

OPERATION UPDATE

Somalia, East Africa | Hunger Crisis 2021

Appeal №: n° MDRSO011	Operations Update n° 1 Date of issue: 15/10/2021	Timeframe covered by this update: 10/05/2021 – 30/09/2021
	Operation start date: 18/07/2021	Operation timeframe: 18 months End date: 18/01/2023
Glide №: DR-2021-000054-SOM	IFRC Funding requirements: 8.7 million Swiss francs	DREF amount initially allocated: CHF 451,800

Red Cross Red Crescent Movement partners currently actively involved in the operation: Somalia Red Crescent Society (SRCS), International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), German Red Cross, Canadian Red Cross, and Norwegian Red Cross. The IFRC and Somalia Red Crescent Society would like to thank the following for their financial contributions to the Emergency Appeal: Canadian Red Cross / Canadian Government, Japanese Red Cross, Netherlands Red Cross / Netherlands Government, and Swedish Red Cross.

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. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE



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 3**

May 2021: IFRC issues DREF for CHF451,800 for 120,936 people for 4 months in Puntland and Somaliland.

July 2021: IFRC issues Emergency Appeal for 8.7m CHF for 563,808 people for 18 months in Puntland and Somaliland.

June-September 2021: The first activities from the DREF funding is being implemented by SRCS in Somaliland and Puntland



Verification of beneficiaries in Jameecadacaynashe village Togdheer

Please click [here](#) for the Interim Financial Report and [here](#) for the Contacts

Situation overview

At the launch of the emergency appeal, the following numbers of the affected population were reported nationwide: Out of a population of 12.3 million in Somalia, **5.6 million people were estimated as food insecure** and a fifth of the population, 2.8 million people, could not meet their daily food requirements. Several areas across the nation have shifted in the severity of food insecurity levels, either from severe (IPC2) to crisis (IPC3), or from crisis to emergency (IPC4), and the latest assessment carried out by the Food Security and Nutrition Analysis Unit–Somalia (FSNAU) projects that the food insecurity is expected to further deteriorate.

This prognosis and the high level of emergency needs highlights the urgent and critical need for further funding to be able to appropriately and timely respond to critical needs and mitigate the impacts of the expected prolonged drought conditions. To date, the Emergency Appeal, which seeks CHF 8.7 million, is only 7% funded. Further funding contributions are very urgently needed to enable the Somalia Red Crescent Society, with the support of the IFRC, to respond quickly to the very large humanitarian needs.

Without sustained humanitarian assistance, the number of people classified as Crisis (IPC3) and Emergency (IPC4) nationally is **expected to rise from 2.2 million (July-September) to 3.5 million (October-December)**. An additional 3.7 million people are expected to become Stressed (IPC Phase 2), bringing the total number of people facing acute food insecurity to 7.2 million between October and December¹. The food insecure population is expected to remain elevated until at least January 2022², with some projections stating the consequences of food insecurity will carry on through mid-2022³. The Inter-Agency Standing Committee (IASC) is predicting a high likelihood that failure of upcoming rain seasons will lead to an additional 500,000-1,000,000 additional people in Somalia in need of humanitarian assistance⁴.

The main drivers of acute food insecurity in Somalia include the compounding effects of **poor and erratic rainfall distribution, flooding, desert locust infestation, socio-economic impacts of COVID-19, and conflict**.

Poor rains and extended drought over multiple seasons have had a major impact on rural livelihoods and food security in Somalia. The Gu' rain season, April to June, ended early in 2021, with a poor rainfall performance in many parts of Somalia even though there were heavy rains and flooding in parts of the country in late April and early May. On 1 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. The start of the June to August *hagaa* rains, which are localized to southern Bay and southern coastal districts, began with low intensity in late June and have been below average⁵.

The latest weather forecasts for the rest of 2021 and early 2022 indicate a greater likelihood of below-average rains in most of Somalia, and average rainfall in Sool, Sanaag, Bari and Nugaal. The *deyr* rains (late September-early December) are expected to be delayed by 1-3 weeks. Below average *hays* rains in December to January are considered likely in north-western Somalia, and below-average rainfalls for the 2022 *gu* season (March-April) are also considered likely. Furthermore, warmer than average temperatures are expected for October through December⁶. These forecasts are consistent with regional forecasts, indicating the increased probability of La Niña and negative Indian Ocean Dipole events, both associated with below-average rains in East Africa⁷.

Mild to moderate drought conditions are foreseen to persist across the country in the coming months. Dry conditions will contribute to the likelihood of crop losses and deterioration in pasture and water availability in some areas. The combined impact of drought and floods are likely to exacerbate the already critical food security situation in Somalia. In addition to weather shocks, food availability and access are constrained by conflict in southern and central Somalia, uncertainty over the parliamentary and presidential elections, and rising staple cereal prices linked to low domestic production and high global food prices⁸.

Summary of Red Cross Red Crescent response to date

Overview of Host National Society

The National Society has 19 branches spread across the country (6 in Somaliland, 3 in Puntland and 10 in South Central) with two coordination offices located in Mogadishu and Hargeisa. SRCS' presence and establishment of local branches across the country are what enables SRCS to reach vulnerable populations who are not served by other humanitarian actors, for instance in highly remote areas like the communities affected by this drought.

A DREF was launched by the IFRC on 15 May 2021 to support the SRCS to initially focus on Livelihood and Basic needs support through Unconditional Cash Transfers to meet basic needs of households and Health and Nutrition support through additional SRCS Emergency Mobile Health Clinics (EMHCs). This was scaled up to the Emergency

¹ FSNAU/FAO Post-Gu Assessment

² FEWSNET, <https://fews.net/east-africa/somalia>

³ IASC – Early Warning, Early Action, and Readiness Analysis - *Monthly Horizon Scanning Brief, August 2021*

⁴ IASC – Early Warning, Early Action, and Readiness Analysis - *Monthly Horizon Scanning Brief, August 2021*

⁵ FEWS.NET, <https://fews.net/east-africa/somalia/food-security-outlook/june-2021>

⁶ IGAD/IPAC forecasts from end of August 2021

⁷ FAO – Rainfall forecasts for the horn of Africa and implications for anticipatory action from Sep 2021

⁸ FEWSNET, <https://fews.net/east-africa/somalia>

Appeal 19 Jul 2021. To date the National Society has mobilised 8 EMHCs and supported 1,000 most vulnerable families with unconditional cash grants across 9 branches – 3 in Puntland and 6 in Somaliland.

