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# Final Report

## Somalia: Floods in Qardho

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation n° MDRSO009</b>
<b>Date of Issue:</b> 18 December 2020	<b>Glide number:</b> <a href="#">FF-2020-000221-SOM</a>
<b>Operation start date:</b> 27 May 2020	<b>Operation end date:</b> 30 October 2020
<b>Host National Society:</b> Somali Red Crescent Society (SRCS).	<b>Operation budget:</b> CHF 328,070
<b>Number of people affected:</b> 50,000 people (8,200 HHs) in Qardho SRCS Branch of Puntland State, Somalia.	<b>Number of people assisted:</b> 20,639 people (3,440 HHs)
<b>Partner National Society(ies) involved in the Operation:</b> None	
<b>Other Partner organizations actively involved in the operation:</b> Humanitarian Affairs and Disaster Management Agency (HADMA), UN(OCHA, WFP, HCR, FPA), INGOs( SC, CARE, WVI, Islamic Relief, NRC) and NNGOs (KAALO, PDO, PSA, among others).	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Netherlands Red Cross Society contributed to replenishing the DREF for this operation. On behalf of Somali Red Crescent Society (SRCS), the IFRC would like to extend gratitude to all for their generous contributions.

<Please click [here](#) for the financial report and [here](#) for the contacts>

## A. SITUATION ANALYSIS

### Description of the Disaster

Heavy rains affected most parts of Somalia starting on 20 April 2020, causing overflows in all-season and seasonal rivers. Qardho is the Regional Capital of Karkar Region of Puntland State. On 27 April, heavy downpour in Qardho and its seasonal rivers catchments triggered heavy flooding with wide-ranging impact on Qardho City with a population of 120,000 people (approximately 20,000 households). The resultant widespread flooding caused damages to infrastructure (road networks and telecommunications), settlements/Shelter leading to some deaths and population displacements, contamination of water sources, disrupted livelihoods, social services (especially Health) and market functionality. The most affected households were settled in the high-flood risk lowlands and needed urgent humanitarian assistance. In response, a [DREF Operation](#) was launched within 14 days on the 10 May 2020, initially targeting overall 9,000 people (1,500 HHs) with Shelter / Household Items; Expanded emergency healthcare, Access to clean water and improved hygiene / sanitation practices. For more details see the [EPoA](#).



*SRCS Volunteers on Hygiene awareness promotion during the Qardho Floods DREF Operation in July 2020 ©SRCS*

## Summary of response

### Overview of Host National Society Response

In response to the Qardho floods, SRCS Bosaso / Qardho Branches carried out a rapid familiarization assessment. The objective was to establish and monitor the evolving humanitarian needs of the affected areas. The findings of the SRCS initial rapid familiarization assessment were further corroborated by a subsequent Interagency multisectoral assessment led and coordinated by Government under HADMA on the 29 April, in which SRCS also participated. Both assessments informed the SRCS Partners call on the 05 of May, where IFRC Somalia County Office, ICRC, Turkish Red Crescent (TRC) among others participated and a resolution reached to activate DREF targeting 9,000 people (1,500 HHs) with Shelter / HHIs, WASH and expanded Emergency Health interventions building on the already running static / mobile health clinics. For more details see the [EPOA](#).

**Shelter / HHIs:** Initial activities undertaken included Shelter / HHIs assessment, Mobilization / Training of 50 Volunteers on Safe Shelter construction, Registration of beneficiaries and production of IEC materials. Due to unanticipated procurement challenges for Shelter / HHIs and the likely protracted repeat procurement process as recommended by the Regional Logistics, Shelter / HHIs response became inappropriate due to the changed needs of the beneficiaries. To address this development, SRCS Field teams held discussions with IFRC SCO during which it was resolved to change the intervention strategy from Shelter / HHIs to Livelihoods (Unconditional / Multipurpose Mobile Cash Transfer) through an operation update published on 22 June 2020. For more details see the [Operational Update](#).

