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Emergency Appeal: 12 months summary Somalia: Drought and Food Security

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSO005 (including DREF operation n° MDRSO006)		GLIDE n° DR-2015-000134-SOM	
Report: 12 months' summary		Timeframe covered by this update: 31 March 2016– 31 March 2017	
Emergency Appeal operation start date: 25 March 2016		Total timeframe of the operation: 20 months, 31 March 2016 – 21 December 2017	
Appeal budget: CHF 3,308,035	Appeal coverage: 41 per cent	Total estimated Red Cross and Red Crescent response to date: CHF 1,344,590	
Disaster Relief Emergency Fund (DREF) allocated: CHF 129,394			
N° of people being assisted: Current target 150,000 (25,000 households). The initial target during the first 12 months of the operation was 78,990 people.			
Host National Society presence: The operation is limited to the Red Crescent coordination offices of Puntland and Somaliland. In Somaliland, the Red Crescent has 6 branches in each of the 6 regions, with 200 staff and 3,000 volunteers.			
Red Cross Red Crescent Movement partners actively involved in the operation: British Red Cross, Japanese Red Cross Society, Red Cross of Monaco, Swedish Red Cross, The Canadian Red Cross Society, The Netherlands Red Cross, Icelandic Red Cross, German Red Cross, Norwegian Red Cross, HK Red Cross, Australian Red Cross.			
Other partner organizations actively involved in the operation: NERAD (Somaliland) and Humanitarian Affairs and Disaster Management Agency (HADMA), UNOCHA, CARE International, SCI, DRC, ADESO, UNHCR, TASS, UNDP, WHO, WFP, UNICEF, FAO IRC, SCI, NRC, CARE International, Concern Worldwide, ISLAMIC RELIEF, ADESO, ADRA, ACF, DRC, UNDP, TASS, ECHO.			

History of the appeal:

- The [Somalia Drought Emergency Appeal](#) was initially launched on 25 March 2016 for CHF 1,290,936 to support the Somali Red Crescent Society (SRCS) in assisting 78,990 drought's affected people for six months. A DREF loan of CHF 129,394 had been processed at the beginning of the appeal to support the start-up activities by SRCS. At the end of the initial appeal period, the appeal timeframe was extended by six months to a total of 12 months.
- A [revised Emergency Appeal](#) was launched on 15 March 2017 for CHF 3,308,035 to assist 150,000 people, extending the timeframe of the operation to 20 months, or until 21 December 2017.
- Parallel to the appeal revision, following the worsening outbreak of acute watery diarrhea (AWD) in Somaliland and Puntland, the IFRC released CHF 302,721 from its Disaster Relief Emergency Fund on 14 March 2017 to assist 85,000 people (part of these are among the 150,000 beneficiaries targeted by the revised emergency appeal) with medical treatment and nutritional support.
- All activities that are linked to the [DREF Cholera](#) operation and the ERU deployment to Somaliland in May 2017 will be integrated in the ongoing operations covered under the Somalia drought, entailing an expansion of the activities that have been planned under this current Emergency Appeal.

Summary:

This update covers only the first 12 months of activities under the drought operation (MDRSO005), launched in March 2016 to assist people affected by food shortages and malnutrition as a result of repeated failed rain seasons in Somalia.

All activities related to the revision of the appeal on 15 March 2017, or the deployment of the Health ERU to address the Acute Watery Diarrhea (AWD) outbreak in May 2017, will be covered in the next Operation Update. Further changes to the appeal will be introduced in a second appeal revision planned for May-June 2017 to ensure that activities are adequately adjusted to the rapidly developing humanitarian situation on the ground.

The main part of the assistance provided with IFRC support under this appeal in the first 12 months includes supplies and salaries for mobile and static health clinics in Somaliland and Puntland to ensure adequate medical care and nutritional treatment for malnourished children and pregnant and lactating women. At all supported clinics, medical interventions are implemented in parallel with nutrition screening and treatment of malnutrition in children under five as well as pregnant and lactating women. Until the end of March 2017, the IFRC support included salaries and supplies for six mobile and static clinics in Somaliland and Puntland.