Overview of Red Cross Red Crescent Movement in-country

SRCS lead and are responsible for the implementation of this operation supported by the Appeal. IFRC have a health delegate based in Hargeisa – Somaliland working day to day with the SRCS. IFRC support two positions including NSD officer in Somaliland and Operation Manager in Puntland, with overall operation and management support from Nairobi Cluster Delegation.



Mobile Health Clinic in Hargeisa Branch

The International Committee of the Red Cross (ICRC) is present in South Central Zone, Hargeisa in Somaliland and Garoowe in Puntland focussing primarily on economic security, health, water and habitat programmes.

The SRCS is supported by seven partner National Societies: British, Canadian, Finnish, German, Icelandic Red Cross, Norwegian, Qatar, and Swedish. German, Canadian and Norwegian Red Cross are present in the country based in Somaliland while Qatar Red Crescent is based in South Central. The German Red Cross, in partnership with SRCS, launched in April drought response activities including the rehabilitation of Berkeds (water reservoir) and boreholes as well as the procurement and distribution of aqua tabs in affected areas. As part of wider ongoing programmes, the German Red Cross is also implementing cash for food and hygiene promotion activities. Canadian Red Cross building on their support to SRCS Preparedness for Effective Response assessment (PER) supported the development of SRCS Disaster Risk Management Strategy with standard operating procedures through a workshop organised for SRCS team in Djibouti during September 2021.

A Security Assessment Mission has been ongoing during this period. The security assessment mission will define the scope and scale of the access and infrastructure to be designed for the IFRC Country Cluster and Country Delegation to implement under direct supervision of the IFRC Regional Security Unit. Any deployment short or long-term must be processed with and through the Regional Security Unit. The IFRC security plans will apply to all IFRC staff throughout. Minimum Security Requirements (MSR) are in place for Somalia. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

Overview of non-RCRC actors in-country

The SRCS has been working closely with the Government, stakeholders and other agencies to ensure that there will be no duplication of interventions of activities. The Government Disaster Response arms such as NERAD (Somaliland) and Humanitarian Affairs and Disaster Management Agency (HADMA) in Puntland are responsible for the overall coordination of all responses to disasters and emergencies in the respective regions. The SRCS coordinates closely with the Ministry of Health, Ministry of Agriculture, and the Ministry of Water Management in both Somaliland and Puntland.

SRCS continue to engage with the government line ministries, local government and work closely with other humanitarian actors through participating in the joint assessments, attend coordination meetings and fill gaps that are raised by the coordination platforms or clusters. The Food Security and Livelihoods Cluster (FSL) is active and SRCS regularly takes part in cluster meetings.

The UN, INGOs and NGOs have been responding to the drought emergency. The Somalia [Food Security Cluster](#) is currently activated, and on August 20 partners reported to have distributed CVA or in-kind assistance in Somalia. Other humanitarian actors are also involved in cash-based initiatives, such as Concern Worldwide in Awdal, WVI in

Togdheer, Care in Sanaag, NRC in Sanaag, FAO in Gabiley (separate districts from DREF sites). Through the partners' contribution to the 3W matrix reporting it is ensured there is coordination and no duplication of interventions.

B. THE OPERATIONAL STRATEGY

Needs assessment and targeting

SRCS with its volunteers and community health committees with both fixed clinics and mobile teams continue to assess the situation on the ground and keep responding to the most in need for intervention with the resources available while integrating the health services which is the flagship of SRCS and unconditional cash distribution centered with PGI.

Below is a table showing the evolution of the latest IPC food insecurity estimates in the targeted regions, from the periods of January-March 2021 and July-September 2021, along with a projection of the food insecurity situation for October-December 2021. The projections show a significant increase in the number of food insecure, and particularly IPC4 populations.

Region	Pop	IPC2 - Stressed			IPC3 Crisis			IPC4 Emergency		
		Jan – Mar 21	Jul-Sept 21	Oct – Dec 21	Jan – Mar 21	Jul-Sept 21	Oct – Dec 21	Jan – Mar 21	Jul-Sept	Oct – Dec 21
Awdal	724,572	153,400	112,780	125,840	74,100	36,290	54,090	15,700	22,290	25,410
Mudug	627,937	173,000	321,770	363,620	90,400	179,970	234,980	17,700	7,670	21,090
Togdheer	755,794	172,100	170,820	180,600	117,100	169,820	175,600	24,400	60,100	87,430
Sanaag	562,066	112,500	71,640	84,270	110,000	57,570	94,640	18,100	9,570	22,570
Sool	360,431	74,200	108,510	119,340	60,200	70,200	81,690	2,200	22,260	22,260
Bari	712,934	152,100	218,660	226,410	142,700	146,480	180,960	13,700	8,190	15,930
Nugaal	337,588	78,000	150,760	153,050	55,000	76,710	95,460	15,800	6,210	7,640
Total		915,300	1,154,940	1,293,130	649,500	736,500	917,420	107,600	136,290	194,690

For Puntland the Humanitarian Affairs and Disaster Management Agency (HADMA) and FSNAU joint assessment is the primary data that the humanitarian agencies use to inform their plans and interventions. The latest assessment finding was provided by HADMA on 20th September and highlighted the following:

- Missed or received below normal Gu' 2021 rainfall in many pastoral areas of Puntland (more than 62% of Puntland landmass) and limited animal productions and predicted reduced livestock holdings.
- 188,888 HHs of Puntland Population consisting of Rural, Urban, Nomadic and IDPs are estimated to be actually in crisis or emergency based on the post-Gu' assessments conducted HADMA, FSNAU, FEWSNET, and line Ministries as well as INGOs and is likely to increase according to the projections by FSNAU and FEWSNET. There's also accumulated debts due to the previous prolonged droughts (insolvency of pastoralists, they cannot repay yet all their previous debts).
- Internal migration of Pastoralists to areas that received Gu' rains areas is among the burning issues while the continued presence of COVID 19 impact could also exacerbate the situation.
- Refusal of local currency by Puntland business communities.
- Internally displaced persons (IDPs) and urban poor, which are the majority of whom are poor and live in urban and rural areas are in desperate conditions, with limited livelihood assets and greater reliance on external humanitarian assistance.

