

www.ifrc.org
Saving lives,
changing minds.

Emergency Appeal operations update Somalia: Response to Acute Watery Diarrhoea (AWD) Outbreaks

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: MDRSO006 (also covering the Appeal operation MDRSO005)	GLIDE n° EP-2017_000036-SOM
Operations Update no1	Timeframe covered by this update: 24 April 2017 – 15 May 2017
Operation start date: 14 April 2017	Total timeframe of the operation: 3 months
Appeal budget: CHF 302,721	
N° of people being assisted under current revised appeal: 85,000 people (17,000 households)	
Host National Society presence: Five SRCS branches (Galkayo, Garowe, Bosaso, Las Anod and Burao) with 260 volunteers, 100 health staff and two Operations Managers.	
Red Cross Red Crescent Movement partners actively involved in the operation: 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)	

History of the appeal:

The [Somalia Drought and Food Security Emergency Appeal](#) (MDRSO005) was initially launched on 25 March 2016 for CHF 1,290,936 to support the Somalia Red Crescent Society in assisting 78,990 drought-affected people for six months. A DREF loan of 129,394 Swiss francs 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 Somalia Drought and Food Security Emergency appeal](#) (MDRSO005) 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 Somalia Drought and Food Security Emergency Appeal revision, and following the worsening outbreak of Acute Watery Diarrhoea (AWD) in Somaliland and Puntland, the IFRC released CHF 302,721 from its Disaster Relief Emergency Fund on 16 March 2017 to assist 85,000 people with medical treatment and nutritional support.

All activities that are linked to the [Somalia AWD DREF operation](#) (MDRSO006) and the current Emergency Response Unit (ERU) Treatment Centre focusing on AWD deployment will be integrated into a combined operational plan, with the [Somalia Drought and Food Security Appeal](#) (MDRSO005). To this effect, a new inclusive revised Appeal for Somalia AWD, Drought and Food Security operations is currently being prepared and will be published in June. This operations update therefore, covers both the Somalia AWD DREF and The Somalia Drought and Food Security Appeal.

Summary:

This operations update covers activities under the [Somalia Drought and Food Security Appeal](#) (MDRSO005), launched in March 2016 to assist people affected by food shortages and malnutrition, because of repeated failed rain seasons in Somalia. It also covers activities funded through the [Somalia AWD DREF](#) (MDRSO006) in response to the worsening Acute Watery Diarrhoea (AWD) outbreak, as well as the ongoing deployment of a Emergency Response Unit (ERU) Treatment Centre focusing on AWD to assist in coping with the growing AWD caseload. As part of the scaling up of the operation, the IFRC is providing treatment to AWD patients through the AWD Treatment Center and two AWD Treatment Units in selected health clinics and 60 Oral Rehydration Points (ORP) run by volunteers in communities. 60 ORP kits have been dispatched from Hargeisa to the CTC, from where they will be forwarded to SRCS clinics that are currently being identified from a list of 56 clinics in Somaliland and 26 clinics in Puntland.

The main part of the assistance provided under the operations 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 clinics (four in Somaliland and two in Puntland), but with the launch of the AWD DREF response in Somalia and the revision of the Somalia Drought and Security Appeal on 15 March 2017, the planned number of clinics was expanded to 24.

To better support the SRCS and coordinate the operation, the IFRC has established an operational base hosted by the SRCS at their Somaliland coordination office in Hargeisa from which the Operations Manager and five FACT members now operate. As part of this operation, it is planned that the IFRC will have in-country staff in Somaliland to support activities until the end of the operation.

The Situation:

Drought and food insecurity: Somalia experienced a poor April to June 2016 rain season (*Gu*) and a failed October to December 2016 rain season (*Deyr*). While the *Gu* 2017 has started, there has been limited rainfall in many parts of the country. The loss of livestock, pastureland and food because of the drought is estimated to have displaced 535,624 people across country in the period between 01 November 2016 and 31 March 2017 (UNHCR, April 2017). In Somaliland and Puntland, populations that mostly depend on agro-pastoralism and livestock have been experiencing increasing food insecurity during this same period. The Puntland regions of Bari, Karkaar, Sanaag and Sool have been particularly affected. In January 2016, the governments of Somaliland and Puntland issued separate alerts with appeals to humanitarian agencies and donors for support to the drought response.

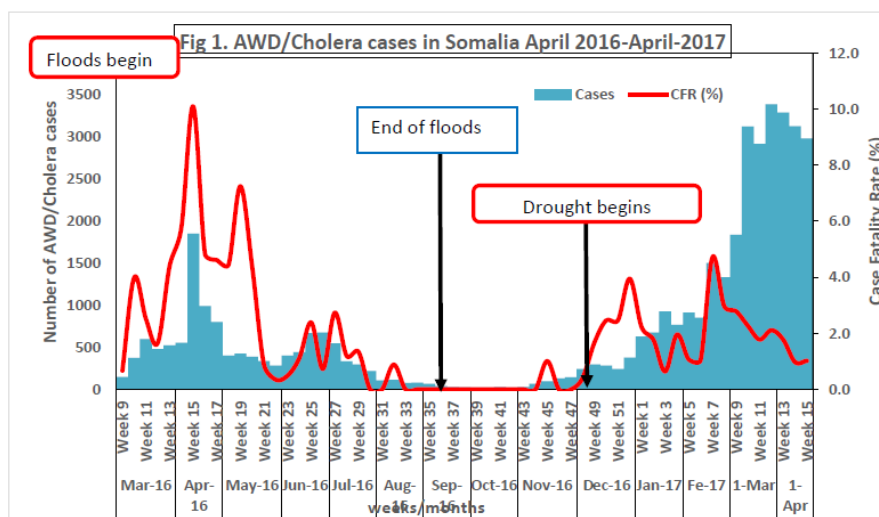
Nutrition: Somalia displays one of the worst infant and young child feeding and micronutrient indicators in the world. According to FEWSNET, in February 2017, over 363,000 children were already suffering from acute malnutrition and in need of urgent treatment and nutrition support. This included 71,000 children whose lives were at risk because of severe malnutrition and who needed treatment. Malnutrition levels continue to be particularly critical in Woqoyi Galbeed and Sanaag regions in Somaliland and Bari and Mudug in Puntland. (See [revised Somalia Drought and Food Security EPoA](#) March 15, 2017).