The latest distributions of aqua-tabs in Puntland and of ceramic filters in Somaliland as well as construction of water reservoirs in both areas took place in 2016. The latest cash transfers took place in November and December 2016, delivering two monthly installations of cash to 900 households to purchase food, water and other vital necessities. No shelter activities have taken place through this appeal.

The Situation:

Drought and food insecurity: Somalia experienced a poor April to June 2016 rain season (Gu) and failed October to December 2016 rain season (Deyr). The continuing drought in 2016 affected more than 50 percent of the population. Loss of livestock, shortage of water, pasture and food as a consequence of the drought is estimated to have displaced 535,624 people in the whole of the country in the period between 01 November 2016 and 31 March 2017 (UNHCR, April 2017). In Somaliland and Puntland, populations who mostly depend on agro-pastoralism and livestock have been experiencing increasing food insecurity during this same period. The Somaliland regions of Bari, Karkaar, Sanaag and Sool have been particularly affected. In February 2016, the governments of Somaliland and Puntland issued separate alerts with appeals to humanitarian agencies and donors for support to the drought response.

Nutrition: Somalia has one of the worst infant and young child feeding and micronutrient indicators in the world. According to [FEWSNET](#) (February, 2017), over 363,000 children suffering from acute malnutrition and are in need of urgent treatment and nutrition support. This includes 71,000 children whose lives are at risk because of severe malnutrition and who will need treatment.

Food security: Food security has deteriorated significantly across Somalia during the reporting period, with an increasing number of people in crisis and emergency (IPC Phase 3 and 4) levels of food insecurity. The increased levels of acute food insecurity, lack of emergency food assistance, and lack of clean drinking water access to health facilities are causing rising mortality rates and severe long-term impacts on livelihoods and assets.

Measles: Contributing also to the deteriorating humanitarian situation in the drought affected regions was an outbreak of measles in Sahil region starting in late January 2017, with 57 cases reported.

Acute Watery Diarrhoea: Exacerbating water and food shortages, a large-scale acute watery diarrhoea (AWD) outbreak has been affecting Somalia since fourth quarter of 2016. The first cases of the present AWD outbreak in Somalia occurred in Oct 2016 and since February 2017 until the end of the reporting period there has been a significant increase in the number of recorded cases. By the end of the reporting period, the outbreak had reached serious proportions in Somaliland and Puntland, which are the areas targeted by this operation. The IFRC/SRCS response to the AWD outbreak will be covered in the next operation update for this appeal.

Coordination and partnerships

The SRSC coordination offices in Somaliland and Puntland have lead roles in planning and implementation of activities, supported by the IFRC and bilateral as well as multilateral partners, both from outside and inside the Movement. The SRCS has one of the largest infrastructure of volunteers in Somalia and conducts clinics that can support a combination of health and nutrition interventions on the scale that is planned through this operation.

The IFRC leads coordination activities for the Movement in Somaliland and externally it cooperates with other key agencies or organizations (UN, NGO, and others) in order to avoid duplications and ensure adequate coverage of activities, identifying the key IFRC activities to support the operation.

Movement coordination is conducted through partner meetings and close liaison with both partner National Societies and the host National Society to ensure a unified approach. The IFRC operation has been planned in coordination with the IFRC joint task force, to ensure that it is coordinated with regional Movement activities.

In accordance with the traditional roles of Movement partners the ICRC has a leading role in supporting activities in the more volatile southern and central parts of Somalia while IFRC supports activities in the more stable areas of Somaliland and Puntland. Along with the IFRC several partner national societies (see list on front page) support activities in Somaliland, bilaterally, multilaterally or through the IFRC. The German Red Cross, which operates in Somaliland, is the only National Society with a local presence in the IFRC targeted area. The effort of all these partners is being mapped and coordinated to ensure as complete a coverage of the targeted area as possible.