An assessment was conducted by the Somalia WASH Cluster in mid-June 2021 in 20 IDP settlements in Galkacyo and 17 IPD settlements in Garowe. Garowe and Galkayo have the second and third largest IDPs in Puntland respectively, Garowe is hosting an estimated population of 3,421 households or 21,023 individuals (CCM cluster, 2020) (48% male and 52% female) while Galkayo North has around 37,000 IDPs as per the last WASH cluster assessment in June 2021. The assessment indicated the following needs: A high number of diarrhoea cases, huge gap in water, sanitation and hygiene, displacements due to water shortage, constraints of land availability that prevent the construction of WASH facilities and general shortage of all humanitarian interventions including food aid, protection, shelter, which may lead to diarrhoea, malnutrition, COVID19 and other diseases to children and

families in the targeted IDPs. The situation in the IDPs of Galkacyo and Garowe is worsened by the COVID19 pandemic, Somali currency devaluation and the drought.

The assessment reported IDPs in Garowe and Galkayo are in critical need of:

- Construction of emergency latrines to safely dispose of human excreta
- Hygiene promotion interventions, both interpersonal communication and media awareness
- Oversight from the government to PPP water companies in Garowe and Galkayo to sustain providing water to IDPs that have city water connection and to control water price to prevent access constraints like the case of Garowe IDPs.
- Garbage collection interventions. Excavation/construction of garbage collection sites for IDPs
- Water connection to 3 IDPs in Galkayo and rehabilitation of boreholes in Galkayo IDPs (Halaboqad, Salama, Wadajir, Tawakal boreholes)
- COVID19 awareness and provision of PPEs for the IDPs
- Distribution of hygiene kits to improve handwashing and cleanliness
- Advocacy at government level to provide sustainable land for Garowe Jawle IDPs to enable people to have their land and freely construct sanitation facilities; similar to Galkayo durable solution experience of Wadajir and Jeha settlements in Galkayo, both have their land to construct houses and sanitation facilities for sustainable use.
- Distribution of water treatment items at the household level to prevent contamination at household
- Other humanitarian interventions needed include food aid, shelters, protection from rape.

The Somali/Somaliland Shilling has been stable in most markets against the US dollar. However, the local Somali Shilling in the northeast (Puntland) continued to depreciate due to excess supply and rejection by traders (reduced demand) while prices of both local and imported food prices have been increasing in recent months mainly due to the poor 2021 Gu season harvest prospects and inflationary pressures (both internal and external). There has also been a significant increase in the Cost of the Minimum Expenditure Basket (CMB) related to increasing prices of items in the basket (mainly food).

DETAILED OPERATIONAL PLAN

At this time funding to the Emergency Appeal is limited and activities are still focused on those identified in the original DREF EPOA. Overall priorities remain food security and livelihoods, WASH and Health and will be scaled up as more income is received into the Appeal.

Prioritization –

Priority by sector: In case of the expected funding falls short of an expectation, these following sectors are most important, prioritised as follows:


- 1) FSL (food security and livelihoods) is the most urgent priority, as there's a price inflammation (dollarization of the shilling), negative impacts of desert locusts to the livelihood of the people, the unemployment rate is at a high rate, and the COVID-19 pandemic has exacerbated negative impacts on livelihoods.
- 2) WASH and Health.

Priority by location:

- Somaliland: Sool, Sanaag, Awdal and Togdheer.
- Puntland: Bari province is the largest province which has hard to reach communities, host most IDP settlements in Puntland with a vast majority in it therefore it is a priority by location, then Mudug is the second most important location whereby Nugal comes to the third most important branch.

Priority by most vulnerable groups: IDP`s, host community including (fisheries, pastoralists, farmers and women-headed households) and refugees.

STRATEGIC AREAS OF FOCUS

	<p>Livelihoods and basic needs People Reached: 1,000Hhs Male: Female:</p>	
Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
Indicators	Target	Actual
% of people assisted who have basic needs met, restored, and strengthened their livelihoods	80%	On going
Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).		
Indicators	Target	Actual
# of households reached with cash transfers for agricultural input and fishing gear (<i>Somaliland 1,000hhs, Puntland 500hhs</i>)	1500 hhs	Pending funding
# of households supported in small business initiatives for drought displaced women (<i>Somaliland 200hhs, Puntland 100hhs</i>)	300 hhs	Pending funding
# of communities affected by locusts supported with surveillance, tools, spraying (<i>Somaliland 6, Puntland 3</i>)	9	Pending funding
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
Indicators	Target	Actual
# of households reached with awareness sessions on safe cash transfer (<i>Somaliland 4,200hhs, Puntland 2,100hhs</i>)	6300 hhs	Pending funding
# of persons trained in entrepreneurial skills, financial literacy, and management (<i>Somaliland 200hhs, Puntland 100hhs</i>)	300 hhs	Pending funding
# of schoolteachers and farmers trained in climate smart activities (<i>Somaliland 240hhs, Puntland 180hhs</i>)	420	Pending funding
Output 1.2: Households are provided with unconditional multi-purpose cash grants to address their basic needs		
Indicators	Target	Actual
# of households reached with multipurpose cash for basic needs (<i>Somaliland 3,000hhs, Puntland 1,500hhs</i>)	4,500 hhs	1,000 hhs (SL 500 SL, PL 500)
# of market assessments	3	With FSL cluster
Progress towards Outcome		
<p>Households reached with multipurpose cash for basic needs - Puntland: SRCS branches in the targeted areas of Puntland have well-trained volunteers who are always available to be deployed in the affected areas to deliver services. A CBS project is functioning in the Galkacyo branch under community health which regularly reports all the outbreaks and emergency related issues to the branch for intervention.</p> <p>Training/orientation of volunteers on assessment and registration of eligible beneficiaries was carried out in the following areas under the respective branches:</p> <ul style="list-style-type: none"> ○ Mudug, Galkayo branch: Kheyrdoon IDP, Furat IDP, and Roh village ○ Nugal, Garowe branch: Cuun, Falfalaz, Burtinle ○ Bari, Bosaso branch: Wardheer, Jiingada, Adizone, and Qormo Bucurcad villages <p>Each of the three branches procured the essential PPE for volunteers to use during assessments. Unconditional cash distributions have been conducted in the three branches of Puntland in the targeted areas of Galkacyo, Bosaso and Garowe. SRCS responded with unconditional cash distribution targeting 500 households in total. In Bari province, which is the largest province in Somalia, cash was distributed to 200 households, while 150 households were reached with the same unconditional cash distribution in Nugal and Mudug respectively. Targeted households were identified to be eligible for cash grants based on criteria that consider the PGI and DAPS guidelines. Each household was given \$125 through mobile money over two consecutive months.</p>		

