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Emergency Plan of Action Final Report

Somalia: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal MDRSO005	Glide n° DR-2015-000134-SOM; EP-2017-000036-SOM
Date of Issue: 23/05/2019	Date of disaster: 21 March 2016
Operation start date: 25 March 2016	Operation end date: 31 December 2018
Host National Society: Somalia Red Crescent	Operation budget: CHF 15,645,200
Number of people affected: 6.2 Million	Number of people assisted: 502,800
Project manager: Emmanuel Kwame Asamani-Darko , overall responsible for planning, implementation, monitoring, reporting and compliances.	National Society contact: Yusuf Hassan Mohamed, President SRCS
National Societies involved in the operation: Red Cross/Crescent Societies of Australia, Austria, Canada, China (Hong Kong branch), Finland, Germany, Great Britain, Iceland, Japan, Monaco, Netherlands, Norway, Sweden, United States of America.	
Other partner organizations involved in the operation: NADFOR (Somaliland), HADMA (Puntland), UNOCHA, UNHCR, UNDP, WHO, UNICEF, WFP, FAO CARE International, SCI, DRC, ADESO, TASS, IRC, NRC, CARE International, Concern Worldwide, Islamic Relief, ADESO, ADRA, ACF, ECHO, MSF, Oxfam, Candlelight, Havayoko, Taklag, ADO, GTZ, American Refugee Council, OIC, EAP	

Summary of major revisions made to emergency plan of action:

August 2015: Poor post Gu season 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: The [Emergency Appeal](#) is launched for CHF 1,290,936, with a Disaster Relief Emergency Fund (DREF) allocation of CHF 129,394, to support SRCS in assisting 78,990 drought-affected people for six months.

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

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

2 February 2017: [FEW SNET](#) report states that Famine (IPC Level 5)¹ 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: The [Emergency Appeal](#) is revised for the first time, increasing the budget to CHF 3,308,035 to assist 150,000 people for 20 months, ending 21 November 2017.

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

11 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 on-going operations within the same target population. The revision sought CHF 12,204,893, increased from CHF 3,308,035, to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the Somali Red Crescent Society (SRCS) in assisting 352,800 people for 27 months (until 30 June 2018).

February 2018: According to the Food Security and Nutrition Analysis Unit ([FSNAU](#)) and the Famine Early Warning Systems Network ([FEWSNET](#)), Somalia was expected to face Crisis (IPC Phase 3) or worse until September 2018.

June 2018: This third revision of the Emergency Appeal covered the likely deepening of the drought. It will maintain the strategy of the previous revision but reach more people and reach further. The revised Appeal budget is increased from CHF 12,137,541 to **CHF 15,645,200** The ERU deployment budget was CHF 1,713,000.

As per the financial report attached, this operation closed with a balance of CHF 41,497. The International Federation seeks approval from its donors to reallocate this balance to the Somalia complex Emergency MDRSO005 to support Somali Red Crescent in NS capacity building activities including youth and volunteer development. Partners/Donors who have any questions in regard to this balance are kindly requested to contact Emmanuel Kwame Asamani-Darko within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

A. Situation analysis

Description of the disaster

Throughout Somalia, repeated cycles of drought, verging on pre-famine conditions in many areas, increased vulnerabilities, resulting in the loss of crops, livelihoods and livestock, and weakened purchasing power. Most areas in Somaliland and Puntland experienced between four to six consecutive seasons of far below average rainfall over the last three years. During 2017, both the Gu (long rain) and Deyr (short rain) seasons averaged less than 50% of the norm. In areas that did receive rain, there was a temporary and short-lived improvement in pasture and water availability, which brought some relief to pastoral families, but crop-producing areas such as the Togdheer region saw a poor harvest. The worst hit area was the Northern Inland Pastoral Zone, covering Sool, Sanaag, Bari and the Nugal regions. Other badly affected areas included the Guban in the Awdal region. In response to the deteriorating situation, the Government of Puntland issued a drought alert in September 2017 and the Government of Somaliland in January 2018.

Livestock assets, on which most rural and pastoral communities solely depend, were considerably depleted due to increased sale and mortality, extreme reduction in livestock production and reproduction, as well as the decline in livestock/cereal terms of trade. In Puntland for instance, the Humanitarian Affairs and Disaster Management Agency (HADMA) that coordinates humanitarian responses in Puntland estimated that 58% of livestock holdings

¹ A presentation on key findings from the 2016's post Deyr seasonal food security and nutrition assessment in Somalia.
Appeal Final Report– "Somalia Complex Emergency"

were lost due to drought. Livestock depletion in turn increased indebtedness and destitution in communities. Food stocks and fodder were exhausted. Affected families reduced the number and quality of meals per day, with more people seeking loans to purchase food, while others migrated to areas with water and pasture. People who lacked the resources to transport their remaining weak animals, became dependent on the limited assistance organized by local committees and clan connections. That was not sustainable as most communities' resources were exhausted in no time.

Based on forecasts by the National Oceanic and Atmospheric Administration (NOAA) and United States Geological Survey (USGS), the April to June Gu season forecast below average. This resulted in below average production and limited regeneration of pasture and water recharge in the first six months of 2018, further exacerbating the deterioration in food security. Across the nine regions covered by this Emergency Appeal in Puntland and Somaliland, around 1.18 million people out of the 5.348 million population (22%) were projected to be acutely food insecure through to May 2018.² In Somaliland, more than 1.8 million people (52% of the population) were 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 were at risk of slipping into acute food insecurity if they do not receive assistance (IPC phase 2).

Total estimated food insecure populations in Somaliland and Puntland (UN OCHA), January 2018

REGION	TOTAL POPULATION	POPULATION IN IPC PHASE 3 AND 4	% OF IPC 3 AND 4 FROM TOTAL POPULATION
Sool	327,427	143,000	44%
Sanaag	544,123	215,000	40%
Mudug	717,862	275,000	38%
Nugaal	392,698	107,000	27%
Toghdeer	721,363	171,000	24%
Awdal	673,264	141,000	21%
Bari	730,147	105,000	14%
Woqooyi Galbeed	1,242,003	150,000	12%

Nutrition: The 2017 Deyr' (short rain) season nutrition assessment among IDPs in the main settlements and two urban areas throughout Somalia, indicated some improvement in Global Acute Malnutrition (GAM) levels in certain locations (Hargeisa, Bosaso and Berbera), compared to the Gu season 2017. However, critical GAM levels were found in five out of the 15 population groups surveyed. Of these, three sites were in Puntland: Qardho IDPs (21.9%), Galkacyo IDPs (21.8%), Garowe (17.6%). These areas have shown persistent critical levels of malnutrition for several years. The FSNAU post-Deyr nutrition situation among the Northern Inland Pastoral population concerned with a GAM average of 15.6% (alert level).

Health: Water scarcity, food insecurity and malnutrition were major contributing factors to the health status of the affected population, along with the lack of access to health facilities. Successive droughts, which had seen traditional water sources drying up, left communities vulnerable to new outbreaks of infectious diseases such as AWD/cholera and measles as they lacked access to water for consumption and personal hygiene.

² [FSNAU Somalia forecast 2018](#)

³ Ibid.

Internal Population Displacement: The UNHCR-led Protection and Return Monitoring Network (PRMN) estimated that across the nine regions covered by this emergency appeal, some 416,00 people were displaced in the period January 2017-January 2018. The clear majority of these, some 358,000 (86%), were drought-related. Most drought-related displacement took place in the Sool and Sanaag regions in Somaliland with a total estimated number of 150,000 displacements.

In the regions of Awdal, Maroodi Jeex, Sahil, Toghdeer, Sanaag and Sool, the International Organization of Migration (IOM) Displacement Tracking Matrix estimated that there were around 1,004,400 internally displaced people in total in October 2017, across 595 sites. Just over half (51%) had been displaced for over a year and 45% were children under the age of 18. Whilst there are some big sites in urban areas, the matrix reported that 77% of IDP's lived with host communities in rural or semi-rural areas. The other big feature of internal displacement was that the increase in migration caused separation of families, with some family members (women, children and the elderly) being left behind in the original settlements. In turn, this also led to an increase in the number of children separated from their families.

Summary of response

Overview of Host National Society

The Somali Red Crescent Society (SRCS) has a long-term record in providing life-saving assistance to people in need in Somalia. SRCS' presence and local networks across the country are exceptionally well-established, which enables SRCS to also reach vulnerable populations who are not served by other humanitarian actors, for instance in highly remote areas. The SRCS has vast expertise with different types of programming through multilateral projects supported by IFRC, as well as through bilateral programs with Movement partners including the ICRC, the Norwegian Red Cross and the German Red Cross. This includes youth development, disaster risk management, community-based nutrition, Community-Based Health and First Aid, HIV/AIDS programmes, Restoring Family Links, community resilience (including WATSAN, livelihoods, drought resilience and climate change adaptation), dissemination of IHL, humanitarian values & RC/RC principles, and rehabilitation for physically disabled people.

The SRCS volunteers play a critical role at all stages of SRCS's programmes. This includes assessment, identification and registration of target communities, nomads and IDPs. In addition, volunteers service the Oral Rehydration Points (ORPs) and carry out hygiene promotion and community mobilisation. Branches in the targeted areas have teams of trained volunteers in epidemic control, PHAST, health and hygiene promotion.