Following up on the achievements of the first 12 months an emphasis will be placed on data collection and analysis to ensure appropriate response and adequate information flow as well as full documentation of the whole operation. This includes revised mapping of SRCS operational areas, activities and vulnerable populations.

Operational implementation

Since the launch of the Somalia Drought Emergency Appeal in March 2016 the SRCS Mobile clinics that are supported by the IFRC have continued to deliver assistance to drought affected populations in Somaliland and Puntland. The operation in the first year also included two monthly lots of cash grants for 5,400 people (900 households) to support them with food, the distribution of water filters to 6,468 people and aqua tabs for 4,284 people. Due to lack of funding, other activities have not been implemented since January this year. Additional information on activities in 2016 are available in previous operations updates for this appeal.

Health, Nutrition

Since the launch of the appeal in March 2016, the IFRC has supported the operations of the National Society through six static and mobile SRCS clinics in Somaliland and Puntland. For Somaliland, this includes two clinics in Erigavo district (Saanag) and two in Lasaanod (Sool). In Puntland two clinics under Garowe branch were supported.

Funding constraints have delayed the IFRC support available to the clinics during the first quarter of 2017, but the clinics have remained operational throughout the reporting period despite delays in payment of salaries, delivering services to the targeted communities. Most beneficiaries of nutritional treatment also received medical supplies. The number of beneficiaries reached is therefore calculated from the number of people who received treatment. During the reporting period, 69,745 people received medical treatment in the were treated in the six clinics supported by IFRC. This accounts for 88% of the 78,990 people who were targeted in the original appeal.

SRCS receives funding for the running cost of its clinics from multiple partners, including several PNS and UN agencies, and there are on-going efforts to adequately coordinate and map this support to ensure full coverage of all clinics.

Health activities supported through this appeal during the first 12 months of this operation were centred on the provision of medical treatment and nutrition through the six IFRC supported SRCS mobile clinics in Puntland and Somaliland. The support allowed the SRCS to ensure that the clinics remained fully operational and capable of providing health and nutritional services to the growing numbers of drought affected people in Puntland and Somaliland. Under the revised appeal launched on 31 March, the combined number of supported SRCS clinics in Puntland and Somaliland was increased to 19, including 11 mobile clinics and eight static clinics. The targeted number of clinics will be revisited in the upcoming appeal revision.

		2016			2017	
		Q2	Q3	Q4	Q1	12m total
Somaliland	Treatment	10,457	11,457	12,907	12,229	47,050
	Nutrition	4,179	4,550	5,055	5,918	19,702
Puntland	Treatment	5,978	6,061	4,271	6,385	22,695
	Nutrition	1,332	1,662	571	1,829	5,394
SL+PL Treatment total		16,435	17,518	17,178	18,614	69,745
SL+PL Nutrition total		5,511	6,212	5,626	7,747	25,096

Figures on the number of people reached in the table are based on field data from the six static and mobile SRCS clinics

The SRCS clinics serve as a main platform for the implementation of both the health and the nutrition component of the assistance that is delivered through this appeal, including immunization (mother and child), treatment of common illnesses, nutrition screening, Out-patient Therapeutic Feeding Programme (OTP), Therapeutic Supplementary Feeding Programme (TFSP), Maternal Child Health Nutrition (MCHN) reproductive health (ante-natal, post-natal and delivery services) and health education in some of the areas that are currently affected by the drought.

The clinics also receive multilateral support from Partner National Societies (PNS) and materials through collaboration with the sector ministry, UNICEF, WHO and WFP. The collaboration with UNICEF includes provision of vaccines for immunization, cold chain facilities, storage for medicines and Plumpy'Nut for acutely malnourished children. Collaboration with WFP includes MCHN rations for women who attend ante natal services at the clinics,, and children under 2, as well as Plumpy Sup for moderately malnourished children.

The IFRC supported salaries for clinical staff and SRCS branch supervisors, as well as medicines and the running cost of the clinics to ensure that they remained fully functional and able to deliver the increased capacity necessary to deliver assistance to the rising numbers of people affected by AWD and malnutrition. In the revised appeal the IFRC will be extending its support to 19 clinics in Somaliland and Puntland, up from 6 clinics in the original appeal.