**Livelihoods:** The initially targeted 9,000 people (1,500 HHs) under Shelter / HHIs were the same ones targeted under this component of the Operation Update. SRCS carried out a beneficiary accountability awareness raising during their re-verification and registration for the planned one-off unconditional mobile cash transfer worth 100 dollars per household, determined by the prevailing July MEB from the Cash Working Group. SRCS developed a new Beneficiary register of 1,500 HHs complete with verified individual beneficiary Household Head (HHH) phone number as opposed to the planned purchase and distribution of new sim cards. For more details see the [Operational Update](#).

**Emergency Health:** Under this operation, SRCS activated two emergency mobile clinics in addition to one that was already running in the area prior to the floods disaster. The clinics were adequately staffed and operated for five months reaching a population of 11,639.

**Water, Sanitation and Hygiene (WASH):** Through this DREF operation, Bosaso Regional Branch and Qardho Sub-branches mobilised a total of 50 volunteers and 4 staff. The fifty (50) volunteers were trained (refresher) on hygiene promotion after which some were deployed to only undertake hygiene promotion and WASH monitoring components at household level. The Local Authority delivered aqua tabs and soap after the DREF allocation had been approved to provide the same WASH relief items, so SRCS no longer provided these as had been initially planned.

### Overview of Red Cross Red Crescent Movement in country

IFRC, through Somalia Country Office, provided financial support to SRCS through this DREF grant. The Somalia Country Office and Africa Regional office based in Nairobi provided SRCS with technical and logistical support, respectively. Direct responsibility for the operation in Puntland-Somalia sat with the Somalia Country Office. SRCS was responsible for field level implementation and reporting. The IFRC SCO Health Delegate based in Hargeisa, Somaliland, provided remote health technical support to the operation; the Senior DRM Officer provided technical coordination under the guidance of the Head of Somalia Country Office. There were no actions undertaken by PNSs and the ICRC, specific to this operation.

### Overview of other actors' actions in country

SRCS continued to maintain a good working relationship with the Government-led interagency humanitarian coordination mechanisms with actors such as the World Food Programme, who were already supporting with emergency food and nutritional supplements for children identified with moderate acute malnutrition (MAM). UNICEF provided protection services as well as vaccines for the immunization of children and women of childbearing age, alongside nutritional supplements for children diagnosed with severe acute malnutrition (SAM). INGOs such as CARE International, Norwegian Refugees Council and ADRA supported with WASH, Health / Nutrition and shelter, among others. All these actors were coordinated by HADMA and UNOCHA, with SRCS active participation in the Interagency Coordination mechanisms.

## Needs Analysis, Targeting and Scenario Planning and Risk Assessment.

### Needs Analysis

The flooding affected at least 50,000 people (Approx. 8,200 Households). On Shelter / HHIs - 22,000 people (Approx. 3,750 Households) were displaced from their homes with 750 Shelters / Houses destroyed; 28,000 people (Approx. 4,600 HHs) suffered partial damage to property and loss of HHIs. On Livelihoods, 13,500 people (approx. 2,214 HHs)

equivalent to 27% of the affected households lost their small businesses and the market functionality was disrupted. In terms of gender, 67% and 33% of the affected households were male- and female-headed, respectively. While SRCS did not initially plan to respond to the livelihoods needs of the flood-affected population, SRCS continued participating in the Livelihoods Coordination mechanisms to identify emergency reprogramming and Early-to-Long term programming opportunities.

The Healthcare system in entire Somalia, especially in Qardho, was already fragile. Access to basic healthcare services was and remains limited to-date. Malaria and other water-borne diseases are endemic in Qardho and SRCS with support from partners was already running one mobile and two static health clinics that were rendered inadequate by the emerging floods disaster-related health / WASH needs.

For detailed needs analysis, please refer to the [EPoA](#).

### Targeting

This DREF operation initially targeted at least 9,000 people (1,500HHs) in need of immediate humanitarian assistance covering Shelter / HHIs, WASH and expanded Emergency Health – see [EPoA](#) for details. However, due to unforeseen procurement challenges for the Shelter / HHIs component that delayed timely procurement and delivery of Shelter / HHIs supplies, an Operational Update was developed and approved. This update sought to replace the Shelter / HHIs with Livelihoods support (Unconditional Mobile Cash Transfer) intervention strategy for the same target population. This was based on the changed needs of the targeted beneficiaries. For more details see the [Operational Update](#).

### Scenario planning

For details see the [EPoA](#) and [Operational Update](#) for scenario planning.

