



Appeal number:	MAASO001
Country of operation:	Somalia
Reporting period:	01 Jan 2021 – 30 June 2021

CORE QUESTIONS

Q1: Overall Performance:

Context

The unpredictable and erratic weather and climate shocks including drought, extensive flooding, with the addition of the desert Locust upsurge, and the COVID-19 pandemic – deepened the scale and scope of the humanitarian crisis in 2020, and their consequences will continue to exacerbate humanitarian needs in 2021.

There is wide recognition that Somalia has made modest progress on the political front. However, political instability reached a peak during this period, driven by uncertainty regarding the trajectory of the delayed national elections. Since April, the immediate risk of widespread political violence and/or civil war in Mogadishu has

declined following the Federal President`s retraction of plans to extend his term by two more years, and there is steady progress towards elections scheduled to take place in August 2021.

Somaliland, the self-declared independent state in the north-west, conducted direct parliamentary and municipality elections in May 2021. The election process was held peacefully without any violence. Nevertheless, conflict and clan violence continue to be prevalent, in the disputed areas of the Sool and Sanaag Regions of Somaliland. Moreover, with increasing insecurity from activities of non-state armed groups, the Federation could not undertake any travel to the clinic communities in the Sool, Sanaag regions of Somaliland and Nugal, Bari regions of Puntland during the reporting period.

In 2021, the relaxation of COVID-19 movements restrictions within Somalia and abroad has assisted in economic recovery, driven by the re-opening of all sectors, partial recovery of livestock exports, and recovery of formal remittances. Available livestock export data from Bossaso port authorities show that cumulative exports from January through May 2021 already exceed exports during the same periods of 2018 and 2019 by 15-30 percent, though this is partly due to the earlier start of Ramadan. However, multiple analyses by the World Bank, the IOM, and FSNAU conclude informal remittances likely remain below pre-pandemic levels. Based on the World Bank's data, official remittance inflows rose year on year by an estimated 18 percent in 2020 largely due to improvements in the recording of official flows, but it is likely that informal remittances have declined. (FSNAU-FEWS NET, Somalia Food security Outlook-June 2021-October 2021).

Over the last two decades, Somalia has seen a rise in the intensity and frequency of extreme weather events (floods and droughts). Two back-to-back seasons of poor or failed rainfall could trigger a major humanitarian crisis as observed in 2010/2011 and 2016/2017. The April to June 2021 Gu rainfall season began late, performed erratically, and concluded early. This is the second consecutive season of poor rainfall performance in Somalia, where the below average 2020 Deyr triggered widespread drought in late 2020. The delayed and irregular rainfall throughout the year, particularly during key agricultural seasons (Gu and Deyr), resulted in poor crop production, inadequate replacement of pasture and water resources and displacement, eroding the livelihood assets and resilience of rural communities. Approximately 2.73 million to 2.83 million people across Somalia are expected to face Crisis (IPC Phase 3) or worse outcomes between April and September 2021, reflecting the deteriorating food security situation in the country (FSNAU—Quarterly-Brief-May -2021). In Somalia, high levels of acute malnutrition tend to persist across most population groups due to several factors, including high morbidity, low immunization and Vitamin-A supplementation, poor care practices and widespread acute food insecurity. In January 2021, FSNAU and partners estimated that nearly 838 900 children under the age of five years (total acute malnutrition burden) face acute malnutrition between January and December 2021, including 143 200 likely to be severely malnourished. Levels of acute malnutrition could increase through the end of the year in line with seasonal trends and due to the extended combined impacts of drought, floods and insecurity (FSNAU—Quarterly-Brief-May -2021).

Contributing to the fragile food security situation is the worst desert locust invasion the country has seen in 25 years. Pasture and crop losses due to the upsurge have adversely impacted crop and livestock production, further threatening the livelihoods of vulnerable farmers and pastoralists. The highest level of risk, "Dangerous", has been extended into early 2021 as new generations are expected to form swarms, with some possibly moving southwards.

Humanitarian needs are likely to continue to increase as the onset of La Niña approaches. Providing large-scale and sustained humanitarian assistance and livelihood support is critical to close the debilitating food consumption gaps that threaten vulnerable Somalis and strengthen their resilience.

Summary of achievements

- All routine clinic activities were carried out without any interruptions, despite the COVID-19 outbreak with rapid and developing impact on all social and economic life in the target communities.
- A total of **131,722** persons received treatment through the targeted health facilities under the project. About **61%** of the total patients treated (**80,782**) were female with **50,940(42%)** being male.
- A total **18,308** children were immunized with both pentavalent and measles vaccines.
- Similarly, **55,941** children under 5 years of age were screened to monitor their growth.
- A total of **15,189** women (pregnant and non-pregnant) were given the tetanus (Td2+) immunization during the reporting period.
- There was a total of **40,875** ANC/PNC consultations offered by the target clinics.
- Capacity building for midwives (Basic Reproductive Health Obstetric and New-born care training) and Case management training for nurses for all the target static clinics and mobiles.
- The SRCS with the support of IFRC launched a DREF to respond to the needs of the communities affected by drought in Somalia/Somaliland. The DREF included establishment of 6 mobile clinics in Somaliland and 2 mobile clinics in Puntland. The health component was complemented by Cash grants to 1,000 households to provide additional nutritional supplementation of children accessed to be malnourished in both Somaliland and Puntland. However, the DREF is transitioning to an EA to contribute to mitigating the effects of the drought in the target population in the short to medium term with the long-term perspective in view.
- The COVID-19 preparedness plan continued to be strengthened in supporting health facilities and mobile clinics to minimize the potential risk of contagion by providing patient screening and triage, improving Infection Prevention and Control (IPC) at the health facilities, including hand washing and sanitizing facilities as well as the provision Personal Protective Equipment (PPE) for the health staff.
- Community component of COVID-19 prevention continued to be conducted to complement the clinical activities. These included the provision of oral messages, house-to-house visits through trained volunteers

to provide communities with information on COVID-19 as well as setting up community feedback mechanisms through Risk Communication and Community Engagement (RCCE) strategy.