In addition to the Plumpy'Nut and MCHN rations that are being distributed through the SRCS network of mobile and static clinics, IFRC supported operations during the reporting period also include two monthly cash transfers to 900 severely affected households (5,400 beneficiaries) to purchase food and water. The cash transfers were completed in November and December 2016.

Shelter (including household non-food items)

No shelter activities were conducted in the first 12 months of operations under the appeal due to lack of funding. Details of the planned intervention can be found in the revised emergency PoA.

Water, sanitation and hygiene

WASH activities during the first twelve months of operations included training of 120 volunteers on participatory hygiene and sanitation transformation (PHAST). Trained SRCS volunteers and staff have continued regular hygiene education and promotion in the targeted communities during the reporting period. Additional details of the trainings, including cascading training is planned to be made available in upcoming operations updates and the final report for the operation.

Planned interventions <i>(Outcome and output numbers have been adjusted to numbers in the revised appeal)</i>	Implementation (%)
Health Outcome 1 (Health) The immediate risks to the health of affected populations are reduced	
Output 1.1 Community based disease prevention and health promotion measures provided with focus on risk communication and community engagement activities in relation to the main health threats and epidemics	
Activities for Output 1.1 <ul style="list-style-type: none"> • Community health promotion sessions (house to house, schools & community gatherings). • Production of IEC materials in relation to health awareness • Conduct Community education on behaviour change integrated with hygiene promotion activities. • Community mortality surveillance is carried out and reported in the health information system. 	n.a.
Implementation for Output 1.1 <p>Community health promotion in combination with distribution of health awareness IEC materials has been an on-going and integral part of the operation since the launch of the appeal. This includes health promotion sessions in communities and health education for people visiting the SRCS clinics.</p> <p>IEC materials produced with the support of UNICEF have been distributed to the SRCS clinics in Somaliland through the MoH and are being utilized in their regular activities.</p> <p>Community morbidity surveillance is being carried out by all SRCS clinics as part of regular and donor reporting on activities.</p>	
Output 1.2: Severe Acute Malnutrition is addressed in the target population	
Activities for Output 1.2 <ul style="list-style-type: none"> • Screening under 5 children for malnutrition • OTP services for the malnourished children • Conduct defaulter tracing (patients who do not show up for follow-up) • Hospital referrals to children with severe malnutrition complications • Conduct sessions for exclusive breastfeeding and nutrition counselling with involvement of mother to mother support groups. 	Ongoing (clinics remained operational since beginning of operational timeframe) - 88% of the targeted number of beneficiaries' target reached
Implementation for Output 1.2 <p>There are 56 SRCS clinics in Somaliland and 26 clinics in Puntland. Six of these clinics have been supported with salaries and medical supplies by the IFRC since the launch of the appeal in March 2016. The targeted mobile clinics have also been provided with fuel to support mobile operations. Other Movement partners, as well as external partners, have been supporting other key clinics. In response to the escalation of the AWD epidemic and growing indications of serious food shortages in the coming months, ongoing Movement coordination efforts aim at complete mapping of all SRCS clinics with the aim of ensuring the support necessary to provide full services. This includes nutrition screening of all children visiting the health clinics, hospital referrals for children with severe malnutrition, as well as health and nutrition education sessions for pregnant and lactating women and introduction of mother to mother support groups.</p>	