SRCS carried out several (joint) emergency assessment and monitoring exercises;

February 2016	Initial rapid assessment of the food security situation in Somaliland, by SRCS and IFRC.
August 2016	Joint operational monitoring mission in Somaliland, by SRCS and IFRC
September 2016	Joint assessment mission in Bosaso and Garowe, Puntland, by SRCS, UN OCHA and other actors.
June 2017	FACT assessment in the Hodan Qaylo and October IDP settlements, by IFRC with SRCS support.
September 2017	Assessment of WASH facilities in 8 of the SRCS clinics, focusing on availability of clean water, sanitation services and hygiene, and infection control procedures, by IFRC with SRCS support.
September 2017	Rapid survey of knowledge, attitudes and practices (KAP) in urban IDP camps in Burao, by SRCS and IFRC.
January 2018	Joint multi-disciplinary rapid assessment of the drought situation in Lughaya district, Awdal, by SRCS, GRCS and other actors, with support from IFRC.
January 2018	<i>Community Engagement and Accountability intervention on the Cash Transfer Program (CTP) conducted by SRCS and IFRC</i>

January –
March 2018

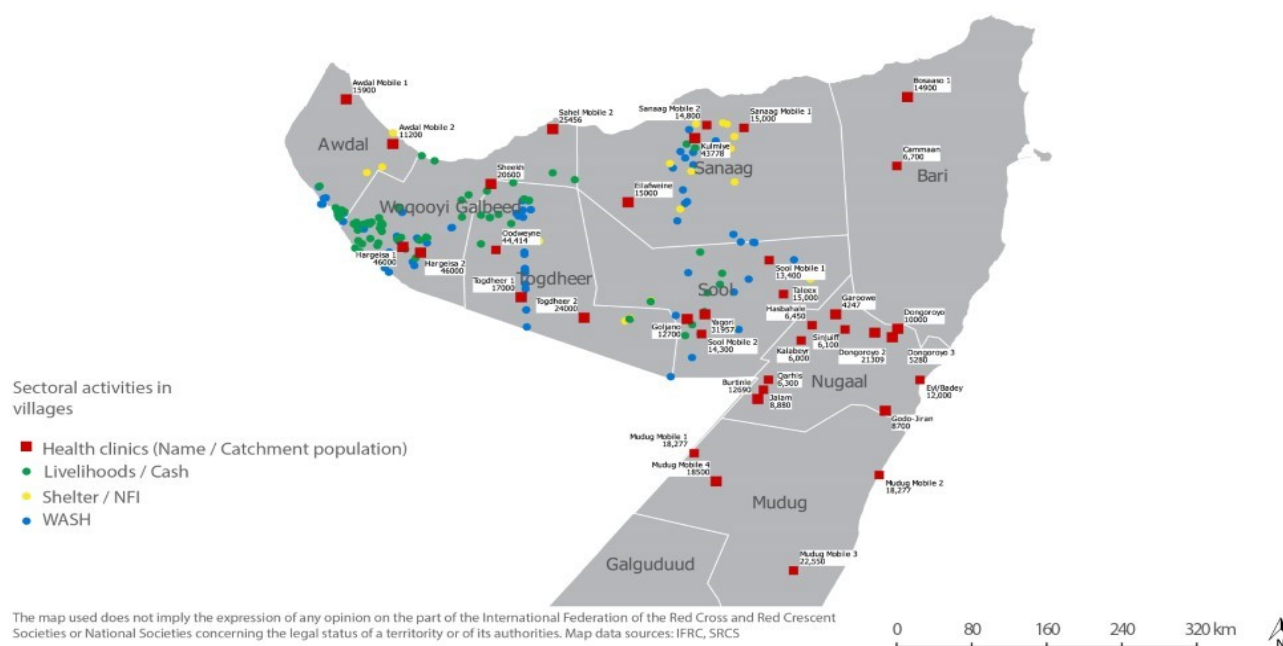
Each cash out under the CTP was followed by post distribution monitoring to ascertain whether all beneficiaries received the stipulated monthly entitlements and track any changes, including market price changes and goods availability

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 & livelihoods, and (4) shelter and non-food items.

Overview of all sectoral response activities implemented in the targeted communities by SRCS under the current emergency appeal, March 2018



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



Summary of response to date:

The SRCS is one of the key providers of basic health care services in Somaliland and Puntland, through its extensive network of static and mobile clinics under the Integrated Health Care Programme (IHCP). These are staffed by experienced health care professionals, who deliver basic health care services to the target communities. The SRCS operates 98 clinics in total throughout the country and 66 across Somaliland and Puntland, through multilateral support from Partner National Societies (PNSs) through the Federation and bilateral support from some non-Movement partners and in collaboration with the Ministry of Health, UNICEF, WHO and WFP. A total of 33 clinics (12 static and 21 mobiles) were supported through the Emergency Appeal between Somaliland and Puntland at the close of the operation. The provided critical health services such as immunization (for mother and child), treatment of common illnesses, nutritional screening to monitor the growth of children under the age of 5 years, an Out-Patient Therapeutic Feeding Programme [OTP], a Therapeutic Supplementary Feeding Programme [TFSP], Maternal & Child Health and Nutrition [MCHN], reproductive health services (ante-natal, post-natal, delivery services) and health education. The following is a summary of achievement:



Key Achievements



Health & Nutrition



525,889 people received regular medical treatment through SRCS clinics supported in Somaliland and Puntland.



22,690 women of childbearing age (13,330 pregnant and 9,360 non-pregnant) received the tetanus (TT2) vaccination.

31,365 children under 1 year received the Pentavalent vaccine while,
57,928 children under the age of 5 years received the measles vaccine.



Ante-Natal Care (ANC) attendance was 89,734.



25,096 people received nutritional treatment and supplements through SRCS clinics in Somaliland and Puntland,



153 nurses and volunteers in Somaliland were trained on AWD/Cholera Management and Surveillance (including mobile data collection),



24 staff and volunteer leaders participated in a ToT training in AWD, ORPs and surveillance.



Water, Sanitation and Hygiene Promotion



535 Ceramic filters were procured and distributed to households and schools across four regions in Somaliland, benefitting more than 9,000 people.



10,080 HH have improved access to water as a result of the rehabilitation of 112 berkedes (earth dams) in Somaliland and Puntland.



19 wells were rehabilitated in the Awdal, Sahil and Sanaag regions, resulting in 1,900 HH benefitting.



Distribution of aqua tabs to 100 HH in Sahil, an additional 4,284 people (714 households) in Puntland received aqua tabs.



374 staff and volunteers received training in hygiene promotion

Ministry of Health and SRCS Staff have also been trained in cholera/acute watery diarrhoea treatment unit (CTU) management.



Food Security and Livelihoods



Unconditional Cash & Grants Assistance

450 HH assisted in Somaliland and Puntland

In 2018 800 HH assisted with 105 CHF in the Sahel Region the same with 670 HH in Sool

3,800 households in the four regions of Awdal (800 HH), Marorodijeex (1,000 HH), Sanaag (900 HH) and Toghdeer (1,100 HH) received ploughing assistance in this current Gu season of CHF 60 per HH for four hours ploughing time.

Health and Nutrition:

- 525,889 people received regular medical treatment through SRCS clinics supported through the Emergency Appeal in Somaliland and Puntland, supported by the IFRC from the commencement of the operation in April 2016 to December 2018. This was made up of 191,662 children under the age of 5 years (89,166 male and 102,496 female) and 334,227 aged above 5 years (132,710 male and 210,517 female).
- In the same period, 31,365 children under 1 year received the Pentavalent vaccine while 57,928 children under the age of 5 years received the measles vaccine
- A total of 22,690 women of childbearing age (13,330 pregnant and 9,360 non-pregnant) received the tetanus (TT2) vaccination
- 221,983 children under the age of 5 years were screened to assess their growth. Out of the number, 164 were found to have Oedema, 22,008 were moderately malnourished, 7,498 were severely malnourished while the remaining 187,313 were of normal weight.
- Total Ante-Natal Care (ANC) attendance was 89,734.
- 25,096 people received nutritional treatment and supplements through SRCS clinics in Somaliland and Puntland.
- 153 nurses and volunteers in Somaliland were trained on AWD/Cholera Management and Surveillance (including mobile data collection), in the Togdheer, Marodjeex, Sool and Awdal regions of Somaliland.
- 24 staff and volunteer leaders participated in a ToT training in AWD, ORPs and surveillance. The participants were drawn from the Marodijeex, 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 were procured and distributed to households and schools across four regions in Somaliland, benefitting more than 9,000 people.
- More than 10,080 households have improved access to water as a result of the rehabilitation of 112 berkeds (earth dams) in Somaliland and Puntland.
- 19 wells were rehabilitated in the Awdal, Sahil and Sanaag regions of Somaliland, resulting in 1,900 households accessing water for domestic and productive uses.
- Distribution of aqua tabs. An additional 100 households in Sahil have improved access to water from a well that has been rehabilitated.
- 14,787 households received WASH NFIs (Aquatabs, buckets, jerrycans, body and laundry soaps) across Somaliland.
- 400 household latrines were constructed in Togdheer, Sool and Sanaag regions of Somaliland and another 265 in the Sahil region.
- Latrines were also constructed at two schools with a total student population of 627 and one clinic in the Marodijeex region.
- Some 374 staff and volunteers 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 cholera/acute watery diarrhoea treatment unit (CTU) management by FACT, CRC 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.

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 CHF 100 respectively for 3 months (December 2017 and January - February 2018).
- 3,800 households in the four regions of Awdal (800 HH), Marodijeex (1,000 HH), Sanaag (900 HH) and Togdheer (1,100 HH) received ploughing assistance in this current Gu season of CHF 60 per HH for four hours ploughing time. The beneficiaries however did not receive seed inputs. This was after consultation

with the government, where it was established that the community had seed reserves that had not been utilised in previous seasons, due to the drought conditions.