Q2: Changes and amendments:

There were no direct changes to the project from the original project plans during implementation.

The COVID-19 preparedness plan continued to be strengthened in supporting health facilities and mobile clinics to minimize the potential risk of contagion by providing patient screening and triage, improving Infection Prevention and Control (IPC) at the health facilities, including hand washing and sanitizing facilities as well as the provision Personal Protective Equipment (PPE) for the health staff. Community component of COVID-19 prevention continued to be conducted to complement the clinical activities. These included the provision of oral messages, house-to-house visits through trained volunteers to provide communities with information on COVID-19 as well as setting up community feedback mechanisms through Risk Communication and Community Engagement (RCCE) strategy.

It is apparent that the proposed One WASH funding will not materialize as there is still no word on that funding possibility. This has limited the activities and interventions planned under the expected funding opportunity.

The Emerging drought has necessitated the launch of an EA to support that includes activation of extra mobile clinics, livelihood support, additional WASH interventions and PGI to support the most affected populations in Somaliland and Puntland.

Q3: Measuring results:



AoF 3: Growing gaps in health and wellbeing

Outcome 3.1: National Societies capitalise on their auxiliary role to ensure their position on relevant country-level public health strategy, advocacy and policy platforms and mechanisms

Achievements:

Output 3.1.1: National Societies are supported to have a defined and active health/WASH strategy

SRCS health Strategy (2019-2023) is in operation with the clinics and branches reporting against the set annual targets. However, the National Society has not been able to develop a WASH strategy in line with IFRC health framework 2030 as earlier envisioned. This was due to the lack of funding since the proposed ONE WASH funding opportunity never materialized.

Output 3.1.2: National Societies are supported to be officially recognized, appropriately positioned and active members of relevant public health emergency preparedness and response coordination platforms.

Achievements:

SRCS participated in sectoral task force and coordination meeting on the public health emergency preparedness and response in both Somaliland and Puntland.

SRCS is also part of the COVID-19 preparedness and response task force meeting which is chaired by the Ministry of health and attended by all partners.

Output 3.1.3: National Societies are supported to be included in relevant national plans, strategies, policies and/or laws related to epidemic and pandemic preparedness and response

Achievements:

- SRCS uses the Community Based Health First Aid (CBHFA) approach which builds the communities capacities to prevent ill-healthy and promotes behaviour changes for better healthy living. SRCS expand community health programming (CBHFA and CBS) to include COVID-19 prevention and early response interventions.
- SRCS developed a simplified community case definition for simple diseases. The volunteers will be trained on different epidemic related morbidities protocol using the EVC toolkit, Once trained they will support in areas such as triage, dissemination of COVID-19 prevention and control messages and referral of complicated cases to health facilities for further management and treatment.
- SRCS trained volunteers continue to respond to confirmed outbreaks in close coordination with Ministry of Health and other stakeholders' line with WHO Somalia guidelines. The emergencies responded to in the reporting period include COVID-19 prevention, Acute Watery Diarrhoea, malnutrition, measles and unknown events.
- CBS primary assessment and selection of villages was done in Garowe and Bosaso branches in a plan to start implementation of CBS once funding is secured.
- SRCS continued to strengthen the implementation of CBS system in Togdheer, Awdal and Sool regions. Refresher training was conducted for 351 volunteers and 6 staff on COVID-19 Community Case Definition (CCD) and basic prevention and early referral.
- In Puntland, SRCS has successfully lobbied for the inclusion of the CBS indicators into the DHIS tools managed by the Ministry of Health.

Output 3.1.4: National Societies are supported to be included, and their role and responsibilities are defined as appropriate, in national plans and strategies related to human resources for health and health system strengthening

Achievements:

The Puntland Ministry of Health supported the training of ten staff from SRCS clinics on Integrated Management of Acute Malnutrition (IMAM). This will improve the knowledge and skills of the staff to diagnose and treat malnutrition in children.

Output 3.1.5: National Societies are supported to be members of, and regularly engage in, relevant national public health advocacy platforms

Achievements:

SRCS Maintained its membership in relevant working groups such as Health/Nutrition, EPI, RH which is chaired by the Ministry of health. They also participate in sectoral task force and coordination meetings on the public health emergency preparedness and response in both Somaliland and Puntland.

Outcome 3.2: The health and wellbeing of communities are protected and improved through access to sustainable, affordable, appropriate, and quality health services across the life course

Output 3.2.1: National Societies are supported to deliver evidence-based and impact-driven, effective, appropriate health promotion, disease prevention and community-based care activities, focusing on the people in situations of vulnerability in all contexts

Achievements:

- All SRCS clinics provide health promotion and disease promotion sessions using the CBHFA approach. The trained volunteers and community health committees (CHC) carry out hygiene, sanitation, malaria prevention, importance of the vaccination, safe motherhood service availability to in the vulnerable and marginalised communities. A total of **38,370** community members were reached through the sessions.
- Volunteers in SRCS Puntland are reporting disease alerts such as measles, diarrhoea.
- In Somaliland the CBS which is currently in 3 branches will extended to the other 3 branches of Sanaag, Sahil and M/Jeex.

Output 3.2.2: National Societies are supported to help communities identify and reduce health risks through relevant community engagement, accountability and behaviour change approaches that ensure locally led solutions to address unmet need

Achievements:

- Six Branch Health Officers (BHO) were trained on Community Engagement and Accountability (CEA).
- SRCS is still in the process of development of a community feedback mechanism.
- All the SRCS health facilities have community Health Committees (CHC) who support in the daily clinic activities. They also mobilize and engage the communities in working with the clinic staff and volunteers to respond to their health priorities.

Output 3.2.3: National Societies are supported to adapt and expand their health programming to meet the growing needs associated with climate change

Achievements:

- SRCS staff and volunteers in the branches and clinics carry out health awareness on prevention of communicable diseases including Malaria, acute watery diarrhoea and good hygiene and sanitation practices. A total of **38,370** beneficiaries were reached.
- screening of all under 5 years children is carried out in all SRCS clinics and mobiles as part of early detection and treatment of malnutrition. A total of **55,941** children were screened in the reporting.
- The parents particularly, mothers were trained to screen for acute malnutrition of their children by use of mid-upper arm circumference (MUAC) and testing for oedema for identification of Malnutrition cases. Those found to be malnourished are brought to the clinic for further assessment and treatment.