<p>All activities of this output are part of regular activities of the SRCS clinics.</p> <p>There have been delays in delivery of IFRC support for the clinics due to lack of funding, but this has not prevented the targeted clinics in Somaliland and Puntland from delivering their services during the appeal period.</p> <p>As the operation was fully operational and delivered services throughout the reporting period, the planned activities were fully implemented, while 88% of the targeted number of beneficiaries was covered during the reporting period.</p>	
<p>Output 1.3 Increased access to primary health care services through the mobile clinics</p>	
<p>Activities for output 1.3</p> <ul style="list-style-type: none"> • Provide immunization services to children under 5 years • Provide children under 5 with Vitamin A, Zinc and deworming. • Provide anti-natal services including tetanus toxoid vaccine to pregnant and women and child bearing age • Provide micronutrients to pregnant and lactating mothers • Offer post-natal services to mothers • Treatment of minor illnesses to the target community • SRCS volunteers conduct community health promotion sessions. 	<p>Ongoing (88% of the targeted number of beneficiaries)</p>
<p>Implementation of Output 1.3</p> <p>All children visiting SRCS clinics in Puntland and Somaliland are vaccinated against measles and all children under 5 visiting all the clinics are also provided with vitamin A, Zinc to treat diarrhoea and deworming as part of regular activities in the clinics. These activities are part of the regular activities of SRCS clinics and have been implemented throughout the period covered by the appeal.</p>	
<p>Water, sanitation and hygiene</p>	
<p>Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities</p>	
<p>Output 2.1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</p>	
<p>Activities for output 2.1</p> <ul style="list-style-type: none"> • Provide fuel for 10 borehole generators • Rehabilitate 12 water points (boreholes/berkeds) • Carry out regular water quality monitoring for quality assurance. • Conduct routine and scheduled system maintenance for boreholes and berkeds • Restricted cash grants of CHF 36 for purchasing of water for drinking and domestic use both for human and animal” targeting 900 households for four months • Procurement and Distribution of water treatment / aqua/pur tabs targeting 20,000 HH (120,000 beneficiaries) • Procurement and Distribution of 20,000 water jerry cans (this is an increase from 2,500 which was the target the original appeal) • Procurement and distribution of 2,000 ceramic water filters (this had been revised down from the original 6,000 filters) 	<p>n.a. 66% n.a. n.a. 0% 5% 0% 54%</p>

Information on fuel subsidies for borehole generators is planned to be made available in the final report for this operation.

The target of rehabilitating 12 water reservoirs was exceeded. A total of 15 water points were reported to have been completed in 2016, but there has been no activity in 2017 (See chart for estimated beneficiary numbers.)

Somaliland & Puntland - Implementation data									
State	Region	District	Water tanks installed		Water filters distributed		Aquatabs distributions		Total people assisted (estimate)
			Units	People assisted	Units	People assisted	HH	People assisted	
Puntland	Garowe-Nugal	Tuulo-Ooman, Birta-Dheer, Kalabyr	3				357	2142	
	Bosaso	Kodmo, Guudcad, Adisone, Jidhan	4				357	2142	
Somaliland	Sool	Gambadha, Sayidka, Samakab, Samalay	4		539	3234			
	Sanaag	Daray, Marwade, Dagaar, Masagan	4		539	3234			
		Subtotal	8		1,078	6,468			6,468
		Total	15	4600	1078	6468	714	4284	15,352

Water filters were reported to have been distributed to 1,078 households (6,468 people) in eight communities in Somaliland (see chart).

Aqua tabs were reported to have been delivered to 714 households (4,284 people) in seven communities in Puntland.

Based on current reporting a total of 15,352 people are estimated to have benefited from IFRC funded water reservoirs and distribution of aqua tabs and water filters through this appeal. All these activities were completed in 2106.

(Detailed information on beneficiary selection, timelines and quantities for all activities of this output are planned to be included in the final report for this operations).

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

Activities for Output 2.2

- Refresher training for 120 volunteers on PHAST methodology
- Conduct one-on-one WASH communication targeting 22,900 people for improved hygiene and sanitation awareness (this has been revised down from 57,500 people in the original activity)
- Production of IEC in relation to WASH

100%
n.a.
n.a.

Implementation for Output 2.2.

In 2016 60 SRCS volunteers in Somaliland (30 from Sool region, 30 from Sanaag region) received training on PHAST, CTP, beneficiary selection, volunteer safety and nutrition screening. The same number of SRCS volunteers in Puntland were reported to have been trained on the same topics. Additional details on the training activities in both Somaliland and Puntland, as well as on WASH related volunteer activities, including one-on-one WASH communication and production of WASH IEC materials during the first year of this operation the appeal, are planned to be presented in the final report for this operation.