A contract was set up between the Galkacyo and Bosaso branches and the telecommunication office at Golis branch, before the release of the first cash distributions in September, which supported in bettering the accountability and transparency system between different branches and provinces during the cash transfer.

The start of the remaining activities, to achieve the as of yet unreached targets, is dependent on receipt of further financial contributions to the Emergency Appeal, which are very urgently needed.



The major challenge SRCS faced was that there were not enough cash grants compared to the needs of the community affected by the drought. The communities request much more support for families who are currently in either crisis or emergencies.

Volunteers in Puntland assessing family's eligibility for cash grants.

Households reached with multipurpose cash for basic needs - Somaliland

During the reporting period (August-Sept 2021), the following activities were successfully carried out in Somaliland:

- Inception meetings held in all targeted four branches
- Community mobilization in Awdal, Sool, Sanaag, Togdheer targeted villages
- Conducted Identification of Beneficiaries by Community leaders/local authorities particularly selected from health facilities and mobile clinic working areas.
- Conducted Beneficiary verification (20% target equivalent 100HHs)
- Contracted Mobile Company (contract signed)
- Orientation/training for volunteers on the cash transfer program
- Beneficiary Registration/Distribution of Sim cards by SRCS and Financial Service Provider (FSP) (TELESOM) free and opened ZAAD account for each beneficiary e.g like MPESA in Kenya
- One-off Cash out/disbursement September 27, 2021.
- PDM was carried out.
- Monitoring and supervision conducted in the four branches
- A lessons learnt workshop is planned for 30 September.

The start of the remaining activities, to achieve the as of yet unreached targets, is dependent on receipt of further financial contributions to the Emergency Appeal, which are very urgently needed.

SRCS conducted community mobilization on cash transfer program in Awdal Sool, Sanaag, Togdheer targeted locations. During the meetings, the community were fully engaged and actively participated. For example, during the identification and selection of beneficiaries all community members including women, elders, youth and community leaders attended and openly discussed the criteria for beneficiary selection set ensuring that all vulnerable groups are included such as women household headed, pregnant and lactating mothers, families with <5 malnourished children, also paying attention to disabled people (physically and chronically ill), orphaned, elderly people/aged with no source of income etc.

S/N	Name of village	Region	# of beneficiary per village/location	District	Total
1	Elafweine	Sanaag	125	Elafweine	125
2	Waadamago	Togdheer	64	Ainabo	64
3	Jamaceeda caynanshe	Togdheer	61	Odweine	61
4	Sheikh awaare	Awdal	125	Zeila	125
5	Goroflay	Sool	45	Hudun	45
6	siigodheer	Sool	35	Hudun	35
7	Darayogeesoweyn	Sool	45	Hudun	45
Total of HHs					500HHs

As per the latest transfer value rates/Somalia cash working group dashboard April 13, 2021, SRCS used multipurpose cash and provided the following rates per family in each region (Recommended transfer values in USD):

Region	Multi-purpose USD	Food USD
Awdal	85 ▼	75
Bakool	75	65
Banaadir	70	60
Bari	85	95
Bay	60	40
Galgaduud	110	100
Gedo	85	75
Hiraan	75 ▲	60
Lower Juba	90	70
Lower Shabelle	60 ▲	45 ▲
Middle Juba	65 ▲	50 ▲
Middle Shabelle	80	65
Mudug	80	75 ▲
Nugaal	125	80
Sanaag	85	60
Sool	115 ▲	85 ▲
Togdheer	90	75
W. Galbeed	95	80

32 Volunteers and staff were provided with an orientation/training on the cash transfer operation in Awdal Sool, Sanaag, Togdheer branches. 32 trained volunteers (8 per region) are engaged in the project and will be on board throughout the project period. They have supported assessments, reporting and beneficiary verification, registration and post-distribution monitoring. Local community volunteers were also engaged with the cash transfer operation at the community level organising meetings with elders and ensured the specific needs were taken into consideration concerning gender, ethnicity, age, disability, people living with HIV/AIDS, or other factors that may increase vulnerability

Community mobilization, inception meetings, verification of beneficiaries and post-distribution monitoring (PDM) were done using kobo data platforms, registration of beneficiaries was also completed in four regions. Once the disbursement was done, the mobile company provided a distribution report for reconciliation. A PDM assessment was conducted in September

2021 in all targeted locations under Awdal, Sool, Sanaag, Togdheer regions. The purpose of the PDM is to ensure all beneficiaries correctly received their monthly entitlements and track any changes in terms of log frame indicators, regular monitoring and supervision conducted by the SRCS Coordination office in Hargeisa.

A lesson learnt workshop is planned to be conducted on September 30th in Burao, Lasano, Erigavo, Borama inviting representatives from the targeted population, community leaders/local authorities, volunteers involved with the cash-based project and branch coordinators to see the overall impact of the operation as well as identifying gaps for future resource mobilization. The main challenge has been the huge needs against resources available and delayed transfer of funds (first tranche received late August while second tranche in Sept 22, 2021). This resulted from SRCS doing one-off cash disbursement for 2 months through FSP.

