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Emergency Appeal Revision Somalia: Drought

 International Federation
of Red Cross and Red Crescent Societies

(Revised) Appeal n°
MDRSO005

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

502,800 people to be assisted

CHF 432,115 DREF allocated

CHF 15,645,200 Appeal budget (revised)
52 percent Current Appeal coverage
CHF 7,443,667 Funding Gap

Appeal launched 25 March 2016
[Revision n° 1 issued](#) 16 March 2017
[Revision n° 2 issued](#) 11 July 2017
Revision n° 3 issued: 7 June 2018

Appeal ends
31 December 2018
(Extended 6 months)

This third revision of the Emergency Appeal seeks CHF **15,645,200**, increased from CHF 10,491,893, and extends the timeframe **for six months until 31 December 2018**. This appeal enables the **International Federation of Red Cross and Red Crescent Societies (IFRC)** to support the **Somali Red Crescent Society (SRCS)** in assisting up to **502,800 people**, increased from 352,800 people. SRCS has reached approximately 280,000 people¹ through various interventions including health and nutrition, water and sanitation, food security and livelihoods as well as shelter and settlements, to date. This revision maintains the strategy developed in the July 2017 revision of the Appeal but aims to reach more vulnerable people with a further geographical reach since large parts of the country are forecasted to remain affected by the food crisis, the threat of disease outbreaks and ongoing internal displacement driven by drought and conflict. Details are available in the [Emergency Plan of Action](#) (EPoA). Support to this emergency requires flexible funding and as little earmarking as possible to allow the operation to be responsive to new or evolving needs.

The disaster and the Red Cross Red Crescent response to date

March 2016: The [Emergency Appeal](#) is launched for CHF 1,290,936, with a DREF allocation of CHF129,394, to support SRCS in assisting 78,990 drought-affected people for six months

September 2016: The appeal timeframe is extended through the [6-month Update](#) by three months, ending 21 December 2016.

December 2016: The appeal timeframe is extended through [Operation Update no. 4](#) for another six months, ending 21 June 2017.

March 2017: Parallel to the appeal revision, IFRC allocates CHF 302,721 from [DREF](#) to assist 85,000 people affected by acute watery diarrhoea (AWD) with medical treatment and nutritional support for three months.

July 2017: The Emergency Appeal is [revised](#) a second time to integrate the DREF operation for AWD and scale-up the coverage and actions including ERU deployment to ensure efficient management of two ongoing operations within the same target population. The revision sought CHF 10,491,893 up from CHF 3,308,035 to enable the IFRC to support the Somali Red Crescent Society (SRCS) in assisting 352,800 people for 27 months (until 30 June 2017).

May 2018: Revision of the Emergency Appeal maintaining the strategy of the previous revision but reaching more people with a further geographical reach. The revised Appeal budget is increased from CHF 10,491,893 to CHF 15,645,200 (The ERU deployment budget was CHF 1,713,000).



¹ Please note this is an estimated figure based on various interventions, some of which may overlap for the same communities.

The operational strategy

Summary of Red Cross Red Crescent response to date

Since March 2016, this emergency appeal has enabled SRCS to assist people in Somaliland and Puntland in four key sectors: (1) health and nutrition, (2) water, sanitation and hygiene promotion, (3) food security and livelihoods, and (4) shelter and non-food items. The response activities are taking place in nine regions: Awdal, Maroodi Jeex and Sahil (Woqooyi Galbeed), Togdheer, Sool, Sanaag, Bari, Nugaal and Mudug. The priority is to implement time sensitive activities to safeguard affected populations against further deterioration of an already stressed situation. The current funding gap is CHF 7,443,667. A map of areas of intervention is available below, Annex 2.

Health and Nutrition:

- 220,571 people received regular medical treatment through SRCS clinics (static and mobile) supported through the IFRC Emergency Appeal in Somaliland and Puntland from the commencement of the operations in April 2016 to February 2018.
- 25,096 people received nutritional treatment and supplements through SRCS clinics in Somaliland and Puntland.
- IFRC and Movement partners are supporting 33 SRCS clinics (up to June 2018) and are expected to scale up to cover three more clinics in areas identified with high-risk of AWD and severe malnutrition to bring the number to 36 from July 2018.
- 153 nurses and volunteers in Somaliland were trained on AWD/Cholera Management and Surveillance (including mobile data collection), in the Togdheer, Marodijeex, Sool and Awdal regions of Somaliland.
- 24 staff and volunteer leaders were provided a ToT training in AWD, oral rehydration points (ORP) and surveillance. The participants were drawn from the Hargeisa, Togdheer, Adwal, Sool regions in Somaliland as well as the Bari, Nugal and Mudug regions in Puntland.