Livelihoods, nutrition, food security

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

Output 3.1 Cash transfers are provided to 900 households (5,400 beneficiaries) to purchase food

Activities for output 3.1

- Revisit the design of beneficiary selection tools

<ul style="list-style-type: none"> • Revisit the source for mobile money service providers through tender • Revise if necessary and sign MoU and contracts with mobile phone service provider. • Refresher train volunteers on beneficiary selection • Use Beneficiary selection and registration on new beneficiaries • Beneficiary refresher/training on the use of mobile money transfer system • Prepare monthly mobile phone cash transfer. • Inform community on cash distribution • Unconditional Cash transfers of CHF105 to 900 households for 4 months • Monthly post distribution monitoring • Price and market capacity monitoring 	
<p>Implementation for output 3.1. Two cash transfers to 900 HHs were completed in 2016. (Additional details are available in operations update 5 previously published)</p> <p>In Somaliland 450 households (2,700 people) were selected to receive 105 CHF as part of the IFRC supported activities.</p> <p>In Puntland 450 households (2,700 people) were selected to receive 105 CHF as part of the IFRC supported activities.</p> <p>Market assessment was conducted by IFRC regional staff, as well as training on cash transfers. SRCS HQ staff both in Somaliland and Puntland, including DM officers, Deputy National Health Coordinators, Branch Secretaries and Branch Health Officers, attended the training.</p> <p>The cash was distributed to 450 households through mobile phone transfers, the first transfer in November and the second in December.</p> <p>Beneficiaries were selected in consultation with village committees and branch secretaries based on their vulnerability. Some selected households were taking care of orphans or disabled people.</p> <p>The relevance of a post-distribution monitoring and data collection activities will be assessed during the upcoming revision of the appeal. Further details of the cash transfer activities is planned to be made available in in the final report for the operation.</p>	50%
<p>Outcome 4 Critical nutritional status of the targeted community is improved</p>	
<p>Output 4.1 Sufficient nutritious food accessed by children under 5 in vulnerable households/communities</p>	
<p>Activities for output 4.1</p> <ul style="list-style-type: none"> • Nutrition screening • Procurement of nutritional supplements • Supplementary feeding to moderately malnourished children under 5 • Volunteer training in food preparation and utilization • Cascading of training on food preparation and utilization • Monitoring of nutritional indicators 	Ongoing
<p>Implementation for output 4.1 Nutrition screening of all children coming to the clinics is part of regular health activities in the clinics as well as the provision of nutritional supplements and the referral of severely malnourished children.</p> <p>The SRCS in Puntland and Somaliland 120 volunteers were trained in PHAST in 2016. These same volunteers also received training in beneficiary selection, nutrition and food preparation. In Somaliland,</p>	

