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Emergency Appeal Revision Somalia: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

(Revised) Appeal n°
MDRSO005

Glide n° [DR-2015-000034-](#)
[SOM](#); [EP-2017-000036-](#)
[SOM](#)

352,800 people to be assisted

432,115 Swiss francs DREF allocated

12,204,893 Swiss francs (of which
1,713,000 Swiss francs is bilateral
contributions through the Emergency
Response Unit) **current Appeal budget**

Appeal launched 25 March 2016

Revision n° 2 issued 11 July 2017

Appeal ends 30 June 2018
(Extended by 6 months)

This revised Emergency Appeal seeks **12,204,893 Swiss francs** (increased from 3,308,035 Swiss francs) to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** support the **Somali Red Crescent Society (SRCS)** in assisting **352,800 people for 27 months**. The expanded operation, incorporating the Acute Watery Diarrhea (AWD) DREF operation (MDRSO006), will focus on the following sectors: **health and nutrition; water, sanitation and hygiene (WASH); food security and livelihoods; and shelter (including household non-food items)**. It also reflects a substantial increase in the target population, the timeframe for implementation, the number of activities, and an enlarged geographic scope. The current funding gap is **5,363,214 Swiss francs**. The planned response reflects the current situation and information available now of the evolving operation, and will be adjusted based on further developments and more detailed assessments. Details are available in the [Emergency Plan of Action](#) (EPoA).

The crisis and the Red Cross Red Crescent response to date

August 2015: Poor post Gu season¹ exacerbates drought conditions leading to reduced pasture land, water shortages, and deaths of livestock, increasing the number of acutely food insecure people to emergency levels.

January 2016: Governments of Somaliland and Puntland declare the drought situation as an emergency.

February 2016: IFRC deploys Surge Capacity to support the SRCS on needs assessments.

25 March 2016: IFRC [Emergency Appeal](#) for 1,290,936 Swiss francs to assist 78,990 people is launched.

February 2017: FEW SNET² report states that Famine (IPC Level 5)³ is expected if the 2017 Gu season sees minimal rain highlighting the critical connections between drought and food security and nutrition as well as water and sanitation and hygiene promotion.

15 March 2017: [Revised Emergency Appeal](#) is launched for 3,308,035 Swiss francs to assist 150,000 people.

11 July 2017: The Appeal is revised to incorporate the AWD DREF operation and renamed to “Complex Emergency”, with an operating budget of 12,204,893 Swiss francs to assist 352,800 people.



*Demonstration and orientation on household level safe water treatment and storage in the target community.
Source: FACT Health Coordinator/Libby Bowell*

¹ April-June rainfall season in Somalia

² <http://www.fsnao.org/in-focus/fsnao-fewsnet-technical-release-february-2017>

³ A Presentation on Key Findings From the 2016 Post Deyr Seasonal Food Security and Nutrition Assessment in Somalia.

The operational strategy

Prior to this operation, the SRCS was already fully engaged in the provision of essential health care through its clinics across the country. The IFRC, in consultation with the SRCS, has at the start of the operation ensured that adequate capacity and resources were being planned and put in place to accommodate the additional activities, while continuing to provide on-going services. The scale-up by stages will prepare the SRCS to excel in areas of work in which it is already doing well and to further support wider reach as the crisis deepens.

The operational strategy focuses on:

- **A data driven approach:** In response to the crisis, SRCS and IFRC have established and implemented emergency surveillance of health risks using mobile phone based data collection. The emergency surveillance gives access to real time information from hard to reach areas and enables a data driven response. Longer term plans are in place and supported by partner National Societies to enable the SRCS to undertake the establishment of a standardized Health Management Information System (HMIS) that responds to SRCS, the Ministry of Health (MoH) and donor requirements without placing an excessive burden on the SRCS for manual data entry and duplicating reporting lines.
- **Health as key objective:** The SRCS clinics are being maintained, scaled up and sustained to ensure quality services and better coverage in Somaliland and Puntland. The IFRC and Movement partners are supporting 19 SRCS clinics and are expected to scale up to cover more clinics in areas identified with high-risk of AWD and severe malnutrition. The SRCS and IFRC are in discussion with Movement partners, government and other humanitarian actors to better coordinate pool resources to cover the operating costs of the health facilities. Most of the current activities are conducted through either the SRCS clinics, or through branch volunteer networks. This ensures synergies in training and efficient utilization of existing SRCS structures.
- **Partnering on Cash Transfer Programming (CTP):** The SRCS and IFRC are looking at existing standard operation procedures (SOPs) and practices by the German Red Cross on CTP for beneficiary selection, registration and verification process of the target population. The German Red Cross is already supporting the SRCS in implementing cash transfers through community resilience programmes in three regions in the country, and previous lessons and best practices can be contextualized to ensure CTP interventions for this operation can effectively and efficiently reach target families in six regions
- **Seasonal livelihoods:** The SRCS will capitalize on rainfall in the immediate and mid-term for livelihoods interventions to ensure higher success and quality yield for the target population. This will be done through well-timed ploughing and planting to coincide with the expected rainfall in each of the target areas. Attention will be given to the soil condition of the identified areas for planting where they are most likely to have successful crops.
- **Early recovery and community resilience:** The SRCS, with support from the IFRC and Movement partners, will enhance its capacity to plan, resource and implement early recovery responses and a community resilience approach. As the crisis is slow onset, the impact and needs are likely to continue for periods of time in different regions across the country. The SRCS will also be supported to develop a contingency plan as well as a roadmap to incorporate community resilience for similar crises in the SRCS and IFRC longer-term plans.

Needs assessment

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 in September 2016 by a joint assessment mission conducted by the SRCS, UNOCHA and other humanitarian agencies in Bosaso and Garowe, Puntland. An IFRC Field Assessment and Coordination Team assessment was conducted in June 2017 in the Hodan Qaylo and October IDP settlements. According to OCHA, the main priorities of assistance in all regions are food security (preferably unconditional cash support), health support, shelter non-food items (plastic sheets, mattresses, blankets, kitchen sets, hygiene kits), and clean water.

There is an urgent need to address the spread of the AWD epidemic and to provide treatment to those who have been infected. Scaling up WASH interventions are necessary to ensure access to clean water in the country, including rehabilitation (chlorination) and protection of water sources, and direct provision of safe water to the most-affected communities and the health facilities. The Ministry of Health has requested an increase in interventions in social mobilization and community education on water treatment and storage, and on effective handwashing and sanitation practices.

Preceding the large-scale AWD outbreak in Somalia, repeated droughts have caused serious loss of crops and

livestock. The SRCS and IFRC have been struggling to obtain solid data on nutritional status in the country. Although data has been incomplete, malnutrition levels are possibly above emergency levels for Togdheer region which corresponds with Food Security and Nutritional Analysis Unit Post-Jilaal assessments in April/May 2017, indicating Emergency IPC Phase 4 levels for food insecurity, morbidity and malnutrition in the Northern Inland Pastoral areas (NIP) (Northwest/Northeast Somalia). From the data provided, Outpatient Therapeutic Program admissions for Togdheer region indicate significant increase in severe acute malnutrition, which could be attributed to an increase in AWD and measles morbidities. Of the 40 operating Oral Rehydration Points (ORPs) during the month of May in Togdheer and Sool, 22 percent of the people accessing the ORPs were referred to nutrition for follow up.

The overall lack of food among the affected households has led to very high levels of malnutrition in children across the country. Key needs include nutritional supplements and treatment for malnourished children under five, pregnant and lactating women, and the elderly. Recent reports have also shown an increase of drought-displaced families. The condition in which many are living continues to be a concern as they are more vulnerable to dehydration, malnutrition, AWD and other health and socio-political risks.

With the increasing caseload – not only for AWD, but also measles, managed by the health facilities, there have been a shortage of essential drug supplies. With the deepening of the food crisis and the recent outbreak of AWD, the regular activities of the SRCS clinics will need to be expanded and additional activities initiated to ensure adequate response. The ORPs set up outside the clinics have been vital as an early prevention for AWD, and there is a need to increase this coverage. The updated 4W matrix (for health and nutrition) to integrate all on-going health and nutrition mobile teams has provided timely information for a coordinated response.

There is a high risk that many drought-affected families may be losing their animals again as the prediction for adequate rain in the coming months are not encouraging and are expected to be below average (see latest FEWS forecast). Save the Children and the ICRC are supporting livestock treatment. There is no immediate plan under this Appeal for re-stocking, as the risk is that without adequate rainfall, any new livestock will not have high chances of survival.