Shelter and settlements

Target communities were identified and registered across the target regions of Sool, Sanag, Awdal and Togdheer (see table below for the exact distribution of target households per region). The selection criteria included IDP households, families without shelter protection, families caring for orphans, people living with disabilities, the elderly, and/or single-headed households.

Exact distribution of target households per region

Region	Number of target households	Number of households reached	Approximative number of people reached
Sool	2,000	2,000	12,000
Awdal	800	800	4,800
Sanag	1,200	1,200	7,200
Toghdeer	2,000	1,999	12,000
Total reached	6,000	5,999	36,000

Volunteers from the various regions were mobilised and trained to carry out the distribution. After procurement and delivery of all the shelter kits (a shelter kit comprises of one plastic sheet, two sleeping mats and five blankets), 6,000 plastic sheets and ropes, 12,000 sleeping mats and 30,000 blankets were distributed.

Somalia drought - Catchment area activities by location and sector

March 2018

Region	District	Health & Nutrition		Livelihoods / Resilience and Cash		Shelter / NFI		WASH					
		Mobile and static clinics		Ploughing	Unconditional cash	Distribution of Shelter NFIs	Berked rehabilitation	Construction of latrines	Distribution of ceramic filters	Distribution of WASH NFIs	Hygiene promotion	Water trucking	Wells rehabilitation
Awdal	Baki	■		■			■		■	■	■		■
	Boorama						■		■	■	■		■
	Lughaya					■	■		■	■	■		■
	Zeylac	■											
Bari	Bosaaso	■											
Mudug	Goldogob	■											
	Hobyo	■											
	Jariiban	■											
Nugaal	Burtinle	■											
	Eyl	■											
	Garoowe	■											
Sanaag	Ceel-Afwein	■				■	■	■	■	■	■		■
	Ceerigaabo	■		■		■	■	■	■	■	■		■
Sool	Caynabo	■				■	■	■	■	■	■		■
	Lascaanod	■			■	■	■	■	■	■	■	■	■
	Taleex	■				■	■	■	■	■	■		■
	Xudun				■	■	■	■	■	■	■		■
Togdheer	Burao					■	■	■	■	■	■		■
	Buuhoodle	■				■	■	■	■	■	■	■	■
	Oodweyne	■		■		■	■	■	■	■	■	■	■
	Sheekh			■		■	■	■	■	■	■	■	■
Woqooyi	Berbera	■			■	■	■	■	■	■	■		■
	Galbeed			■		■	■	■	■	■	■		■
	Hargeysa			■		■	■	■	■	■	■		■

Overview of Red Cross Red Crescent Movement in country

Movement Coordination

Responsibility for operational leadership and lead support to SRCS has been geographically divided between IFRC and the ICRC. Generally, in Somaliland and Puntland, the IFRC has the lead role in providing support to the National Society, particularly in health and National Society Development while the ICRC leads in the South/Central Zone and some pockets of conflict areas in eastern Somaliland. However, in terms of the emergency operation, which covered SRCS health activities and in view of the deterioration in security situation in Puntland, consultations were held between IFRC and ICRC for IFRC personnel to have access to Puntland. IFRC delegates do not have access to the disputed territories in the Sool and Sanaag regions in Somaliland due to insecurity.

Regular intra-Movement meetings and consultations are held, to establish coordinated and coherent approaches to programming and National Society Development. Health, Human Resource and Finance Development working groups have been set up, which act as advisory bodies sharing technical expertise with the National Society on the respective thematic areas. These are well represented by technical colleagues from ICRC, Partner National Societies, IFRC Somalia and the SRCS.

IFRC regional structures

The IFRC supports SRCS through its Somalia Country Office and the Africa Regional Office. This involves technical support in areas such as finance, health, logistics, Community Engagement and Accountability (CEA), Information Management (IM), PMER and operational support. The Food Security operation cell located in regional office in Nairobi supports the operation remotely and on site as required. The cell has deployed expertise on short-term missions to Somaliland, including a CEA delegate, a media delegate and information management delegate.

IFRC coordination structures for Somalia

- ***Somalia Country Office (Nairobi) level:*** Direct responsibility for IFRC operations in Somalia, whether through the appeal or longer-term programmes, is the responsibility of the Somalia Country Office based in Nairobi, which also facilitates field visits of Movement partners to Somaliland and Puntland and provides direct technical support to health and nutrition programs.
- ***Country (Somaliland) level:*** The emergency appeal operations office was hosted at the SRCS Somaliland Coordination offices in Hargeisa. In Hargeisa, the IFRC structure consisted of an Operations Manager (directly responsible to the IFRC HoCO Somalia in Nairobi), Health Delegate, Finance Delegate, WASH Delegate, Food and Livelihoods Delegate (including Cash Transfer Programming), PMER Delegate and Logistics Delegate, who worked with direct counterparts in the National Society. The National Society Data Manager, National Society Finance Assistant, National Society Logistics Assistant and two drivers were also located in the IFRC office. IFRC currently has no presence in Puntland.
- ***Surge support:*** Prior to the recruitment of the longer-term delegates listed above, a FACT team comprising of an Operations Manager, WASH, PMER, Health Epidemiology, Health, Logistics, Hygiene Promotion and Finance delegates, was deployed to Somaliland in April 2017. This was to provide surge support to the operational scale-up in response to the outbreak of AWD/Cholera and support the deployment of the ERU in the Togdheer region.

A joint Canadian Red Cross and Norwegian Red Cross ERU CTC for AWD/Cholera, with logistics support by British Red Cross, was deployed in Burao in the Togdheer region, Somaliland from May to August but downgraded to a CTU from September to December, to deal with AWD/Cholera case-management and disease prevention. The ERU provided capacity, including supplies, staff, and equipment, while assisting with clinical case-management and co-ordination of activities with the National Society. A major focus of the ERU in its set up and decommissioning was capacity building and training of the SRCS clinic staff. It

also included the construction of a warehouse as well as the collapsing of the Cholera Treatment Centre (CTC) into two Cholera Treatment Units (CTUs)

Movement Partners providing long-term support to SRCS

In addition to IFRC and ICRC, there are five partner National Societies (PNSs) supporting regular programs in the country. The National Society has 19 branches across the country (six in Somaliland, three in Puntland and 10 in South Central), with coordination offices located in Mogadishu and Hargeisa. There is a strong need for all Movement partners to prioritize Strengthening Movement Coordination and Cooperation (SMCC), to provide effective and coherent support to the National Society, such as ensuring a concerted approach to organizational development and capacity building.

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 static and mobile health clinics, a mapping of all Movement partners activities has been completed:

- An ECHO-funded consortium comprised of German Red Cross (lead), Finnish Red Cross and British Red Cross provided relief activities across four regions in Somaliland during the complex crisis, implementing CTP to 5,000 households. A German Red Cross led consortium funded by ECHO, also focused on another 4,000 families with a CTP intervention in Togdheer for three months, commencing in May 2018.
- *Norwegian Red Cross*: The NRC provides SRCS in Somaliland with support in orthopaedics and rehabilitation project as well as others in Galkayo in Puntland and Mogadishu in South/Central Somalia, together with long-term support to eight SRCS static clinics under Galkayo branch in Puntland. The NRC is currently supporting the National Society to develop and pilot community surveillance system in collaboration with the Canadian Red Cross, which will benefit SRCS in their health surveillance activities. The NRC is equally supporting the fistula programme at the Keysanay Hospital managed by the SRCS in Mogadishu that is supported by the ICRC.
- *German Red Cross*: In addition to providing the lead in the PNS consortium in-country, GRC has been supporting a community resilience project, including DRR, WASH and livelihoods in Somaliland in all regions since 2003.
- *Swedish Red Cross*: The SRC supports multilaterally two SRCS clinics (one static and one mobile) in Somaliland and six SRCS clinics (four static and two mobile) in Puntland. Both in Somaliland and Puntland, the Swedish Red Cross supports organizational development, capacity building, gender and diversity mainstreaming and health activities.
- *Icelandic Red Cross*: The IceRC supports one SRCS mobile clinic multilaterally and has also provided funds for some social interventions, including the construction of three family houses for orphans at the Hargeisa Orphanage, provision of accommodation for students and teachers, latrines, water systems and solar facilities at a girls' school, the provision of recreational facilities for children at an Internally Displaced Persons (IDP) camp in the Mudug region of Puntland and the rehabilitation of an orphanage in Garowe in the Nugal region of Puntland.
- *Qatar Red Crescent*: QRC supports two SRCS static clinics bi-laterally.
- *Finnish Red Cross*: The FRC supports eight SRCS clinics (six static and two mobile) multilaterally and provided funded for four additional mobile clinics in July 2017, which were previously funded by the Finnish Red Cross and German Red Cross through the ECHO funded consortium.
- *Canadian Red Cross*: Supported warehouse construction and CTC training in Burao.

The International Committee of the Red Cross (ICRC)

ICRC has been present throughout Somalia since 1982. As of 2018, it has had its main delegation in Nairobi, with sub-delegations in Kismayo, Baidoa and Belet Weyn (South Central Zone) and Garowe in Puntland. For 2018 it had an operational budget of CHF 81.609 million, focussing primarily on assistance (economic security, water and habitat, and health.) A key priority for ICRC is to work with the Somali Red Crescent Society to scale-up its multidisciplinary response in both immediate, life-saving activities and longer-term support for livelihoods and basic services, prioritizing areas that few or no other humanitarian actors can reach.