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

According to FEWSNET, food security is expected to further deteriorate over the coming months with no improvements expected before May/June in pastoral areas and June/July in agro-pastoral areas, at the earliest. Long-term weather forecasts show a high probability of a poor April to June rain season (*Gu*), increasing the likelihood that the food security situation will deteriorate even further. In such a worst-case scenario purchasing power is expected to decline to the same levels as in the drought and famine of 2010 and 2011, and if humanitarian assistance is unable to reach populations in need, Famine (IPC Phase 5) would be expected.

Acute Watery Diarrhoea (AWD):

Exacerbated by water shortages, poor sanitation/hygiene, and increasing disease susceptibility from food shortages, a large-scale Acute Watery Diarrhoea (AWD) outbreak has been affecting Somalia since the fourth quarter of 2016. This outbreak has now spread to Ethiopia, Puntland and Somaliland (although not confirmed by bio-typing as one outbreak yet). The first cases of the present AWD outbreak in Somalia occurred in Oct 2016 and since February 2017 there has been a significant increase in the number of recorded cases. With the start of the Gu rainy season there is a growing risk that the outbreak will spread further. (Source: Somalia Health Assessment Report Week 16).



The outbreak is categorized as an AWD outbreak

Historical data in Somalia show that large scale AWD outbreaks occur regularly every five years, and in the latest significant AWD outbreak in 2011 at least 80 000 cases were reported. These outbreaks have been shown to coincide with weather related cycles, particularly El Nino. Similar climatic conditions as in 2011 now exist in the AWD affected areas.

More than 15,000 AWD cases had been recorded at the end of last year, indicating that a total of more than 35,000 cases have already been recorded during the present outbreak. See above for the timeline for AWD incidence in the past one-year period.

In week 15, 2,984 cases of AWD were recorded in Somalia (This figure is for the whole of Somalia, while the IFRC intervention targets only Somaliland and Puntland) including 34 reported deaths (CFR 2 percent).

The number of cases were slightly lower than in week 14. From week 1 until week 15, 28,408 cases and 558 deaths were recorded, representing an overall CFR of 2 percent. (WHO Jan-April 2017). As of week 15, the outbreak had spread to 50 districts across 13 regions. Data from Somaliland is not included in the country-wide WHO data presented here, but

Table 1. Summary Report for AWD/Cholera Cases and deaths reported in Puntland from Jan-April, 2017

Region	District	Villages/IDPs	# of AWD Cases	Deaths	Case Fatality Rate (CFR %)
Ayn	Buuhodle	Buuhodle town	645	30	4.7
		Xamarlagu xidh	180	2	1.1
		Goljano	316	14	4.4
		Dandan	235	4	1.7
Bari	Bossaso	Tawakal IDP, New Bossaso, Lanta hawada	333	15	4.5
		Carmo	4	0	0.0
	Ufeyn	1	0	0.0	
Mudug	Galdogob	Galdogon	41	2	4.9
	Jariiban	Jariiban	31	0	0.0
	Galkacyo	Galkacyo, Halabooqad IDP, Cagaaran	567	2	0.4
Nugaal	Garowe	Jawle IDP, Garowe town	1064	23	2.2
	Eyl	Eyl	74	0	0.0
	Dangorayo	Dangorayo	26	0	0.0
	Burtinle	Burtinle	235	6	2.6
Total			3752	98	2.6

Source: Puntland MOH Situation Report Week 16

additional data has been sourced locally to give clearer indications of the situation in the area targeted in this operation. As there are already thousands of cases being reported in Somaliland the total figure for the whole of Somalia is several thousand cases higher than in the WHO report.

In Puntland 3,752 cases were reported from January to April 2017 including 98 deaths (CFR 2.6 percent) with cases by district outlined in the table above. The overall AWD incidence in Puntland remains high and far above the weekly incidence rate for the last two years.

In Somaliland, there has been a significant increase in reported cases of AWD. Based on data from one health institution, in each of the four most affected regions, a total of 6,870 cases of suspected AWD have been recorded, including 207 deaths, bringing the case fatality rate (CFR) to an average of 3 percent.

As can be observed from the table above, in Somaliland the reported AWD caseload and number of deaths are the highest in Togdheer region. The number of reported cases in Somalia continues to rise, although the available data only covers four health institutions and therefore does not reflect, except a limited section of the total number of cases, most of which are likely to be treated in other institutions that are part of the health network of Somaliland, which in total comprises 160 health clinics and 20 hospitals.

AWD data is available from several badly affected districts including Buhodle district which saw 645 cases in April, including at least 44 deaths.

Coordination and partnerships

The SRCS leads the planning and implementation of the operation with its

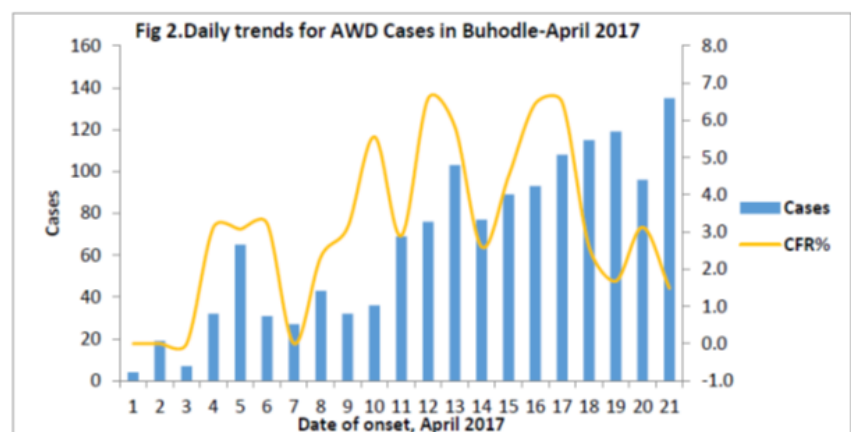
Movement partners. The Federation provides support through the Somalia Drought and Food Security Emergency Appeal, the Somalia AWD DREF, the ongoing deployment of a FACT and an ERU Treatment Centre focusing on AWD, with two AWD Treatment Units and 52 Oral Rehydration Points (ORPs). In Puntland and Somaliland, the SRCS has the largest infrastructure of volunteers and clinics, that can support a combination of health and nutrition interventions on the scale that is planned through this operation, as well as ensure access to most of the affected communities.

