



Emergency Plan of Action (EPoA)

Somalia: Drought Emergency 2021



DREF Operation	MDRS0011	Glide n°:	DR-2021-000054-SOM
Date of issue:	15 May 2021	Expected timeframe:	4 months
Operation start date:	13 May 2021	Expected end date:	30 september 2021
Disaster / Crisis Category: Orange			
DREF allocated: CHF 451,800			
Total number of people affected:	1,058,880 people (176,480 HHs – IPC 4)	Number of people to be assisted:	120,936 People (20,156 HHs)
Provinces affected:	Somaliland and Puntland	Provinces/Regions targeted:	Somaliland – 6 Districts Puntland - 2 Districts
Host National Society presence: Somali Red Crescent Society (SRCS) has a Liaison Office in Nairobi hosted by the ICRC where the National Society President sits with a small team. SRCS has two Coordination Offices in-country: Mogadishu (responsible for Puntland with 3 Branches) and Hargeisa (responsible for Somaliland with 6 Branches). Both Coordination Offices are each managed by an Executive Director with a team of technical staffs and volunteers.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC) and German RC.			
Other partner organizations actively involved in the operation: Humanitarian Affairs and Disaster Management Agency (HADMA), National Disaster Preparedness & Food Reserve Authority (NADFOR), Japanese Government, UN (OCHA, UNICEF, FAO, WFP, HCR, FPA), INGOs (SC, CARE, WVI, Islamic Relief, NRC), NGOs (KAALO, PDO, PSA) and still evolving.			

A. Situation analysis

Description of the Disaster

01 May 2021: The Government of Somalia declared a National Emergency due to the Drought situation and called for support in responding to the humanitarian crisis. According to [UNOCHA](#) Somalia situational Update of April 26th 2021 and the IFRC Regional Information Bulletin ([RIB](#)), the already dire humanitarian situation in Somalia has been deteriorating since the failed Deyr short rains late 2020, especially in the eight targeted districts in the table below:

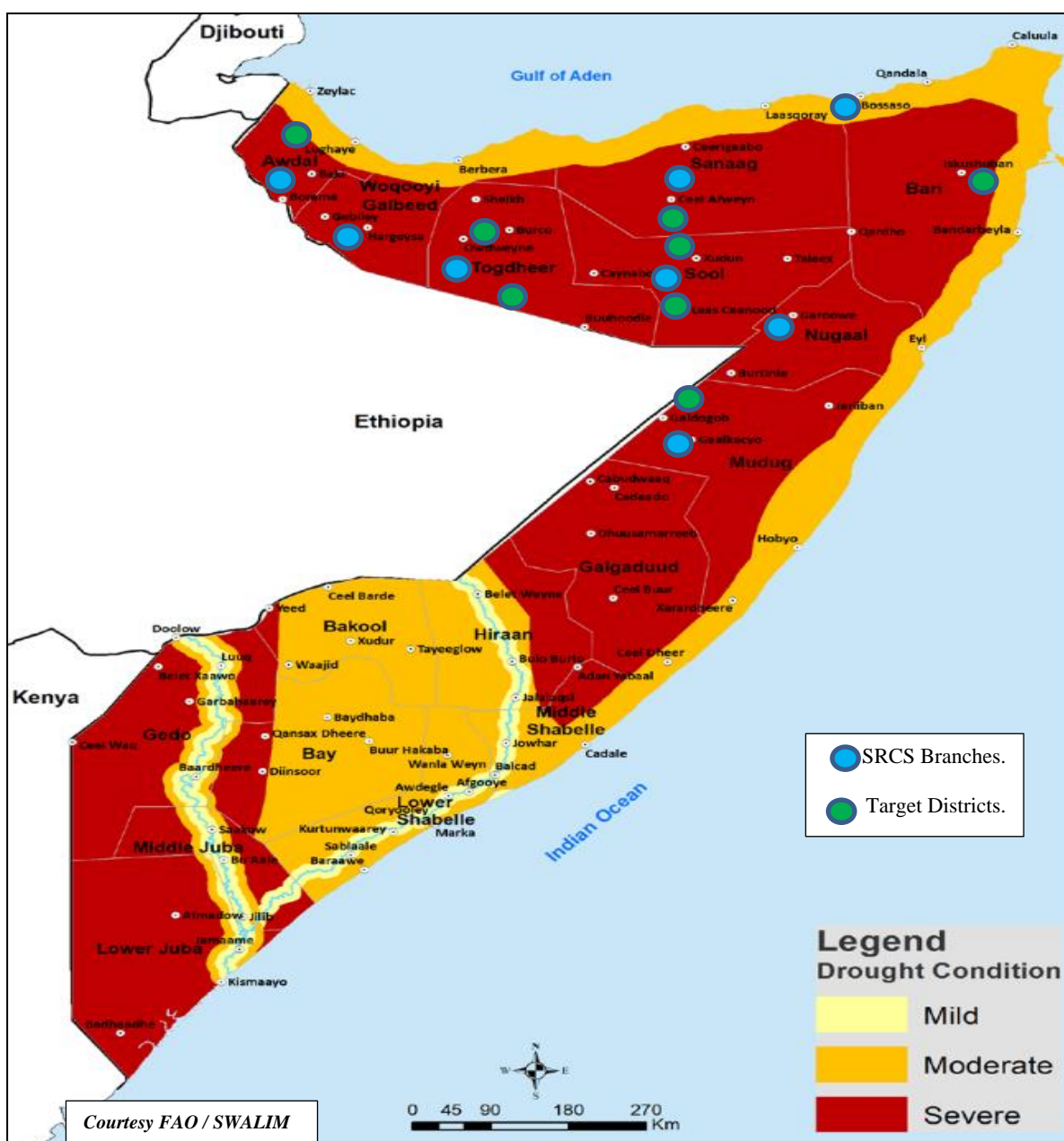
State	Region	District
1. Somaliland	Sool	Las Anod / Hudun and Taleb
	Sanaag	Eilafwen
	Togdheer	Odwein and Ainabo
	Awdal	Luqbaya / Zeila
2. Puntland	Mudug	Goldogob
	Bari	Ishkushuban

This affected crop production, pasture regeneration and failed to sufficiently replenish water sources for communities in the eight (8) targeted districts.