Overview of non-RCRC actors in country

Somaliland: The National Disaster Preparedness and Food Reserve Authority (NADFOR), is the key government institution in disaster response, but lacks the capacity to coordinate effectively and respond to the worsening drought situation. The lack of clarity on responsibilities and mandates of different government ministries and institution like NADFOR and Office of Presidential Charity, also undermines the effectiveness of coordination in Somaliland. NADFOR is currently in the process of internal reform, following the inauguration of the new government in December 2017. The reform includes revision of the organizational structure to fill the gaps and assume more coordination and response responsibilities; creation of an aid coordination department; construction of a food reserve facility in Berbera; and empowering and strengthening the capacity of NADFOR Regional Offices. Currently, over 72 partners are operating in Somaliland implementing programmes including nutrition, WASH, health, food security, and Education-in-Emergencies (EIE). The UN OCHA activated emergency working groups to coordinate more effectively the drought response in Somaliland.

Puntland: There are over 90 partners operating in Puntland with varying capacities and resources across key regional clusters, currently operational in three regional hubs: in Garowe for Nugaal; in Bossaso for Bari and North Gaalkacyo for North Mudug. These regional clusters have regular monthly coordination meetings, with some of them closely coordinated with key government line-ministries. The protection cluster was activated in August 2017, due to increased protection concerns for IDPs including drought displaced pastoralists in drought affected regions. The Country Cluster Coordination Mechanism (CCCM) was also launched in Garowe on 17 December 2017 to address gaps and coordinate response and service provision in IDPs settlements.

A Drought Operations Coordination Centre (DOCC) was set up in Garowe in March 2017 to strengthen coherence in response through Cluster teams, improve planning, response and monitoring of drought operations, as well as building synergies among various actors, including the Humanitarian Affairs and Disaster Management Agency (HADMA) that is responsible for the coordination of humanitarian responses in Puntland.

B. Operational strategy and plan

Overall objective

The disaster-affected population's survival and immediate needs are met through the provision of general health care, acute watery diarrhoea (AWD) treatment and prevention, water, sanitation and hygiene promotion, food, nutrition, non-food items and livelihoods for 502,800 people for 27 months.

The third revised Appeal extended the operation timeframe to 31 December 2018, based on continuing needs in vulnerable communities identified through information obtained from IFRC ERU assessments, data from SRCS clinics, ORPs and sub-branches, data from the Ministry of Health in Somaliland and Puntland and UN agencies (WHO, OCHA, UNICEF, UNHCR the Food Security and Nutrition Analysis (FSNAU)/Famine Early Warning System Network (FEWS NET). The effects of cyclone Sagar in May 2018 exacerbated the already precarious situation for some communities particularly in coastal areas of the Awdal region in Somaliland

Proposed strategy

Data driven approach

SRCS strengthened its capacity in data collection and analysis, as well as information management. SRCS monitored the collection of AWD data through mobile monitoring tools and through collection of regular data on malnutrition levels, as part of regular activities in SRCS health clinics. SRCS continued to monitor other emerging needs, through activities at the community level.

- **Health risk monitoring in AWD, Drought and Food Security Response in Somalia**
 - In response to the disasters, SRCS and IFRC established and implemented emergency surveillance of health risks, using mobile phone-based data collection. The emergency surveillance gives access to real time data/information from hard to reach areas and enables a data driven response. The emergency surveillance consists of daily reporting from SRCS static and mobile clinics. The emergency surveillance includes only the minimal data required on a daily basis in order to inform operations and target response, and focuses on reporting on suspected AWD/cholera, suspected measles and malnutrition indicators.
 - The need to revise and digitalise SRCS' health information system (including CBS), to enable health risk monitoring without setting up additional emergency surveillance system, was identified and recognised by SRCS, IFRC and PNS. Longer term plans are in place and supported by PNS, to enable SRCS to undertake the establishment of a standardised Health Management Information System (HMIS) that responds to SRCS, Somalia MoH and donor requirements, without placing an excessive burden on SRCS for manual data entry and duplicate reporting lines. This HMIS/CBS strategy will build on an assessment conducted and supported by the Norwegian Red Cross in March 2017, as well as the experiences gathered while setting up the current emergency surveillance system.

Health as key objectives

- Both the drought and AWD situations clearly showed that the immediate needs to address were mainly health related. Hence, it was crucial not only to ensure continuity of SRCS health services, but also to scale-up the capacity of existing clinics and the coverage to other affected areas. SRCS and IFRC held discussions with Movement partners, government and other humanitarian actors, to coordinate pooled resources more effectively to cover the operating costs of the health facilities. Acute Watery Diarrhoea (AWD) and malnutrition soared in the affected areas, as they did not receive much rainfall. Aside from the potential of rising cases of other diseases like measles, the services were likely to be impacted when safe water was restricted, due to the low rainfall in most areas.
- To effectively address AWD and other water-related diseases, it was crucial to also ensure hygiene promotion emphasized through all service delivery points (particularly clinics) and high-risk communities. The hygiene promotion was supported with the distribution of relevant items to ensure access. Safe water items were distributed not only by the SRCS sub-branches, but also through the oral rehydration points (ORP).

Partnering on CTP

- SRCS and IFRC referred to existing Standard Operating Procedures (SOPs) and practices by the German Red Cross on CTP for community people selection, registration and verification process of the target population. German Red Cross was already supporting SRCS in implementing cash transfers through the community resilience programme in 3 regions in Somaliland, and previous lessons and best practices were contextualized to ensure CTP interventions for this operation effectively and efficiently reached the target families in the 6 regions.

Seasonal livelihoods

- SRCS capitalized on rainfall in the immediate and mid-term for livelihoods interventions, to ensure higher success and quality yield for the target population. This was done through well-timed ploughing and planting, to coincide with the expected rainfall in each of the target areas. Particular attention was 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

- SRCS, with support from IFRC and Movement partners, will enhance its capacity to plan, resource and implement the early recovery response and community resilience agenda. As the disaster is slow onset, the impact and needs are likely to continue for periods of time in different regions across the country. The majority of the current activities are conducted through either the SRCS clinics in Puntland and Somaliland, or through branch volunteer networks. This ensures synergies in training of staff and volunteers, as well as efficient utilization of existing SRCS structures. SRCS will also be supported to

develop a contingency plan, as well as a roadmap to incorporate community resilience for similar disasters in the SRCS and IFRC longer-term plans.

- SRCS, in its auxiliary role, has worked closely with the recently established National Disaster Preparedness and Food Security Authority (NADFOR). IFRC and SRCS have collaborated with NADFOR on a food reserve project. This involved financial assistance to develop an area of 282 hectares for the cultivation of sorghum and maize. The produce will contribute to a national food reserve which NADFOR is developing. IFRC will provide further support to NADFOR for harvesting and storing the produce. This support should facilitate longer-term strategic engagement with NADFOR, as the key government agency responsible for disaster preparedness.


Community engagement and accountability (CEA)

Considering gender and diversity issues, as well as other needs of affected communities across the targeted areas, measures were put in place to enhance community communication, participation and improve programme accountability to communities. SRCS used appropriate communication channels to disseminate key actionable and reliable information and strengthen participation, through community engagement and communications systems to determine whether the assistance was appropriate and contextualized, and to engage communities in design of early recovery assistance. These communication channels utilize existing cultural and traditional systems and processes, such as radio and participatory activities, to capture feedback from beneficiaries to be linked to respective programme sectors for analysis and follow-up. Regular post-distribution monitoring by IFRC and SRCS staff and volunteers of beneficiary households also served to collect feedback on the relevance and timeliness of the assistance, which at the same time serves to inform and improve the design of future programs.

IFRC initiated and supported the discussion with SRCS on how best to mobilize community engagement and accountability within the relief and early recovery activities. Community engagement and accountability approaches were cross-cutting and embedded into all activities. The IFRC supported and facilitated capacity building of SRCS staff and volunteers with the training of 26 staff and volunteers on CEA to enable them support CEA in the Emergency Operations and beyond.


There is already on-going community engagement through the community health representatives, the Community Health Committees (CHCs). The community committees link SRCS with the communities, the local authorities and other actors the religious leaders, community elders and groups like women's groups help in delivery of all health emergency services, by mobilizing fast responders and the mobile community.