### Risk Analysis

The anticipated risks scenarios did not materialize hence, zero impact on the operation. For more details see the [EPoA](#).

### Internal and External Coordination

To ensure quality implementation, internal coordination was led by the SRCS Bosaso Branch Coordinator, working very closely with IFRC Somalia Country Office. The IFRC Somalia Country Office in Nairobi ensured that all Movement partners were informed of the operation and all procurement processes were risk informed. SRCS Bosaso Branch and Qardho Sub-Branch strengthened their BERTs and CERTs Cash programming capacities and deployed to conduct targeting, registration, verification, distribution and post-distribution monitoring.

Externally, IFRC Somalia Country Office coordinated technical cooperation between SRCS Bosaso and Danish Refugee Council (DRC Bosaso) Field office on COVID-19 sensitive Post Distribution Monitoring of the Cash Transfer. The seamless coordination with Government through HADMA saw the Mayor of Qardho award a Certificate of Recognition to IFRC Somalia Country Office.

## B. OPERATIONAL STRATEGY

The overall objective of this update was to provide livelihoods support to 1,500 households (9,000 people) affected by floods in Qardho by providing them with the means to access basic needs, as well as providing them with health and WASH support. The overall timeframe for this operation was five (5) months.

Specific objectives include:

- a) Ensure flood-affected population access to basic needs through provision of cash grants.
- b) Ensure access to emergency healthcare services for flood-affected population.
- c) Improve access to WASH services for flood-affected populations.

To note, a strategic change from Shelter and NFI distribution to Livelihoods and basic needs using cash was operated through the [Operation Update](#). This was done through the reallocation funding from Shelter / NFI interventions and related logistical costs as planned in the [EPoA](#), to cover Livelihoods through Unconditional Mobile Cash Transfer (UMCT) targeting the same 1,500 households (9,000 people) displaced by floods. This change of strategy and activities led to a decrease of the budget to CHF 317,420, from initially allocated CHF 328,070, since the cost of procurement and transportation of goods turned out to be higher than providing cash to targeted households. However, as the CHF 328,070 had already been allocated, the budget remained the same. For more details on Operational strategy, see the [EPoA](#) and [Operational Update](#).

Overall, this operation directly reached 20,639 people of which 9,000 people (1,500HHs) were reached through the livelihoods and WASH interventions and 11,639 people (1,940 HHs) reached through the health interventions. Details on achievements under this operation are highlighted in section C. *Detailed Operational Plan* below.

## Operational Support Services

**Human Resources:** Four (4) SRCS Staff and 50 community-based volunteers (CBVs) were deployed to support the response. Deployment of an internal SRCS surge staff was facilitated from Mogadishu Office to support with the registration of beneficiaries in readiness for the mobile Cash transfer. All volunteers were already insured for a previous operation this year and equipped with protective gears.

**Logistics, Procurement and Warehousing:** All procurements were done in line with SRCS / IFRC logistics and financial procedures. IFRC Somalia Country Office, supported by the Regional Logistics Unit, provided procurement oversight and support.

**Communication and Visibility:** SRCS supported protection and visibility items for 50 volunteers. These included Red Crescent reflector bibs from existing stocks and banners.

**Security:** To minimize safety and security risks to SRCS, IFRC and beneficiaries, SRCS undertook active situational surveillance. Information gathered alongside IFRC, ICRC and INSO's intelligence informed a package of mitigation measures.

**Planning, Monitoring, Evaluation and Reporting (PMER):** PMER ensured effective project implementation and continuous monitoring at field level through SRCS Bosaso Branch Staff and Volunteers. The Branch was further internally remotely supported by SRCS Coordination office in Mogadishu. Pre- and Post-distribution verification and monitoring was conducted by SRCS Bosaso Branch Coordinator with remote support from the IFRC Somalia Country office team. Approaches included phone calls to 20% of the beneficiaries, among others. Monthly updates were provided on activity progress made and identified challenges encountered during implementation. A planned lessons-learn workshop at the end of the operation was facilitated by the Branch.