The earliest onset of the prolonged Jilaal dry season in late 2020 depleted the little pasture and water sources available for the very vulnerable households in these districts. The late onset of the insufficient and poorly distributed Guu long rains 2021 is projected to be inadequate till June, unlikely to sufficiently replenish water sources and regenerate pasture. The back-to-back poor performance of the Deyr and Guu with a harsh Jilaal in-between eroded the resilience of the targeted communities.

Access to clean water is compromised with the cost of water spiking by 60% in these districts and vulnerable households having to travel long distances in search of water. Vulnerable households have resorted to negative coping strategies. Poor hygiene practices are on the rise putting the health and nutrition of vulnerable <5-year-olds and pregnant women at increased risk. Herders are resorting to hand-feeding their livestock with locally produced cereals. This has caused cereal prices to increase by at least 30% and livestock disease are being reported.

The map below courtesy of FAO and SWALIM shows the targeted districts within the larger IPC-4 zone. For related IPC classification see <https://fews.net/east-africa/somalia>



Summary of the current response

Overview of Host National Society Response Action

In response to the emerging drought as a result of failed Deyr (short rains) season September-December 2020, SRCS convened a Partners call in December 2020. The objective was to flag the imminent drought and collectively agree on the next steps moving forward. Two key resolutions reached were: 1) SRCS participates in the planned Government-led interagency drought rapid assessment, and 2) SRCS closely monitors the situation and share periodic updates with partners. SRCS convened a second follow up Partners call in early February 2021 during which the Drought rapid [assessment findings](#) for Somaliland were shared and discussed. The meeting resolved that SRCS focuses and prioritizes areas / sectors of intervention, develops a Preparedness for Effective Response (PER) [Plan](#) and shares with members. SRCS further prepared and submitted a proposal to the Somalia Humanitarian Fund (SHF) for consideration.

This operational plan is therefore prepared based on the conclusion and sector-specific recommendations of the assessment. Furthermore, the plan is **triggered by the Government's Declaration of a National Drought Emergency on the 01 of May**. The eight (8) targeted districts are pockets inside the larger Puntland and Somaliland regions, some already classified to be in IPC-4.

Based on the above, this DREF Operation will initially focus on 1) Livelihood and Basic needs support through Unconditional Mobile Cash Transfer to meet basic needs of households and, 2) Health / Nutrition through additional Emergency Mobile Health Clinics (EMHCs). Subsequent action will depend on the evolution of the drought emergency.

Overview of Red Cross Red Crescent Movement Actions in country

The overall responsibility for the operation sits with the SRCS. SRCS runs and manages the Integrated Health Care Programme which routinely screens children to assess their growth status and outpatient management of malnutrition are part of the routine activities. The clinics are staffed with trained nurses who have undergone additional training from the Ministry of Health/UNICEF and WFP to increase their capacity in delivering the integrated services. The IFRC Country Delegation will support, technically advise, monitor and supervise the implementation. Participating National Societies (PNSs): German RC is supporting with WASH hardware including supplies and rehabilitation of water infrastructure.

In Puntland, SRCS branches are mainly supported by the IFRC, especially health clinics in the three regions of Bari, Nugaal and Bosaso. The SRCS is supported by seven partner National Societies: British Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Iceland Red Cross, Norwegian Red Cross and Swedish Red Cross. Only German Red Cross is present in country and is based in Somaliland. Support from partners is for long term development rather than emergency response. However, emergencies do affect their development support programmes hence the need to provide for it in their development support to the SRCS.

At this time no partner is supporting SRCS's proposed integrated Health/Nutrition and Livelihoods cash assistance to meet the basic needs of the drought-affected vulnerable households.

The ICRC has been and continues to participate in all meetings on the current drought emergency and is the host of the top leadership of SRCS in Nairobi. ICRC has been present throughout Somalia with priority focus on South and Central Somalia since 1982 and has the best view of Somalia through its field-based Sub-delegations in South Central Zone (Kismayo, Baidoa and Belet Weyn), Hargeisa in Somaliland and Garowe in Puntland focussing primarily on economic security, health, water and habitat programmes. ICRC also carries out independent assessments whose findings are disseminated widely for use by both humanitarian and development actors. One such [assessment](#) is part of the references for this proposed DREF operation. In response to the drought, ICRC plans to respond to the needs of 15,000 households with livelihoods support targeting different districts from those proposed here.

Overview of other actors' actions in country

The UN, INGOs and NNGOs have been responding to the drought emergency. **The Health Cluster:** Seven (7) organizations are responding to the drought with five (5) others providing medical logistics. Three (3)

emergency mobile health units have been deployed and 25,000 people reached so far. Only children assessed to be malnourished without complications are managed at the clinics. Those with complications are referred to the Regional Hospitals. There is a referral system in place where clinics notify the Ministry of Health and an ambulance is arranged to transport the child and caretaker to the Regional Hospital for enhanced management. **The WASH Cluster:** 353,300 people (60,100 men, 63,600 women, 123,600 boys and 106,000 girls) reached with WASH interventions including access to temporary safe water services such as water trucking, chlorination of water points to reduce the likelihood of water-borne diseases, sanitation services (40,000 people with construction / rehabilitation of latrines), hygiene kit distribution (225,000 people) alongside hygiene promotion campaigns on handwashing with soap.

Internal and external coordination

To ensure quality response and information sharing, SRCS has been and continues leading at field level since the first Partners call in December 2020. The SRCS DM Directors each based in Mogadishu (Central for Puntland) and Hargeisa (Somaliland) will continue liaising with relevant SRCS Branches and ICRC Field offices while leading planned coordination mechanisms, implementation, monitoring and reporting on this operation.