The upcoming revision of the Emergency Appeal will be a collaborative process including all Movement Partners. This entails a mapping of all Movement resources and activities as well as optimization of these resources. The Movement partners who are best placed to implement activities will be identified and supported to lead in these activities. The IFRC will coordinate the overall response and identify suitable elements to be targeted for direct support and interventions by Movement Partners, where viable.

A tripartite meeting (SRCS, IFRC, ICRC) was held in May to develop the framework for a one Movement plan. The plan will form the basis for the coordination and cooperation of all Movement partners with SRCS. All Movement partners discussed issues around security, access and media with a focus on defining necessary security measures and ensuring compliance. It was agreed that the IFRC would concentrate its support in Somaliland, with a wide range of needs-based activities. In Puntland, IFRC's support to SRCS will be provided remotely and limited to health and WASH activities linked to the clinics. The ICRC will provide relief support to activities not related to health as required. Any access to Puntland will be closely coordinated with the SRCS and the ICRC.

Region	09.05.17 cum cases	10.05.17 cases	11.05.17 cases	12.05.17 cases	13.05.17 cases	14.05.17 cases	15.05.17 cases	16.05.17 cases	17.05.17 cases	18.05.17 cases	Total
Awdal	470	8	11	7	10	9	9	6	7	8	545
Togdheer	4244	128	86	99	99	138	98	133	101	146	5272
Sool	679	10	16	12	4	16	21	19	9	14	800
Sanaag	116	7	18	19	25	12	19	11	6	20	253
Sum	5509	153	131	137	138	175	147	169	123	188	6870
Deaths											
Awdal	5	0	0	0	0	0	0	0	0	0	5
Togdheer	145	0	1	4	1	5	0	0	0	0	156
Sool	36	0	0	1	0	0	0	0	0	0	37
Sanaag	7	2	0	0	0	0	0	0	0	0	9
Sum	193	2	1	5	1	5	0	0	0	0	207
Case fatality											
Awdal	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Togdheer	3%	0%	1%	4%	1%	4%	0%	0%	0%	0%	3%
Sool	5%	0%	0%	8%	0%	0%	0%	0%	0%	0%	5%
Sanaag	6%	29%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Total	4%	1%	1%	4%	1%	3%	0%	0%	0%	0%	3%

Source: Somaliland MoH. The chart only represents data reported from four health institutions in Somaliland and therefore only includes a small part of the total cases in these regions. Total and accumulated numbers cover 2017.



Source: MOH situation report In Buhodle district alone 645 cases in April, including 30 deaths in Buhodle town and 14 deaths in Goljano village.

Movement partners contributing to the operations include the 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, Hong Kong branch of Red Cross China Society and the Australian Red Cross. Some of them have provided SRCS with long-term support:

- The British Red Cross has supported SRCS Disaster Management programs development.
- The Norwegian Red Cross has supported SRCS Somaliland with orthopedics and rehabilitation centers as well as with capacity building and organizational development since 1996.
- The German Red Cross is supporting a community resilience project, inclusive of DRR, WASH and livelihoods components in all regions of Somaliland since 2003.
- A Partner National Societies (PNS) consortium comprising German Red Cross, Norwegian Red Cross, British Red Cross and Finnish Red Cross supports drought interventions including cash transfers to support 1,400 households (in 15 villages) in purchasing necessities such as water and food for three months. A second round of cash support for an additional 650 households (in eight villages) is planned.
- The Swedish Red Cross supports SRCS clinics in Somaliland, as well as support operational development, capacity building and health activities in Somaliland and Puntland.
- The Icelandic Red Cross funds one SRCS clinic through the IFRC and supports construction of orphanage and family houses for orphans.
- Qatar Red Crescent supports two SRCS clinics bilaterally.
- The Finnish Red Cross (FRC) supports nine SRCS clinics through the IFRC and is planning to support one additional clinic. The FRC has previously supported the distribution of NFIs in Saheel and Togdheer regions. The Norwegian Red Cross also provides long-term support to eight static clinics.

The SRCS coordinates closely with the Ministry of Health (MoH) and the Ministry of Water Management in both Somaliland and Puntland, and seats on the emergency committee for the AWD outbreak in Somaliland.

At the regional level, the IFRC Somalia Country office provides on-going support to the long-term health programs of the SRCS. It facilitates field visits of Movement Partners to Somaliland and Puntland, providing direct technical support to its health programs. Additionally, the IFRC Country Office organizes regular operational update meetings/calls for regular information sharing on operations and planning. The Somalia Country Office also contributes to weekly task force calls to update technical departments in Geneva on operational matters.

At the regional level, the IFRC has created a regional coordination hub, which provides technical expertise to all African countries affected by drought and food in-security. This hub provides leadership through a Regional Operations Coordinator, supporting the Somalia operation in Livelihoods, Cash Transfer Programming, Health and Nutrition, PMER, Information Management and Logistics.

FACT deployment

A team of six FACT/Surge delegates, comprising an Operations Manager and WASH, PMER, Health Epidemiology, Health Coordination and Finance surge capacities have been deployed since April to Somaliland to support the operation, including support to the deployment of the AWD/CTC ERU. The first rotation of WASH and Logistics is now complete and an alert has been issued for a second surge rotation. Movement Partners have offered extended surge support in key sectors to ensure solid continuity of the operation over the next three months. A Human Resources plan has been developed and will be the basis for rotations.