## C. DETAILED OPERATIONAL PLAN

 <b>Shelter</b> People reached: 0 Male: 0 Female: 0		
Indicators:	Target	Actual
% of displaced HH with access to emergency shelter out of the total number of total HH targeted	18.75%	0%
# of people / households provided with household items (HHIs)	9000 people or 1500 HHs	0%
<b>Narrative description of achievements during the reporting period.</b>		
<ul style="list-style-type: none"> <li>SRCS participated in the Interagency Initial Rapid Needs Assessment led by Government's HADMA in May. In mid-July, SRCS mobilized 50 Volunteers and conducted training on Safe Emergency shelter construction. IEC Materials were produced and utilized during the training. This was critical as the training component was not part of the Turkish Red Crescent Shelter only support to beneficiaries through the SRCS.</li> <li>In June SRCS rolled out a comprehensive 7-day registration process of the 1500 beneficiaries based on the developed targeting criteria. Some earlier trained volunteers were deployed to undertake the exercise and a comprehensive Shelter / HHIs Beneficiaries Register was finalized for use during the actual Shelter / HHIs distribution.</li> <li>In June / July, SRCS conducted a procurement process for the HHIs with guidance from IFRC Somalia Country Senior Admin / Logistics officer. On reviewing the procurement process, the Regional Logistics team did not approve of it, recommending a fresh process</li> </ul>		
	<i>Group photo of 50 volunteers mobilized for Shelter training ©SRCS</i>	

that would have further delayed the delivery of the HHIs, negating the IFRC Principles, especially the Humanitarian Imperative – timely delivery of humanitarian aid.

- Given the changed humanitarian needs of the initially targeted 1500 Households, SRCS in consultation with the Local Authorities discussed with IFRC Somalia Country Office on the need to change the intervention strategy from HHIs to Livelihoods Support - Unconditional / Multi-purpose mobile cash transfer for the same number of beneficiaries.
- In agreement, IFRC SCO developed an Operation Update that was submitted and approved by Geneva through the DREF Delegate for Africa.
- In July, SRCS through this DREF conducted post-distribution monitoring (PDM) for the Shelter component funded by the Turkish Red Crescent (TRC). The PDM had not been provided for by TRC.

#### Challenges

- Strengthening the procurement capacity of the SRCS needs to be prioritized since emergency humanitarian situations do not wait. There is equally the need for pre-positioning of stocks.

#### Lessons Learned

The affected beneficiaries were somehow able to meet their emergency HHIs needs. And the change from HHIs to Unconditional Mobile Cash Transfer (UMCT) was well-received and appropriate to the beneficiaries.



### Livelihoods and basic needs

**People reached: 9,000**

Male: 4,410

Female: 4,590

Indicators:	Target	Actual
% of displaced HH reached with multipurpose cash grants to support their basic needs	18% or 1,500 HH	18% or 1,500 HH
Number of Registers of verified beneficiaries	1	1
Number of verified beneficiary households registered	1500	1500
Number of Agreements made with Financial Services Provider (FSP)	1	1
Number of Beneficiary Cash transfers made	1	1
Number of PDMs conducted	1	1
Number of Volunteers mobilized and trained on Cash transfer	50	0

#### Narrative description of achievements during the reporting period.

- Two inception meetings held, one each with the Local Authorities and the other with the beneficiaries. The objective of both meetings was to explain change of strategy from Shelter / HHIs to Unconditional Mobile Cash Transfer (UMCT) targeting the same 9 000 (1500 Households) beneficiaries.
- Community / Beneficiary mobilization undertaken. The objective was to identify, verify and register beneficiaries afresh in line with changed strategy. Beneficiary personal mobile phone numbers was the additional information requirement. The planned purchase of 1500 SIM Cards was not necessary. A cleaned-up beneficiary register was finalized.
- SRCS launched procurement process for the Financial Service Provider (FSP). Since the process was entirely online, the budget line was not utilized. Request for single sourcing was granted and GOLIS Telecoms was selected and a Contract entered after a thorough independent background check with Cash Working Group members utilizing the same FSP. On Preparedness for Effective Response (PER), a long-term agreement for future operations only chargeable on activation was agreed in principle. IFRC directly transferred 151 500 USD to the FSP in line with IFRC Financial Risk management regulations for Somalia. Each of the 1500



*Woman and her children being registered for Cash transfer by SRCS Volunteers in July 2020 ©SRCS*

beneficiaries received an entitlement of 100 USD with the FSP charging 1500 USD for the service during the month of September.