A summary of response to date

Since March 2016, the SRCS has responded in an effective and a timely manner:

- 69,745 people received regular medical treatment through SRCS clinics.
- 25,096 people received nutritional treatment and supplements.
- 1,154 people screened and received treatment for AWD through the Emergency Response Unit Cholera Treatment Centre established in Togdheer region as per 9 July 2017.
- A catchment area of 737,933 people is serviced with 44 ORPs in Somaliland.
- Estimated 43,440 people in Burao reached by community health promotion along with distribution of health awareness Information Education and Communication materials.
- More than 15,352 people benefitted from SRCS WASH activities supported by IFRC.
- 4,600 people have access to safe drinking water through chlorination of 15 water reservoirs in Puntland and Somaliland.
- 6,468 people (1,078 households) in eight communities in Somaliland received ceramic water filters.
- 4,284 people (714 households) in seven communities in Puntland received aqua tabs.
- 7,500 people (1,050 households) in Burao have access to safe water through chlorination of households (aqua tabs) and community water sources.
- Estimated 45,000 people in Somaliland reached by large-scale social mobilization for hygiene promotion and education started by teams of volunteers.
- 450 households (3,150 people) in Somaliland and 450 households in Puntland received unconditional cash grant of CHF 105 to meet their food and basic needs.

Beneficiary selection

The clinics continue to prioritize children (particularly those under five), and pregnant and lactating women for Moderate Acute Malnutrition, Severe Acute Malnutrition, and AWD treatment, as they are the most vulnerable groups. It is observed that elderly that reported with AWD are in more severe condition and require longer admission. Thus, the SRCS, with IFRC support, will explore expanding the selection criteria to include elderly people. The nutritional supplements and treatment support will be targeting an estimated 70 percent of malnourished children, lactating and pregnant women in the selected area.

Rehabilitation and protection of water sources and social mobilization for health and hygiene promotion will be prioritized in communities reported of high AWD cases and high-risk of AWD outbreak. Thresholds will be established to determine those that have been at the epicenter of the outbreak.

The selection of water points (berkeds) to be rehabilitated will be determined by their position in relation to the village and number of available berkeds to support the expanded population when nomads return, and location in relation to waste and sanitation facilities. Shallow well repair will focus on providing adequate covering to ensure they remain

uncontaminated. The support for nomads will also include Hygiene Promotion related NFIs to ensure proper collection, storage and usage of water for drinking and personal hygiene.

Informal Internally Displaced People settlements that have been identified as having had currently are experiencing an outbreak of AWD, will be targeted with cash transfers, shelter NFIs and hygiene kits distribution as they have needs that are different from resident communities they are in proximity to. Living on the periphery of established communities has meant limited access to basic services and has resulted in sub-optimal living conditions which has further resulted in these communities in some instances becoming a 'hotspot' for AWD outbreak as is the case of several Internally Displaced Person (IDP) settlements adjacent to Burao where the current CTC is located, and where the highest incidence of AWD in Somaliland has occurred. ORPs are also active and accessible to the IDPs, along with social mobilization and hygiene promotion. The current rise in numbers of AWD in Hargeisa is also seeing cases coming from IDP settlements both formally and informally.

The selection criteria for providing cash for ploughing and seeds are families who farm cereal, e.g. sorghum and maize, households with no other sources of income, including remittance as well as orphans (age sensitive), elderly people and people with disabilities with land to farm and have access to support from host family or neighbour. Detailed beneficiary criteria will be defined based on standard CTP procedures that have already been adapted to existing cash transfer programmes of similar contexts in the community resilience programme in Somaliland supported by the German Red Cross (GRC).

The SRCS has been working closely with the Government, stakeholders and other agencies to ensure that there will be no duplication of interventions of activities.

Overall objective

The needs of the population affected by the complex emergency in Somaliland and Puntland are met through the provision of general health care, management of malnutrition, acute watery diarrhea (AWD) treatment and prevention, water, sanitation and hygiene promotion, food, non-food items and livelihoods for 352,800 people for 27 months.

Coordination and partnerships

In Somalia, the IFRC and the SRCS work closely and the IFRC offices are hosted at the SRCS Somaliland offices in Hargeisa. The IFRC, partner National Societies and the ICRC are working in close collaboration through the Somalia drought task force coordination weekly meetings which update on the ongoing implementation of activities on the ground. This has enabled good working relations and prevented cases of overlap and duplications of interventions. It has also helped the Movement partners to complement each other in areas they are not able to cover in terms of implementation

The SRCS coordinates closely with MoH and the Ministry of Water Management in both Somaliland and Puntland, and has a seat on the emergency committee for the AWD outbreak in Somaliland. The SRCS Health Coordinator for Somaliland and FACT Health Coordinator are present at all MoH emergency meetings in Hargeisa and Burao.