Output 3.2.4: National Societies are supported to expand the reach, quality and modalities of their first aid activities, including training of volunteers, staff and the general public across all contexts

Achievements:

- SRCS branches continued to offer FA training to their communities. In the reporting period a total of **1,445** people were trained on FA. A further **520** people from vulnerable/ marginalized and most at-risk communities (nomadic, IDPs and conflict prone communities) were reached with FA services.

Output 3.2.5: National Societies are supported to develop their commercial first aid models to promote financial sustainability and accelerate their ability to sustain services

Achievements:

- The National society is yet to develop the Commercial First Aid Strategy and implementation plan (SOPs). The development of the FA strategy was slowed down by the Outbreak of Covid-19 pandemic

which has limited movement of people hence any meetings to discuss strategy as well as the need to prioritize the preparedness and response of COVID-19 activities.

Output 3.2.6: National Societies are supported in their efforts to meet the mental health and psychosocial support needs of communities, as well as volunteers and staff

Achievements:

- Unfortunately, in the reporting period staff or volunteers training on Psychosocial First Aid did not materialize due to lack of funding.
- However, provision of mental health and psychosocial support to the communities was done as part of the Integrated Health Care project through the Static and mobile clinics. A total of **10,438** people were reached in the reporting period.
- An additional **1,475** from nomadic and hard to reach communities (IDP) were reached with mental health and Psychosocial FA.

Output 3.2.7: National Societies are supported to contribute to efforts to achieve and sustain national immunization targets, and promote fair and equitable access to new vaccines (including future COVID-19 vaccines through the COVAX facility)

Achievements:

- SRCS clinic staff participate in the national immunization campaigns as vaccinators and supervisors.
- However, in the reporting period national immunization campaigns were not carried out. A total **18,308** children were immunized with both pentavalent and measles vaccines. Similarly, **15,189** women (pregnant and non-pregnant) were given the tetanus (Td2+) immunization during the reporting period.
- Routine immunizations activities are carried out through the fixed and mobile teams. To strengthen the uptake of routine immunizations and reach zero dose in the static clinics, outreach services was initiated to cover 5 KM radius around each health facility.
- SRCS staff, trained volunteers and Community Health Committees (CHC) led the community sensitization and mobilization sessions among the nomadic and displaced communities during national immunization campaigns to increase coverage.
- Seventeen SRCS staff from Puntland were trained on COVID-19 Vaccination with the support of Ministry of Health of Puntland. The MoH also sent supplies to the clinics as part of the rollout of COVID-19 vaccination. Campaigns to increase the uptake of COVID-19 vaccines were carried out in all the regions.
- SRCS with the support of movement partners has developed COVID-19 Preparedness and Response Plan. The plan has both immediate interventions such as triaging, enhanced IPC measures at the clinic levels, provision of PPE`s to staff and volunteers as well as enhancing the Risk Communication and Community Engagement (RCCE) strategy.
- Resource mobilization for the interventions to support the preparedness and response plans for COVID-19 plan has been initiated. Through the support of IFRC SRCS has developed several proposals and shared with donors for potential funding to support interventions such as community sensitization and COVID-19 vaccine roll out.

Output 3.2.9: National Societies are supported in their efforts to contribute to efforts to achieve and sustain national targets for vector-borne disease interventions, including coverage with insecticide-treated nets for effective malaria prevention

Achievements:

- Epidemic Control for Volunteers (ECV) training did not materialize.
- No partnerships were formed to access Insecticide Treated Nets (ITN) hence no distribution.

Output 3.2.10: National Societies are supported in their efforts to address the needs of people living with communicable diseases, such as HIV and TB, utilizing relevant harm reduction approaches as appropriate

Achievements:

- SRCS staff and volunteers carry out community awareness on stigma and discrimination reduction against people living with communicable diseases such as HIV. A total of **17,005** of beneficiaries were reached.
- SRCS staff and volunteers conducted FGM awareness sessions in the IDPs and clinic areas. A total of **100** (30 Male and 70 female) beneficiaries were reached.
- Trained volunteers in SRCS Berbera branch Provide Home Based Care for people living with communicable diseases in Berbera town. A total of 370(220 Male and 150 female) were supported in the reporting period. The volunteers give caregivers knowledge on how to take care of the patients as well as distribute Home based Care kits to the patients.

Output 3.2.13: National Societies are supported to provide contextually appropriate sexual, reproductive, maternal, neonatal, child and adolescent health services

Achievements:

- Eleven (11) midwives from the static clinics and mobile clinics were trained on Basic Reproductive Health Obstetric and New-born care training. This is to upgrade their technical skills to serve their communities through specialized courses.
- All the SRCS static and mobile clinics offer sexual, reproductive, maternal, neonatal and child health (ante natal, delivery, child spacing, immunization and nutrition (including IYCF) services.
- A total of **40,875** pregnant women received ANC/PNC with **15,189** received at least 2 doses of Tetanus Diphtheria vaccine.
- A total of **18,308** children were fully vaccinated.
- SRCS had conducted FGM awareness sessions in the IDPs and reached 100 (30 Male and 70 female).
- SRCS distributed dignity kits to 30 Rape survivors and also provided 150 dignity kits to the low-income communities near the SRCS facilities.
- SRCS supported 23 SGBV and partner violence survivors with services including referral.
- SRCS Puntland branches trained 7 midwives on Gender based violence as part of providing integrated PHC services, with the health center received Rape kits from Ministry of Health.
- Eilafweine Health facility which was affected by cyclone GATI and heavy rains last year and was rehabilitated and equipped to enable them to enhance the quality-of-service delivery.
- Procurement of medical supplies and equipment to assist clinic activities was supported by the IFRC Global Logistics Service Medical Procurement Unit in Geneva. However, this year delays were witnessed with the contracting and procurement of suppliers for the OPD, with delivery of the kits in the first half of the year not materializing. These led to stockouts of drugs and supplies in the clinics. SRCS had to borrow some medical kits from MoH which were distributed to the clinics. The borrowed kits will be replaced once the OPD kits order is received.
- Other medical supplies procured and distributed to the clinics include Pylori Rapid Antigen test kit, urine dip stick, HIV test kit, Haemo control (HB) machines and microcuvettes etc. The antigens and laboratory equipment will help some of the SRCS clinics offer laboratories services such as Stool, Urine and Haemoglobin tests.