At Nairobi level, the IFRC and the ICRC will continue with their already established coordination mechanisms, with the initial technical meeting held on 29 April 2021. The meeting resolved to broaden participation to include PNSs / Partners / Donors supporting programmes in the targeted Somaliland and Puntland regions. This will be in line with the outreach strategy for the planned Call for Support to supplement funding for this DREF Operation. They will be invited to participate in the planned bi-weekly operation calls for Somalia which will discuss among other agenda on how to link the response to their existing and future long term development initiatives in the targeted areas.

Through periodic briefings, IFRC-Country Delegation will participate in relevant Nairobi-based Cluster meetings and ensure that all Movement partners and cluster members are updated on the operation. SRCS will ensure they participate actively in the Cluster Coordination meetings at field level to gather and share information on the operation.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Somaliland / NADFOR and Puntland / HADMA are reporting caseloads as shown in the table below.

Region	#Subregions	#Districts	#IPC-4 (hhs)	#IPC-3 (hhs)	Total (hhs).
Somaliland	4 – Sool, Sanaag, Awdal and Togdheer	27	54,480	108,960	163,440
Puntland	3 – Bari, Nugaal and Mudug	15	122,000	260,000	382,000
Total (hhs)		42	176,480	368,960	545,440

The table shows an estimated population of **1,058,880** people (**176,480** households) in IPC-4 – (emergency) in need of life-saving interventions, and **2,213,760** people (**368,960** households) in IPC-3 (crisis) on the watchlist should the environmental conditions deteriorate as projected. The population in emergency need is spread over the vast geographical size of Somaliland and Puntland, with the risk of pockets of unreached populations, especially with the vulnerable <5-year-old children and women in rural areas being particularly exposed. This population already represents **31%** of the UNOCHA estimated caseload of **3.4m** by the end of 2021. Nationally, UNOCHA works with 252 partners, including the SRCS, spread across all humanitarian Clusters. Only two clusters WASH and Health had reported responding to the drought emergency countrywide reaching 25,000 and 353, 000 people respectively by the 26th April 2021.

As reported in the joint and ICRC assessments, the targeted population is experiencing increased drought-related cases of Acute Watery Diarrheal Diseases (AWD), measles, low immunization coverage, and food insecurity that are together contributing to the already high malnutrition rates (GAM over 10%).

In addition, vulnerable households are increasingly adopting negative coping strategies such hand-feeding of livestock with locally produced cereals. This has driven high the cost of the same cereals for human consumption, which in turn limits access to food. Waterpoints have dried up while the remaining ones are

heavily contaminated. Congestions are common at both contaminated and potable water sources with communities especially women/girls having to walk hours on end to access the commodity. Water prices have also increased, making it unaffordable and compromising hygiene and health / nutrition of the targeted population.

In some affected communities, especially the eastern regions (Togdheer, Sool and Sanaag) of Somaliland the SRCS is about the only actor on the ground providing some health care services through a number of static clinics. Clan dynamics and the ongoing widespread population movement across the targeted regions remains a challenge for the targeted populations in accessing Health / Nutrition services from the existing static clinics. SRCS in consultation with the local authorities plans to activate and deploy up to eight (Somaliland 6 and Puntland 2) Emergency Mobile Health Clinics (EMHCs) under this DREF operation to mitigate the challenge.

Targeting

The total target population for this DREF operation will be **20,156 households (120,936 people)**. The Health / Nutrition component will target 120,936 people (20,156 households) with a range of health services as explained below. The selection criteria will involve screening of <5s and pregnant women during the regular mobile health clinic visits. Detected cases on uncomplicated malnutrition will be handled at the EMHCs while complicated one shall be processed through the Government-run referral system. Additional PGI-driven targeting criteria shall include: The Elderly, persons with disability, people with Chronic illnesses, Child headed households, Orphans and vulnerable children, Female-headed households, Pregnant women and Lactating women. This criterion is subject to change as the drought emergency evolves and additional resources are mobilized to deliver life-saving interventions to the projected increased caseloads in IPC-4.

The Livelihoods and basic needs component will support 1000 households with malnourished children and/or pregnant women, through MPCT. The 1000 households will be selected through screening during the the regular EMHCs visits. As households with <5-year-olds and pregnant women will access both static and Emergency Mobile Health Clinics (EMHCs), these will serve as the primary centre for their identification, verification and registration for cash transfer. The registered beneficiaries will have a functional and mobile cash activated mobile phone connectivity as much as possible registered in their names. This is based on SRCS lesson learnt during the last two DREF operations (Cyclone Gati ended February 2021 and Qardho Floods ended December 2020) that provided for connectivity but was 100% unspent) DREF operations that all targeted beneficiaries for the Mobile cash transfer were already actively connected. The network coverage of the selected FSPs is available in the targeted beneficiary locations. Each household will be entitled to a monthly envelope of **125 USD** (informed by **65%** of the current March 2021 FSNAU highest total basket CMB of **USD 193** in Sool <https://www.fsnau.org/sectors/markets> and MEB assessment (March 2021). This was driven by the need to cover minimum 1,000HHs with basic needs (Total Basket) for at least two months after costing the Health component subject to maximum DREF allocation of CHF 500K. It was based on FSNAU April 2021 MEB highest (193 US\$) estimates for the 8 targeted districts in five regions (Sool 193 US\$, Sanaag 181US\$, Togdheer 162US\$, Bar 162US\$, Awdal 128US\$ and Mudug 101US\$).

To ensure no duplication, SRCS regularly participates in the Interagency Cash and Health coordination working groups during which agencies share information on their areas of focus and gaps.