specially trained SRCS branch staff conducted four training sessions, one session in each of the branches of Garowe, Bosaso, Sool and Sanaag. Four training sessions were also held in Puntland.	
Output 4.2: Screening and referrals for acute malnutrition carried out for children under age 5	
Activities for output 4.2 <ul style="list-style-type: none"> • Nutrition screening • Referral of severely malnourished children 	Ongoing
Shelter (including household non-food items)	
Outcome 5: Immediate reductions in risk of waterborne and water related diseases in targeted communities.	
Output 5.1 Distribution of Non-Food Items (NFIs) and emergency shelter items undertaken to meet the needs of the target population in the drought areas (Target: 6,000HH)	
Activities for output 5.1 <ul style="list-style-type: none"> • Identification/registration of beneficiaries for distribution of NFIs. • Mobilization of 120 volunteers to carry out NFI distributions • Distribution of NFIs to 6,000HH • Local procurement and transport for distribution (Target: 15,000 blankets, 11,000 plastic sheets, 10,000 sleeping mats) • 	0%
Implementation for output 5.1. Activities related to the distribution of non-food items have not taken place due to lack of funding. This output will be re-evaluated in the emergency appeal revision process.	
Quality programming / Areas common to all sectors	
Outcome 6: Continuous and detailed assessment and analysis is used to inform the design and implementation of the food security operation	
Output 6.1: Initial needs assessment are updated following consultation with beneficiaries	
Activities for output 6.1 <ul style="list-style-type: none"> • Mobilization of staff and volunteers to carry out rapid needs assessment. • Analyse and consolidate assessment data from the field and maintain constant liaison with SRCS staff and volunteers in the field. • Continuous needs assessment • Revise Emergency Plan of Action based on ongoing implementation and ongoing assessment • Start-up meeting • Coordination with relevant departments of the SRCS and IFRC • Comprehensive beneficiary perceptions and satisfaction survey 	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing
Implementation for output 6.1 An initial IFRC/SRCS rapid assessment of the food insecurity situation was carried out in Somaliland in February 2016. In August 2016, after the launch of the appeal, the IFRC/SRCS conducted a joint operational monitoring mission in Somaliland followed by a joint assessment mission conducted by SRCS, UNOCHA and other humanitarian agencies in Bosaso and Garowe, Puntland in September 2016. The SRCS HQ and/or branches regularly monitor health and nutrition activities of SRCS health clinics and collect data on implementation. This data forms the basis for implementation data on the health and nutrition component of the operation.	

<p>An appeal revision took place in March 2016, but another revision is planned in the coming weeks as the focus of the operation has shifted to the AWD response until the outbreak has been brought under control. The revision process includes close consultation and coordination with PNS and other humanitarian actors working through the SRCS to ensure full coverage of the SRCS health network in Somaliland and Puntland and to avoid duplications. Health and nutrition interventions will continue to be closely intertwined and supported through the SRCS health clinics.</p>	
<p>Outcome 7. The management of the operation is informed by a comprehensive monitoring and evaluation system</p>	
<p>Output 7.1. Monitoring information informs revisions of plan of action where appropriate</p>	
<p>Activities for output 7.1</p> <ul style="list-style-type: none"> • Continuous monitoring of the activities implementation by SRCS • Periodic monitoring by IFRC technical support team • Refresher train SRCS/IFRC staff and 120 volunteers on Stay safe and High Insecurity Training 	<p>Ongoing Ongoing 100%</p>
<p>Implementation for output 7.1 SRCS and IFRC regularly monitor malnutrition levels through data by other humanitarian actors and through the SRCS and its static and mobile health clinic network.</p> <p>Training under this output has been conducted in conjunction with other volunteer training in Somaliland and Puntland. Further details on this activity are planned to be made available in the final report for the operation.</p>	
<p>Output 7.2 (Corrected output number) The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate</p>	
<p>Activities for output 7.2</p> <ul style="list-style-type: none"> • End of implementation evaluation or review. 	<p>0%</p>
<p>A final evaluation of the operation is planned in December 2017 (End of operation).</p>	

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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 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.

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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

MDRSO005 - Somalia - Drought

Timeframe: 21 Mar 16 to 21 Dec 17

Appeal Launch Date: 25 Mar 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/3-2017/3	Programme	MDRSO005
Budget Timeframe	2016/3-2017/12	Budget	APPROVED
Split by funding source	Y	Project	PSO033
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
A. Budget			3,308,035			3,308,035	
B. Opening Balance							
Income							
Cash contributions							
<i>British Red Cross</i>			126,583			126,583	
<i>Japanese Red Cross Society</i>			87,581			87,581	
<i>Red Cross of Monaco</i>			10,903			10,903	
<i>Swedish Red Cross</i>			347,027			347,027	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>			34,214			34,214	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>			133,434			133,434	
C1. Cash contributions			739,741			739,741	
C. Total Income = SUM(C1..C4)			739,741			739,741	
D. Total Funding = B + C			739,741			739,741	

* 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. Opening Balance							
C. Income			739,741			739,741	
E. Expenditure			-682,130			-682,130	
F. Closing Balance = (B + C + E)			57,611			57,611	