Outcome 3.3: The health and dignity of communities in emergencies are maintained by providing access to appropriate health services

Output 3.3.1: National Societies are supported to adequately prepare for and respond to the health consequences of disasters and crises, including epidemic and pandemics

Achievements:

- SRCS staff and volunteers in Some branches in Somaliland were trained on Preparedness for Effective Response (PER) to enable them appropriately to respond to health emergencies, disasters, and crises under the bilateral support offered to SRCS by the Canadian Red Cross.
- All the branches and regions of SRCS has been supported with pre-position of supplies for the COVID-19 emergency for effective prevention and response.

Output 3.3.2: National Societies are supported in their efforts to build and maintain community-level capacity in effective detection, prevention and response to infectious disease outbreaks

Achievements:

- Community Based Health First Aid (CBHFA) approach builds the communities capacities to prevent ill-healthy and promotes behaviour changes for better healthy living. SRCS expanded community health programming (CBHFA and CBS) to include COVID-19 prevention and early response interventions.
- SRCS developed a simplified community case definition for simple diseases. The volunteers will be trained on different epidemic related morbidities protocol using the EVC toolkit, Once trained they will support in areas such as triage, dissemination of COVID-19 prevention and control messages and referral of complicated cases to health facilities for further management and treatment.
- SRCS trained volunteers continue to response to confirmed outbreaks in close coordination with Ministry of Health and other stakeholders' line with WHO Somalia guidelines. The emergencies responded to in the reporting period include COVID-19 prevention, Acute Watery Diarrhoea, malnutrition, measles and unknown events.
- CBS primary assessment and selection of 47 villages was done in Garowe and Bosaso branches in a plan to start implementation of CBS once funding is secured.
- SRCS continued to strengthen the implementation of CBS system in Togdheer, Awdal and Sool regions. Refresher training was conducted for **461** volunteers and **6** staff on COVID-19 Community Case Definition (CCD) and basic prevention and early referral.

Output 3.3.3: National Societies are supported in their efforts to respond to mental health and psychosocial needs effectively during emergencies

Achievements:

- Unfortunately, in the reporting period staff or volunteers training on Psychosocial First Aid did not materialize due to lack of funding.
- However, provision of mental health and psychosocial support to the communities was done as part of the Integrated Health Care project through the Static and mobile clinics. A total of **10,438** people were reached in the reporting period.
- An additional **1,475** reached with mental health and Psychosocial FA during the emergencies such as during Cyclone GATI.

Output 3.3.4: National Societies are supported to provide adequate care, support and referral services to survivors of SGBV in disasters and other emergencies

Achievements:

- Mapping of institutions that provide SGBV services (Psychosocial, Medico-legal and social services) in Somaliland and Puntland has been done with these being shared with the clinics and branches to facilitate referral to survivors of SGBV.
- Referral protocol for survivors of SGBV has been developed and shared with all the SRCS facilities.

- In Puntland, five rape kits have been received received from MoH and distributed to seven health facilities under SRCS, while in Somaliland the Canadian -Icelandic Red Cross supported the procurement and distribution of Rape kits to all the SRCS facilities.
- Seven midwives form SRCS clinics in Puntland were trained on Clinical Management of SGBV
- A total of 23 survivors of rape were treated in the SRCS clinics of Puntland with provision of initial psychosocial support
- Refer survivors of rape for Psychosocial, Medico-legal and social services is ongoing in all SRCS clinics.

Outcome 3.4: Communities have increased access to affordable, appropriate and environmentally sustainable water, sanitation and hygiene services

Output 3.4.1: National Societies are supported to provide communities with improved access to safe water

Achievements:

- To improve access to water during emergency, it was planned to rehabilitate or construct water sources. However due to lack of funding the activity did not materialize. The much awaited ONE WASH funding opportunity hasn't yet come through.

Output 3.4.2: National Societies are supported to provide communities with knowledge and best practice on treatment and reuse of wastewater

Achievements:

- Community hygiene promotion sessions addressed the treatment of water to make it safe.

Output 3.4.3: National Societies are supported to provide communities with access to adequate, appropriate and safe sanitation facilities

Achievements:

- Trained volunteers sensitize and educate their communities on the importance of safe waste disposal and its negative consequences on good health using PHAST and CHAST methodologies. A total of **17,836** beneficiaries were reached with water, sanitation and hygiene services
- A total of **300** mostly marginalised and IDPs vulnerable households were supported to construct their own household latrines.
- Targeted clinic communities were provided with sanitation tools, including wheelbarrows, shovels, rakes, digging forks. The purpose of the sanitation tools was to support the communities was to keep their environment clean through regular clean-up campaign and prevent diseases.

Output 3.4.4: National Societies are supported to provide communities with knowledge and best practice to improve sustainable community-based management of water and sanitation facilities

Achievements:

- SRCS staff and volunteers through the CBHFA approach sensitize communities on causes and prevention of water borne disease/ water related diseases.
- The communities are also educated on treatment of water to make it safe using local methods such as boiling as well as use chlorine. Chlorination activity was carried out before the GU rainy season where trained volunteer's chlorine community water sources.

Output 3.4.5: National Societies are supported to promote and measure positive behavioural change in personal and community hygiene among targeted communities, including in the area of menstrual hygiene management

Achievements:

- SRCS Puntland distributed dignity kits to 30 Rape survivors and also provided 150 dignity kits to the low-income communities near the SRCS facilities to promote the menstrual hygiene management of girls and women.

- SRCS volunteers carry out health education sessions on personal hygiene in nearby schools.