DETAILED OPERATIONAL PLAN

		
<p>Disaster Risk Reduction People reached⁴: 52,000 Male: Female:</p>		
<p>Outcome 1: Communities in high risk areas are prepared for and able to respond to disasters</p>		
<p>Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters</p>		
Indicators:	Target	Actual
# of people engaged in DRR activities	52,000	38,210

⁴ Reference to the counting people reached guidance

Progress towards outcomes
<p>Due to funding constraints most of the DRR activities included in the EPOA were never conducted. The National Society however used the Swedish pledge in conducting some DRR activities, including some trainings.</p> <p>Contingency planning workshop This training was conducted in both the Hargeisa and Berbera branches. A total 10 (2 female, 8 male) were trained in Hargeisa, while 10 volunteers and staff members were trained in the Berbera branch.</p> <p>There was also a 2-days training on the Emergency Plan of Action (EPoA) with 18 participants from the 6 regions of Somaliland.</p> <p>Community resilience/DRR training for communities In Hargeisa, 12(10 male /2 female) participants attended this training. Out of the 12 participants, 8 were drawn from selected communities that are prone to severe drought/hunger. The other 4 participants were branch staff and volunteers. In the Berbera branch, 13 participants (10 male / 3 female) attended the training. Eight of the participants were community members drawn from Galoley and Berbera, while the other 5 participants were Berbera branch staff and volunteers.</p> <p>Integrated community resilience plan development training 30 (20 male/10 female) participants from Galoley communities attended community integrated resilience plan development held in Galoley village.</p> <p>In all these trainings, the ToTs cascaded the learnings to the members of their various communities</p>

	<h2 style="color: red;">Shelter</h2> <p>People reached: 36,000 (6,000 households)</p>						
<p>Outcome 1: Communities in disaster and crisis affected areas of Somalia restore and strengthen their safety, wellbeing and longer-term recovery shelter and settlement solutions</p>							
<p>Output 1.1: Short, medium and longer-term shelter and settlement assistance is provided to affected households.</p>							
Indicators:	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Target</th> <th style="text-align: center;">Actual</th> </tr> </thead> <tbody> <tr> <td># of households received emergency shelter NFIs</td> <td style="text-align: center;">6,000</td> <td style="text-align: center;">5,999</td> </tr> </tbody> </table>		Target	Actual	# of households received emergency shelter NFIs	6,000	5,999
	Target	Actual					
# of households received emergency shelter NFIs	6,000	5,999					
Progress towards outcomes							
<p>Target communities were identified and registered across the target regions of Sool, Sanag, Awdal and Toghdeer (see table below for the exact distribution of target households per region). The selection criteria included IDP households, families without shelter protection, families caring for orphans, people living with disabilities, the elderly, and/or single-headed households.</p>							

Region	Number of target households	Number of households reached	Approximative number of people reached
Sool	2,000	2,000	12,000
Awdal	800	800	4,800
Sanag	1,200	1,200	7,200
Toghdeer	2,000	1,999	12,000
Total reached	6,000	5,999	36,000

Volunteers from the various regions were mobilised and trained to carry out the distribution. After procurement and delivery of all the shelter kits (a shelter kit comprises of one plastic sheet, two sleeping mats and five blankets), 6,000 plastic sheets and ropes, 12,000 sleeping mats and 30,000 blankets were distributed.



Livelihoods and basic needs

People reached: 5,270

Outcome 1: Immediate food and basic needs of the disaster affected population are met

Output 1.1: Households are provided with multi-purpose cash grants to address their basic needs.

Indicators:	Target	Actual
Immediate food and basic needs of the disaster affected population are met.	2,000	1,470
Number of households received agricultural seeds (<i>these are the same beneficiaries targeted with ploughing support</i>).	5,000	3800
Livelihoods of affected population will be improved and sustained.	5,000	3,800

Output 1.2: Household livelihoods security is enhanced through food production and income generating activities

Indicators:	Target	Actual
Number of households received ploughing support.	5,000	3,800
Number of households received unconditional cash transfers.	2,000	1,470

Progress towards outcomes

Activities already carried out

Unconditional cash transfers

In 2016, 900 households (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 2017/2018, a total of 1,470 households received unconditional cash grants from December 2017 to February 2018 in two regions of Sahil and Sool of Somaliland for three months, using a mobile transfer company.

The target for unconditional cash grants was 2,000 households, but due to financial constraints only 1,470 were supported.

Out of the 1,470 households, 800 were from Sahil region and each household received \$75⁵ per month for 3 months. The other 670 households were from Sool region and each household received \$100 per month for 3 months. The total cash transfer for 3 months amounted to USD 381,000 for the two regions.

Region	Number of beneficiaries reached
Sahil	800 households (USD 75 for 3 months)
Sool	670 households (USD 100 for 3 months)

Beneficiary selection

The selection of beneficiaries was undertaken by the village community leaders. However, to ensure that the right people who met the selection criteria set out below were selected, verifications were carried out after beneficiaries were selected.

The criteria for unconditional cash grants included families:

- who had lost livestock due to the drought
- with no income source including remittances
- with malnourished children
- with disabled, chronically ill, elderly persons and orphans
- with bigger household size 5+
- with pregnant and lactating women

Feedback and Complaints Response Mechanism

To allow beneficiaries to provide feedback and raise complaints in the duration of the cash transfer program, toll-free hotline centres were set-up. Two hotline centres were set-up in the Sool and Sahil regions by Telesom, the same service provider which was being used to disburse money to beneficiaries. The centres were staffed by two trained volunteers.

The type of complaints received varied and the most common were technical in nature (blocked PIN, loss of sim cards). The other inquiries related the dates of the cash transfers. Lack of consistency payment dates was the greatest challenge that was faced during program implementation. This was mainly due to the cash request process, which resulted in some delays.

Even non-beneficiaries were calling the hotline number, which meant that the number was accessible to everyone. They were mainly calling to for assistance, as they believed that they were equally affected.



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Post distribution monitoring

Post distribution monitoring (PDM) was conducted two weeks after every cash disbursement. The objectives of the PDM were to:

⁵ Initially, the amount of unconditional cash per beneficiary was set by USD 111. However, the Somalia cash working group carried out a new, in-depth assessment and revised and recommended the amount to be USD 75 per beneficiary.

- Check whether beneficiaries had received their monthly entitlements and that the amounts were correct.
- Assess cash utilization (although it was unconditional).
- Assess the availability of goods, as well as market prices.
- Check if beneficiaries were aware of the feedback and complaints platforms available.

Some of the PDM findings include:

Selection process

Beneficiaries were asked their perception of the selection criteria. In the Sahil region, 61.3% were very satisfied while 38.8% were not satisfied. In the Sool region, 70% were very satisfied and 30% were not satisfied. About 64.6% noted that the selection of beneficiaries was undertaken by the village committees and 35% noted that it was done by the community members.

Cash distribution process and satisfaction

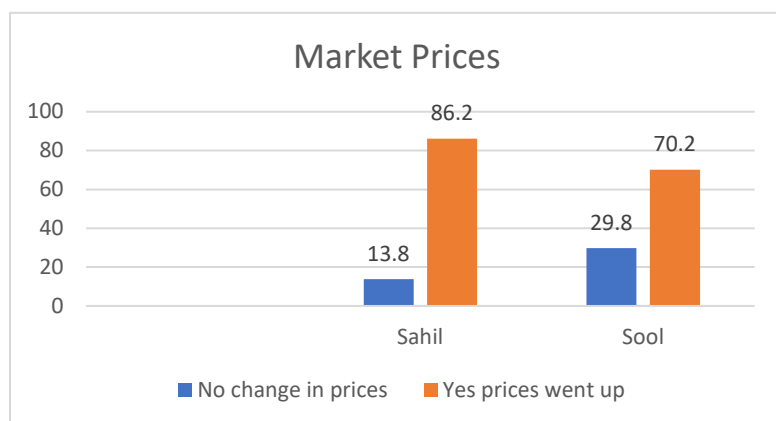
The average amount received varied from region to region. In the Sahil region, beneficiaries received \$75, whereas in the Sool region it was \$100 per household. This was the agreed amount payable in each area as confirmed by the PDM survey results. When asked if the amount received was equivalent to what they expected to receive, all beneficiaries (100%) in both regions confirmed that it was indeed what they expected.

Beneficiary profile

Generally, the majority (56.3%) of the cash recipients were female, while 43.8% were male in the Sahil region and in the Sool region 61% were female with 38% being male. There were no major variations across the two surveyed regions on phone handset ownership. About 71.3% of the beneficiaries in Sahil noted that there was someone who owned a handset in the household and in Sool region 71.6% indicated that there was someone who owned a handset in the household.

Effect of cash injection on market prices

86.2% of the respondents in the Sahil and 70.2% in the Sool regions respectively reported price increases after cash injection in their areas. There was the need for continued price monitoring to establish trends that might affect accessibility of food by the affected population.



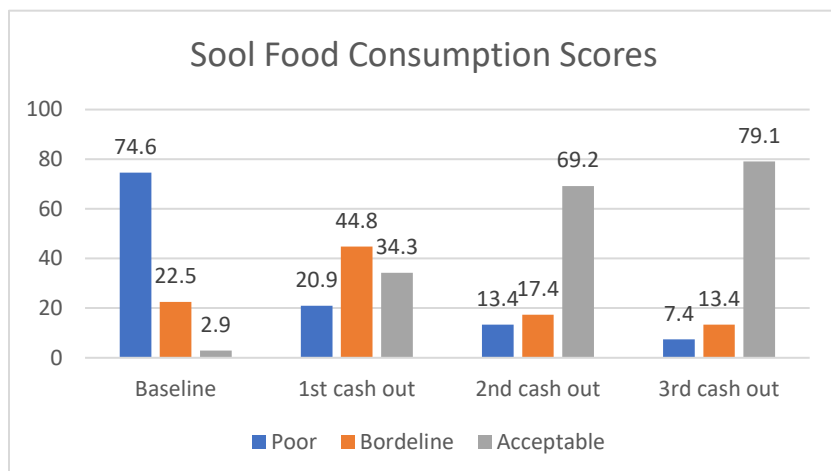
Accountability

The majority (65.3%) did not make any complaint, whereas 34.7% confirmed making complaints. From those who indicated that they made a complaint, all of them noted that they received feedback.