- To strengthen SRCS Post-Disbursement Monitoring (PDM) capacity, a partnership between Danish Refugee Council (DRC) Bosaso Field Office was facilitated and their experience field enumerators recruited as SRCS Volunteers to roll out the Covid-19 compliant PDM.

#### Challenges.

- The face-to-face Cash Transfer training for 50 mobilized volunteers did not take place due to Covid-19 travel restrictions. Internet connectivity challenges could not allow for online training.
- The main challenge was the FSP procurement process that would have taken up to 8 weeks to conclude. This would have further delayed the intervention. However, the approved single sourcing alleviated the situation. The SRCS procurement and PDM capacity needs to be strengthened.

#### Lessons Learned.

- Single sourcing (request and approval) of the FSP was a very innovative procurement action - made it possible to meet the needs of beneficiaries without further delays.
- UMCT is a conflict-sensitive option where unforeseen delays in delivering relief commodities in circumstances where humanitarian needs are changing fast.
- Using one sector beneficiary register to target beneficiaries in a different sector. The Shelter / HHIs Beneficiary register was used for the Livelihoods UMCT - reducing conflict and time.
- All 1500 Household Heads had a functioning mobile phone, an indication of reliable telecommunication networks. No beneficiary had to be taught how to use the service.



### Health

People reached: **11,639 People**

Male: **3,144**

Female: **3,839**

Children: **4,656**

Indicators:	Target	Actual
% of people assisted over the total number of people targeted	18.75% or 9000 people	129% or 11 639 people
# of mobile medical clinics deployed	2	2
# of days the mobile medical clinics deployed	132 (66 days for each clinic)	220 (110 days for each clinic)

#### Narrative description of achievements during the reporting period.

- Overall, both clinics received and served a total of **11,639** people (4,656 <5 Children, 3,144 males and 3,839 females). The clinics also treated for the five common diseases (**Table 3a/b below**).

#### Targeted population (Baseline)

Table 1: Demographics of the area served by the two emergency Health Clinics.

Mobile Health Clinic	Total Population (affected area)	< 5yr	<1yr	Pregnant Mothers	Women (Child-bearing age)	Total
Emergency Mobile Health Clinic 1	15931	3186	637	637	3505	7 965
Emergency Mobile Health Clinic 2	14862	2972	594	594	3269	7 429
<b>Total</b>	<b>30793</b>	<b>6158</b>	<b>1231</b>	<b>1231</b>	<b>6774</b>	<b>15 394</b>

#### Patients Attendance.

Table 2: Breakdown of patients reached by the two extra Emergency Mobile Health Clinics 1 and 2

Health Clinic / Age	<5s Female	<5s Male	>5s Female	>5s Male	Total
Emergency Mobile Health Clinic 1	1389	1226	2158	1843	6 366
Emergency Mobile Health Clinic 2	984	1057	1681	1301	5273
<b>Total</b>	<b>2373</b>	<b>2283</b>	<b>3839</b>	<b>3144</b>	<b>11 639</b>

**Table 3a** and **Table 3b** below shows a summary of common diseases prevalent and treated among targeted beneficiaries who accessed the two Emergency Mobile Clinics 1 and 2.

*Table 3a: A total of 920 under-fives (546 females and 374 males) accessed the two emergency mobile clinics.*

Emergency Clinic Common disease	Mobile 1		Mobile 2		Total
	<5 female	<5Male	<5Female	<5Male	
Acute Respiratory Infections (ARI)	599	411	483	293	1786
Skin disease	327	211	288	168	994
Eye disease	111	85	42	36	274
Diarrhea	70	50	123	96	339
UTI	0	0	5	3	8
<b>Total</b>	<b>1 107</b>	<b>757</b>	<b>941</b>	<b>596</b>	<b>3401</b>

*Table 3b: A total of 1163 over-fives (714 females and 449 males) accessed the two emergency mobile clinics.*

Emergency Clinic Common disease	Mobile 1		Mobile 2		Total
	>5 female	>5Male	>5Female	>5Male	
ARI	528	369	364	236	1497
Skin disease	536	273	141	89	1039
Eye disease	67	51	61	44	223
Diarrhea	58	45	47	32	182
UTI	196	101	642	277	1216
<b>Total</b>	<b>1385</b>	<b>839</b>	<b>1255</b>	<b>678</b>	<b>4157</b>

In respect to the Extended Programme on Immunization (EPI – BCG, OPV 1-3, Penta 1-3 and Measles), a total of **1,118** children aged below and above 1 year accessed these services from the two Emergency mobile clinics over the DREF period of 5 months.