Outcome 3.5: Communities at risk from pandemics and epidemics have increased access to affordable, appropriate and environmentally sustainable water, sanitation and hygiene services

Output 3.5.1: National Societies are supported to provide to communities and key structures at risk from pandemics and epidemics improved access to adequate water, sanitation and hygiene services in emergency settings

Achievements:

- SRCS Volunteers conducted Chlorination activities in targeted areas. A total of **15,503** water sources were chlorinated with reached with **62,086** community members benefited.

Output 3.5.2: National Societies are supported to promote and measure community awareness of pandemics and epidemics, including cholera under the One WASH Initiative, and the means to better mitigate their impact

Achievements:

- Community awareness sessions on causes and prevention of diarrhoeal diseases including cholera was carried out by trained volunteers. A total of **17,836** beneficiaries were reached with water, sanitation and hygiene services
- Due to lack of funding, preposition of cholera kits for preparedness did not take place.

AoF 5: Values, power and inclusion

Outcome 5.1: The IFRC and National Societies contribute to a positive change in communities through wider understanding, ownership, dissemination and application of Fundamental Principles and humanitarian values, focusing especially on young people's knowledge, skills and behavior

Output 5.1.1 Technical and financial support for youth-led education and action is scaled up, building on the Youth Engagement Strategy and other youth-led initiatives (e.g., YABC)

Achievements:

- SRCS has youth clubs in all the branches and sub-branches. The volunteers are formed into action teams each addressing a specific theme such Climate change, FGM awareness, Immunization, WASH etc.
- SRCS plans to send youth participants to the upcoming PAC conference 2021 and IFRC general assembly Youth forums. However, this is subject to availability of funds and support from the PSK IFRC regional office.

Outcome 5.3: National Societies and the IFRC Secretariat adopt a comprehensive Protection, Gender and Inclusion approach across operations and programmes

Output 5.3.1: National Societies' operations, programmes and services provide dignity, access, participation and safety for all affected marginalized and excluded people

Achievements:

- IFRC together with other movement partners, supported SRCS in developing a 5-year strategy for PGI. However, there is need to intensify fund raising efforts for the actualization of the activities in the plan.
- The IFRC regional office PGI colleagues as well as PNS are in the process of providing technical support to SRCS in engaging with sector leads on PGI mainstreaming in all sectors in long term and in emergency.

Output 5.3.2: Systematic application by the secretariat of the agreed Minimum Standards for Protection, Gender and Inclusion in emergencies is promoted and supported

Achievements:

- The SRCS PGI focal points are working with all the program officers to ensure PGI activities are mainstreamed in all program activities.
- Promotion of the use of the PGI minimum standards in emergencies guidelines to all SRCS programs is being enhanced.
- The FRC is in the process of supporting a disability assessment and training to strengthen capacity of NS on disaggregation of data on disability.

Output 5.3.3: People at risk or survivors of SGBV are better supported by National Societies and IFRC with an increased capacity to prevent, respond, mitigate risks of SGBV through the coordinated development of programming standards and tools

Achievements:

- In the reporting period, SRCS has a DREF which is transitioning to an EA. Support and inputs to the development and integration of PGI activities to the documents was done by colleagues from the IFRC regional office.
- Through SGBV appeal SRCS was supported to strengthen NS capacity in prevention and response to SGBV. procurement and distribution of 180 Dignity kits as well as awareness sessions on SGBV were carried out in IDP camps.
- Technical support is continuously offered to SRCS in integrating PGI in health.
- SRCS has carried out mapping of referral pathway and coordination with other actors. The list of these agencies offering referral service for SGBV has been shared with all the SRCS clinics for efficient referral.
- SGBV trainings were conducted to SRCS staff and volunteers.

Output 5.3.5: People with disabilities are included in, and able to access IFRC and National Societies' programmes and services

Achievements:

- Some of the SRCS branches have made contact with local organizations working with persons with disabilities in the implementation of COVID-19 preparedness and response.

Output 5.3.6: Localized, participatory child protection programming is implemented by National Societies supported by the Secretariat

Achievements:

- SRCS works with line ministries such as Ministry of Family and Women affairs to coordinate and work on areas of PGI.

Outcome 5.4: National Societies and the IFRC Secretariat lead by example and inspire others on gender and diversity.

Output 5.4.1: National Societies are supported in their implementation of the new Gender and Diversity policy

Achievements:

- SRCS is in the process of finalizing a PSEA policy with the support of Canadian-Icelandic Red Cross.

Output 5.4.2: National Societies and Secretariat promote the participation of people of all gender identities with diverse backgrounds in disaster- and emergency-response teams, and engage community members, in particular women and gender minorities, in decision-making about disaster risk management

Achievements:

- SRCS has revised their strategic plan for 2021-2025. IFRC and partners advocated for the inclusion of the PGI in the revision of the NS strategic plan.
- SRCS is being supported to engage their leadership on gender and diversity.

Repeat the above for each sector, copy multiple lines of outcomes and outputs as needed. See list of icons for each Strategic Priority [here](#).

Q4: People reached¹

Number of People Reached by SRCS static and mobile health facilities					
Age group	Direct Recipients				Indirect Recipients
	Total	Male	Female	Other/Unknown	
0 to 17	68,323	30,173	38,150		
18 and above	63,449	20,817	42,632		
Total	131,772	50,990	80,782		38,370

Q5: Community engagement and accountability

The Risk Communication and Community Engagement (RCCE) component of the National Society COVID-19 Preparedness Plan has contributed tremendously to strengthening community trust in the SRCS and its programmes. Service utilization at the SRCS-managed clinics remains almost the same overall as the same period in the preceding year despite the COVID-19 pandemic and the restrictions put in place by the authorities at various times within the reporting period as per the data from the clinics. This situation could be attributed to the community engagement mechanisms that were put in place and the role of the community volunteers, religious and opinion leaders as well as the Community Health Committees (CHCs). These groups and volunteers were trained in RCCE as part of the SRCS Preparedness Plan. They collected community rumours, complaints, misinformation, enquiries etc. through manual and digital mechanisms for reviews and processing. The communities were in turn given feedback to the issues they raised and that gave some level of assurance to the communities on service utilization. This was a huge compliment to the social mobilization activities carried out by the volunteers and other media to explain all about COVID-19 and expected behaviour change through observing the minimum protocols.