Water, sanitation and hygiene promotion:

- 1,535 ceramic filters have been procured and distributed to households and schools across four regions in Somaliland, benefitting more than 9000 people.
- More than 3,330 households have improved access to water as a result of the rehabilitation of 37 berkedes (local mobile water tanks) and distribution of aquatabs. An additional 100 households in Sahil have improved access to water from a well that has been rehabilitated.
- More than 30,600 people received body soaps, laundry soaps and aquatabs to last them three months. In addition, 10,224 buckets and jerry cans were distributed to these households for safer transport and storage of water.
- Aquatabs were distributed to 20 clinics for treatment of water in reservoirs at the clinics. In addition, mobile clinics also distributed aquatabs as part of their outreach programme.
- 257 latrines have been constructed in four regions of Somaliland, targeted at IDP camps that had no latrines. More than 5,100 people are now benefitting from these latrines.
- Staff and volunteers have received training in hygiene promotion and are carrying out door to door campaigns targeting more than 40, 000 people in rural areas and IDP camps.
- Ministry of health and SRCS staff have also been trained in clinical trial units (CTU) management by FACT, Canadian Red Cross Emergency Response Unit (ERU) and IFRC as part of AWD response preparedness. 4,600 people have access to safe drinking water through chlorination of 15 water reservoirs in Puntland and Somaliland.
- 4,284 people (714 households) in seven communities in Puntland received aqua tabs as part of the door to-door hygiene promotion outreaches.

Food security and livelihoods:

- 450 households in Somaliland and 450 households in Puntland received unconditional cash grants of CHF 105 for two months to meet their food and basic needs in 2016.
- In addition, 800 households in Sahil region and 670 households in Sool region of Somaliland received unconditional cash grants of CHF 75 and CHF100 respectively for three months (December 2017 and January, February 2018).

Shelter and settlements

- Target communities were identified and registered across the target regions of Sool, Sanag, Awdal and Togdheer. The selection criteria included IDP households, families without shelter protection, families caring for orphans, people living with disabilities, and the elderly, and/or single-headed households. Volunteers from the various regions were mobilized, trained and carried out the distribution after the procurement and delivery of the shelter kits (a total of 6,000 plastic sheets and ropes, 12,000 sleeping mats and 30,000 blankets).

Needs Assessment

Throughout Somalia, repeated cycles of drought currently verging on pre-famine conditions in many areas have increased vulnerabilities, resulted in the loss of crops, livelihoods and livestock, and weakened the purchasing power. The 2017 *deyr* rains (October-December) started late and performed below average in many parts of the country, marking the fourth consecutive poor rainy season. The April to June *Gu* season is forecast to be below average. This will result in below average production and limited regeneration of pasture and water recharge in the first six months of 2018, and a further deterioration in food security is considered likely. Across the nine regions covered by this Emergency Appeal, around 1.18 million people out of the 5.348 million population (22 percent) are projected to be acutely food insecure through to May 2018.² In Somaliland, more than 1.8 million people (52 % of the population) will be in need of some form of humanitarian assistance by the end of 2018.³ This includes approximately 820,000 people facing acute food insecurity, or in “Crisis” (IPC phase 3) and “Emergency” (IPC phase 4), and approximately 987,000 who are at risk of slipping into acute food insecurity if they do not receive assistance (IPC phase 2).

The Emergency Appeal is extended for an additional six months (from July to December 2018) since large parts of the country remain affected by food crises, threat of disease outbreaks and ongoing internal displacement driven by drought and conflict. The operations team will continue to monitor the situation to adjust the operation if necessary.