On TT Vaccinations (TT1-5) targeting reproductively active women, a total of **966** (**479** pregnant and **487** non-pregnant) women accessed these services from the two Emergency mobile clinics over the DREF period of 5 months.

Nutrition Services (Screening and Surveillance): **4,276** Children aged **6-59** months were screened, **318** children were put on Zinc, 126 on Vitamin A and 186 others dewormed. On nutritional status (MUAC or W/H), only **526** children were found to be moderately malnourished while 23 were severely malnourished.

The two extra Emergency Mobile health clinics also focused on Infant / Young Child feeding promotion and counselling services. Summary achievements are shown in **Table 4** below.

*Table 4: Beneficiaries of Infant and Young Child Services.*

Emergency Mobile Clinic Services.		Mobile 1	Mobile 2	Total
No. of individual Counseling Sessions (0-6months)		200	180	<b>380</b>
No. of individual Counseling Sessions (7-24months)		291	238	<b>529</b>
No. of individual Counseling Sessions (pregnant women)		209	182	<b>391</b>
<b>Total No.</b> of individual counseling sessions		<b>699</b>	<b>600</b>	<b>1300</b>
Group (Men and Women) Counseling	Sessions	18	15	<b>33</b>
	Females	1032	1103	<b>2135</b>
	Males	560	510	<b>1070</b>
	Total	1610	1628	<b>3205</b>
<b>Total people reached</b>		<b>2309</b>	<b>2213</b>	<b>4505</b>

#### Safe Motherhood Services:

These services included Ante-Natal, Delivery and Post-Natal clinical care. During Ante-Natal care, a total of 255 and 221 pregnant women visited Emergency Mobile Clinics 1 and 2 respectively. The first, second and third visits to clinic 1 were made by 89, 79 and 87 pregnant women, respectively. Similarly, 92, 78 and 51 pregnant women visited mobile clinic 2. One hundred and fifty-seven (157) pregnant women were also provided with Iron Folic as treatment for anaemia in both Clinics. Fifty-four (54) were screened for multiple micronutrients.

Both Emergency Mobile health clinics 1 and 2 successfully midwifed 40 and 45 normal deliveries, respectively. Sixty-five (65 in Clinic 1 and 60 in Clinic 2) attended Post-Natal clinics, with a total of 62 being put on Iron Folic for anaemic treatment. A further 79 newly delivered mothers (39 in Clinic 1 and 40 in clinic 2) initiated early breast feeding (within 1 hour of delivery).

On CBHFA, both clinics rolled out Health promotion activities focused on handwashing when caring for the sick that saw a total of 898 (335 males and 563 females) people reached. In Clinic 1, 156 males and 289 females participated while Clinic 2 engaged 179 males and 274 females. In October, the focus was on Covid-19 awareness and prevention that reached 1429 (535 males and 894 females) people for both emergency mobile clinics. WASH (safe potable water handling) Health promotion reached 1292 (429 males and 863 females) for both clinics.

### Challenges

- Procurement and delivery of some medical kits. There is need for pre-positioning.
- Routine Data collection formats need improvement. Not much can be interpreted from a group defined as above 5 years (especially for females) for UTI. It also blurs some critical medical needs that may go unattended to such as SGBV, PSEA, FGM that may require SRH programmatic interventions.

### Lessons Learned

Need for improvement of data collection sheets to ensure details emerge to ease interpretation of information collected.