At the regional level, the IFRC Somalia country office based in Nairobi provides on-going support to the long-term health programs of the SRCS. It facilitates field visits of Movement partners to Somaliland and Puntland, and provides direct technical support to health programs. Additionally, it organizes regular operational update meetings/calls for regular information sharing on operations and plans in Somalia and other countries affected by the food crisis.

Proposed sectors of intervention

 Health and Nutrition
Outcome 1: The immediate health risks of affected populations are reduced
Output 1.1: Increased access to primary health care services through SRCS clinics
Activities: <ul style="list-style-type: none"> • Provide immunization services, Vitamin A, Zinc and deworming to children under five. • Provide ante-natal and post-natal services and micronutrients to pregnant and lactating women. • SRCS volunteers conduct community health promotion sessions. • Procure 100 ORP kits for the use of community volunteers in AWD case management. • Procure 40 mobile phones and airtime for data collection and transmission.

- Training in food preparation and utilization for volunteers.
- Provide immunization services, Vitamin A, Zinc and deworming to children under five.
- Provide Maternal, Newborn and Child Health services including micronutrients to pregnant and lactating women.
- Procurement and distribution of medical supplies (240 Out Patient Department kits) and nutrition supplements.
- Screening children under five for malnutrition.
- Supplementary and therapeutic feeding to malnourished children via OTP services
- Supplementary feeding to pregnant and lactating women for 5 months.
- Follow-up monitoring of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases after treatment.
- Conduct Infant and Young Child Feeding sessions with the involvement of mother-to-mother mentor support groups.

Output 1.2: Community-based disease prevention and health promotion is provided to the target population

Activities:

- Production of IEC materials in relation to health promotion.
- Recruit, train and mobilization of SRCS branch volunteers in AWD affected areas for health and hygiene promotion in communities.
- Community health promotion sessions (house to house, school and community gatherings).
- Conduct social sensitization activities in communities reporting AWD/Cholera and high-risk communities.
- Community death reported according to data from CTC and ORP and reported in the health information system.
- Produce IEC materials on AWD/Cholera prevention in collaboration with UNICEF and Somali MoH.
- Carry out nightly mobile cinema on AWD/Cholera prevention and control.

Output 1.3: Community-based surveillance (CBS) system initiated for real time data collection, alerts raising and timely investigations and response

Activities:

- Orient 90 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 and information sharing with the MoH and WHO.
- Orient 120 clinic staff and community based volunteers on enhanced surveillance and response to AWD/Cholera outbreaks.
- Provide refresher training on case management (including early detection and referral of cases) and Epidemics Control for Volunteers (ECV)/surveillance for 15 Branch Health Officers and Volunteer leaders from Somaliland and Puntland, 100 SRCS nurses and midwives, and 60 SRCS volunteers.

Output 1.4: SRCS capacity to contribute to the health system in emergency health preparedness and response to the future outbreaks is strengthened

Activities:

- Deployment of one ERU/CTC in Togdheer region.
- Deployment of one 25-bed CTU in Hargeisa and handover to MoH.
- Rental and construction of warehouse for ERU/CTC.
- Training for SRCS staff and volunteers on the usage and maintenance of the ERU/CTC.
- Development of SRCS CTC SOPs.
- Discussion with MoH on activation of CTC as part of health strengthening in emergency health preparedness and response.
- CTC simulation training for SRCS and MoH.



Water, sanitation and hygiene

Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities

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

Activities:

- Rehabilitation/maintenance of 15 water points (berkeds/boreholes).
- Procurement and distribution of 1,000 ceramic water filters.
- Rehabilitation of 95 berkeds and 12 shallow wells.
- Conduct routine and scheduled system maintenance for berkeds and shallow wells.
- Procurement and distribution of 32,000 rigid jerry cans, 32,000 aqua tabs/pur sachets, and 32,000 buckets with lid.
- Procurement and distribution of 50 community water tanks/tap stands in IDP sites.
- Provide orientation on safe water storage and use of water treatment products (aqua tabs) to population of target communities.
- Procure hygiene items (96,000 body soaps and 96,000 laundry soaps) and distribute as part of the shelter NFIs.
- Disinfection of drinking water in 100 schools by SRCS volunteers with technical supervision of Ministry of Water Resources.
- Provide emergency trucking of chlorinated water for three months to IDP settlements that lack adequate safe water.
- Establish handwashing points at community places (e.g. markets) in five locations in five districts.
- Rehabilitate water systems in SRCS clinics.