The operational strategy and plan of this revised Emergency Appeal is the outcome of continuous assessments and data analysis, as well as consultation between the IFRC, SRCS and Movement partners on how to respond to this complex emergency in an integrated manner. The plan aims at assisting around 502,800 people who are at risk of food insecurity, deteriorating health and hygiene conditions, and limited access to safe water due to factors such as drought, conflict and economic instability. Overall, this operation seeks to assist the following beneficiary targets within each sector:

Sector	Number of beneficiaries
Health and nutrition	502,800
Water, sanitation and hygiene promotion	175,400
Emergency shelter and non-food items	88,000
Food security and livelihoods	59,400

Four **key strategic objectives** underlie this revised Emergency Appeal:

Objective 1: Enhancing data-driven monitoring and response mechanisms

Objective 2: Using cash transfer programming as a flexible modality to respond to different scenarios

Objective 3: Improving community engagement and accountability and mainstreaming gender and diversity

Objective 4: Strengthening resilience and innovation

Considering that this is the third revision of the Emergency Appeal since its original launch in March 2016, SRCS and IFRC aim to incorporate longer-term resilience-oriented approaches in programming to address some of the underlying factors causing vulnerability. Community-driven sustainable solutions will be used to increase the resilience of crisis-affected people to cope with cyclical food insecurity. The proposed response activities in this Appeal will also reinforce SRCS disaster response capacity and expertise in areas such as health care provision, WASH and CTP, and strengthen its country-wide network of volunteers. These objectives will be closely linked to those of the national long-term (development) operational plan for Somalia, ensuring a concerted approach to capacity-building and allowing for an effective exit strategy when this Emergency Appeal is expected to come to an end (December 2018).

Target population

The operation defines the target population in two broad categories:

(a) Worst affected drought-affected communities

The targeting criteria for household level assistance to drought-affected communities will be defined based on further assessment and in consultation with local SRCS branches and community leaders. SRCS will invest in strong community-based targeting mechanisms to avoid potential selection biases and to meet the Movement's global standards on community engagement and accountability (CEA). More specifically the targeting will focus on: (i) *Nomadic pastoral communities*; (ii) *AWD high-risk communities*; and (iii) *Drought affected internally-displaced populations (IDPs)*.

² [FSNAU Somalia forecast 2018](#)

³ *Ibid.*

(b) Urban and rural populations without access to regular health care facilities

SRCS clinics will continue to prioritize vulnerable groups including children (particularly those under-five) and pregnant and lactating women for MAM, SAM, and AWD treatment in its services. The nutritional supplements and treatment support will be targeting an estimated 80 percent of malnourished children, pregnant and lactating women (PLW) in the SRCS clinics' catchment areas. To derive the maximum impact of the nutritional interventions in the response, mothers with malnourished children will be targeted in the CTP. A proportion of SRCS clinical service clients are also partly self-selected as the clinics can only provide medical services to people who come to it for support.

Coordination and partnerships

Responsibility for operational leadership and lead support to SRCS has been geographically divided between IFRC and ICRC. In Somaliland, IFRC has the main role in providing support. In Puntland and the South-Central Zone, ICRC takes the lead. Regular intra-Movement meetings and consultations are held to establish coordinated and coherent approaches to programming and National Society development.

The IFRC supports SRCS through its Somalia Country office, and the Regional Office, both based in Nairobi, Kenya. This involves technical support in areas such as finance, logistics, CEA, Information Management (IM), PMER and operational support. The country office also facilitates Movement partners' field visits to Somaliland and Puntland and provides direct technical support to health and nutrition programmes.

The Emergency Appeal operations office is hosted at the SRCS Somaliland Coordination offices in Hargeisa. In Hargeisa the IFRC structure consists of an Operations Manager and technical delegates supporting Health, Finance, WASH, Food & Livelihoods (including CTP), PMER and Logistics who work with direct counterparts in the National Society. The National Society Data manager, Finance Assistant, Logistics Assistant and two drivers are also located in the IFRC office. IFRC currently has no permanent presence in Puntland.

In addition to IFRC and ICRC, there are five partner National Societies supporting regular programmes in the country. To ensure the alignment and complementarity of interventions by all Movement partners supporting SRCS activities in Somaliland and Puntland, particularly through the SRCS network of health clinics, a mapping of all Movement partners activities has been completed and is outlined in the [EPoA](#).