Q6: Risk Management

No.	Risk	Impact	Likelihood	Control/Mitigation Activities	Status on Control/mitigation Activities
1	Outbreak of covid-19 and	Interruption in program/project	M-H	Delayed implementation in planned program/project activities such as the	Some planned trainings have been conducted while assessments have been

¹ If needed/necessary, you may use this section under each Strategic Priority section

	possible lockdowns	activities and monitoring visits (Medium)		trainings, meetings and assessments had to be deferred or conducted virtually where possible. Defer planned monitoring and supervision by IFRC Somalia Delegation staff and Coordination Offices to the Branches and clinics until the spread of COVID-19 eases.	deferred to the second half of the year. The outbreak of COVID-19 will have an impact on the number of supportive supervisions carried out by IFRC team to the field, however the situation is being monitored.
2	Beneficiaries (Decline in utilization of clinic services due to fears and rumours about contracting the COVID-19 disease)	Low utilization of clinic services impacting on the target reached. Low turnout for immunization due to the COVID-19 pandemic (High impact)	M-H	Reassure community on the importance of seeking health care services while improving Infection Prevention & Control (IPC) measures at the clinics to exact confidence in the community of their safety while seeking services at the health facilities. Carry out safety messaging through the volunteers and CHC. Embark on Risk Communication and Community Engagement (RCCE) to strengthen community trust in SRCS and the services provided at the clinics	Active community mobilization to support utilization of services provided by the clinics, through the Community Health Committees (CHCs) was enhanced to build community confidence. The CHCs continued to play a vital role in the management of the clinics while RCCE has taken a prominent role in community engagement and feedback and building trust.
3	Insecurity (Puntland, Somaliland, Global/East African/Nairobi) insecurity restricting travel and access to the project areas	Volatile security restricting the staff and volunteers` mobility. Interruption in program/project activities Inadequate provision of technical support (High impact)	H-M	Defer implementation of planned project /program activities till safety of the staff and volunteers is assured.	There was unhindered access to the SRCS staff and volunteers in all the branches to conduct project activities. Moreover, the Berbera, Hargeisa and Burao branches were accessible by international staff with one supportive supervision visit being carried out to the static and mobile clinics in the reporting period.
4	Logistics (Unavailability of commercial flights due to	Delay in procurement and delivery of OPD kits.	L - M	Work with the Geneva procurement department to explore possibility of expediting the	Strategic shipments will be carried out once the kits were received.

	the travel restrictions brought about by COVID-19 pandemic.	Shortage of medicines and other supplies to support clinical work		procurement process to ensure timely availability of kits and avoid stockouts. Apply for exception for rare flights for the shipment of cargo to Somaliland and Puntland once the order of kits is ready.	Measures were taken to borrow some medical kits from the Ministry of Health which are to be replaced upon receipt of the OPD kits ordered through IFRC Geneva.
5	External (Diminished stakeholder support - vaccines supply chain challenges due to the COVID-19 pandemic, MCH kits, MoH capacity)	Increase stockout of antigens (OPV, Pentavalent, measles and Tetanus Diphtheria)	M	Lobby for increased partner participation and dialogue to ensure continuous vaccine supply.	Active participation by the Somaliland and Puntland Ministries of Health ensured minimal stockouts of vaccines supply.
6	Human Resources (High turnover of clinic staff and volunteers); inadequate or limited representation of one gender in the management and governance of the branches	Sickness of the SRCS staff and volunteers due to Covid-19 Lack of funding to sustain trained staff positions at the coordination and branch level. Resignation of some staff at the clinics due to fears of contracting the COVID-19 or high panic sick offs. (High impact)	H-M	Train staff and volunteers on IPC and protocols to ensure safety and duty of care. Provide competitive and practical incentives to staff and volunteers. Partners should provide funding for long term contracts for trained staff.	Staff and volunteers were trained on IPC and protocols of Covid-19. Provision of adequate Personal Protective Equipment (PPE) to staff at the project/program areas to enable them carry out their work without fear of being infected. National Society has started the implementation of its Human Resource Policy to minimise the high turn-over of staff. However, partner commitment to implement the new HR policy should be backed by an increase in funding support to ensure that increased HR costs is accommodated while maintaining service delivery. This will avoid a trade-off between staff

					costs and running costs of the programme.
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Q7: Exit strategy and sustainability

As a programming principle, an exit strategy should constitute an essential element of the Integrated Health Care Program being implemented by the Somali Red Crescent Society (SRCS). The fragile country operating context however renders the principle remote and premature. The country has been in decades of complex emergency with a weak health and social system while health sector investment remains low. Local and international actors have been the pillar behind available multiple sector services support including efforts to improve access and strengthening of the health sector.

The SRCS health interventions target most vulnerable populations and some of whom are in hard to reach and remote areas. The above notwithstanding, an eventual exit should be on the dialogue radar for discussion at the most opportune time. The development of a Resource Mobilization (RM) strategy is part of the overall National Society Development Initiative (NSDI). The RM strategy will provide some direction on aggressive local and external resource mobilization to support community ownership of the SRCS programs in addressing the sustainability question.

A tall order at local resource mobilization, in view of the prevailing economy and indeed what has prevailed over the last three decades due to civil conflict and insecurity, two variable that mitigate against investment and any economic take-off. The COVID-19 pandemic has further challenged the already struggling Somalia /Somaliland economic and social sectors and hence the sustainability of the SRCS program.