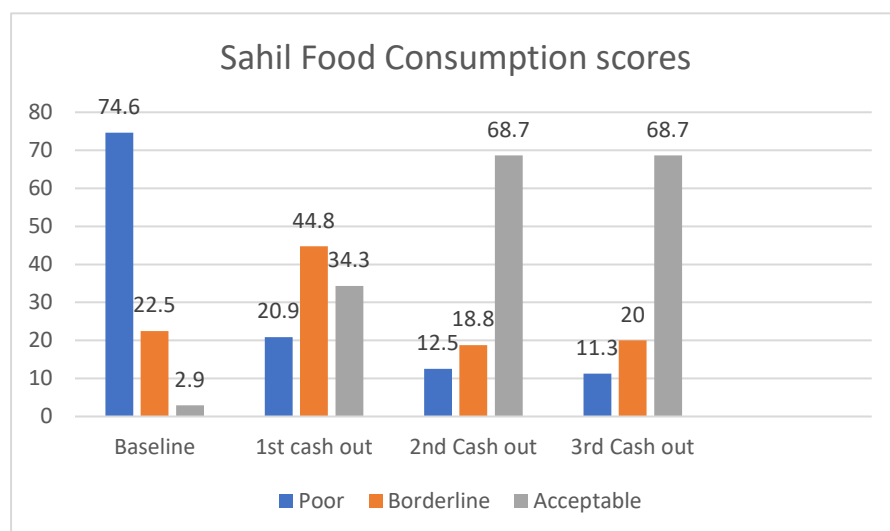
Food Consumption Scores

The Food Consumption scores were tracked again to see if there was any change after the cash disbursement.

For the Sool region, there was a marked improvement, as 79.1% of the households were in the acceptable levels, compared to 2.9% at the baseline. Only 7.4% were in the poor category, as shown in the graph below

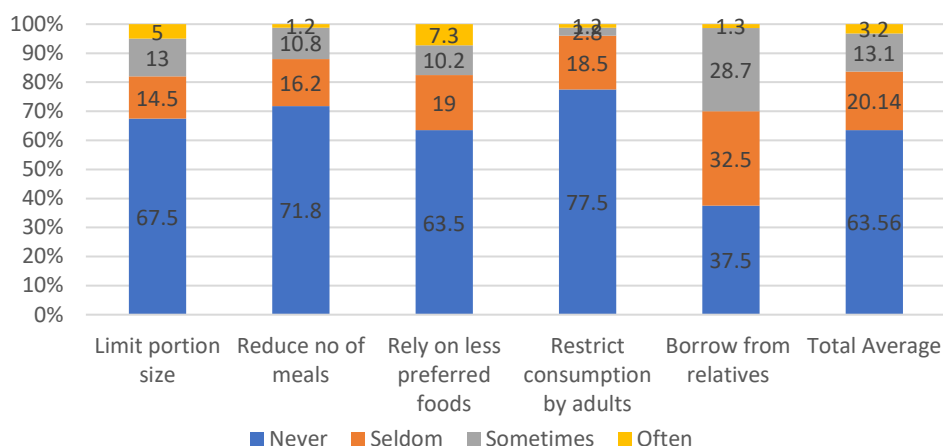


For the Sahil region, there was marked improvement regarding food consumption scores. 68.7% of the beneficiaries now fell into acceptable levels, up from 2.9%. Only 11.3% remained in the “Poor” category as illustrated in the graph below.



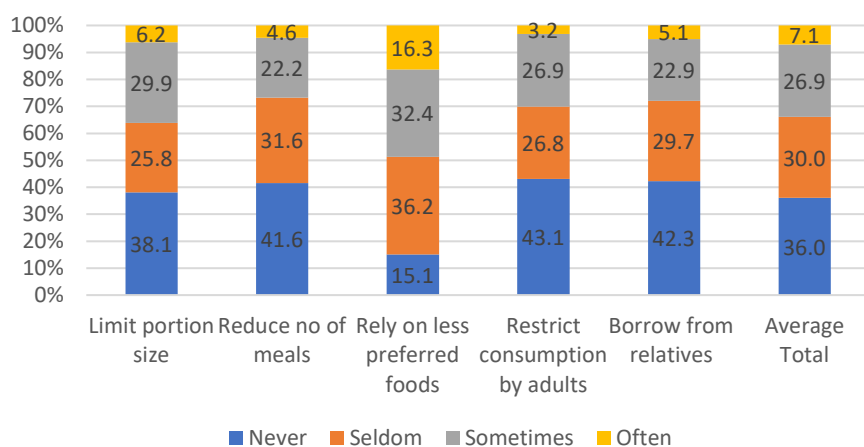
Coping strategy Indices

Sahil region coping strategies



On average, 63.6% of the beneficiaries noted that they never engaged in any of the mentioned coping strategies. This indicated a great improvement from 21.2% at baseline. However, 7.1% of the beneficiaries noted that they often resorted to some of the coping strategies in question and this showed a marked decrease from the 15.5% at baseline.

Sool Coping strategies



Ploughing

During the Gu (long rain) season of 2018, a total of 3,800 households (breakdown in the table below) were supported with a one-off ploughing service through rental tractors. The target however was 5,000, but due to limited funding only 3,800 households were supported. These beneficiaries did not receive seeds as initially planned. This was after consultation between government and the communities, who preferred to

use seeds from previous stocks. Each beneficiary received up to four hours ploughing time, which was equivalent to around USD 60.

Region	Number of HH supported
Awdal	800
Toghdeer	1,100
Maroodijeex	1,000
Sanaag	900
Total	3,800

The selection criteria for ploughing beneficiaries were families living in areas that are likely to have successful subsistence crops, families who farm cereal e.g. sorghum and maize, families with no other sources of income, including remittances, orphans (age sensitive), elderly and disabled persons with land to farm and with access to support from a host family or neighbour.



Any challenges the National Society may have met, and what they are doing to deal with these challenges

- Lack of coordination from the working group members in the initial phases made it very difficult to get a detailed 3 W Matrix, hence delaying the beneficiary identification process. However, there was great improvement as agencies subsequently met regularly to share updates.
- Another challenge was the poor rainfall outlook that hindered the implementation of the ploughing interventions in 2017. This meant ploughing was postponed to 2018. The need was huge.
- The other constraint was funding. The target of 7,000 households could not be met, due to lack of funding.
- The tender process took a long time from the NS all the way to Geneva. There was an orientation for the logistics team subsequently to improve the process and the time lag.



Health

People reached: 502,800

Male:

Female:

Outcome 1: The immediate health risks of the affected populations are reduced

Output 1.1: Increased access to primary health care services through SRCS clinics

Indicators:	Target	Actual
# of children under 5 provided with immunization (disaggregated by gender).	100,560	89,293
# of children under 5 provided with Vitamin A, Zinc and deworming medication	5,000	12,409
# of women provided with ante-natal services.	26,596	32,564
# of women provided with micronutrients.	11,443	18,499
# of women provided with post-natal services.	11,543	16,437
# of people received general medical treatment.	502,800	F - 304,013 M - 221,876 T - 525,889
# of volunteers mobilized for health and hygiene promotion activities (disaggregated by gender-man/woman)	60	195
Output 1.2: Community-based disease prevention and health promotion is provided to the target population		
# of volunteers trained in food preparation and utilization (disaggregated by gender-man/woman).	30	0
# of people trained via the cascading training on food preparation and utilization (disaggregated by gender).	120	0
# of children under 5 screened,	100,560	221,983
# of children under 5 received supplementary feeding (disaggregated by gender).	16,898	27,008
# of children received therapeutic feeding (disaggregated by gender).	3,380	7,498
# of pregnant and lactating women received supplementary feeding.	9,722	12,949
# of children under 5 referred to OTP from ORP.	1,000	38
# of volunteers mobilized for health and hygiene promotion activities (disaggregated by gender).	250	408
# of people provided with ORS in ORPs (disaggregated by children under / over 5).	105,000	96,000
# of people provided with ORS in ORPs (disaggregated by children under /		29,964
Output 1.3: Community based Surveillance (CBS) system initiated for real time data collection, alerts raising and timely investigations and response		
# of people oriented on the use of mobile data collection device (disaggregated by gender).	90	90
# of people oriented on enhanced surveillance and response to AWD/Cholera outbreaks.	120	107
Output 1.4: SRCS capacity to contribute to the health system in emergency health preparedness and response to the future outbreaks is		
# of warehouses constructed	1	1