A Drought Operations Coordination Centre was set up in Garowe in March 2017, including Movement and Non-Movement actors to strengthen coherence in response through Cluster teams, improve in planning response, monitor of drought operations as well as build synergies among various actors.

Proposed Areas for intervention

The **overall objective** of this Emergency Appeal is to respond to the immediate humanitarian needs of the population affected by the complex drought emergency in Somaliland and Puntland through the provision of health care, nutritional interventions, the promotion of access to safe water, sanitation and hygiene and by providing cash resources enabling access to food, non-food items and enabling livelihoods activities until December 2018.

Areas of Focus**Shelter**

People targeted: 88,000

Requirements (CHF): 1,093,735

Proposed intervention

Output 1.1: Emergency shelter and settlement assistance is provided to affected households.

Activities:

- Mobilize volunteers to carry out NFIs distribution.
- Identify/register beneficiaries for NFIs distribution.
- Distribute NFIs and emergency shelter items to 6,000 households (36,000 people).
- Procure 6,000 plastic sheets, 6,000 ropes, 12,000 sleeping mats and 30,000 blankets.
- Distribution of emergency shelter items to 14,500 households.



Livelihoods and basic needs

People targeted: 59,400

Requirements (CHF): 1,847,356

Proposed intervention:

Output 1.5: Households are provided with multipurpose cash grants to address their basic needs.

Activities:

- Preparation of baseline assessment for CTP.
- Revisit the design of beneficiary selection tools using existing German Red Cross (GRC) tools to ensure uniformity.
- Revisit the source for mobile money service providers and align with GRC provider choice.
- Conduct 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.
- Capacity building of volunteers and staff on CTP.
- Setting up of a centralized hotline system for feedback and complaints and training of volunteers.
- Production of IEC materials on cash transfer programme.
- Identification, registration, verification and orientation of beneficiaries.
- Prepare monthly mobile phone cash transfer.
- Transfer unconditional cash grants of CHF105 to 2,000 households for three months.
- Transfer unconditional cash grants of CHF105 to 900 households for two months.
- Transfer unconditional cash grants of CHF158 to 1,200 households for three months.
- Transfer 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.
- Conduct endline survey.

Output 1.3: Household livelihoods security is enhanced through food production and income generating activities.

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.
- Evaluation of the livelihoods' intervention to make recommendations for future agriculture interventions



Health

People targeted: 502,800

Requirements (CHF): 3,613,325.71

Proposed intervention

Output 1.2: Target population is provided with rapid medical management of injuries and diseases.

Activities:

- Provide immunization services, Vitamin A, Zinc and deworming to children under five.
- Provide ante-natal and post-natal services.
- Treat minor illnesses in the target community.
- SRCS volunteers conduct community health promotion and nutrition promotion sessions.
- Procure 71 mobile phones and airtime for data collection and transmission.
- Train volunteers and cascade training in food preparation and utilization.
- Provide Maternal, Newborn and Child Health services including micronutrients to PLW women.
- Procurement and distribution of medical supplies (546 outpatient department kits).
- Screening children under five for malnutrition.

- Provide supplementary and therapeutic feeding to malnourished children and severely malnourished children.
- Provide ORS to target communities via ORPs.
- Supplementary feeding to pregnant and lactating women for five months.
- Follow-up monitoring of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases after treatment.
- Conduct defaulter tracing for nutrition programme.
- Train volunteers in food preparation and utilization and cascade the training.
- Conduct Infant and Young Child Feeding sessions with the involvement of mother-to-mother mentor support groups.
- Provide refresher training for nurses and midwives to improve in case management and disease surveillance skills.

Output 1.3: Community-based disease prevention and health promotion is provided to the target population.