Q8: Constraints, challenges and lessons learned

A large measure progress was made in the implementation of planned activities under the project, particularly the regular ones, even with the aggressive arrival of the COVID-19 pandemic on the scene. Several challenges encountered during the reporting period require mention at the same time as indicated below:

- **Limited funding** – Over dependence on donor funding which in the recent years has been dwindling due to overall global the economic downturn and the recent outbreak of COVID-19 has seen the SRCS reduce the number of activities that the SRCS is implementing particularly in DRM and WASH sectors. There is the need to urgently explore diversified methods of resource mobilization to ensure continuity of the projects/programs. Demand creation was done with establishment of mobile clinics to increase access to some of the deprived nomadic and remote communities. However, with funding challenges, these services have been withdrawn and only provided on ad-hoc basis when some funding becomes available.
- **Insecurity**-Recurrent clan conflict in some of the clinic locations has impacted on the quality and frequency of monitoring and support supervision visits particularly by international staff. However, the Branch Health

Officers in the affected eastern regions of Somaliland and Puntland were able to undertake regular monthly field support supervision visits unhindered.

- **Outbreak of COVID-19**-the covid-19 pandemic has led to restrictions in the movements of people. This has impacted on the aspects of program implementation such as physical trainings, meetings and planned assessment. However virtual alternatives have been employed to implement some of the planned activities.
- **Delays in procurement of OPD kits**- COVID-19 pandemic has impacted on the production and supply of medical goods such as the OPD kits. This has led to undue delays in the procurement and delivery of the OPD kits to support clinic service delivery. However, measures were put in place such as borrowing some kits from the MoH which will be replaced once the ordered kits have been received.
- **Unreliable population data**- Estimated target population provided for the project are obviously overestimated and therefore unreliable when it comes to data analysis. However, this is a highly sensitive and very political subject bordering on resource allocation. Partners have had to work with these government population data for their projects and programmes, something that is not isolated to the SRCS and its programmes/projects.

ADDITIONAL QUESTIONS

Q9: Visibility

The respective line ministries in Somaliland and Puntland have been not only a partner to the SRCS in the implementation of their programmes. The SRCS discusses its project plans and reports with the ministries on regular basis. The membership of the SRCS in various working groups and task forces, also offers the SRCS the opportunity to share its projects, progress and outcomes with the sector ministries, other partners and obtain feedback.

All the health facilities managed by the SRCS were sanctioned by the sector ministry before the National Society engaged the respective communities. As part of the engagement with the target communities, the communities have a stake in the management of the SRCS projects and programs and the assessment and development of community priorities which informs the project interventions put in place by the SRCS.

The community Health Committees (CHCs) provide the liaison between the SRCS and the respective clinic communities. The trained committees support the daily management of the clinics They also support the community-based activities of the volunteers while they mobilize the communities as first responders in the event of an emergency and in other community-wide activities such as sanitation campaigns.

Being a community-based organization, the visibility of the SRCS was quite prominent during the implementation of the National Society`s COVID-19 preparedness plan. Trained community volunteers were actively involved in social mobilization to educate the community on the pandemic, individual and community roles in prevention and

control of infection. They were also involved in Risk Communication and Community Engagement (RCCE) that enhanced the visibility of the National Society as in some instances, it was the only entity on the ground.

Q10: Coordination and working with partners

RCRC Movement

During the implementation of the project in 2021, the SRCS and IFRC worked with Red Cross/Crescent Movement partners in a complimentary fashion to ensure efficient use of resources and better outcomes in meeting project goal and objectives. The SRCS/IFRC worked in partnership with the following:

- **Finnish Red Cross, Swedish Red Cross, Norwegian Red Cross, Canadian Red Cross, Icelandic Red Cross, German Red Cross and the British Red Cross:** - Provided technical contributions in the Health Technical Working Group (HTWG) for the development and harmonization of IHCP tools and systems as well as the development of the SRCS COVID-19 response plan. In addition, some of the partners initiated thematic intervention, processes and tools that had the inputs of the rest. The National Society PSEA and SGBV policies were initiated by the Canadian/Icelandic RC with the contribution of the rest of the partners, While the Finnish Red Cross is working on the carrying out a disability assessment and training as well as testing of FGM tools in the Somaliland clinics. The German Red Cross is leading in the development of the DM strategy and piloting the Focused based financing with British Red Cross supporting the NSD initiative. All the partners contributed to the revision and development of the SRCS strategic Plan 2021-2025 which is at the printing stage.
- **The ICRC:** - Provision of war-wounded kits that the SRCS Las Anod and Erigavo Branches used to support the respective Regional Hospitals in the treatment of survivors of clan or border clashes that erupted now and then. In addition to their office in Garowe, the ICRC has opened an office in Hargeisa in 2020 to enhance support to the SRCS in Somaliland. The ICRC is therefore part of the coordination of Movement Partners in Somaliland.

External coordination

- **The line Ministries** - Provided policy guidelines, the framework for service delivery at various levels, coordination of service planning and delivery, development and overall supervision or oversight of service delivery by partners. The Ministries also equally organised some capacity development trainings of which SRCS staff are included.
- **UNICEF:** - Provided all the antigens and cold chain equipment at the clinics for the storage of vaccines, targeted training for the relevant staff to enable them scale up the Expanded Programme of Immunization (EPI), provided plumpy nut, the high energy nutritional supplement for children assessed to be severely malnourished without complications. These were under the Partnership Cooperation Agreement (PCA) signed between UNICEF and the SRCS.

- **The World Food Programme (WFP):** - Through the Filed Level Agreement (FLA) between the WFP and SRCS, in the provision of plumpy dose, a nutritional supplement for children assessed to be moderately malnourished as part of the Targeted Supplementary Feeding Programme (TSFP) and plumpy sup (Ready-To-Use Supplementary Food) to prevent malnutrition. However, the Maternal, Child Health & Nutrition (MCHN) programme for pregnant mothers, mothers delivering at the clinics and lactating mothers as well as ration for children under the age of 2 years to boost their nutrition has ceased since April 2021 due to lack of funding.
- **World Health Organization:** - Coordinated response to public health emergencies, together with the Ministry of Health Development and NADFOR. This included technical and logistical support to the sector ministry and partners in the preparedness and response to the COVID-19 pandemic.
- **The Food Security and Nutritional Analysis Unit (FSNAU):** - Conducted twice a year nutritional assessment after the rains with the participation of some of the targeted clinics and staff. The assessment reports produced by the FSNAU are a valuable resource for partners in food security and nutrition discussions and planning.
- **National Disaster Preparedness and Food Reserve Authority (NADFOR) and Humanitarian Affairs and Disaster Management Agency (HADMA) in Somaliland and Puntland respectively:** - Coordinated the response to emergencies, including public health emergencies and other disasters.