According to the FSNAU Gu 2021 projection Oct-Dec 2021, the situation will deteriorate further, and people may face crises and emergencies if the humanitarian actors are not provided with the intended support, or the rainfalls come. The major contributing factors are poor harvest, failure of rainfalls, recurrent droughts, locust desert infestation, COVID-19 pandemic.



Verification of beneficiaries in Jameecadacaynashe village
Togdheer



Volunteers training on CTP in Erigavo, Sanaag



Beneficiary received money in Elafweine, Sanaag region with volunteers



Health

People Reached: 19,842

Male: 4,834

Female: 15,008

Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators	Target	Actual
# of people whose immediate health risks are reduced (Somaliland 360,000 ppl, Puntland 180,000 ppl)	540,000	19,842 (SL 19,842)
Output 2.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators	Target	Actual
# of assessments conducted to identify health needs, condition of health facilities, and/or medical service gaps in target communities	9	Ongoing
Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment		
Indicators	Target	Actual
# of people whose immediate health risks are reduced (Somaliland 360,000 ppl, Puntland 180,000 ppl)	540,000	Ongoing
Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.		
Indicators	Target	Actual
# of mobile health clinics deployed (Somaliland 6, Puntland 2)	8	8 (SL 6, PL 2)
# of days the mobile health clinics deployed	120	120
Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		
Indicators	Target	Actual
# of people reached through CBS programme (Somaliland 8,000 ppl, Puntland 4,000 ppl)	12,000	Ongoing
Outcome 5: Less severe cases of disease or malnutrition are treated in the community, with referral pathways for severe cases established		
Indicators	Target	Actual
# of people reached with Nutrition Screening Services through mobile clinics (Somaliland 72,000 ppl, Puntland 36,000 ppl)	108,000	10,262 (SL 10,262)
Output 5.2: Acute malnutrition cases are managed in the community, with referral established for severe cases.		

Indicators	Target	Actual
# of nutritional education sessions (Somaliland 60 ppl, Puntland 30 ppl)	90	Ongoing
# of people reached with nutritional supplements (Somaliland 8,000 ppl, Puntland 4,000 ppl)	12,000	Ongoing
Outcome 6: The psychosocial impacts of the emergency are lessened		
Indicators	Target	Actual
# of people provided with PSS (Somaliland 800 ppl, Puntland 400 ppl)	1,200	On going
Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	Target	Actual
# of volunteers trained in PSS (Somaliland 60 ppl, Puntland 30 ppl)	90	Ongoing
# of staff and volunteers provided with PSS	Needs-based	Ongoing

Progress towards Outcome

Mobile health clinics deployed - Puntland:

Since the launch of the DREF operation, May 10th, two emergency relief mobile health clinics (MHCs) have deployed in Galdogob, **Mudug**, and Iskushuban, **Bari**. The Galkayo branch initially faced challenges as they lacked a vehicle, but the challenge was overcome when a vehicle was provided through the project.

Bari branch started the deployment of the emergency relief MHCs in July while the Galkayo branch started in June for 4 months for each one. In Galkayo, the MHCs team has been working in the Galkayo IDP settlement, where the Ministry of Health declared a measles outbreak. The continuation of the clinics will depend on the income to the emergency appeal and prioritization of activities.

The activities carried out until now:

- 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
- 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 to the hospitals
- Treatment of common ailments and referral of complicated cases for further management at the next level of care
- Management of diarrhoea through the Oral Re-Hydration Corner



Puntland health clinic



Puntland health clinic

Mobile health clinics deployed - Somaliland:

Six MHC's have been deployed in the following regions: Togdheer (2 clinics), Sool (2), Eilafweine (1), and Awdal (1, operational from June until August). A total of 19,843 (11,391 Female and 8452 Male) cases were treated in the six mobile clinics. Out of the total cases treated 8348 (4731 Female and 3617 Male) (43%) were under-five children.

More than 15,000 (77.4%) of the total patients treated were children and female while 4835 (24.9.9%) were male cases.

The primary focus has been infants and young children, children under 5 years, pregnant and lactating women, immunization of women in the child-bearing age (15-49 years, pregnant and non-pregnant) and ante-natal, delivery, and post-natal care. The five top diseases observed in the clinic were Acute Respiratory Infections, Urinary tract infections, Skin infections, watery diarrhoea and Eye infection.

In the table below is an overview of the estimated population in the six mobile clinics, from June-August 2021

Estimated population in mobile clinics (June-August 2021)

Clinics	Total Population	<1year children	<5 years children	Pregnant women	Women Childbearing age (15-49 yrs)	Pregnant and Lactating Women (PLWs)
IFRC TOG Mobile 1	26,000	1,040	5,200	1,040	5,720	2,340
IFRC TOG Mobile 2	24,000	960	4,800	960	5,280	2,160
IFRC Eilafweine	6,200	248	1,240	248	1,364	558
IFRC Sool Mobiles	18,000	720	3,600	720	3,960	1,620
IFRC Sool Mobiles	17,975	719	3,595	719	3,955	1,618
IFRC Awdal Mobile	15,467	619	3,093	619	3,403	1,392
Total	107,642	4,306	21,528	4,306	23,681	9,688

Number of the children nutritionally screened

HCs	Growth monitoring					Nutrition surveillance		
	Oedema	Severe	Moderate	Normal	Growth	Vit A	Zinc	Deworming
IFRC TOG Mobile 1	0	66	437	1,785	2,288	0	209	283
IFRC TOG Mobile 2	0	55	360	2,327	2,639	46	153	162
IFRC Eilafweine	0	37	97	1,219	1,353	608	101	550
IFRC Sool Mobiles	0	22	36	1,605	1,662	533	297	90
IFRC Sool Mobiles	0	19	18	1,536	1,574	58	192	171
IFRC Awdal Mobile	1	96	114	909	746	119	118	108
Total	1	295	1,062	9381	10,262	1,364	1,070	1,364

A total of 10,262 under children were nutritionally assessed in six emergency mobile clinics. Out of 1,062 (10%) under-five children have been classified as having Moderate and 295 (2.8%) of severe malnutrition children without complication and one child were identified as having oedema. GAM rate was 12.8% and which is shown serious in acute global malnutrition when compared to the standard IMAM guidelines for Somalia/Somaliland. The six emergency mobile clinics have to provide a plumpy net for severely malnourished children while MAM cases were referred to the nearest health Centre for the treatment of moderate malnutrition.