The FACT in Somaliland and the AWD/CTC ERU produce regular situational reports that are widely shared, providing dynamic information on the progress of both the drought and food security and AWD operation. The IFRC's Surge Information Management System (SIMS) has been activated to provide remote support to the operation ensuring dynamic operational mapping and information sharing across the Movement.

Given the various security considerations that surround the deployment of IFRC personnel, there is also close coordination with IFRC and PNS to ensure that no information is shared with media without prior consultation with the IFRC team in country. Security efforts include limitations on media access and messaging related to the AWD operation to keep the RCRC presence to a minimum and avoid drawing unwanted attention to foreign delegates.

Operational implementation

Since the launch of the appeal in March 2016, the SRCS's Mobile clinics that are supported by the IFRC have delivered assistance to drought-affected populations in Somaliland and Puntland. The operation in the first year included cash grants for 5,400 people (900 households) to support them with food and water, distribution of water filters to 6,468 people, aqua tabs for 4,284 people, as well as rehabilitation of water reservoirs serving 4,600 people. Due to lack of funding few other activities except the activities of the targeted health clinics have been implemented since January this year. A [12- Month Operation update](#) was published covering activities until mid-March 2017.

Health and Nutrition

Since the launch of the appeal in March 2016 the IFRC has supported the operations of the National Society through six SRCS clinics in Somaliland and Puntland. For Somaliland, this means four mobile clinics. For Puntland, this represents two clinics.

		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

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 the Somalia Drought and Food Security Appeal. This includes 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, delivery and post-natal services) and health promotion and education in all clinic communities and some of the areas that are currently affected by the drought.

Based on field data from the clinics this table shows the number of beneficiaries reached through the six IFRC supported clinics in Somaliland and Puntland during the first 12 months of the operation. The Revised appeal includes an expansion of the number of clinics receiving support, and since there has been a significant increase in the number of AWD cases and food security continues to deteriorate, all existing SRCS clinics in Somaliland and Puntland will be added to the list of IFRC supported clinics.

The revised [Somalia Drought and Food Security Emergency Appeal](#) issued on 15 March 2017 expanded the coverage of the IFRC support from six clinics to 24 clinics (12 mobile clinics and 12 static clinics). However, with the expansion of operations in response to the worsening AWD outbreak, the upcoming revision of the Appeal will cover additional clinics in both Somaliland and Puntland who are receiving AWD patients, depending on their access to funding.

In total, the SRCS operates 56 mobile and static clinics in Somaliland and 26 in Puntland, or a total of 82 clinics. SRCS receives funding for the running costs of their clinics from multiple partners, including several PNSs and UN agencies, and there are on-going efforts to adequately coordinate and map this support to ensure full coverage of all clinics.

The IFRC has supported and will continue to support salaries for clinical staff and SRCS branch supervisors, as well as medicines and the running costs of the clinics to ensure that they remain fully functional and able to deliver the increased capacity necessary to provide support to the rising numbers of people affected by AWD and malnutrition.

AWD/CTC Emergency Response Unit (ERU)

A AWD/CTC ERU with logistics support has been deployed to deal with AWD case management and disease prevention. The team will assist with resources including supplies, staff, and equipment, while providing support with clinical case management and co-ordination of activities with the National Society. A major focus of the ERU will be capacity building and training.

Cash Transfer Programming

Thanks to strong involvement by the German Red Cross, the ICRC and other Movement partners, coordinated technical and operational approaches are being developed for the implementation of mobile cash transfers. As part of increased relief efforts under the revised appeal, external coordination has been initiated, particularly through liaison with the Somalia Cash Working Group, as well as the Cash Learning Platform (CaLP) regional focal points. To scale up engagement, and ensure full accountability, a quality review of the cash transfers already performed in Somaliland and Puntland has been initiated. The review should further enhance the capacity of the National Society and strengthen compliance with Movement guidelines as part of the cash-in-emergency toolkit. (Details of activities related to cash transfers activities can be found in the [latest 12-Months Somalia Drought and Food Security Operations Update](#)).

Shelter (including household non-food items)

No shelter activities were conducted in the first 12 months of operations under the Somalia Drought and Food Security Appeal due to lack of funding. However, the funding situation has improved since last revision of the Appeal and activities should resume soon. (Details of the planned intervention will be found in the upcoming revised emergency PoA.)

Livelihoods

The upcoming Somalia Drought and Food Security Appeal revision will look at livelihoods interventions in close coordination with on-going or planned activities of Movement Partners. Small agro-pastoralists are likely to be the target beneficiaries, as they will have lost virtually all livestock and have few other resources remaining.

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). WASH activities moving forward will include greater focus on the provision of clean water to all clinics engaged in the AWD operation, Hygiene Promotion, the viability of the rehabilitation of boreholes will be explored in the upcoming revision of the Appeal.

Development of indicators and beneficiary selection criteria

As part of the operations, attention is given to the development of improved indicators to be used for tracking the impact of activities. Close coordination with the Africa Regional Food Crisis team is ongoing to ensure that indicators are being aligned on a regional and global level to improve reporting quality and transparency.

To ensure adequate beneficiary targeting and data collection, existing beneficiary selection criteria and implementation procedures will be revisited as part of the operation. Emphasis will be placed on the collection and registration of complete beneficiary data, as well as post-distribution monitoring for verification and documentation of impact.