## Water, sanitation and hygiene

**People reached:** 9,000 people

Male: 4,410

Female: 4,590

Indicators:	Target	Actual
% of people assisted over the total number of people affected.	18.75%	100%
# of Aqua tabs procured and distributed.	90 000	0
# of bars of soap procured and distributed.	9,000	0
# of refresher hygiene trainings conducted.	1	1
# of hygiene promotion sessions conducted.	3	3
# of monitoring sessions conducted	3	3

### Narrative description of achievements.

- **Improve daily access to safe water that meets SPHERE / WHO standards and promote hygiene:** The operation did not procure and distribute water treatment (aqua tabs) products and bar soap as planned. The reason was because the Local Authority stepped in to supply the same to all affected households after the approval of this DREF request. However, this Government intervention did not cover the related software and monitoring components that SRCS implemented for the 1500 households (100%). The objective of this software component was to raise community awareness in improving water hygiene to prevent waterborne diseases.



**Photo 6, 5<sup>th</sup>-6<sup>th</sup> July:** Left – section of the 22 volunteers (17 females, 5 males) trained and deployed for hygiene promotion. Right – A volunteer demonstrating use of aqua tabs in water treatment and monitoring .©SRCS

### Challenges

No challenges were reported.

### Lessons Learned

Improving coordination to ensure that NS does not budget for items which are not needed as that money could have been useful in another area. Better coordination would have avoided budgeting for these items which were provided for other partners. Also, Local Authority is demonstrating speed in meeting select humanitarian needs of citizens. IFRC needs to be innovative in determining what it can do best beyond the reach of Government.

## Strategies for Implementation

Indicators:	Target	Actual
# of volunteers insured	50	50
# of community feedback mechanism set up and operational	1	1
# of stories on the operation shared with local and international media	2	0
# of monitoring visits undertaken	2	2
# of lessons learned workshop conducted	1	1

### Narrative description of achievements

- The Fifty (50) volunteers were mobilized were already insured so this operation did not pay for volunteer insurance.
- One functional community feedback mechanism was set up.
- Inaccessibility due to safety/security could not allow IFRC SCO monitoring field missions. These were internally conducted by SRCS.
- One lesson learned workshop was held and facilitated by SRCS.

### Challenges

. Weak communications capacity of SRCS undermined deliverable in this area.

### Lessons Learned

Need to strengthen the NS Project management and Communications capacity and reporting.

## D. Financial Report

The overall initial allocation for this operation was CHF 328,070. This amount was revised downwards to CHF 317,420 following an Operation Update that changed the intervention strategy from initial Shelter / HHs to Livelihoods Support (Unconditional Mobile Cash Transfer – UCMCT) for the 1500 households. As such, out of the initial **CHF 328 070** allocated, a total of CHF **236,251 (72%)** was spent. The balance of **CHF 91,819** is here declared returned to the DREF pot.

### Explanation of variances:

- **AOF 2 Shelter:** The negative expenditure was because of change of intervention strategy (see Operation Update) from Shelter to Livelihoods (AOF3). Prior to this change of strategy, expenditure had already been incurred on preparatory work on Shelter such as Shelter needs assessment, training of 50 volunteers and beneficiary registration against zero budget.
- **AOF 3 Livelihoods and Basic Needs:** The variance of CHF 36450 equivalent to 20% was occasioned by non-procurement of SIM cards (CHF 2250) as beneficiaries were already connected and using mobile cash services prior to the disaster. Only CHF 1500 of the budgeted CHF 6000 as FSP service charge was utilized. Procurement process of the FSP was all online hence the CHF 1500 budgeted for was not utilized. The budgeted CHF 5000 for training did not take place because of Covid-19 public health travel / meetings restrictions that also affected planned PDM (CHF 3000).
- **AOF4 Health:** The variance of CHF 4560 equivalent to 6.5% needs no explanation.
- **AOF5 WASH:** The variance of CHF 34226 equivalent to 91% resulted from non-procurement and distribution of water treatment products (aqua tabs) sufficient for 60 days for 1500HHs (CHF 18000). Also, not procured and distributed were 6 bars of soap per household (CHF 13500). Both products were procured and distributed by Government ahead of the approved DREF and without a monitoring component that SRCS covered from this DREF operation.
- **SFI3 Influence others as a leading strategic partner:** No Research and Evaluation were undertaken during the operation. Covid-19 restrictions could not allow field level travels and meetings with beneficiaries. This was complicated further by the short operation time. Therefore, a total budget of CHF 6090 was not spent.
- **SFI4 Ensure a strong IFRC:** The only costs here were the bank changes with a variance of 58%. This Was because of change of intervention strategy from relief items (Shelter / NFIs) to Mobile Cash Transfer. This drastically reduced bank-related transaction costs.