Activities:

- Recruit, train and mobilize SRCS branch volunteers in AWD affected areas for health and hygiene promotion in communities.
- Conduct community health promotion sessions (house to house, school and community gatherings).
- Produce information, education and communication (IEC) materials for health promotion and AWD/cholera prevention.
- Conduct social sensitization activities in communities reporting AWD/Cholera and high-risk communities.
- Report community death according to data from CTC and ORP and the health information system.
- Carry out nightly mobile cinema on AWD/Cholera prevention and control.
- Provide CEA training of trainers for Puntland staff and volunteers.
- Train Community Health Committee members and staff in Community engagement and accountability.
- Distribute ORS, HHWT, soaps and IEC materials during social mobilization campaigns.
- Procure ORP kits for the use of volunteers in AWD case management.
- Carry out mobile cinema on AWD/cholera prevention and control.
- Carry out bi-weekly mobile cinema shows on SRCS community interventions.
- Provide CEA ToT workshop for Puntland staff and volunteers.
- Train community health committee (CHC) member and staff in CEA.
- Carry out gender assessment and awareness meetings in branches of Puntland and Somaliland.

Output 1.4: Epidemic prevention and control measures carried out.

Activities:

- Orient 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 a three-day refresher training on case management and Epidemics Control for Volunteers (ECV)/surveillance for Branch Health Officers and Volunteer leaders from Somaliland and Puntland, as ToT.
- Provide two-day refresher training for SRCS nurses and midwives in case management and disease surveillance.
- Provide a three-day refresher training on Epidemics Control for Volunteers (ECV) for SRCS volunteers, including early detection and referral of cases.

Output 1.6: MAM and SAM are addressed in the target population.

Activities:

- Procure and distribute nutrition supplements.



Water, sanitation and hygiene

People targeted: 175,400

Requirements (CHF): 4,620,830

Proposed intervention

Output 1.2: 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 water points (berkeds/boreholes/ wells).
- Procurement and installation of dosatrons.
- Procurement and distribution of 1,000 ceramic water filters.
- Rehabilitation and extension of Caddadley clinic solar piped water system to school.
- Installation of roof water harvesting gutters and tanks in schools and clinics.
- Procurement and distribution of aquatabs, 49,000 rigid jerry cans and 49,000 buckets with li.d
- 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 body soaps 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.
- Disinfection of waters in clinics: floating doser for tanks and refills.

Output 2.3: Improved access to and use of adequate sanitation by the target population 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 communities in latrine construction.
- Construct 1,200 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.
- Establish solid waste disposal sites.
- Train households in solid waste management.
- Procure, distribute sanitary pads and provide orientation on correct use and disposal.

Output 2.4: Hygiene promotion (HP) activities are provided to the entire affected population.

Activities:

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



Disaster Risk Reduction (DRR)

People targeted: 52,000

Requirements (CHF): 100,000

Proposed intervention**Output 1.1 Communities take active steps to strengthen their preparedness for timely and effective response to disasters.**

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.
- Develop Somaliland resilience plan with coordination office and branches.

Strategies for Implementation**Requirements (CHF): 4,365,015.60**

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: **human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); CEA partnerships and resource development; and finance and administration.** More details are in the [Emergency Plan of Action](#).

Budget

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

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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How we work

