervisors, to support analysis of the outbreak and ensure resources are adequate to meet the needs.

In addition to the case management, approximately 17,000 households will be reached through social mobilization and provision of household water treatment items, ORS and hygiene promotion activities. Additional 200 volunteers will be mobilised to conduct social mobilization activities.

Given the reliance of communities on open water sources and the expected rains in the coming weeks, a risk of major contamination to water sources have been identified. Hundreds of animal's carcasses are close to water points and provide a significant environmental sanitation issue. Communities will be provided with sanitation tools (forks, gloves, masks, rakes, shovels, wheel barrows) to bury dead livestock and clean around surface water sources.

The national society capacities will be enhanced through the following trainings to manage the cholera outbreak:

- Provision of refresher training on case management and ECV/surveillance for 15 Branch Health Officers and Volunteer leaders from Somaliland and Puntland as ToT.
- Provision of refresher training for 60 community volunteers in Somaliland and Puntland (10 per Branch/communities most at risk and IDP camps on Epidemic Control for Volunteers (ECV). Emphasis will be on household and

community management AWD (including use of ORS and water purification); household and community environmental sanitation and hygiene promotion, community surveillance and social mobilization mechanisms.

- Training of 100 static and mobile clinic nurses and midwives on case management of AWD and referral as well as Infection Prevention & control.

Operational support services

Human resources

The DREF request will cover a period of three (3) months and will require the mobilization of the human resource listed below:

- The IFRC Head of Country Office will be ultimately accountable for timely implementation, compliance, financial management and reporting of the operation.
- Operations Manager to be recruited for the SRCS Somaliland Coordination Office and the SRCS Garowe Office for the three-month period to ensure effective implementation of the activities planned, including monitoring, supervision and reporting on the activities and management of surveillance data/system. Each Operations Manager will receive CHF 500 per month. They will work in collaboration with the WHO and the Ministry of Health,
- Sixty volunteers will be responsible for managing the ORP kits in their own communities
- Two hundred volunteers will be responsible for social mobilisation and distribution of ORS, water treatment items, basic environmental sanitation tools and basic hygiene related items.
- One hundred nurses and midwives from static and mobile clinics will be trained to do case management.
- The IFRC Somalia Country Office will also mobilize one member of staff to provide assistance; with costs of travel to/from Somalia budgeted within the allocation (two missions @ CHF 2,400 each).

Logistics and supply chain

Procurement and supply chain plan

- The IFRC Somalia Country Office will be supported by the Africa Logistics department and the Global Logistics service in Geneva to procure 100 ORP kits for deployment in the response to AWD/Cholera outbreaks by health staff and volunteers. They will be shipped to the targeted Branches upon delivery in Nairobi. The ORP kits will be prepositioned in the Bosaso, Garowe and Galkayo Branches in Puntland as well as the Las Anod, Boroma and Burao Branches in Somaliland.
- The Somalia Country Office will be assisted by the Africa Logistics Department to procure telephone handsets, sanitation equipment, water treatment items, ORS and medical equipment for the clinics in-country. The standard IFRC procurement procedures will be fully applied in every procurement.

Logistics and warehousing

- Each of the targeted Branches has a secured warehouse that will be used for the storage and distribution of all the supplies that will be procured. Inventory will be taken of all procured items and existing stores procedures will be followed in the management of the stores.

Transport and fleet needs

- Bulk distribution of the supplies procured will be made with hired vehicles.
- Mobile clinics that will be deployed will require fuel and some incentive for the staff for case management. Each of the 10 mobile clinics in the 6 affected regions has a compliment of 6 persons and will receive an incentive of chf 100/month each.

Communications

Branch level ICT equipment will be used within the DREF operation. The National Society communications unit will be supported by the IFRC Regional Communications Unit in the implementation of the DREF. They will collaborate to package messages and communications to highlight and disseminate progress to ensure visibility of the operations. This will include which will include raising-awareness of the activities planned, as well as the preparation of case studies/photographs (included in this EPoA) for use on the IFRC websites, and social media platforms.

Security

The security situation in Somalia continues to remain unpredictable and therefore poses serious challenges to humanitarian interventions, particularly in Puntland. Access to Puntland since the past year has continued to shrink due to the increasing presence of insurgency groups such as the Al-Shabaab and the Islamic State (IS). Although National Society staff and volunteers continue to have good access, Federation and PNSs international staff have access challenges due to the security environment. As a measure to enhance security of international staff, it is now mandatory to be escorted by armed security guards from the police Special Protection Unit (SPU) have been provided for non-Somali staff, including IFRC staff travelling on mission to Puntland and Somaliland or working outside the main city limits. However, in Bosaso town, armed security escort is required around the clock, even within the city always.