Summary table of geographic targeting:

State	Region	District.	Livelihoods & Basic Needs	Health care - mobile health clinics
1. Somaliland	Sool	Las Anod / Hudun and Taleb	500	6 mobile clinics
	Sanaag	Eilafwen		
	Togdheer	Odwein and Ainabo		
	Awdal	Lugbaya / Zeila		
2. Puntland	Mudug	Goldogob	500	2 mobile clinics
	Bari	Ishkushuban		
			1,000HH	20,156HH

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario 1 The delayed Gu rains set in, will be sufficient and well distributed without causing flooding. Pasture regeneration for livestock is quickest and water sources replenished. Farm inputs available and accessible to farmers to utilize the favourable Gu rains for earliest recovery. The health of the population will not deteriorate further, and Covid-19 will be under control. National political stability is maintained, endemic localized conflicts do not escalate, security / safety for all is guaranteed and population movements minimized.	Current IPC-4+ Emergency caseloads decrease; The huge IPC-3 caseloads do not slide into IPC-4+ and begin to decline; Increased availability and accessibility to unsafe water sources.	Continuity Strategy: - Scaling up of WASH interventions to prevent outbreak of waterborne diseases. - Humanitarian action shall transition to supporting DRR in the context of early-to-long term recovery interventions. - Strengthen the programming capacity of the SRCS to play an effective auxiliary role to Government and as a lead humanitarian organization.
Scenario 2 Delayed onset of Gu rains, insufficient and poorly distributed with isolated flooding.	The current humanitarian situation persists: Huge populations in IPC-4+ and IPC-3. Food insecurity, high malnutrition among <5s and pregnant women, Health/WASH challenges, Protection, Population movements, livelihoods erosion among others.	- Call for Action / Emergency Appeal for Increased resource mobilization to sustain the response beyond the initial 4months DREF. - Ops. Update for sharing with potential donors and media campaigns.
Scenario 3 Intense Gu rains leading to extensive flooding.	Increase humanitarian needs over and above those related to drought as a result of: - Massive displacements - Further contamination of available water sources. - Infrastructure destruction and disruption of social services / markets.	- Upgrade to an Emergency Appeal to meet the humanitarian needs of increased caseloads. - Ops update to include flood response and timeline extensions. - Activate the IFRC surge capacity.

Operation Risk Assessment

While monitoring the likely drivers of the Best-and-Worst case scenarios, the operational risk assessment here focuses on the Most likely scenario. The political situation will not have an impact on access to the affected areas since the drivers of political processes are rooted in South Central Somalia. Weather forecasts for the months May-June indicate that the Gu rains are already late, likely to be insufficient and poorly distributed. However, should the Gu rains be turn out to be intensive, the resultant flood risk ([2021 Gu Floods Season Update 1](#)) could render some targeted areas in accessible for EMHCs by road. The IPC-4 caseloads will persist longer and increase the likelihood of moderate deterioration of the IPC-3 caseloads. Reported population movement (especially pastoralists in search of water and pasture) will continue especially towards areas that have experienced some rains. As a result, new natural resource-based conflicts are likely. Access to populations in need of assistance will remain a challenge due to security and safety.

This proposed DREF operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. As such, there is a risk of delays due to further spread of COVID-19 as Government control measures evolve to control and curb further spread. SRCS more than ever, will closely work with State Government to jointly find the best approach to ensure humanitarian assistance is safely delivered to the drought-affected populations. The planned DREF activities will follow the Ministry of Health and WHO regulations on hygiene and Social Distancing.

SRCS will incorporate hygiene and health promotion activities in this operation in line with the SRCS COVID-19 action plan, to assure government measures are complied with. National Society responses to COVID-19 are supported through the IFRC [global appeal](#), which will facilitate supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional

Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The SRCS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff. For more information, please consult the [Covid-19 operation page](#) on the IFRC Go platform.

Below table indicates potential impact of the pandemic on this DREF operation and how SRCS with IFRC support will respond to the situation in the event of COVID 19 mitigation measures being implemented in Somalia.

COVID-19 measures	Standard epidemic control measures	Temporary lockdown of society (schools, shops, public functions)	Sustained lockdown and restriction of movement during implementation period
Likelihood	Low Government is currently very supportive of C-19 compliant humanitarian interventions.	Medium Both Somaliland and Puntland Governments have heightened the alert level due to the increasing numbers reported lately. Unlikely that another lockdown will be imposed including closure of schools.	Medium There are no immediate indications of short to sustained lockdowns in Somaliland and Puntland.
Impact on operation	Low On high alert. Will keep monitoring.	Low The operation needs to be very alert to evolving trends and strictly enforce epidemic control measures. Will keep monitoring and adjusting appropriately.	High Operation will proceed as planned in view of the unlikelihood of any lockdown, whether short or extended. Appropriate replanning will be carried out in the event of an imminent lockdown.
Mitigating measures	SRCS will strictly follow its revised COVID-19 Preparedness and Response Plan.	Same as under standard epidemic control measures. In addition, some delays might be experienced with procurements for replenishments. If this happens, a DREF extension will be considered.	Same as under standard epidemic control measures. If this happens, a DREF extension will be considered.

Lessons Learnt

Cash response preparedness is critical as a quick and conflict-sensitive alternative to challenges of delivering in-kind assistance to targeted beneficiaries whose needs are changing and timebound. In the Qardho floods DREF Operation, the market was disrupted and could not meet the supply demand for Shelter and household items. The alternative and protracted IFRC International procurement process could not deliver the supplies on time for the beneficiaries in addition to access, security and safety challenges. Building on the Qardho DREF, SRCS has attained cash capacities in past and is now able to implement a small scale cash intervention without any external support.

B. Operational strategy

Overall Operational objective:

This DREF Operation is intended to be the most immediate initial life-saving intervention for 20,156 households (120,936 people) under IPC-4 in eight (8) Districts (in the wake of a huge and potentially (Watchlist 545,440 in IPC 3) growing IPC-4 caseloads. It will ensure expansion of health services, detection and management of malnutrition, with 1,000 amongst the most vulnerable households meeting their basic survival needs through an Unconditional Mobile Cash Transfer. This integrated approach will deepen and guarantee favourable life-saving outcomes for the simultaneous rollout of <5-year-olds life-saving access to emergency healthcare and nutrition treatment interventions. Specific objectives will be to:

- a) Ensure access to emergency healthcare and nutrition screening and treatment
- b) Ensure that households with malnourished children can meet treatment costs and fulfil basic needs (to maximize on the life-saving Health / Nutrition interventions).
- c) Human resource: Strengthen the capacity of SRCS Staff and Volunteers in health, nutrition and food security emergency programming.