Output 2.2: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Activities:

- Procure and distribute sanitation tools (wheel barrows, spades, rakes, pick-axes, heavy duty gloves, face masks) for sanitation campaigns in schools, in communities reporting outbreaks and high-risk communities.
- Train volunteers and IDPs in latrine construction.
- Construct 400 latrines in affected IDP settlements.
- Cleaning/spraying of latrines in 100 schools with technical supervision of Ministry of Water Resources.
- Rehabilitate latrines and water access in clinics.

Output 2.3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Activities:

- Refresher training on Participatory Hygiene and Sanitation Transformation (PHAST) methodology for 120 volunteers.
- Refresher training on Stay Safe and High Insecurity Training for 30 SRCS/IFRC staff and 120 volunteers.
- Conduct one-on-one WASH communication for target population for improved hygiene and sanitation awareness.
- Production of Information, education and communications (IEC) in relation to WASH, Health, Food and Nutrition.
- Train volunteers in WASH including household safe water treatment and storage.
- Set up HP community teams.
- Conduct hygiene promotion sessions and Child Hygiene and Sanitation Training (CHAST) in schools and in communities reporting AWD/cholera outbreaks.
- Conduct Knowledge, Attitude, Practice surveys in the regions most affected by AWD.



Shelter and settlements (and household items)

Outcome 3: Immediate shelter and settlement needs of the drought affected population in Somaliland are met

Output 3.1: Provision of non-food items (NFIs) and emergency shelter items to the target population in the drought areas

Activities:

- Identification/registration of beneficiaries for NFIs distribution.
- Mobilization of 120 volunteers to carry out NFIs distribution.
- Distribute NFIs and emergency shelter items to 6,000 households (36,000 people).
- Procurement of 6,000 plastic sheets, 6,000 ropes, 12,000 sleeping mats and 30,000 blankets.
- Transportation of procured items to the distribution sites.



Food security and Livelihoods

Outcome 4: Immediate food and basic needs of the disaster affected population are met

Output 4.1: Cash transfers for food are provided to targeted households

Activities:

- Baseline assessment for CTP.
- Revisit the design of beneficiary selection tools using existing GRC tools to ensure uniformity.
- Revisit the source for mobile money service providers and align with GRC provider choice.
- Refresher training on beneficiary selection for volunteers using existing GRC training module.
- Orientation on the beneficiary selection and the use of mobile money transfer system for target population using existing GRC training module and methodology.
- Inform target communities on cash distribution.
- Unconditional cash grants of CHF105 to 900 households for two months.
- Unconditional cash grants of CHF158 to 1200 households for three months.
- Unconditional cash grants of CHF111 to 800 households for three months.
- Conduct post distribution monitoring using existing GRC training module and methodology.
- Conduct price and market capacity monitoring.

Outcome 5: Livelihoods of the affected population will be sustained and improved

Output 5.1: Provision of materials and resources in accordance with the seasonal calendar for sustaining and increasing agricultural output

Activities:

- Cash transfers for livelihoods of CHF 60 to 5,000 households for plough sharing (plough rental).
- Provision of seeds for households with the cash transfers.
- Orientation to people targeted for livelihoods on agricultural techniques appropriate for the context.



National Society capacity building

Outcome 6: National Society capacity to deliver on programmes and services in future disasters/crises strengthened

Output 6.1: Adequate human resources, operational materials and infrastructures are put in place for the response

Activities:

- Identify location for temporary storage and dispatch four warehouse tents (mobile storage units-MSU) with technician support.
- Lease rental of one temperature-controlled storage space for Plumpy'Nut and Plumpy'Sup.
- Recruitment and training of SRCS staff for operational implementation.
- Pre-position of emergency NFIs and hygiene items for 1,000 households.
- Contingency planning workshop.



Disaster risk reduction

Outcome 7: Communities' resilience to disasters and crises is strengthened

Output 7.1: Risk reduction measures are incorporated in disaster recovery programmes

Activities:

- Identify potential disaster risk reduction measures in the target communities.
- Ensure DRR measures are harmonized with ongoing community resilience programmes.
- Conduct awareness raising sessions on preventable disaster risks in target communities.