# of SRCS staff and volunteers trained on the usage and maintenance of the ERU/CTC.	12	12
Output 1.5: Moderate and acute malnutrition are addressed in the target population		
# of people provided with nutrition supplements	3,000	3,153
Progress towards outcomes		
<p>A total of 16 National Society staff and volunteers (9 male and 7 female), from Somaliland and Puntland, consisting of National Health Officers, Branch Health Officers, volunteer leaders and the two Operations Managers were trained as ToTs in AWD / Cholera response, including mobile data collection, management of Oral Rehydration Points (ORPs), malnutrition, measles, surveillance, monitoring and reporting.</p> <p>One hundred and ninety-five (195) volunteers from the 6 regions in Somaliland and 3 regions in Puntland and 10 supervisors were trained in Epidemic Control for Volunteers (ECV) for the management of the ORPs. The training included surveillance, health promotion, measles and malnutrition, as well as reporting through the short messaging system (SMS). The trained volunteers were made responsible for the management of 72 ORP kits that were deployed in 3 hot spot regions in Somaliland (Togdheer, Sool and Awdal) and the 3 regions of Puntland (Bari, Nugal and Mudug). Somaliland had 51 kits deployed, while Puntland had 21 out of the 100 kits that were procured for the AWD / Cholera response as community surveillance sites. The volunteer training in Puntland encountered delays due to access challenges for IFRC to provide support directly to the 3 Puntland regions in the entire response operation. Another 213 volunteers were trained to conduct hygiene promotion activities, including one-on-one communication.</p>		
 <p>SRCS mobile clinic staff conducts nutritional screening. Photo by SRCS</p>	<p>As part of the response strategy, 89 mobile and static clinic nurses and Branch Health Officers were oriented in the management of AWD/cholera. That included the administration of IV fluids, case definition for measles and malnutrition, referral, use of the Magpi software and reporting. The static clinics were utilised as sentinel sites for AWD / Cholera cases. Puntland accounted for 52 of the trained health staff, with the remaining 37 coming from Somaliland. The 57 mobile phones procured for data collection were utilised by the clinic team leaders, for the collection and transmission of surveillance data to the Operations Managers in Somaliland and Puntland respectively who managed the data.</p>	
<p>Initial supplies for the response, including IV fluids, Oral Rehydration Salt (ORS) and nutritional supplements were provided by partners, including UNICEF and WHO with supplementary from the IFRC. The SRCS / IFRC coordinated the surveillance of AWD / Cholera response activities with these partners, together with the Ministry of Health. Weekly coordination meetings were held in Puntland and Somaliland respectively, under the auspices of the Ministry of Health, to analyse trends and make decisions on the direction of the response, as well as enhancing social mobilization for prevention. In Somaliland. The SRCS and IFRC participated in the surveillance and management sub-committees.</p>		
<p>No new IEC materials were produced as planned. However, existing leaflets on ADW / cholera prevention from the Ministry of Health were used by the volunteers during social mobilization activities, both at the ORP sites and in the communities. In Puntland, 2,000 leaflets were used in the exercise.</p>		
<p>Social mobilization activities carried out by the trained volunteers as part of the prevention strategy reached an estimated 84,000 community members. During the campaigns, 12,942 sachets of ORS were distributed in Puntland. However, no soap was distributed.</p>		

The weekly radio talk on AWD / Cholera could not be organised, due to unavoidable challenges. However, in Somaliland twice weekly mobile cinema shows on cholera prevention, using the “cholera story”, were conducted in Burao in the Togdheer Region. Besides the general public, the shows also focused on the CTC and the October IDP camp, considered to be one of the worst affected communities in Burao. The story line was also used at the ORP sites by the volunteers, to educate community members while waiting at the sites.

Activities under output 2.4 are all linked to the deployment of an AWD ERU to Somaliland. All training activities under this output were combined into one training event, including three sessions. The first of these training sessions was completed on 22 May, and the remaining two sessions were completed shortly after.

The AWD surveillance system that is part of the ERU response, was established in coordination with WHO and the government, which are traditionally the main health surveillance actors in the country.

The preparedness and preposition of ORP supplies as well as trainings and surveillance were able to avert another outbreak.

A total of 525,889 community members (304,013 female and 221,876 male) received treatment for common illnesses, particularly Acute Respiratory Infection (ARI), Diarrhoea, Eye infection for both children and adults and in addition, pneumonia and skin infection for children and Urinary Tract Infection (UTI) and anaemia for adults by the 33 static and mobile clinics supported under the Emergency Appeal. Other services provided by the clinics included the Expanded Programme of Immunization (EPI) immunized children under the age of 5 against the childhood preventable diseases and women of child-bearing age (pregnant and non-pregnant) against tetanus; screening of children under the age of 5 years to assess their growth, safe motherhood (ante natal, delivery, post-natal and referral)



SRCS mobile clinic staff vaccinates a child. Photo by SRCS

The planned ToT and cascading workshops on food preparation and utilization could not be undertaken due to resource constraints.

A total 408 volunteers were mobilized to conduct social mobilization on health and hygiene with the view to improving health and hygiene behaviours, disease prevention and encouraging community management of water and sanitation facilities. The door to door to door and group sessions reached an estimated 96,000 community members.

Due to the design of the Health Management Information System (HMIS) from the Ministry of Health, data collected on some indicators such as children given therapeutic and supplementary feeding could not be gender disaggregated.



Water, sanitation and hygiene

People reached: 309,438

Male:

Female:

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of people have access to safe water	128,368	110,472
# of people have access to improved sanitation facilities	24,000	8,000
# of people received refresher training on PHAST methodology (disaggregated by gender-man/woman)	336	250 (192m, 58f)
# of people reached with hygiene promotion and hygiene education	128,368	132,090
# of people reached with hygiene promotion messaging in schools and high-risk communities	50,000	58,680

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.

Indicators:	Target	Actual
Rehabilitation of boreholes (No of boreholes rehabilitated)	5	0
Rehabilitation/maintenance of berkeds (Number of berkeds rehabilitated/maintained)	95	95
Rehabilitation of wells	12	19
Procurement and installation of dosatrons for automatic chlorination of borehole water	6	0
Rehabilitation and extension of Caddadley clinic solar piped water system to school.	1	1
Rehabilitate water systems in SRCS Clinics (five clinics in hotspots).	5	3
Install roof water harvesting gutters and tanks in schools and clinics (10 schools, 10 clinics).	10 schools, 10 clinics	5 schools, 2 clinics
Procurement and distribution of 1,000 ceramic filters.	1,535	1,535
Procurement and distribution of Aquatabs and jerry cans (32,000 jerrycans up to June 2018, additional 17,000 up to December 2018)	49,000	33,826
Procurement and distribution of buckets with lids (32,000 up to June 2018, an additional 17,000 up to 31 December 2018).	49,000	33,826
Procure of hygiene items (96,000 body soaps and laundry soaps by June 2018) and an additional 153,000 body and laundry soaps from June to Dec 2018.	249,000	294,000
Procurement and distribution of 50 community water tanks/tap stands in IDPs	50	0

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators	Target	Actual
Construct latrines in affected IDP settlements. (400 up to June 2018, additional 800 by December 2018).	1,200	665
Rehabilitate latrines in SRCS clinics.	10	2

Establish solid waste disposal sites.	10	0
Procure sanitary pads (for 2,000 girls, 3,000 women).	5,000	4,740
Distribute and provide orientation on correct use and disposal of sanitary pads.	5,000	4,740
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators	Target	Actual
Refresher training on PHAST methodology for 120 volunteers.	120	250
Conduct one-on-one WASH communication for target population for improved hygiene and sanitation awareness. (households).	9,000	9,780
Train volunteers in WASH including household safe water treatment and storage.	120	250
CHAST Training for teachers (20 teachers).	20	0
Conduct hygiene promotion sessions and CHAST in schools and in communities reporting AWD/cholera outbreaks.		0
Setup school health clubs.	20	0
Conduct KAP survey in the regions most affected by AWD.	6	6

Activities already carried out

Daily access to safe water which meets Sphere and WHO standards in terms of quality is provided to target population.

The drought experienced during the 2016-2017 season in Somaliland impacted significantly on the ability of nomadic households and those in IDP camps to access safe water, as traditional water sources had dried up. Water tests conducted in the October IDP camp, Burao, on the 27 July 2017 showed high levels of faecal contamination for samples taken from containers in use at the household level. The project thus aimed to improve access to safe water by rehabilitating 95 berkedes (earth dams) and 8 shallow wells, and distributing Aquatabs, jerrycans and buckets for treatment, safe transport and storage of water in all regions across Somaliland (Sahil, Sool, Sanaag and Togdheer Maroodijeex and Awdal) regions.

Ceramic filter distribution

- 1,535 ceramic filters procured and distributed to households and schools across four regions in Somaliland, benefitting more than 9,000 people

Water trucking

- Water trucking was done for 3 months in the Goljano IDP camp, reaching 2,400 IDP households.
- Water trucking in the Burwaqo IDP camp in Burao reaching 1,500 IDP households.
- Total households reached was **3,900**. This translates to 23,400 **beneficiaries** (a household has an approximate six members).

Rehabilitation of berkeds

- More than **8,550 households** have improved access to water as a result of the rehabilitation of 95 berkeds and distribution of Aquatabs. This translates to **51,300 beneficiaries** (a household is approximated to have six members).

Region	Berkeds rehabilitated
Sanaag	15
Sahil	10
Sool	19
Awdal	12
Maroodijeh	16
Toghdeer	23
Totals	95

Rehabilitation of shallow wells

A total of 19 wells were rehabilitated in Sahil (2), Sanaag (3) and Awdal (14). One well in Sahil was equipped with solar water pumping equipment, including a 500 liter water tank. The wells are providing water for domestic and productive uses.

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

Latrine construction

At the peak of the 2017 AWD/Cholera outbreak, a rapid assessment carried out in the October IDP camp in Burao, Toghdeer region revealed that the sanitation coverage was so low, that open defecation was prevalent around this and similar camps in the region. The programme set out to build latrines in order to improve on this situation and provide decency and a secure place, especially for women and girls, who would otherwise have to use insecure sites in and around their settlements. The appeal targeted the construction of 400 latrines by June 2018, to be built in Sanaag (100) and Toghdeer (200) and Sool (100). These were built, enabling just over 8,000 people (each latrine serves 20 people) to have dignified sanitation facilities. Users were also trained on basic latrine maintenance and hand washing after latrine use. An additional 800 latrines were targeted for construction by December 2018 out of which 265 were constructed in 3 targeted villages in the Sahil region. (Ragadweyn-16, Kalabaydh-35, Dhibijo-217)

Region	Number constructed
Sanag	100
Togdheer	200
Sool	100
Total	400

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

Table 1: Volunteers trained, and households reached

Region	No of Volunteers Trained			Door to door Visits HHs reached
	Male	Female	Total	
Toghdeer	40	5	45	1,350
Sool	26	12	38	760
Sanaag	24	6	30	600
Sahil	22	4	26	490
Awdal	15	9	24	480
Maroodijeh	25	7	32	652

A rapid assessment of hygiene behaviors and practices was carried out in Burao, Toghdeer region in January 2018, to prioritize messages and strategies for hygiene promotion for AWD prevention. Safe excreta disposal, latrine maintenance and safe water handling and treatment were identified as priority practices at the end of the assessment. Twelve (12) staff from all branches (2 from each branch) received refresher

training on PHAST and monitoring of water treatment and waste management. The staff then carried out training for 195 volunteers from across the six regions. After the training, each volunteer was tasked with following-up 20 households over a period of 3 months, monitoring their storage and treatment of water, waste management and general hygiene at the homestead. The volunteers made use of monitoring tools adapted and translated for them for this exercise. A further 55 volunteers were trained in two regions - Awdal (30) and Maroodijex (25) in response to cyclone Sagar, that caused destruction of homes and displacement in the 2 regions in May 2018. A total of 3,938 households were reached through door-to-door campaigns, aimed at raising awareness on water handling, hand washing and latrine use. The volunteers also distributed soap and Aquatabs.