Planned interventions <i>(Original outcome numbers from the revised appeal have been reviewed to reflect outcomes added from the DREF operation)</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 and community gatherings). • Production of IEC materials in relation to health awareness • Conduct of Community education on behaviour change integrated with hygiene promotion activities. • Community mortality surveillance is carried out and reported in the health information system. 	On-going
<p>Implementation for Output 1.1</p> <p>Community health promotion in combination with the distribution of health awareness IEC materials has been an on-going and integral part of the operation since the launch of the original appeal. This includes health promotion sessions in communities and health education for people visiting the SRCS clinics. In Somaliland SRCS clinics are included in the distribution of IEC materials to health posts.</p> <p>Health promotion activities focus on AWD prevention and treatment at 52 Oral Rehydration points (ORP) in Somaliland and Puntland. Community volunteers, including one person trained in mobile phone-based monitoring, are managing the ORP and the clinical administration of oral rehydration solution. Another ORP assistant has been trained in conducting health promotion through ORP. To reduce the AWD caseload at the clinics, the ORPs will be located close to the clinics to treat less severe cases. This will allow the clinics to be better able to contain the risk of cross-contamination between AWD patients and other patients. This will also give the clinics more space to concentrate on screening and treatment of malnutrition and eventual cases of measles. Health promotion is a part of established activities in the SRCS clinics and does not require additional intervention.</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>All SRCS clinics, as part of regular and donor reporting on activities, are carrying out community mortality surveillance activities. These efforts are being streamlined through the provision of mobile phones using the MAGPI. Greater emphasis will be placed on mobile data collection to allow the SRCS to compile data in a dynamic way not only for the current outbreak but also for all future interventions and health 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 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 the involvement of mother-to-mother support groups. • Therapeutic feeding to children under five and P&LW through both mobile and static clinics. 	On-going (88% of the targeted number of beneficiaries' target reached)

<p>Implementation for Output 1.2 These activities have been a part of regular activities of the SRCS clinics in Somalia and details are available in the previous operations updates and the 12 months report.</p> <p>To enable the SRCS to reach greater numbers of people affected by food insecurity, anticipating a deteriorating situation in the coming months, robust therapeutic feeding is planned to be extended to its mobile clinics, leading to a significant expansion of the existing efforts.</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. • Procurement and distribution of medical supplies (240 OPD kits) and nutrition supplements (2500) 	<p>On-going (88% of the targeted number of beneficiaries reached)</p>
<p>Implementation of Output 1.3 These activities are part of the regular activities of the SRCS clinics and are planned to continue for the duration of the operation. Implementation that has taken place in previous reporting periods is detailed in older operations updates and the 12-months report for this operation.</p> <p>The number of clinics has been expanded from 6 to 24 as part of the revised appeal in March 2017, to be supported until the end of operations with funding for salaries and other running costs as well as medical and nutritional supplies as needed to fill existing gaps. Details of the support will be outlined in the upcoming revision of the appeal, including expansion of the support to additional clinics run by the SRCS in the AWD affected regions.</p> <p>Amid a worsening food and AWD situation, many Movement partners have pledged their support for SRCS operations in Somaliland and Puntland increasing the funding available to support the large network of SRCS clinics. Close coordination among Movement partners aims at ensuring that all SRCS clinics in Somaliland and Puntland remain fully supplied and operational until the end of operations.</p> <p>Procurement and distribution of medical supplies (240 OPD kits) and nutrition supplements (2500) was added to the operation in the Somalia Drought and Food Security revised appeal and the timeline of implementation will be revisited in the upcoming revision of the appeal.</p>	
<p>Outcome 2 Critical nutritional status of the targeted community is improved</p>	
<p>Output 2.1 Sufficient nutritious food accessed by children under 5 in vulnerable households/communities</p>	
<p>Activities for output 2.1</p> <ul style="list-style-type: none"> • Nutrition screening • Procurement of nutritional supplements • Supplementary feeding to moderately malnourished children under 5 • Referral of severely malnourished children 	<p>On-going</p>

<ul style="list-style-type: none"> • Volunteer training in food preparation and utilization • Cascading of training on food preparation and utilization • Monitoring of nutritional indicators 																																																																									
<p>Implementation for output 2.1 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. Details of these and other activities under this output are available in previous operations updates and the 12-months report for this operation.</p>																																																																									
<p>Outcome 3 (AWD DREF operation) Immediate risks to the health of the population from AWD outbreaks are reduced through the provision of emergency health services in the areas with outbreaks as well as other high-risk communities</p>																																																																									
<p>Output 3.1 Capacity of SRCS staff and volunteers to respond to the AWD outbreaks is enhanced</p>																																																																									
<p>Activities for output 3.1</p> <ul style="list-style-type: none"> • Conduct a three-day refresher training on case management and ECV/surveillance for 15 Branch Health Officers and Volunteer leaders from Somaliland and Puntland as Training of Trainers (ToT) (including two Operations Managers) • Conduct a two-day refresher training for 100 SRCS nurses and midwives to enable them improved their case management and disease surveillance skills • Provide a three-day refresher training on Epidemics Control for Volunteers (ECV) for 60 SRCS volunteers, including early detection and referral of cases) • 	<p>100%</p>																																																																								
<p>Implementation for output 3.1</p> <p>As part of activities for this output a three refresher-training on case management and ECV/surveillance was held for branch health officers and volunteer leaders as Training of Trainers (ToT) in Hargeisa, Somaliland. A fourth day was added to the training to cover data collection and management. The trained staff will facilitate the planned refresher trainings for the SRCS nurses, midwives and volunteers in accordance with the below training schedule. Additional trainings may be added to the schedule according to needs on the ground.</p>																																																																									
<table border="1"> <thead> <tr> <th></th> <th>Training location</th> <th>Location of volun-teers</th> <th>Volun-teers</th> <th>Clinic TL</th> <th>Heath Coordi-nator</th> <th>Staff in CTU</th> <th>Total</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Sahil</td> <td>0</td> <td>3</td> <td>1</td> <td>0</td> <td>4</td> <td></td> </tr> <tr> <td>June</td> <td>Hargeisa</td> <td>Maroodijeh</td> <td>0</td> <td>3</td> <td>1</td> <td>0</td> <td>4</td> <td>8</td> </tr> <tr> <td>31 May - 02 June</td> <td>Awdal/Borama</td> <td>Borama</td> <td>6</td> <td>11</td> <td>1</td> <td>0</td> <td>18</td> <td>18</td> </tr> <tr> <td>21 May - 23 May</td> <td>Togdheer/Borao</td> <td>Borao</td> <td>18</td> <td>21</td> <td>1</td> <td>0</td> <td>40</td> <td>40</td> </tr> <tr> <td></td> <td></td> <td>Sool</td> <td>16</td> <td>4</td> <td>1</td> <td>2</td> <td>23</td> <td></td> </tr> <tr> <td>24 May - 26 May</td> <td>Togdheer/Borao</td> <td>Sanaag</td> <td>6</td> <td>11</td> <td>1</td> <td>0</td> <td>18</td> <td>41</td> </tr> <tr> <td colspan="3">Total</td> <td>46</td> <td>53</td> <td>6</td> <td>2</td> <td>107</td> <td>107</td> </tr> </tbody> </table>			Training location	Location of volun-teers	Volun-teers	Clinic TL	Heath Coordi-nator	Staff in CTU	Total				Sahil	0	3	1	0	4		June	Hargeisa	Maroodijeh	0	3	1	0	4	8	31 May - 02 June	Awdal/Borama	Borama	6	11	1	0	18	18	21 May - 23 May	Togdheer/Borao	Borao	18	21	1	0	40	40			Sool	16	4	1	2	23		24 May - 26 May	Togdheer/Borao	Sanaag	6	11	1	0	18	41	Total			46	53	6	2	107	107
	Training location	Location of volun-teers	Volun-teers	Clinic TL	Heath Coordi-nator	Staff in CTU	Total																																																																		
		Sahil	0	3	1	0	4																																																																		
June	Hargeisa	Maroodijeh	0	3	1	0	4	8																																																																	
31 May - 02 June	Awdal/Borama	Borama	6	11	1	0	18	18																																																																	
21 May - 23 May	Togdheer/Borao	Borao	18	21	1	0	40	40																																																																	
		Sool	16	4	1	2	23																																																																		
24 May - 26 May	Togdheer/Borao	Sanaag	6	11	1	0	18	41																																																																	
Total			46	53	6	2	107	107																																																																	
<p><i>Volunteer leaders who have received refresher ToT and other staff will be trained by branch health officers.</i></p>																																																																									