Mobile Clinic 1 Togdeer



Mobile Clinic in Berbera branch



Mobile clinic staff measuring BP in Sool



Mobile Health Clinic in Somaliland



Water, sanitation and hygiene

People Reached:

Male:

Female:

Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

Indicators

of people supported through the WASH programme (Somaliland 120,000 ppl, Puntland 60,000ppl)

Target

180,000

Actual

On going


Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators

Target

Actual

# of assessments carried out	9	Pending funding
# of volunteers and staff supporting the WASH programme monitoring (Somaliland 60 ppl, Puntland 30ppl)	90	Pending funding
Output 2.2: Community managed water sources giving access to safe water is provided to target population		
Indicators	Target	Actual
# of people accessing safe water (Somaliland 120,000 ppl, Puntland 60,000ppl)	180,000	Pending funding
# of community water points rehabilitated and maintained (Somaliland 20, Puntland 10)	30	Pending funding
# of water systems in SRCS clinics rehabilitated (Somaliland 6, Puntland 3)	9	Pending funding
# of households supported with ceramic filters (Somaliland 2,000 hhs, Puntland 1,000 hhs)	3,000	Pending funding
# of households supported with WASH NFI's (Somaliland 2,000 hhs, Puntland 1,000 hhs)	3,000	Pending funding
# of schools supported through disinfection of water, by SRCS volunteers with technical supervision of Ministry of Water Resources (Somaliland 6, Puntland 3)	9	Pending funding
# of people supported with water trucking (Somaliland 1,600 ppl, Puntland 800ppl)	2,400	Pending funding
Output 2.3: Improved access to and use of adequate sanitation by the target population. is provided to target population		
Indicators	Target	Actual
# of people who have access to adequate sanitation (Somaliland 8,000 ppl, Puntland 6,000 ppl)	12,000	Pending funding
# of latrines constructed in affected IDP settlements (Somaliland 6, Puntland 3)	9 IDP camps	Pending funding
# of latrines in SRCS clinics (Somaliland 6, Puntland 3)	9	Pending funding
# of households trained in solid waste management (Somaliland 1,300 hhs, Puntland 700 hhs)	2,000	Pending funding
Output 2.4: Hygiene promotion activities are provided to the entire affected population.		
Indicators	Target	Actual
# of people reached with hygiene promotion (Somaliland 120,000 ppl, Puntland 60,000 ppl)	180,000	Pending funding
# of volunteers trained in PHAST and CHAST (Somaliland 60 ppl, Puntland 30 ppl)	90	Pending funding
# of schools supported through CHAST (Somaliland 6, Puntland 3)	9	Pending funding
Progress towards outcome		
WASH activities		
<p>SRCS carried out several WASH activities in each target area, ensuring improved and sustained access to safe water for underserved and at-risk IDPs, schools and rural communities, improved access to basic sanitation and participatory hygiene education.</p> <p>One of the biggest challenges that the IDP camps and host communities in Puntland is facing is access to safe and clean water for household and livestock consumption. It has been observed that many nomadic populations travel for fodder for various periods at a time and return to their village for water. Hence it is crucial to ensure the water points in these villages are rehabilitated and protected.</p> <p>Activities already carried out:</p> <ul style="list-style-type: none"> - Training of volunteers and community health promoters - Distribution of supplies (chlorine and aqua tabs) - Close monitoring of the affected areas - Awareness campaigns - Improved health promotion activities - Staff capacity building - Doubling the activities in the rainy season <p>The remaining activities, to achieve the as of yet unreached targets, are pending the receipt of further financial contributions to the Emergency Appeal, which are very urgently needed.</p>		

	<p>Protection, Gender and Inclusion</p> <p>People Reached: Male: Female:</p>	
<p>Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.</p>		
<p>Indicators</p>	<p>Target</p>	<p>Actual</p>
<p># of people supported through the PGI programme (Somaliland 48,000 ppl, Puntland 24,000 ppl)</p>	<p>72,000</p>	<p>Ongoing</p>
<p>Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.</p>		
<p>Indicators</p>	<p>Target</p>	<p>Actual</p>
<p># of staff and volunteers oriented in PSEA, PGI in emergencies, CMR and PFA (Somaliland 160ppl, Puntland 80 ppl)</p>	<p>240</p>	<p>Ongoing</p>
<p>Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.</p>		
<p>Indicators</p>	<p>Target</p>	<p>Actual</p>
<p># of people reached with FGM prevention and awareness campaigns (Somaliland 72,000 pppls, Puntland 48,000ppl)</p>	<p>72,000</p>	<p>Pending funding</p>
<p># of volunteers, staff and contractors who sign, are screened for and are briefed on child protection policy/guidelines</p>	<p>All</p>	<p>Pending funding</p>
<p># of dignity kits distributed (Somaliland 800 hhs, Puntland 400 hhs)</p>	<p>1,200</p>	<p>Pending funding</p>
<p>Progress towards Outcome</p>		
<p>SRCS has Protection, Gender, inclusion department that is fully responsible for the coordination of PGI activities as an integrated approach with all programmes including FSL. PGI is becoming an integrated part of an intervention that goes with the rest of the services. So far through the SRCS program staff and volunteers follow the DAPS principles, which allows everyone to have an equal opportunity, and no one is left behind, targeting the vulnerable groups to be included through implementation and initial stage of projects, as well as the community to have full participation during the initial stage of the project targeting the community in need and where gender inclusion is highly prioritized.</p> <p>SRCS is one of the few organizations that provides a combination of full medical and psychosocial support and additional material assistance (dignity kits) to the survivors of Gender-Based Violence (GBV) in the region. The medical support provided to the survivors includes emergency contraception to prevent unwanted pregnancy, emergency prophylactic infection of STI and HIV (PEP) treatment. Both displaced and stable populations in these regions have limited access to multi-sectoral response services and effective prevention mechanisms. IDP populations live in conditions that do little to help with their safety and make it easier for anyone to harm them. They do not have light at night and proper toilets due to poor socio-economic conditions. However, due to shame, stigma, low awareness of or access to services, and impunity, GBV incidents are often under-reported. In some locations there are reports of violence against women and young girls is on the rise especially in IDP settings and rural communities when they are looking for water, firewood and food.</p> <p>Puntland</p> <p>By far, women make the most use of available services at health clinics. Among others, they utilize the Expanded Program of Immunization (EPI), ante-natal care, delivery, post-natal, treatment of common illness, Prevention of Mother to Child Transmission of HIV (PMTCT) programs. Gender analysis was the key to ensure that the needs and voices of women and minorities are considered in all phases of project development and implementation, including protection issues, and representation on the Community Health committees. Gender Focal Persons have been identified for Puntland to coordinate gender activities in the respective operational areas. PGI activities aim at improving the gender and diversity balance at all levels, and to support advocacy efforts to contribute towards the reduction of violence against women and vulnerable groups, specifically gender-based violence.</p> <p>Activities carried out:</p> <ul style="list-style-type: none"> - Ensure gender inclusion in all services - Providing necessary services such as family planning emergency guidelines and services to the survivors and those in need 		