Beyond this initial DREF response and based on projected most-likely scenario of deterioration of the drought emergency, IFRC / SRCS are simultaneously planning for a “Call for Support” from partners with an estimated budget of CHF 1.5million to scale up the operation over a period of 6-9 months. This will enable SRCS /IFRC to link the response to strengthening the beneficiaries’ resilient early-to-long term recovery ahead and during the beginning of the Deyr (short rains) season in line with the IFRC’s Pan-African Zero Hunger Initiative.

This DREF operation justification is informed by the fact that Somalia is one of the IFRC Africa Region priority countries for the Pan-African Zero Hunger flagship . SRCS with support from IFRC is the only one providing health and nutrition services in some of the hardest-hit targeted regions especially in Somaliland. As of 25th April 2021, the 2021 [Humanitarian Response Plan](#) for Somalia was only 15% funded and this is limiting the rollout of life-saving humanitarian interventions especially in the regions targeted by this operation. It is further justified by [studies](#) indicating that malnourished children tend to be under-achievers in life. This renders them captive to vulnerabilities that pre-dispose them to cyclic disasters such as the current drought, Floods and Cyclones among others that are prevalent in Somalia and projected worsen.

Proposed strategy:

1. Health (Target: 20,156 households or 120,936 people)

The health care delivery system in Somalia is fragile. Access to basic health care services is limited, particularly among the rural, hard to reach, nomadic and Internally Displaced Persons (IDPs) communities. A drought situation is developing in larger Somalia but particularly in Puntland and Somaliland due to delayed and erratic rainfall distribution that characterized the October to December 2020 Deyr (short rains) season. This has resulted in below-average cumulative rainfall across most of the country and leading to inadequate replenishment of pasture, water resources and below-average Deyr crop production. The situation has rendered a sizable number of communities more vulnerable with increasing cases of Acute Watery Diarrhoea (AWD), measles, skin infections, low immunization coverage due to migration of communities making them unreachably with immunization programmes and malnutrition.

Some of the affected communities already have static clinics being managed by the Somali Red Crescent Society (SRCS) with IFRC, Swedish RC and Finnish RC support covering integrated healthcare.

However, in consultation with the local authorities, in view of the extent of the drought situation, the SRCS will activate six (6) mobile health clinics in Somaliland (covering Sool, Sanaag Togdheer and Awdal regions) and two (2) in Puntland to provide a range of clinical and community-based interventions as a contribution to the overall response to the health needs of the affected communities.

These mobile clinics will be staffed with qualified nurses, midwives and will offer a range of nutrition-related services including routine immunization of children under the age of 5 years against the childhood vaccine preventable diseases, immunization of women of child-bearing age (pregnant and non-pregnant) against tetanus, nutrition screening of children less than 5 years to detect malnutrition , provision of nutritional supplements for those assessed to be malnourished and referral of complicated cases for enhanced management, safe motherhood (Ante-Natal Care, Delivery and Post-Natal Care) with the provision of supplements and management of diarrhoea through the Oral Re-Hydration Corner for non complicated cases and nutritional education for mothers and caregivers on Infant & Young Child Feeding (IYCF) which is a continuous process especially for young first time mothers. Indeed, scarcity of water due to drought is contributes to undermine best practices.

The delivery of these services will be carried out in collaboration with UNICEF that would provide the vaccines for the immunization activities as well as the plumpy nut, a high energy nutritional supplement for children assessed to be severely malnourished without complication while the World Food Programme (WFP) will provide the plumpy sup, another high energy nutritional supplement for children assessed to be moderately malnourished. In the FSNAU-FEWS NET-2020 Post-Deyr-Technical -Release-4-Feb -2021, out of the nearly 2.7 million people across Somalia expected to face food consumption gaps or depletion of livelihood assets

indicative of Crisis (IPC Phase 3) or worse outcomes through mid-2021, about **840,000** children under the age of five are likely to be acutely malnourished, including nearly **143,000** who are likely to be severely malnourished. The 8 SRCS mobile clinics will be targeting about **20,156 households**.

2. Basic Needs (Initial Target: 1,000 households or 6,000 people)

This proposed DREF Operation will ensure each of the targeted 1,000 households (6,000 people) with <5 malnourished children and pregnant women receive an Unconditional, Multipurpose Cash Transfer (MPCT) through Mobile Money with a transfer value of 125US\$ per month for two (2) consecutive months. Somaliland and Puntland will each target 500 households in six (6) and two (2) priority Districts respectively. The cash will allow households to cover for any costs related with the malnutrition treatment (transport, supplementary feeding, and other health costs) as well as to fulfil the basic needs of the dwellings (water, food, animal fodder, etc). The operation will mobilize a maximum of 50 SRCS Volunteers to support the operation. The identification, verification and registration of beneficiaries shall as much as possible be at the health clinics during the first month of rolling out the health /Nutrition component. Two (2) Post-Distribution Monitoring (PDM) exercises will be undertaken 15-days after each disbursement and lessons learnt ploughed back to improve the operation, including market monitoring.

Protection, Gender and Inclusion (PGI): Acknowledging that women, girls, men and boys with diverse ages, disabilities and age have very different needs, face different risks and deploy different coping strategies, the operation will pay particular attention to protection and inclusion of these vulnerable groups based on existing diversity analysis published by the inter-agency cluster.