Output 3.2 (AWD DREF operation) Supplies to facilitate management and control of AWD outbreaks procured	
Activities for output 3.2 <ul style="list-style-type: none"> • Procure IV fluids and clinical materials required for stabilisation of AWD patients • Procure 100 ORP for the use of community volunteers in AWD case management (60 for immediate use and 40 as contingency) • Procure 10 mobile phones and airtime for data collection and transmission 	<p>100%</p> <p>100%</p> <p>On-going</p>
Implementation for output 3.2 <ul style="list-style-type: none"> • IV fluids have been distributed to all SRCS health facilities supporting the AWD response. • 100 ORP kits have been procured and 60 kits were scheduled to arrive in Hargeisa, Somaliland on 18 May. 30 ORP kits will be immediately delivered to their final locations Somaliland, 30 to Puntland, and 40 will be placed on standby in Nairobi, Kenya) • 10 mobile phones have been delivered 	
Output 3.3 (AWD DREF operation) Increased community awareness on AWD prevention and control	
Activities for output 3.3 <ul style="list-style-type: none"> • Design and produce Information, Education and Communication (IEC) materials on AWD prevention in collaboration with UNICEF and the Ministry of Health (20,000 leaflets, 150 banners, 200 posters) • Conduct social sensitization activities in communities reporting AWD 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 • Distribute ORS, HHWT, soap and IEC materials during social mobilization campaigns • Carry out weekly radio talk on AWD prevention and control 	<p>100%</p> <p>20%</p> <p>0%</p> <p>0%</p>
Implementation for output 3.3 <p>All these activities are linked to the deployment of an ERU Treatment Centre focusing on AWD to Somaliland.</p> <p>All the IEC materials have been produced.</p> <p>Social sensitization is on-going. One out of five daily sessions had been finished when the current report was compiled.</p> <p>Distribution of ORS, HHWT, soap and IEC materials is currently under preparation and weekly radio talk on AWD prevention had not commenced at the time of this report.</p>	
Output 3.4 (AWD DREF operation) Community based Surveillance (CBS) system initiated for real time data collection, alerts raising and timely investigations and response	
Activities for output 3.4 <ul style="list-style-type: none"> • Orient 60 volunteer leaders/supervisors on mobile data collection and transmission • Set up community based surveillance system in communities reporting outbreaks and high-risk communities • Coordinate surveillance system with the MoH and WHO • Orient clinic staff and community based volunteers on enhanced surveillance and response to AWD outbreaks 	<p>33%</p> <p>33%</p> <p>On-going</p> <p>33%</p>

<p>Implementation for output 3.4 These activities are all linked to the deployment of an AWD ERU to Somaliland.</p> <p>All training activities under this output have been combined into one training event including three sessions. The first of these training sessions was completed on 22 May, and the remaining two sessions are planned to be done in the coming days.</p> <p>The AWD surveillance system that is part of the ERU response is being established in coordination with WHO and government who are traditionally the main health surveillance actors in the country.</p>	
<p>Output 3.5 (AWD DREF operation) (Output added) Capacity of the health care system to respond to the AWD outbreak is strengthened to ensure adequate treatment of patients.</p>	
<p>Activities for Output 3.5</p> <ul style="list-style-type: none"> • Selection of site for the ERU/CTC • Deployment of an ERU/CTC to assist in coping with the AWD outbreak in the area it serves. 	100%
<p>Implementation for Output 3.5 A AWD Treatment Centre (CTC) has been deployed. The IFRC also supports two AWD Treatment Units (CTU) in outlying districts where the National Society is active and the need is greatest. The CTC will also support the main referral hospital for a catchment area of over 800,000 including many patients belonging to the ethnic Somali population migrating over the border Ethiopia. It is envisaged that the CTC will be the main referral centre for the treatment of AWD and serve as a regional centre of excellence.</p>	
<p>Water, sanitation and hygiene</p>	
<p>Outcome 4 Immediate reduction in risk of waterborne and water related diseases in targeted communities</p>	
<p>Output 4.1 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 4.1</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 • 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 6000 filters) • Provide regular clean water supply to all clinics involved in the AWD operation. (Added activity as part of the AWD response) 	<p style="text-align: center;">n.a. 66% n.a. n.a. 0% 5% 54% 0%</p>
<p>Details on the implementation of these activities is available in the 12-months report for this operation. Additional details are planned to be made available in the final report at the end of this operation.</p> <p>The revised appeal includes the distribution of aqua tabs for this output targeting 20000 households (120,000) people. Implementation of this expanded activity has not yet started.</p> <p>Planned activities as part of equipping targeted SRCS clinics include the provision of clean water for the clinics to ensure that they are fully operational and capable of providing quality service. Preparations are under way for the immediate implementation of this activity.</p>	