Disaster Response Financial Report

MDRSO005 - Somalia - Drought

Timeframe: 21 Mar 16 to 21 Dec 17

Appeal Launch Date: 25 Mar 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/3-2017/3	Programme	MDRSO005
Budget Timeframe	2016/3-2017/12	Budget	APPROVED
Split by funding source	Y	Project	PSO033
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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	
BUDGET (C)				3,308,035			3,308,035	
Relief items, Construction, Supplies								
Clothing & Textiles	255,000							255,000
Food	118,500			157,291		157,291		-38,791
Water, Sanitation & Hygiene	628,800			190,393		190,393		438,407
Medical & First Aid	133,380			16,180		16,180		117,200
Other Supplies & Services	274,000							274,000
Cash Disbursement	507,600							507,600
Total Relief items, Construction, Sup	1,917,280			363,863		363,863		1,553,416
Logistics, Transport & Storage								
Storage	0			40		40		-40
Distribution & Monitoring	37,440			4,963		4,963		32,477
Transport & Vehicles Costs	90,600			11,114		11,114		79,486
Logistics Services	0			2,500		2,500		-2,500
Total Logistics, Transport & Storage	128,040			18,617		18,617		109,423
Personnel								
National Staff	107,348			11,567		11,567		95,782
National Society Staff	389,128			48,362		48,362		340,766
Volunteers	207,060			9,754		9,754		197,306
Total Personnel	703,536			69,683		69,683		633,854
Consultants & Professional Fees								
Consultants	0			2,001		2,001		-2,001
Professional Fees				90		90		-90
Total Consultants & Professional Fees	0			2,091		2,091		-2,091
Workshops & Training								
Workshops & Training	225,780			39,780		39,780		186,000
Total Workshops & Training	225,780			39,780		39,780		186,000
General Expenditure								
Travel	20,000			18,696		18,696		1,304
Information & Public Relations	16,000			35		35		15,965
Office Costs	32,700			17,549		17,549		15,151
Communications	15,000			478		478		14,522
Financial Charges	47,800			8,126		8,126		39,674
Other General Expenses	0			2,239		2,239		-2,239
Shared Office and Services Costs	0			14,023		14,023		-14,023
Total General Expenditure	131,500			61,146		61,146		70,354
Depreciation								
Depreciation and impairment	0							0
Total Depreciation	0							0
Operational Provisions								
Operational Provisions				81,636		81,636		-81,636
Total Operational Provisions				81,636		81,636		-81,636
Indirect Costs								
Programme & Services Support Recove	201,899			41,393		41,393		160,506
Total Indirect Costs	201,899			41,393		41,393		160,506
Pledge Specific Costs								
Pledge Earmarking Fee				3,220		3,220		-3,220

Disaster Response Financial Report

MDRSO005 - Somalia - Drought

Timeframe: 21 Mar 16 to 21 Dec 17

Appeal Launch Date: 25 Mar 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/3-2017/3	Programme	MDRSO005
Budget Timeframe	2016/3-2017/12	Budget	APPROVED
Split by funding source	Y	Project	PSO033
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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	
BUDGET (C)				3,308,035			3,308,035	
Pledge Reporting Fees				700			700	-700
Total Pledge Specific Costs				3,920			3,920	-3,920
TOTAL EXPENDITURE (D)	3,308,035			682,130			682,130	2,625,905
VARIANCE (C - D)				2,625,905			2,625,905	

Disaster Response Financial Report

MDRSO005 - Somalia - Drought

Timeframe: 21 Mar 16 to 21 Dec 17

Appeal Launch Date: 25 Mar 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/3-2017/3	Programme	MDRSO005
Budget Timeframe	2016/3-2017/12	Budget	APPROVED
Split by funding source	Y	Project	PSO033
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
BL3 - Strengthen RC/RC contribution to development							
Health	3,308,035		739,741	739,741	682,130	57,611	
Subtotal BL3	3,308,035		739,741	739,741	682,130	57,611	
GRAND TOTAL	3,308,035		739,741	739,741	682,130	57,611	