Quality programming (areas common to all sectors)

Outcome 8: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation

Output 8.1: The design and implementation of the operation is informed by continued and detailed assessment, analysis, and beneficiary communications

Activities:

- Mobilization of staff and volunteers to carry out rapid needs assessments.
- Organize emergency meeting with SRCS and Movement partners.
- Mobilization of staff and volunteers to carry out continuous needs assessments.
- Ensure any adjustments or revisions to the Emergency Plan of Action are informed by continuous assessment of needs.
- Provide appropriate information, including on the scope and content of projects, to disaster-affected people.
- Ensure that affected people can deliver feedback on the programmes and report any complaints, in confidence, and that such are actioned by SRCS.
- Periodic monitoring of the implementation of SRCS activities by IFRC technical support team.
- Develop communication materials on the response and progress in the target communities.
- Develop roadmap to incorporate the community resilience for similar disasters in the SRCS and IFRC longer-term plan.
- In consultation with the IFRC Geneva Health team, conduct an independent review of the ERU CTC for AWD.
- Conduct an independent final evaluation.
- 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 for decision-making.
- Organize Community Engagement and Accountability master training for staff and volunteers.

Programme support services

To ensure effective and efficient technical coordination, the following programme support functions will be put in place: human resources, logistics and supply chain; information technologies (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); and administration and finance.

More details are in the [Revised Plan of Action](#).

Budget

See attached [IFRC Secretariat budget](#) (Annex 1) for details.

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Contact Information

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How we work

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

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



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



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



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

EMERGENCY APPEAL

19/07/2017

MDRSO005 Food Security Crisis in Somalia

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0		0
Shelter - Transitional	0		0
Construction - Housing	0		0
Construction - Facilities	78,000		78,000
Construction - Materials	4,200		4,200
Clothing & Textiles	486,500		486,500
Food	0		0
Seeds & Plants	341,600		341,600
Water, Sanitation & Hygiene	2,338,443		2,338,443
Medical & First Aid	906,157		906,157
Utensils & Tools	123,400		123,400
Other Supplies & Services	13,955		13,955
Emergency Response Units	0	1,713,000	1,713,000
Cash Disbursements	1,024,200		1,024,200
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	5,316,455	1,713,000	7,029,455
Land & Buildings	0		0
Vehicles	0		0
Computer & Telecom Equipment	24,500		24,500
Office/Household Furniture & Equipment	0		0
Medical Equipment	0		0
Other Machinery & Equipment	0		0
Total LAND, VEHICLES AND EQUIPMENT	24,500	0	24,500
Storage, Warehousing	46,500		46,500
Distribution & Monitoring	35,710		35,710
Transport & Vehicle Costs	607,265		607,265
Logistics Services	48,627		48,627
Total LOGISTICS, TRANSPORT AND STORAGE	738,102	0	738,102
International Staff	975,000		975,000
National Staff	111,620		111,620
National Society Staff	1,110,888		1,110,888
Volunteers	535,602		535,602
Other Staff Benefits	0		0
Total PERSONNEL	2,733,110	0	2,733,110
Consultants	174,000		174,000
Professional Fees	45,000		45,000
Total CONSULTANTS & PROFESSIONAL FEES	219,000	0	219,000
Workshops & Training	272,325		272,325
Total WORKSHOP & TRAINING	272,325	0	272,325
Travel	68,800		68,800
Information & Public Relations	182,280		182,280
Office Costs	107,260		107,260
Communications	23,130		23,130
Financial Charges	65,604		65,604
Other General Expenses	0		0
Shared Office and Services Costs	48,400		48,400
Total GENERAL EXPENDITURES	495,474	0	495,474
Partner National Societies	0		0
Other Partners (NGOs, UN, other)	0		0
Total TRANSFER TO PARTNERS	0	0	0
Programme and Services Support Recovery	636,933		636,933
Total INDIRECT COSTS	636,933	0	636,933
Pledge Earmarking & Reporting Fees	55,995		55,995
Total PLEDGE SPECIFIC COSTS	55,995	0	55,995
TOTAL BUDGET	10,491,893	1,713,000	12,204,893
Available Resources			
Multilateral Contributions	5,128,679		5,128,679
Bilateral Contributions		1,713,000	1,713,000
TOTAL AVAILABLE RESOURCES	5,128,679	1,713,000	6,841,679
NET EMERGENCY APPEAL NEEDS	5,363,214	0	5,363,214