Community Engagement and Accountability (CEA):

Ideally, CEA begins at the rapid assessment phase. Information will be shared with affected communities on SRCS plan of action including how communities can provide feedback to the National Society. SRCS Staff and Volunteers will be appropriately briefed on the critical basics of CEA necessary for this operation. During distributions, a feedback desk will be put in place to allow beneficiaries and the entire community to provide feedback, raise any concerns or suggest ways to improve the operation. The feedback collected will feed into the monitoring data. Communities will be consulted on the on the most appropriate channels to use for them to be able to provide their comments, suggestions or ask questions.

Operational Support services

Logistics services shall be provided by SRCS with technical support by the IFRC Country Delegation Logistics Officer with support from the Regional Office. The SRCS finance team with IFRC Finance Officer support shall oversee all financial requirements of the entire operation.

Human resources:

The operation plans to meet the costs of priority IFRC National human resource fully dedicated to supporting the DREF operation to ensure success. Specifically, the Senior DRM officer, The Senior Finance Officer and the Senior Health Officer each for two months. The IFRC Country Delegation Logistic Officer with support from the Regional Logistics unit will provide dedicated procurement and logistical support to the operation. The IFRC Senior Health Officer in liaison with the Health Delegate based in Hargeisa, Somaliland, will support the Health / Nutrition component of the operation while the Senior DRM Officer with additional support on need basis from technical Regional Delegates, will support the other sectors. The Finance officer will oversee all finance components of the operation. The Planning, Monitoring, Evaluation and Reporting (PMER) and Communications units at Regional level together with their SRCS counterparts will support the knowledge management (Monitoring / PDMs, Lessons Learned Workshop, Reporting, Documentation and Dissemination) activities of the operation.

Logistics Management and Procurement:

All procurements will be done in line with SRCS/IFRC logistics/financial procedures and IFRC will provide procurement oversight and support, when required. The IFRC-Somalia Delegation Logistics Officer will closely work with SRCS focal points in Somaliland and Puntland local procurement processes, as well as provide technical guidance where needed through the process.

SRCS carried out an extensive procurement process for selection of financial services providers following IFRC Procurement Manual and CVA SOPs. As a result, the SRCS signed a framework agreements with Golis Telecoms (in Puntland) which was successfully tested during the subsequent Tropical Cyclone GATI DREF Operation in Bosaso that ended in February 2021. SRCS Somaliland has a long-term agreement with FSP Telesom. The two FSP are on standby to quickly roll out the cash component of this operation.

Communication and Visibility:

To support volunteers in their mission as well as the visibility of Red Cross actions on the ground, SRCS will provide its volunteers with protection and visibility including Red Cross bibs, raincoats and gumboots from their existing stock.

Planning, Monitoring, Evaluation and Reporting:

To ensure effective project implementation and reporting, real-time monitoring at the community level will be done by SRCS staff and volunteers. The (Sub)Branches will periodically be supported at field level by SRCS Coordination Offices in Mogadishu and Hargeisa. Post distribution monitoring will be conducted by SRCS Branch Coordinators and DM Directors, along with the IFRC team using fit-for-purpose tools and approaches. Monthly updates will be provided on progress of the planned activities, lessons learnt, identified challenges and solutions during implementation. A lessons' learned workshop will also be conducted at the end of the operation.

Security:

Al-Shabab: An al-Qaida affiliate, al-Shabab administers parts of south-central Somalia and retains the capability to launch attacks within areas ostensibly controlled by federal forces.

Islamic State in Somalia (ISS): ISS primarily operates in Puntland and southern Somalia, with a concentration in Afgooye in the Lower Shabelle region.

Crime: Due to the prevalence of militant groups, consistent insecurity and wide availability of firearms, violent crime is a serious concern. Foreign travellers present high value targets for violent crime and, potentially, kidnapping. Rates of crime are considerably lower in Somaliland, particularly in Hargeisa, though petty and opportunistic crime remains an issue.

Kidnapping: A dramatic spike in the number of kidnappings of aid workers and journalists was observed in 2008, after which foreign media and aid organisations withdrew all but the most essential foreign staff and attempted to improve security measures for those who remained. Kidnapping of foreigners is less prevalent now than in previous years, owing to a variety of factors, including stronger security measures adopted by aid organisations, as well as a decline in piracy in Somalia. Nonetheless, the risk has far from diminished.

Risk Zone Classification and specification:

Federal Somalia: EXTREME - Federal Somalia remains in a state of conflict involving the al-Shabab Islamist extremist militant group on the one hand, the African Union Mission in Somalia (AMISOM) and the Somali National Army (SNA) on the other hand. Al-Shabab has claimed responsibility for numerous mass casualty attacks in central Mogadishu, and several attacks against rural military bases. The government has been largely unable to curb the levels of violence in the country, which beyond militancy, are also fuelled by high levels of violent crime, kidnapping and tribal tensions.

Puntland (except Bosaso): EXTREME - While Puntland generally experiences a much lower frequency of security incidents than south-central Somalia, there has been a notable increase in militant activity since 2016. At least two militant factions have demonstrated the capability and intent to carry out attacks, particularly in areas outside the commercial capital, Bosaso, including the temporary seizure of territories. In addition, infrastructure (including viable ports of departure), law and order and emergency response are negligible in much of the territory, thereby exacerbating the risks posed by crime, communal violence and tribal tensions. The autonomous regional government is largely capable of upholding security in Bosaso, rated HIGH for travel risks where business-critical journeys are still possible. However, the Puntland government lacks the capacity to prevent and respond to security incidents in other areas.

Eastern Somaliland: EXTREME - Tensions remain elevated in the Sool, Sanaag and Cayn provinces, where border disputes and inter-clan rivalries are prevalent. Persistent security challenges in these provinces as well as a general lack of assistance infrastructure will continue to re-enforce our EXTREME travel risk rating.