Additional post-distribution monitoring data is planned to be made available in the final report for the operation, providing also more detailed beneficiary data.	
Output 4.2 Hygiene promotion activities that meet Sphere standards in terms of the identification and use of hygiene items provided to target population.	
Activities for Output 4.2 <ul style="list-style-type: none"> • 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 4.2 Basic information on the implementation of 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 are presented in the Somalia drought and Food Security 12-months update.	
Outcome 5 (AWD DREF Operation) Reduced risks of contaminated surface water through improved environmental sanitation	
Output 5.1 (AWD DREF Operation) Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.	
Activities for Output 5.1 <ul style="list-style-type: none"> • 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 • Distribute sanitation equipment to communities reporting AWD outbreaks and high-risk communities • Conduct monthly community sanitation campaigns in communities reporting AWD outbreaks and high-risk communities • Carry out safe disposal of animal carcasses and other solid waste to prevent surface runoff pollution. 	0% 0% 0% 0%
Implementation of Output 5.1 These activities were in the 2016 Appeal and have currently not been implemented. All relate to the operational activities of the AWD operation and will be part of the upcoming Revised Appeal	
Output 5.2 (AWD DREF Operation) Improved access to safe water	
Activities for Output 5.2 <ul style="list-style-type: none"> • Provide safe water to 17,500 households in target community through household water treatment. • Train population of target communities on safe water storage and use of water treatment products (aqua tabs) • Monitor treatment and storage of water through households' surveys/visits. • Orient the target community on water treatment practice 	0% 0% 0% 0%
Implementation for Output 5.2 These activities will be implemented alongside the regular activities of the AWDCTC /ERU in close cooperation and coordination with SRCS volunteers.	

<p>The AWD operation includes provision of safe water to 17,500 households. This is in addition to 20,000 households targeted in the revised appeal from 15 March, (See Water Sanitation and Hygiene, Output 1.1) These two activities will be revisited during the second revision of the appeal which is planned to take place in the coming weeks (May-June)).</p>	
<p>Output 5.3 Hygiene promotion activities that meet Sphere standards in terms of the identification and use of hygiene items provided to target population.</p>	
<p>Activities for Output 5.3 (AWD DREF Operation)</p> <ul style="list-style-type: none"> Conduct hygiene promotion sessions in schools in communities reporting AWD outbreaks and high-risk communities 	<p>0%</p>
<p>Implementation for Output 5.3 An extensive social mobilization program is under way by SRCS branches across Somaliland which involve the distribution of 10,000 flyers, and reading of messages over loudspeakers mounted on vehicles. Volunteers will also distribute aqua tabs to inhabitants of the most affected areas.</p>	
<p>Livelihoods, Nutrition and Food Security</p>	
<p>Outcome 6 Immediate food needs of the disaster affected population are met</p>	
<p>Output 6.1 Cash transfers are provided to targeted households to purchase food</p>	<p>n.a.</p>
<p>Activities for output 6.1</p> <ul style="list-style-type: none"> Revisit the design of beneficiary selection tools 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 amount and number of beneficiaries to be determined and reflected in the Revised Appeal Monthly post distribution monitoring Price and market capacity monitoring 	
<p>Implementation for output 6.1. Information on cash transfer activities that have already been implemented is outlined in the 12-months Somalia Drought and Food Security Operations Update for this operation and additional details will be made available in later operations updates and the final report at the end of the operation.</p> <p>The cash transfer programme will be closely examined focusing on the revision of beneficiary selection criteria and the collection of data as well as post-monitoring.</p>	
<p>Outcome 7 Livelihoods of the affected population will be sustained and improved (This activity was added for planning purposes although not part of revised appeal)</p>	
<p>Output 7.1 Provision of materials and resources for sustaining and increasing agricultural output</p>	

<p>Activities for output 7.1</p> <ul style="list-style-type: none"> • Restocking of livestock for households that have lost their animals because of the droughts • Provision of financial resources for plough sharing (plough rental) • Provision of seeds and fertilizer for households that have lost their livelihood. 	
<p>Implementation of activities for output 7.1 This activity was not part of the revised appeal and has not been implemented. It has been added to this operational update for planning purposes to adequately reflect the rapidly changing needs that are being identified as part of an overall analysis of this dynamic and multi-faceted disaster. The activities of this added output will be clearly defined and quantified as part of the upcoming appeal revision process.</p> <p>Beneficiaries that will be targeted with this intervention are agro-pastoralists who have lost their livestock and lack the means and to prepare their fields.</p> <p>All livelihoods activities will be planned in coordination with Movement partners and aligned with existing and planned activities of the SRCS that are supported by other partners.</p> <p>Attention will be paid to the correct timing and relevance of agricultural inputs (considering existing farming practices and tradition. This necessitates flexible planning approaches at this stage of the revision process.</p>	
<p>Shelter (including household non-food items)</p>	
<p>Outcome 8 Immediate shelter and settlement needs of the drought affected population in Somaliland and Puntland are met</p>	
<p>Output 8.1 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)</p>	
<p>Activities for output 8.1</p> <ul style="list-style-type: none"> • Identification/registration of beneficiaries for distribution of NFIs. • Mobilization of volunteers to carry out NFI distributions • Local procurement and transport for distribution blankets, plastic sheets, and sleeping mats • Distribution of NFIs 	<p>0%</p>
<p>Implementation for output 8.1. Previously planned 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.</p> <p>While this activity has not yet been implemented it will be revisited during the revision of the appeal as the number of IDP's continues to rise and vulnerability increases.</p>	
<p>Quality programming / Areas common to all sectors</p>	
<p>Outcome 9 Continuous and detailed assessment and analysis is used to inform the design and implementation of the food security operation</p>	
<p>Output 9.1 Initial needs assessment are updated following consultation with beneficiaries</p>	
<p>Activities for output 9.1</p> <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 on-going implementation and on-going assessment • Start-up meeting 	<p>Ongoing Ongoing Ongoing Ongoing Ongoing</p>