There is strict enforcement of the Somalia Country Security Regulations for both National and IFRC staff on field mission while IFRC staff must satisfy all security clearance conditions before being authorized by the Africa Security Coordination unit to embark on a field trip to Somaliland and Puntland. For information, ICRC is notified of all IFRC staff travelling on field missions.

Planning, monitoring, evaluation, & reporting (PMER)

The SRCS Coordination Offices in Mogadishu (responsible for Puntland) and Somaliland, will in collaboration with the IFRC Somalia Country Office provide support to the targeted branched in this DREF allocation¹ to ensure the effective implementation of the operation. Continuous monitoring of the situation will be carried out and that will include coordination with other agencies such as WHO and UNICEF as well as the Ministry of Health in Puntland and Somaliland respectively. Field monitoring missions will be carried out, which will assess the compliance of the activities planned with minimum international humanitarian standards (SPHERE, Fundamental Principles etc.), as well as the participation of beneficiaries, and the management of the resources that are available for the operation.

Volunteers and branch officers will be trained on mobile data collection related to Community Based Surveillance CBS, and analysing the information to analyse trends related to the outbreak and identify if intervention from the clinics is needed.

The IFRC Somalia Country Office will mobilize one member of staff to provide direct assistance to the National Society in the operation. This will include monitoring missions, which will be carried out in collaboration with the SRCS. A monitoring framework for the DREF operation will be designed with the technical support of the PMER unit at the Africa Regional Office to track and report on progress in implementation.

Administration and Finance

A Memorandum of Understanding (MoU) will be signed between the SRCS and IFRC Somalia Country Office that will articulate roles and responsibilities of each party in the implementation of this DREF operation; and ensure that the agreed DREF procedures are complied with, specifically in terms of its use, and reporting. The management of the DREF allocation will be carried out in accordance with the existing IFRC and SRCS procedures.

C. DETAILED OPERATIONAL PLAN

Quality programming

Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation																
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																
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.1.1 Coordinate the response activities with relevant departments of the SRCS, IFRC and Inter-Agency teams set up in the respective zones for the AWD/Cholera outbreaks. Teams		X	X	X	X	X	X	X	X	X	X	X	X			
1.1.2 Collect and conduct regular analysis of data collected (daily, weekly and monthly) for decision making and review of EPoA.		X	X	X	X	X	X	X	X	X	X	X	X			
1.1.3 Conduct a Lessons Learnt workshop to review the operations													X			

Health & Care

Needs analysis: The SRCS has been working in collaboration with key stakeholders in responding to health emergencies, including AWD/Cholera and measles outbreaks. The current AWD/Cholera outbreaks in Somaliland and Puntland appear to be escalating and affecting many more communities. Therefore, a scale up operation is required to urgently and swiftly treat reported cases, control the spread through social mobilization activities, improved quality of household drinking water, sanitation and hygiene practices as well as improving surveillance.

Population to be assisted: Reported cases of AWD/Cholera in 2017 is set to significantly surpass the number of reported cases in 2016, largely facilitated by the biting drought. Although morbidity and mortality data is not immediately available at the time of launching this DREF, increasing reports of outbreaks naturally will increase the population at risk as well as the number to be supported directly through the DREF. The DREF therefore will directly support an estimated 5,000 persons with about 100,000 potentially at risk. This includes mainly women and children.

Outcome 2: Immediate risks to the health of the population through AWD/Cholera outbreaks are reduced through the provision of emergency health services in the areas with outbreaks as well as other high risk communities.																	
Output 2.1 Capacity of SRCS staff and volunteers to respond to the AWD/Cholera outbreaks enhanced																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