Western Somaliland: HIGH - The self-proclaimed independent state of Somaliland, in the north-west of the country, enjoys relative peace and stability, compared with the chaotic regions of south-central Somalia. Somaliland has succeeded in building up a relatively well-functioning constitutional democracy in a comparatively secure context since achieving de-facto independence. Hundreds of thousands of internally displaced people (IDPs) and refugees have returned home, tens of thousands of landmines have been destroyed, and most of the self-functioning militias have been incorporated in unified police and military forces. However, latent risks persist; in October 2008, three near-simultaneous bombs targeted a UN Development Programme office, the presidential palace and Ethiopia's diplomatic mission in Hargeisa, the capital of Somaliland.

Bosaso (Puntland): HIGH - In Puntland's commercial capital, the authorities generally maintain the capability to manage and respond to threats, though the city has been previously targeted in militant attacks and subject to bouts of violent unrest. The availability of assistance providers, comparatively secure accommodation as well as accessibility to a port of departure with international flight options inform the retention of a lower travel risk rating when compared to the rest of Puntland.

Hargeisa: MEDIUM - The city of Hargeisa (capital of the self-proclaimed independent state of Somaliland) has a stable security environment, capably managed by the local security forces. While crime poses a hazard – particularly at night – and terrorism represents a latent risk, the situation in the city necessitates less stringent security precautions for movement than overland travel in other areas of Somaliland. Nevertheless, we recommend that travellers seek itinerary-specific advice prior to travel.

Due to the prevalence of militant groups, consistent insecurity and wide availability of firearms, violent crime is a serious concern. Staff involved either SRC or IFRC present high value targets for violent crime and, potentially, kidnapping. Rates of crime are considerably lower in Somaliland, particularly in Hargeisa, though petty and opportunistic crime remains an issue.

SRCS and IFRC will actively coordinate with ICRC under the country security framework in monitoring and mitigating the assessed security risks. These will include active situation monitoring and information sharing between field and head office teams as well as the development and implementation of Minimum-Security Requirements MSR. At present stage the Somalia office MSR is outdated and needs management attention to conduct full review within the authority of the Somalia office within the set 2021 MSR requirements and Policy.

All Red Cross Red Crescent personnel involved in the operations must have completed their respective IFRC security e-learning courses (i.e., Stay Safe Personal Security, Security Management, or Volunteer Security) before deployment. As road travel presents a considerable risk, safe driving and ensuring vehicle road worthiness is of critical importance. Contingency plans such as medical evacuation plan, relocation plan and crisis management plan will be in place to manage emergencies adequately.

Somalia Country Delegation security infrastructure to be developed to an eligible level from perspectives of HR, assets and management controls in place. Funding of security of High and Extreme operating environments must be operationalised and adequately budgeted. No IFRC deployment is foreseen under this DREF conditions.

C. Detailed Operational Plan



Livelihoods and Basic Needs.

People targeted: 6,000 (1,000 Households)

Male: 49% or 2,940 people

Female: 51% or 3,060 people

Requirements (USD): 271,426

Needs analysis:

The table below shows the caseloads in the targeted regions.

Region	IPC-4 (January – March 2021)	IPC-4 April – June 2021	Total	Total Basket CMB (USD), March 2021.
Togdheer	24 000	32 900 (1.5 times)	56 900	157
Sanaag	18 100	53 900 (up 3 times)	72 000	177
Sool	2 200	25 900 (up 11 times)	28 100	193
Bari	13 700	32 000 (up 2.5 times)	45 700	160
Mudug	17 700	42 300 (up 2.5 times)	60 000	87
Total	75 700	187 000	262 700	

The IPC-4 caseload projections April-June range between 1.5 to 11 times those determined estimated between January-March. The cumulative population in need in the targeted regions is projected to more than double from 75 700 to 187000 (2.5 times). According to FSNAU / FEWS NET, the above targeted areas among others are considered areas of concern and need urgent life-saving nutrition and health interventions. They currently have or are projected to have a GAM prevalence of Critical, indicated by a Weight-for-height z-score of 15.29.9% or by a mid-upper arm circumference below 125mm of 10-14.9%.

Risk analysis: The targeted population will be less mobile and reachable. Households with <5-year-olds and pregnant women will access both static and Emergency Mobile Health Clinics (EMHCs) as the primary centre for their identification, verification and registration. The registered beneficiaries will have a functional and mobile cash activated mobile phone connectivity as much as possible registered in their names. Current FSPs with existing agreements have effective network coverage in the beneficiary locations and the Market shall be fully functional. SRCS staff and volunteers will monitor the distributions and the families in receipt of the cash.

Population to be assisted: 1,000 Households representing a population of 6,000 people.

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods										% of people assisted over the total number of people affected.							
	Output 1.1: Households are provided with multipurpose cash grants to address their basic needs (AP081).										<ul style="list-style-type: none"> • # of households reached with multipurpose cash for basic needs. Target 1,000 households • # of volunteers trained (target 50) • # of beneficiary registers (target 2). • # of trainings (target 4) • # of market assessments (target 3) • # of Cash disbursement (target 2) • # of PDMs conducted (Target 2) 							
	Activities planned.	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	CVA refresher training, allowance of 50 Volunteers																	
AP040	Mobilization of Volunteers.																	
AP081	Assessment, verification, and registration of most vulnerable households																	
AP081	Activate the agreement with Financial Services Provider.																	
AP081	Market assessment before first distribution – also use the monthly market bulletin from the FAO/WFP and cash group.																	
AP081	Disbursement of Cash to the selected population																	
AP055	Monitoring / Post Distribution Monitoring (PDM) including market monitoring																	



Health

People targeted: 120,936

Male: 49% or 59,259 people

Female: 51% or 61,677 people

Requirements (USD): 162,839

Needs analysis: Evidence from Nutritional-Health Causal Analysis (NCA) indicates that disease infections can be the cause of malnutrition among <5-year-olds. Conversely, malnutrition among <5-year-olds can predispose them to disease infections. Furthermore, the health of the newborn depends on the health and nutritional status of the mother during pregnancy. This intervention will deliver both preventive and curative services focusing on malnutritional cause-effect of the reported increase in common diseases as a result of the current drought emergency. These diseases include AWD, Measles, among other emerging ones. Due to population movements, there are growing numbers of hard-to-reach pockets of vulnerable communities in the targeted districts. To ensure no one is left behind, eight (8) Emergency Health Clinics will be activated to maximize coverage during the DREF period.