In their feedback, the volunteers highlighted the poor hygiene practices and challenges with access to water and sanitation facilities that still needed to be addressed, such as limited access to and distances involved in accessing clean water, and poor latrine coverage. The project recommended awareness raising and training of masons, so that communities could take up latrine construction. The project also recommended the setting up of community health clubs, so that communities could continue to deliberate on the hygiene issues affecting them and make interventions that they could sustain.

No boreholes could be rehabilitated as a result of procurement challenges, coupled with donor time limitations. Similarly, no dosatron for automatic chlorination was procured since no borehole was rehabilitated. Rehabilitation and extension of water system was carried out at the Dilla clinic instead of the Caddadley clinic, with rainwater harvesting and solar piping. Due to funding challenges water tanks/tap stands planned for IDP camps could not be procured and distributed.

The planned CHAST training for 20 teachers and the subsequent community hygiene promotion sessions and CHAST in schools and in communities reporting AWD/cholera outbreaks, the formation of health clubs in 20 school were equally not realised as a result of implementation challenges.

In Sahil, this monitoring exercise showed that latrine coverage was very low (10% in some villages), as in Table 1.

	Village	Number of Households in the village	Number of households with latrines
1	Ragaadweyn	25	5
2	Kalabaydh	35	7
3	Galooley	88	30
4	Dawdama	25	6
5	Cagaarey	42	10
6	Gidhays	150	15
7	Godayar	120	35

1. Table 2: Latrine coverage in selected Villages, Sahil region

Following from that 265 latrines were constructed in the Sahil region.

WASH NFI distribution

Region	Number target of households (HH)	Beneficiaries reached in each region	Jerrycans (2 jerrycans per HH)	Buckets (2 buckets per HH)	Pieces of Body soap (18 per HH)	Pieces of Laundry soap (18 per HH)	Aquatabs (180 per HH)	Sanitary pads (hh)
Sool	1,644	13,049	3,288	3,288	29,592	29,592	295,920	
Toghdeer	2,031	13,028	4,062	4,062	36,558	36,558	365,580	
Sanag	1,456	13,973	2,912	2,912	26,208	26,208	262,080	
Maroodijeh	4,398	26,388	8,796	8,796	79,164	79,164	791,640	2,110
Sahil	1,151	7,228	2,302	2,302	20,718	20,718	207,180	
Awdal	6,079	30,575	12,158	12,158	109,422	109,422	1,094,220	2,730
Totals	16,759	104,241	33,518	33,518	301,662	301,662	3,016,620	4,840

Strategy for Implementation (SFI)

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

#Progress towards outcomes

There were two warehouses which were identified, one in Burao and one in Berbera. The one in Burao had a fully-fledged assistant but the one in Berbera had a WFP assistant so there was no logic in hiring the second logistic assistant. The warehouses were used in the prepositioning of NFIs for more than 1,000 households. The National Society had used it in prepositioned stock to intervene hence the funds from the appeal were used in replenishing the stock.

Contingency planning workshops were conducted in both the Hargeisa and Berbera branches. A total 10 (2 female, 8 male) were trained in Hargeisa, while 10 volunteers and staff members were trained in the Berbera branch. A logistics and relief training was equally organised for 12 SRCS volunteers and facilitated by the IFRC and the ERU.

At a strategic planning for CEA session in January 2018, SRCS staff from Somaliland came together to set priorities for improving Community Engagement and Accountability (CEA). The participants identified the following action points;

- Train SRCS staff and volunteers on CEA.
- Create a CEA strategy and guideline for SRCS, building on IFRC/ICRC guidelines.
- Establish a CEA department within SRCS.
- For all programs, SRCS will present its assessment findings to the community during an initial workshop before implementation.
- For all programs, SRCS will systematically build in time for community engagement, to consider their needs/preferences.
- Strengthen existing communication channels and establish new channels.
- Appoint a CEA focal point at national level as well as at each branch.
- Integrate CEA activities and indicators into all of SRCS' sectoral plans.
- Allocate resources to CEA activities (such as trainings/materials) and include those in budgets.

In addition, SRCS started working on a more detailed action plan on the integration of CEA in the 4 main sectors: health & nutrition, WASH, food security & livelihoods, and shelter & Non-Food Items (NFI).

International Disaster Response

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Progress towards outcomes

An Emergency Response Unit (ERU) was set up and a 100-bed cholera treatment in Burao which functioned between May and August 2018. A cholera treatment unit was also established in Sool, 20 bed capacity. Several trainings were done on ERUs and CTC which improved the capacity of the staff and volunteers on how to better intervene and in these trainings the NS was able to develop standard operating procedures which will guide future operations.

A warehouse was constructed in Burao and several trainings done by the logistics team on how to run the warehouse.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming

Progress towards outcomes

At the onset of the both drought and AWD, staff and volunteers were mobilised to carry out rapid needs assessments which informed the launch of the Appeal and subsequent revisions of the appeal.

Frequent meetings were held with the movement partners which have really improved coordination's among the stakeholders.

The National society was trained on Data management which has improved the collection and analysis of data from the field.

Final evaluation was not done due to lack of funding. However, a 2-day Lessons Learnt Workshop was organised in Hargeisa, Somaliland that brought together, stakeholders and partners

D. THE BUDGET

Contact information

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Appeal Final Report– “Somalia Complex Emergency”

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/03-2019/04	Operation	MDRSO005
Budget Timeframe	2016-2018	Budget	APPROVED

Prepared on 17 May 2019

All figures are in Swiss Francs (CHF)

MDRSO005 - Somalia - Drought

Operating Timeframe: 21 Mar 2016 to 31 Dec 2018; appeal launch date: 25 Mar 2016

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	507,845
AOF2 - Shelter	392,209
AOF3 - Livelihoods and basic needs	4,288,505
AOF4 - Health	8,912,952
AOF5 - Water, sanitation and hygiene	592,615
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	23,250
SFI2 - Effective international disaster management	908,221
SFI3 - Influence others as leading strategic partners	19,603
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	15,645,200
Donor Response* as per 17 May 2019	9,083,807
Appeal Coverage	58.06%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	7,374	7,374	0
AOF2 - Shelter	471,501	474,280	-2,780
AOF3 - Livelihoods and basic needs	977,783	967,583	10,200
AOF4 - Health	3,238,729	3,618,688	-379,959
AOF5 - Water, sanitation and hygiene	2,204,928	2,232,405	-27,477
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	134,618	159,606	-24,988
SFI2 - Effective international disaster management	2,001,709	1,466,111	535,598
SFI3 - Influence others as leading strategic partners	48,789	95,533	-46,744
SFI4 - Ensure a strong IFRC	0	20,730	-20,730
Grand Total	9,085,430	9,042,310	43,120

III. Operating Movement & Closing Balance per 2019/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,083,807
Expenditure	-9,042,310
Closing Balance	41,497
Deferred Income	0
Funds Available	41,497

IV. DREF Loan

* not included in Donor Response	Loan :	129,394	Reimbursed :	129,394	Outstanding :	0
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2016/03-2019/04	Operation	MDRSO005
Budget Timeframe	2016-2018	Budget	APPROVED

Prepared on 17 May 2019

All figures are in Swiss Francs (CHF)

MDRSO005 - Somalia - Drought

Operating Timeframe: 21 Mar 2016 to 31 Dec 2018; appeal launch date: 25 Mar 2016

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	121,808				121,808		
Australian Red Cross	486,117				486,117		
Austrian Red Cross (from Austrian Government*)	798,075				798,075		
British Red Cross	1,068,035				1,068,035		
China Red Cross, Hong Kong branch	189,392				189,392		
Finnish Red Cross	225,663		105,008		330,671		
Finnish Red Cross (from Finnish Government*)	28,441				28,441		
Icelandic Red Cross	419,297				419,297		
Icelandic Red Cross (from Icelandic Government*)	136,000				136,000		
Italian Red Cross	108,750				108,750		
Japanese Red Cross Society	88,528				88,528		
New Zealand Red Cross	43,929				43,929		
Other	0				0		
Red Cross of Monaco	10,903				10,903		
Singapore Red Cross Society	19,967				19,967		
Swedish Red Cross	1,015,622				1,015,622		
Swiss Red Cross	1,625,190				1,625,190		
The Canadian Red Cross Society (from Canadian Gov	105,989				105,989		
The Netherlands Red Cross	1,534,591				1,534,591		
The Netherlands Red Cross (from Netherlands Govern	952,501				952,501		
Total Contributions and Other Income	8,978,799	0	105,008	0	9,083,807	0	
Total Income and Deferred Income					9,083,807	0	