2.1.1 Conduct a 3-day refresher training on case management and ECV/surveillance for 15 Branch Health Officers and Volunteer leaders from Somaliland and Puntland as ToT (including 2 Operations Managers)	x	x																
2.1.2 Conduct a 2- day refresher training for 100 SRCS nurses and midwives to enable them improved their case management and disease surveillance skills	x	x																
2.1.3 Provide a 3-day refresher training on Epidemics Control for Volunteers (ECV) for 60 SRCS volunteers, including early detection and referral of cases)	x	x																
Output 2.2 Supplies to facilitate management and control of AWD/Cholera outbreaks procured																		
Activities planned	Week / Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2.2.1 Procure IV fluids and clinical materials required for stabilisation of AWD patients	x	x																
2.2.2 Procure 100 ORP for the sue for community volunteers in AWD case management (60 for immediate use and 40 as contingency)	x	x																
2.2.3 Procure 10 mobile phones and airtime for data collection and transmission	x	x																
Output 2.3 Increased community awareness on AWD/Cholera prevention and control																		
Activities planned	Week / Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2.3.1 Design and produce Information, Education & Communication (IEC) materials on AWD/Cholera prevention in collaboration with UNICEF and the Ministry of Health (20,000 leaflets, 150 banners, 200 posters)	x	x	x															
2.3.2 Conduct social sensitization activities in communities reporting AWD/Cholera and high risk communities -105, 000 target population for 30 days in 3 months) at community level and in mosques; including risk factors, prevention and control with 200 volunteers	x	x																
2.3.3 Distribute ORS, HHWT, soap and IEC materials during social mobilization campaigns		x	x	x	x	x	x	x	x	x	x	x	x	x				
2.3.4 Carry out weekly radio talk on AWD/Cholera prevention and control		x	x	x	x	x	x	x	x	x	x	x	x	x				

Output 2.4 Community based Surveillance (CBS) system initiated for real time data collection, alerts raising and timely investigations and response																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2.4.1 Orient 60 volunteer leaders/supervisors on mobile data collection and transmission		x	x														
2.4.2 Set up community based surveillance system in communities reporting outbreaks and high risk communities		x	x	x	x												
2.4.3 Coordinate surveillance system with the MoH and WHO			x	x	x	x	x	x	x	x	x	xx					
2.4.4 Orient clinic staff and community based volunteers on enhanced surveillance and response to AWD/Cholera outbreaks		x	x														

Water, sanitation and hygiene

Outcome 3: Reduced risks of contaminated surface water through improved environmental sanitation																	
Output 3.1 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.																	
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
3.1.1 Procure sanitation tools (wheel barrows, spades, rakes, pick-axes, heavy duty gloves, face masks) for sanitation campaigns in communities reporting outbreaks and high risk communities				x	x												
3.1.2 Distribute sanitation equipment to communities reporting AWD/Cholera outbreaks and high risk communities				x	x												..
3.1.3 Conduct monthly community sanitation campaigns in communities reporting AWD/Cholera outbreaks and high risk communities				x				x				x					
3.1.4 Carry out safe disposal of animal carcasses and other solid waste to prevent surface runoff pollution.				x	x	x	x										
Output 3.2 Improved access to safe water																	
3.2.1 Provide safe water to 17,500 households in target community through house hold water treatment		x	x	x	x	x	x	x	x	x	x	x	x				
3.2.2 Distribute house hold water treatment products (Aqua tabs) sufficient for 90 days for 17,500households		x	x	x	x	x	x	x	x	x	x	x	x				

3.2.3. Train population of target communities on safe water storage and use of water treatment products (aqua tabs)	x	x	x	x					x	x	x	x	x				
3.2.4 Monitor treatment and storage of water through households' surveys/visits.	x	x	x	x	x	x	x	x	x	x	x	x	x				
3.2.5 Orient the target community on water treatment practices	x	x	x	x	x	x	x	x	x	x	x	x	x				
Output 3.3 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.																	
3.3.2 Conduct hygiene promotion sessions in schools in communities reporting AWD/cholera outbreaks and high risk communities	x	x	x	x	x	x	x	x	x	x	x	x	x				

D. Budget: see attached budget below.

Contact Information

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

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

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How we work

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

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



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



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



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

DREF OPERATION

dd/mm/yyyy

APPEAL

APPEAL NAME

Budget Group	DREF grant budget	Expenditure CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	36,250	36,250
Medical & First Aid	20,435	20,435
Teaching Materials	0	0
Utensils & Tools	1,000	1,000
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	57,685	57,685
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	0	0
Storage, Warehousing	0	0
Distribution & Monitoring	2,710	2,710
Transport & Vehicle Costs	22,015	22,015
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	24,725	24,725
International Staff	0	0
National Staff	0	0
National Society Staff	37,060	37,060
Volunteers	90,390	90,390
Total PERSONNEL	127,450	127,450
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0
Workshops & Training	36,700	36,700
Total WORKSHOP & TRAINING	36,700	36,700
Travel	4,800	4,800
Information & Public Relations	18,300	18,300
Office Costs	5,400	5,400
Communications	5,100	5,100
Financial Charges	4,085	4,085
Other General Expenses	0	0
Shared Support Services	0	0
Total GENERAL EXPENDITURES	37,685	37,685
Programme and Supplementary Services Recovery	18,476	18,476
Total INDIRECT COSTS	18,476	18,476
TOTAL BUDGET	302,721	302,721



Somalia: Cholera outbreak