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

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



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



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



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

EMERGENCY APPEAL

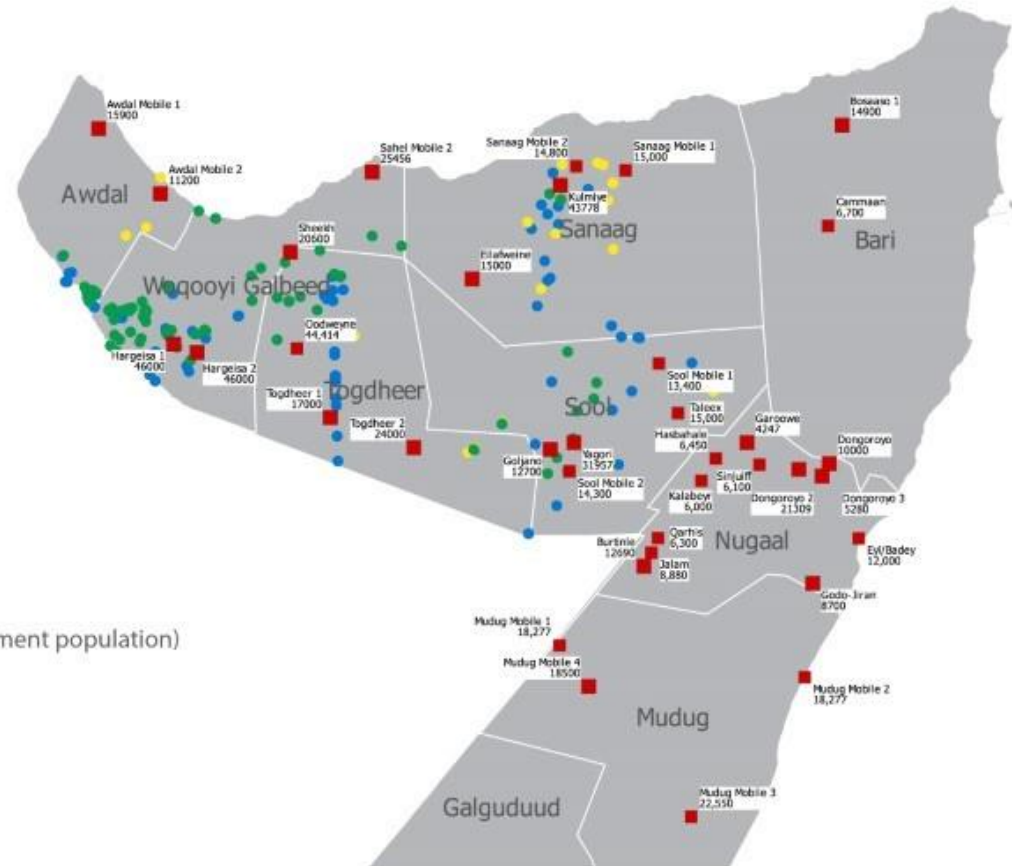
MDRSO005 Food Security Crisis in Somalia

07/06/2018

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	183,000			183,000
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	4,200			4,200
Clothing & Textiles	606,359			606,359
Food	743,939			743,939
Seeds & Plants	3,800			3,800
Water, Sanitation & Hygiene	3,519,143			3,519,143
Medical & First Aid	618,871			618,871
Teaching Materials	0			0
Utensils & Tools	499,750			499,750
Other Supplies & Services	960			960
Emergency Response Units	0			0
Cash Disbursements	1,733,200			1,733,200
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	7,913,221	0	0	7,913,221
Land & Buildings	0			0
Vehicles	25,000			25,000
Computer & Telecom Equipment	22,500			22,500
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	47,500	0	0	47,500
Storage, Warehousing	101,100			101,100
Distribution & Monitoring	202,305			202,305
Transport & Vehicle Costs	998,094			998,094
Logistics Services	115,508			115,508
Total LOGISTICS, TRANSPORT AND STORAGE	1,417,007	0	0	1,417,007
International Staff	1,473,000			1,473,000
National Staff	123,620			123,620
National Society Staff	1,596,823			1,596,823
Volunteers	578,032			578,032
Other Staff Benefits	0			0
Total PERSONNEL	3,771,475	0	0	3,771,475
Consultants	174,000			174,000
Professional Fees	47,000			47,000
Total CONSULTANTS & PROFESSIONAL FEES	221,000	0	0	221,000
Workshops & Training	587,358			587,358
Total WORKSHOP & TRAINING	587,358	0	0	587,358
Travel	85,312			85,312
Information & Public Relations	241,424			241,424
Office Costs	176,245			176,245
Communications	37,352			37,352
Financial Charges	59,304			59,304
Other General Expenses	3,000			3,000
Shared Office and Services Costs	48,400			48,400
Total GENERAL EXPENDITURES	651,037	0	0	651,037
Partner National Societies	0			0
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	949,559	0		949,559
Total INDIRECT COSTS	949,559	0	0	949,559
Pledge Earmarking & Reporting Fees	87,043			87,043
Total PLEDGE SPECIFIC COSTS	87,043	0	0	87,043
TOTAL BUDGET	15,645,200	0	0	15,645,200
Available Resources				
Multilateral Contributions				0
Bilateral Contributions			0	0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	15,645,200	0	0	15,645,200



Somalia drought: Health clinics catchment areas and sectoral activities (as of March 2018)



Sectoral activities in villages

- Health clinics (Name / Catchment population)
- Livelihoods / Cash
- Shelter / NFI
- WASH

The map used does not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: IFRC, SRCS