- To be accountable and confirm that every plan considered IFRC minimum standard of PGI
- Trains staff and volunteers with PGI guidelines and procedures
- Align the contracts with PSEA conducts to protect those easy to harm
- Ensure to be reached all community groups through review meetings and other periodic reports
- In June, SRCS submitted a 5-year plan for support on PGI, carried out in collaboration with the SRCS PGI officer

The remaining activities, to achieve the yet unreached targets, are pending the receipt of further financial contributions to the Emergency Appeal, which are very urgently needed.

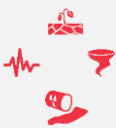
SRCS is strengthened in the PGI integration with ongoing projects, with the training of staff and volunteers and strengthening its impact on other ongoing projects with the consideration of IFRC minimum PGI standards. The challenges to PGI integration are the poor performance on patients/survivor's referral process for additional services that do not yet exist in most areas of SRCS is working, a low level of understanding of the community and a lack of funding for this project to strengthen its impact on existing projects.

Somaliland

How SRCS ensured the relevance of the response through engaging the community and PGI mainstreaming are as follows:

- During the verification process, it was clear that the beneficiaries selected were matching the criteria set and represented the gender, diversity and needs of affected populations. This helped SRCS to be transparent and accountable to their affected communities.
- It was ensured volunteers engaged with the beneficiary verification process were reflective of the community in terms of gender (male and female) and completed the exercise in Awdal Sool, Sanaag, Togdheer targeted locations affected by the recurrent droughts.

The remaining activities, to achieve the yet unreached targets, are pending further financial contributions to the Emergency Appeal, which are very urgently needed.

	<p>Disaster Risk Reduction People Reached: Male: Female:</p>	
Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster		
Indicators	Target	Actual
# of people reached with awareness-raising on preventable disaster risks (Somaliland 180,000 ppl, Puntland 90,000 ppl)	270,000	Pending funding
Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.		
Indicators	Target	Actual
# of people who take active steps to strengthen their preparedness for timely and effective response to disasters (Somaliland 180,000 ppl, Puntland 90,000 ppl)	270,000	Pending funding
# of people supported with NFIs in the case of displacement due to drought (Somaliland 4,000 ppl, Puntland 2,000ppl)	6,000	Pending funding
Progress towards Outcome		
There are no DRR activities carried out during the reporting period.		
The community resilience committee is an existing body in the community which if activated, will take a greater role in the reduction and analysis of risks and disasters. Therefore, SRCS must ensure that the committees receive regular training, up-to-date skills development and knowledge, to ensure the appropriate response capacity of the committee.		
The operation will contribute to the disaster preparedness of communities through community-based disaster risk reduction activities planned to be carried out through mobilizing communities for risk assessment for prevalent risks and identifying mitigation strategies. Involving community resilience committees and other community representatives in analysing risks and community preparedness action plans, training of community members in first aid, disaster preparedness and response, and establishing multi-hazard early warning systems contributed to reducing risks and		

enhancing their preparedness. Lessons from the previous drought responses identified that the need may arise to support families migrating outside of their normal areas in need of fodder and water for livestock with emergency shelter.