<ul style="list-style-type: none"> • Coordination with relevant departments of the SRCS and IFRC • Comprehensive beneficiary perceptions and satisfaction survey • Continuous monitoring of the activities implementation by SRCS • Periodic monitoring by IFRC technical support team • Refresher training SRCS/IFRC staff and 120 volunteers on Stay safe and High Insecurity Training • End of implementation evaluation or review. 	<p>Ongoing Ongoing Ongoing 100%</p>
<p>Implementation for output 9.1 Implementation of these activities that took place in earlier reporting periods, are covered in previous operations updates and the 12 months report for this operation.</p> <p>The SRCS HQ and/or branches will continue to 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> <p>In the upcoming revision of the appeal an emphasis will be placed on detailed targeting and beneficiary identification with the aim of ensuring measurable impact of operations.</p> <p>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>A final evaluation of the operation is planned in December 2017 (End of operation).</p>	
<p>Outcome 10 (DREF operation) Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation MDRSO006</p>	
<p>Output 10.1 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</p>	
<p>Activities for output 9.1</p> <ul style="list-style-type: none"> • Coordinate the response activities with relevant departments of the SRCS, IFRC and Inter-Agency teams set up in the respective zones for the AWD outbreaks. • Collect and conduct regular analysis of data collected (daily, weekly and monthly) for decision making and review of EPoA • Conduct a Lessons learnt workshop to review the operations 	<p>On-going On-going 0%</p>
<p>Implementation of output 10.1 The AWD DREF Operation is planned to form an integral part of the operation All activities are being closely coordinated with the SRCS by the IFRC Operations Manager and FACT.</p>	

Contact information

For further information specifically related to this operation please contact:

- **Somali Red Crescent Society:**
 - Mr. Yusuf Hassan Mohamed, President SRCS; phone +254 722144284; email: benebene1@hotmail.com
- **IFRC Somalia Country Office:**
 - William Babumba, Head of Country Office, Nairobi, Kenya; phone: +254202835132; email: william.babumba@ifrc.org
 - Dorothy Francis, Operations Manager, Hargeisa, Somaliland; phone: +252633167406; email: dorothy.Francis@ifrc.org
- **IFRC Regional Representation:**
 - Farid Abdulkadir, Head of DCPRR Unit, Nairobi, Kenya; phone +254731067489; email: farid.aiywar@ifrc.org
 - Nicolas Verdy, Operations Coordinator Africa Food Crisis, Nairobi, Kenya; phone +254780771161; email: nicolas.verdy@ifrc.org
 - Rishi Ramrakha, Head of Regional Logistics Unit, Africa Region; phone: +254202835146; email: rishi.ramrakha@ifrc.org
- **In Geneva:**
 - Cristina Estrada, Response / Recovery Lead, DCPRR, Phone: +41227304260, email: Ccristina.estrada@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Region:**
 - Fidelis Kangethe, Partnerships and Resource Development Coordinator, Africa Region; phone: +254202835000; email: fidelis.kangethe@ifrc.org

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.

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

MDRSO006 - Somalia - Cholera

Timeframe: 16 Apr 17 to 16 Jul 17

Appeal Launch Date: 16 Apr 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/4-2017/4	Programme	MDRSO006
Budget Timeframe	2017/4-2017/7	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
A. Budget		302,721				302,721	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		302,721				302,721	
C4. Other Income		302,721				302,721	
C. Total Income = SUM(C1..C4)		302,721				302,721	
D. Total Funding = B + C		302,721				302,721	

* 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		302,721				302,721	
E. Expenditure		-5,588				-5,588	
F. Closing Balance = (B + C + E)		297,133				297,133	

Disaster Response Financial Report

MDRSO006 - Somalia - Cholera

Timeframe: 16 Apr 17 to 16 Jul 17

Appeal Launch Date: 16 Apr 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/4-2017/4	Programme	MDRSO006
Budget Timeframe	2017/4-2017/7	Budget	APPROVED
Split by funding source	Y	Project	*
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)			302,721			302,721		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	36,250						36,250	
Medical & First Aid	20,435						20,435	
Utensils & Tools	1,000						1,000	
Total Relief items, Construction, Sup	57,685						57,685	
Logistics, Transport & Storage								
Distribution & Monitoring	2,710						2,710	
Transport & Vehicles Costs	22,015						22,015	
Total Logistics, Transport & Storage	24,725						24,725	
Personnel								
National Society Staff	37,060						37,060	
Volunteers	90,390						90,390	
Total Personnel	127,450						127,450	
Workshops & Training								
Workshops & Training	36,700						36,700	
Total Workshops & Training	36,700						36,700	
General Expenditure								
Travel	4,800		1,685			1,685	3,115	
Information & Public Relations	18,300						18,300	
Office Costs	5,400						5,400	
Communications	5,100		25			25	5,075	
Financial Charges	4,085						4,085	
Total General Expenditure	37,685		1,710			1,710	35,975	
Operational Provisions								
Operational Provisions			3,537			3,537	-3,537	
Total Operational Provisions			3,537			3,537	-3,537	
Indirect Costs								
Programme & Services Support Recove	18,476		341			341	18,135	
Total Indirect Costs	18,476		341			341	18,135	
TOTAL EXPENDITURE (D)	302,721		5,588			5,588	297,133	
VARIANCE (C - D)			297,133			297,133		

Disaster Response Financial Report

MDRSO006 - Somalia - Cholera

Timeframe: 16 Apr 17 to 16 Jul 17

Appeal Launch Date: 16 Apr 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/4-2017/4	Programme	MDRSO006
Budget Timeframe	2017/4-2017/7	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
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	302,721		302,721	302,721	5,588	297,133	
Subtotal BL2	302,721		302,721	302,721	5,588	297,133	
GRAND TOTAL	302,721		302,721	302,721	5,588	297,133	