Risk analysis: The drought-affected communities, including host, nomadic and displaced persons, will require critical and emergency services in responding to their immediate health care needs and to protect and prevent disease outbreaks with potential mortalities. With the grim picture on the level of vulnerability contained in the FSNAU-FEWS NET report, the timely intervention with the deployment of the SRCS 8 mobile clinics will contribute significantly to responding to the health and nutritional needs and help to mitigate or minimise the effects of the drought on the affected communities. Given the current high risk of COVID-19 in the targeted districts, activities planned under this operation will be compliant with all COVID-19 protocols.

Population to be assisted: The planned activation and deployment of the eight mobile clinics to meet the health and nutritional needs of the affected population will principally target the women and children and ultimately the larger community. This will cover the host communities, the displaced persons and nomadic populations with a range of basic health care services including routine immunization of children under the age of 5 years against vaccine preventable diseases, immunization of women of child-bearing age (pregnant and non-pregnant) against tetanus, screening of children less than 5 years to monitor their growth, provision of nutritional supplements for those assessed to be malnourished and referral of complicated cases for enhanced management, safe motherhood (Ante-Natal Care, Delivery and Post-Natal Care) with the provision of supplements and referral of complicated cases for further examination and management, treatment of common ailments and referral of complicated cases for further management, management of diarrhoea through the Oral Re-Hydration Corner and nutritional education for mothers and caregivers, that is Infant & Young Child Feeding (IYCF).

P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to critical health and nutrition services.										% of people assisted over the total number of people affected (target: 100%)							
	Health Output 2.1: Improved access to basic and emergency health care for the targeted population and communities.										<ul style="list-style-type: none"> • # of mobile medical clinics deployed (target 8) • # of days the mobile medical clinics deployed (target: 120 days) 							
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Deploy mobile medical clinic for three months																	
AP014	Provide Nutrition Screening Services through mobile clinics																	
AP014	Provide Supplementary Feeding to detected malnourished children (in partnership with UNICEF and WFP)																	
AP014	Refer Moderate (with Oedema) or Severe Malnutrition Cases for treatment																	
AP022	Provide Routine Immunization Services																	
AP022	Monitor the impact of mobile medical services for target population																	

Strategies for Implementation

Requirements (USD): 60 860

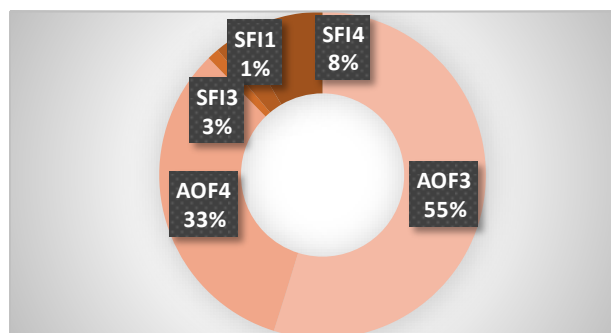
P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	<ul style="list-style-type: none"> # Volunteers insured # Volunteers provided with emblmed bibs and protective gear. 																
		Output S1.1.4: National Societies have effective and motivated volunteers who are protected.																
Activities planned		Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are motivated and have valid insurance																	
AP040	Ensure volunteers' safety and wellbeing, including the provision of appropriate personal protective equipment, and visibility items from current stocks.																	
AP040	Ensure volunteers are properly trained in health / nutrition areas appropriate for the implementation of operation																	
AP040	Ensure volunteers receive briefing; and updated with appropriate information throughout the implementation of the operation																	
AP033	Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard including on briefing on PSEA																	
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	# of community feedback systems established (target: 10) % of community feedback responded to (target: 80%)																
		Activities planned		Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14
AP084	Conduct briefings with volunteers on CEA to harmonize the community engagement approach in branches and ensure adequate skills to document and respond to community feedback.																	
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation – assumption that there will be a system establish in all branches.																	
P&B Output Code	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 S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues	<i>Stories on the operation shared with local and international media (target 2)</i>																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP053	Communications work																	
AP053	DREF officers support costs (July and August)																	
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	<ul style="list-style-type: none"> <i>Monitoring visits undertaken (target 2)</i> <i>Lessons learned workshop conducted (target 1)</i> 																
	Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP055	Ongoing IFRC / National Society monitoring activities																	
AP055	Lessons learnt workshop																	

Funding Requirements

The overall budget allocated for this DREF operation is CHF 451,800 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies		<i>all amounts in Swiss Francs (CHF)</i>
DREF OPERATION		
MDRSO011 - SOMALIA - Drought Emergency 2021		08/05/2020
Budget by Resource		
Budget Group		Budget
Medical & First Aid		26,280
Cash Disbursement		230,863
Relief items, Construction, Supplies		257,143
Distribution & Monitoring		7,300
Transport & Vehicles Costs		16,060
Logistics Services		4,563
Logistics, Transport & Storage		27,923
National Staff		27,375
National Society Staff		85,629
Volunteers		2,738
Personnel		115,742
Workshops & Training		12,009
Workshops & Training		12,009
Office Costs		511
Communications		2,555
Financial Charges		8,345
General Expenditure		11,411
DIRECT COSTS		424,226
INDIRECT COSTS		27,575
TOTAL BUDGET		451,800
Budget by Area of Intervention		
AOF3 Livelihoods and Basic Needs	247,676	
AOF4 Health	148,590	
SFI1 Strengthen National Societies	5,345	
SFI3 Influence others as leading strategic partners	12,148	
SFI4 Ensure a strong IFRC	38,042	
TOTAL	451,800	



Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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How we work

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

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



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



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



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