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/05-2020/12	Operation	MDRSO009
Budget Timeframe	2020/05-2020/12	Budget	APPROVED

Prepared on 02/Feb/2021

All figures are in Swiss Francs (CHF)

## MDRSO009 - Somalia - Floods

Operating Timeframe: 13 May 2020 to 31 Oct 2020

### I. Summary

Opening Balance	0
<b>Funds &amp; Other Income</b>	<b>328,070</b>
DREF Allocations	328,070
<b>Expenditure</b>	<b>-236,251</b>
<b>Closing Balance</b>	<b>91,819</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter		8,114	-8,114
AOF3 - Livelihoods and basic needs	183,713	147,262	36,450
AOF4 - Health	70,267	65,707	4,560
AOF5 - Water, sanitation and hygiene	37,808	3,581	34,226
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>291,787</b>	<b>224,665</b>	<b>67,123</b>
SFI1 - Strengthen National Societies	1,677		1,677
SFI2 - Effective international disaster management	5,858	3,285	2,572
SFI3 - Influence others as leading strategic partners	11,715	5,625	6,090
SFI4 - Ensure a strong IFRC	6,383	2,676	3,707
<b>Strategy for implementation Total</b>	<b>25,633</b>	<b>11,586</b>	<b>14,046</b>
<b>Grand Total</b>	<b>317,420</b>	<b>236,251</b>	<b>81,169</b>

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/05-2020/12	Operation	MDRSO009
Budget Timeframe	2020/05-2020/12	Budget	APPROVED

Prepared on 02/Feb/2021

All figures are in Swiss Francs (CHF)

## MDRSO009 - Somalia - Floods

Operating Timeframe: 13 May 2020 to 31 Oct 2020

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>203,197</b>	<b>146,301</b>	<b>56,896</b>
Water, Sanitation & Hygiene	31,500		31,500
Medical & First Aid	11,947	8,026	3,920
Cash Disbursement	159,750	138,274	21,476
<b>Logistics, Transport &amp; Storage</b>	<b>40,165</b>	<b>35,499</b>	<b>4,666</b>
Distribution & Monitoring	9,693	2,570	7,123
Transport & Vehicles Costs	27,972	29,929	-1,957
Logistics Services	2,500	3,000	-500
<b>Personnel</b>	<b>35,746</b>	<b>26,416</b>	<b>9,331</b>
National Staff		1,703	-1,703
National Society Staff	29,171	24,280	4,891
Volunteers	6,575	433	6,142
<b>Workshops &amp; Training</b>	<b>10,000</b>	<b>9,377</b>	<b>623</b>
Workshops & Training	10,000	9,377	623
<b>General Expenditure</b>	<b>8,940</b>	<b>4,240</b>	<b>4,699</b>
Information & Public Relations		1,443	-1,443
Communications	2,655		2,655
Financial Charges	5,993	2,512	3,481
Other General Expenses	291	285	6
<b>Indirect Costs</b>	<b>19,373</b>	<b>14,419</b>	<b>4,954</b>
Programme & Services Support Recover	19,373	14,419	4,954
<b>Grand Total</b>	<b>317,420</b>	<b>236,251</b>	<b>81,169</b>

## Contact information

### Reference documents



Click here for:

- [Operation Update 1](#)
- [Emergency Plan of Action](#)

### For further information, specifically related to this operation please contact:

#### In the Somali Red Crescent Society coordination office:

- Yusuf Hassan Mohamed, President SRCS; mobile: +254 722 144 284; email: [benebene1@hotmail.com](mailto:benebene1@hotmail.com)

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#### For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Franciscah Cherotich Kilel, Senior Officer, Partnership and Resource Development, Nairobi, email: [franciscah.kilel@ifrc.org](mailto:franciscah.kilel@ifrc.org), phone: +254 202 835 155.

#### For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

#### For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, Email: [Philip.kahuho@ifrc.org](mailto:Philip.kahuho@ifrc.org); +254 732 203 081

## 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.**