Q11: Environment

The country experiences recurrent natural disasters ranging from drought, tropical cyclones and flooding as well as rapid population growth and urbanization leading to environmental degradation. Over-grazing by large stocks of livestock have contributed to increased deforestation.

The absence of sustainable fuel sources, limited exploitation of renewable energy sources and unemployment have resulted in uncontrolled tree-cutting for fuel in domestic or commercial quantities thus exposing much of the already impoverished land to flooding and promoting drought. To reduce the environmental impact, the National Society has implemented some community resilience and Disaster Risk Reduction (DRR) interventions. These include the development of integrated community resilience plans, natural resource management trainings for staff and volunteers, early warning and early action training for communities, distribution of drought resistant trees in some targeted communities, distribution of nutritional seedlings, rehabilitation of degraded land areas through soil and water conservation and community mobilization on environmental protection.

In 2019, a rapid pilot was carried out to gauge community acceptance of the “Wonder bag” The bag is estimated to help women to save more than 70% of cooking fuel and hours of labour with every meal. Each bag further estimated to mitigate up to 2 tons of carbon. A partnership between the SRCS and the Wonder Bag Foundation was in development. This partnership was expected to be part of the wider National Society strategy to environmental conservation as well as climate change-related threats together with the target communities through wider distribution of the wonder bag. Although the COVID-19 pandemic slowed down the partnership

dialogue, renewed effort commenced during the reporting period to re-engage the Wonderbag Foundation with the planned procurement and distribution of 2,000 pieces of the Wonderbag through the SRCS clinics and branches.

The upsurge of the desert locust invasion has adversely impacted crop and livestock production, further threatening the livelihoods of vulnerable farmers and pastoralists. This has added to the stress on the environment and impacted on food security. Efforts to control the invasion have been hampered by climatic and resource limitation challenges. The IFRC has supported the National Society in building staff, volunteer and community capacity in desert locust prevention and control. Already staff and volunteers have been trained together with farmers and with the distribution farming inputs including seeds and tools to the farmers in There has also been community mobilization on desert locust prevention and control in these two regions in Somaliland and two regions in Puntland.

FINANCIAL SITUATION

The link to the Financial Report is [here](#)

ANNEX 1- Key IFRC Plan and Budget data

#	Indicator question SOMALI RED CRESCENT SOCIETY(SRCS)	Answer
1.2	Does the NS support cities to adapt to longer-term impacts of climate change, including sea level rise?	Yes
1.3	Is the NS implementing nature-based solutions, with a particular focus on the planting of trees and mangroves?	Yes
1.4	Is the NS implementing environmental or climate campaigns focused on behavior change, plastic reduction or clean-ups?	Yes
2.3	Is the NS engaged in structured preparedness and capacity building processes?	Yes
2.5	Does the NS have shelter and urban strategies in place, which include city-level coordination, partnerships with development actors and actionable municipal contingency and response plans?	No
2.6	Is the NS supporting crisis and disaster response and recovery outside their own territory, with finance, personnel, technical, material assistance or equipment (including through reference centers and hubs)?	No
2.9	Is the government of the country supported to adopt new legal instruments related to disaster risk management?	No
4.4	Has the NS conducted migration and displacement needs assessment and/or have integrated migration and displacement into their strategic planning?	Not sure
4.5	Has the NS established Humanitarian Service Points along migratory routes?	Yes-Bosaso and Berbera ports of entry
5.13	Does the NS actively implement the IFRC Gender and Diversity Policy?	Yes
6.5	Does the NS develop domestic advocacy strategies aligning, at least in part, with global IFRC advocacy strategies?	Yes
6.8	Does the NS include innovation in its plans and budgetary allocations?	Not sure
6.18	Does the NS develop digital transformation strategies, in line with the 33rd IC digital pledge and data protection commitments in 33rd IC Resolution on Restoring Family Links?	Not sure
8.5	Is the NS reached by external NSD support that is aligned with NSD compact principles?	
8.6	Does the NS have One National Society Development country plan created by the National Society?	Yes-SRCS has a National Strategic plan which all movement partners align their activities and support to.
8.11	Has the NS created and implemented youth engagement strategies?	Yes
8.13	Does the NS cover health, accident and death compensation for all of its volunteers?	Yes-All staff have insurance cover with some volunteers having insurance cover

8.23	Does the NS report that it has integrated and institutionalized the Movement-wide commitments for Community Engagement and Accountability in its policies, operations, and procedures (with clear benchmarks)?	Yes
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ANNEX 2 - Additional indicator data

Indicator	Baseline (with date)	Target	Actual
# Of people reached by National Societies with contextually appropriate health services	NA	252,128	131,772
# Of people reached by National Societies with contextually appropriate water, sanitation and hygiene services	NA	15,682	17,836
# Of people reached by National Society psychosocial and mental health services	NA	7,841	13,352
# Of people trained by National Societies in first aid	NA	1,250	1,545
# Of people reached by National Societies with immunization services	NA	30,109	25,786
# Of National Societies with an active health and/or WASH strategy	NA	1	1
# National Societies included in national epidemic/pandemic preparedness and response frameworks	NA	1	1
# Of National Societies contributing health and WASH-related capacity to the global surge pool	NA	1	0
# Of countries that formally recognize the National Society's auxiliary role in the area of public health, within relevant law, policy and/or agreements	NA	1	1
# National Societies supporting the roll-out of the COVID-19 vaccine if and when it becomes available	NA	1	1
# Of IFRC-supported operations applying the minimum standards for protection, gender and inclusion in emergencies	NA	1	1

# Of NS applying minimum standards for protection, gender and inclusion in emergencies	NA	1	1
# Of National Societies that have a dedicated role for protection, gender and inclusion issues	NA	1	1
# Of NS who have standalone or integrated programming addressing SGBV that meets agreed minimum standards	NA	1	1
# Of NS whose data on “people reached” is disaggregated by sex, age and disability	NA	1	1

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