ENABLING ACTIONS

Influencing others as strategic partners		
Output: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators	Target	Actual
# of workshops conducted for governance and management	2	On going
Output: Coordinating role of the IFRC within the international humanitarian system is enhanced		
Indicators	Target	Actual
Work in coordination with movement partners and organizations	3 partners engaged	3 partners engaged
Output: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination		
Indicators	Target	Actual
SMCC and movement coordination (monthly)	18 months	Monthly
Output: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators	Target	Actual
Information on the EA published	3	1
Progress towards Outcome		
<p>Movement coordination: IFRC and SRCS are observers in the Humanitarian Country Team (HCT) and a member of the Inter-Cluster Coordination Team (ICCT), and relevant IASC Clusters and inter-agency working group meetings/forums, including the Food Security Cluster. Cluster and working group members include NGOs, UN agencies and public authorities. Coordination meetings were held June-August 2021 on the current emergency response led by the Cash working group, Food security cluster, and NADFOR, (National disaster preparedness and food reserve). SRCS attended all active country clusters and presented planned and ongoing interventions. These clusters included Food security, cash working group, WASH, Health and nutrition, Protection etc.</p> <p>The IFRC Nairobi Cluster delegation, which covers Somalia and Kenya, plan weekly staff meetings to review operation progress and take stock on implementation according to the plans and allocated resources as well as discuss the challenges and the suitable solutions to address them in time. Due to COVID-19, all the meetings during 2020 & 2021 were virtual while the situation improved with the vaccination and adherence to the preventive measures of wearing masks and maintain social distance, the Cluster delegation is considering physical meetings in the future to maintain staff spirit and support each other. Moreover, the cluster initiates partners meeting for information exchange and update on monthly basis. These meetings are organised virtually not only because of COVID-19 but because some partners are represented either from their HQs or positioned in other countries in Africa, not in Kenya. Regular meetings and exchange of information with ICRC, and with the NS leadership are also in place. The Nairobi Cluster delegation is furthermore supporting the operations through a DM delegate seconded through the Danish Red Cross to support DM capacity.</p> <p>Movement partners meetings and field visits: SRCS Coordination office organised meeting with Movement partners held in SRCS Coordination office, Hargeisa on Sept 25, 2021. All movement partners on the ground attended the meeting including ICRC, IFRC, German RC and Norwegian RC. The meeting was proposed by the IFRC Acting Head of Nairobi Cluster Delegation, and the purpose was to enable partners to receive updates from SRCS on the current emergency and the interventions made during the reporting period, to provide updates on the current emergency, and to see how the partners will seek an opportunity to support the currently existing gaps and look for funding.</p> <p>It was broadly discussed how SRCS, and Partners will coordinate resources and get evidence-based updates or reports from SRCS. The partners presented their upcoming funding opportunities such as the IFRC's emergency appeal. During the meeting, several significant points were encouraged and stressed number to SRCS including having regular coordination meetings with partners, departments, governments, local authorities, communities, and share updated with relevant partners, having evidence-based information and great visibility at all levels.</p>		

German RC also reported that the current MoFA-supported project for BMZ4 targeted areas is continuing. German RC is in the planning process of Forecast-based Financing interventions in the long run through the development of Early Action protocols. The ICRC Cooperation delegate also attended the meeting and stated that ICRC is continuing its partnership agreement and making the annual plan for 2022 in Oct 2021 this year. The partners' coordination meeting will be a monthly forum.



Visit to health clinics during September partner's visit

A meeting was also held with SRCS branches in Somaliland for reviewing the operation plan implementation and next year plan in line with the Africa agenda for renewal as well as exchanged the issues of concern and challenges.

On October 11 to October 22, the Roving Operations Manager from the Nairobi Cluster delegation will conduct a field trip to Somaliland, with the objectives to meet with SRCS to plan for the Emergency Appeal, to visit some of the hunger and crisis-affected areas to gauge response against observed needs and priorities, and to discuss observed priorities and needs with Branch and Coordination teams. Furthermore, the Roving Ops Manager, the IFRC Health team and Swedish Red Cross representatives will conduct field monitoring and supervision visits to the Mobile Health Clinics.

Communication and advocacy: The IFRC Africa Region Communication unit is working in collaboration with the SRCS and the IFRC Somalia country representation to raise awareness and publicity, and to support resource mobilization efforts through increased visibility. Between 9 and 20 August, IFRC Africa campaigned to raise awareness about food and health needs in Somalia. Activities and outputs from the campaign:

- On 11 August, the Communications Unit issued this [press release](#) and this [Newsroom package](#)—which resulted in the media coverage from [The Guardian](#), and several other international outlets such as [AA](#), [La Prensa Latina](#), [China Daily](#), [Africa News](#), among many others, as well as radio spots by [UN News](#) and [SABC](#).
- Several tweets on IFRC Africa's Twitter over August, using images, videos, stories from SRCS staff and affected populations, to share visual stories about the situation.
- A 4-part series of videos on Switch TV, released in July, called Inside Somaliland – The Hidden Gem, with [episode 1](#), [episode 2](#), [episode 3](#), [episode 4](#).

The remaining activities, to achieve the yet unreached targets, are pending further financial contributions to the Emergency Appeal.

Strengthening Coordination and Accountability

Output: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA activities

Indicators	Target	Actual
% of complaints and feedback received are responded to by the NS	80%	Ongoing

Output: Strengthen planning, monitoring, evaluation and reporting

Indicators	Target	Actual
% of reports submitted on time	80%	Ongoing
# of assessments conducted	2	Ongoing

Output: Supply chain and fleet services meet recognized quality and accountability standards

Indicators	Target	Actual
Logistics plan in support of the EPoA	Needs basis	Ongoing

Output: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicators	Target	Actual
# of finance training completed	1	Planned

Output: Effective and respected surge capacity mechanism is maintained.		
Indicators	Target	Actual
# of surge profiles deployed	3	Planned – pending income the EA
Output: IFRC staff shows good level of engagement and performance		
Indicators	Target	Actual
# of performance reviews completed	15	
Output: Staff security is prioritised in all IFRC activities		
Indicators	Target	Actual
# of operational areas that have an up-to-date security plan in place	3	
Progress towards Outcome		
<p>In all activities carried out, SRCS has considered community engagement and accountability as one of the key pillars in the implementation, where the community is engaged and disclosed to them the resources that are at the disposal and the target criterion, which was the most in need families such as the elderly people, people living with disabilities who are affected by the drought, minority groups, women-headed households (especially widows and orphaned children) who are particularly affected by the drought and other people in need who fall under the criterion set by SRCS to be eligible to its humanitarian response.</p> <p><i>A feedback mechanism has been put in place by SRCS, including community health committees and volunteers at the community level, which helps identification of gaps and community feedbacks on SRCS projects, which is reported back to SRCS management. SRCS continues to get the latest updates/assessments from the branches, communities and local authorities on the current emergency crisis. SRCS attended emergency meetings and presented updates using the 3W matrix shared by OCHA and NADOR for monthly reporting. The NS have also been implementing programmes and responses between the sectors as an integrated approach and ensuring community and local government participation.</i></p> <p>Program teams and PMER staff work together to have clear communication and information sharing, recording lesson learnings, and also filling the stakeholder interests regarding the project updates through periodic reports, review meetings and technical working group meetings to present the achievements, challenges and way forward these activities lead to the program to success.</p> <p>SRCS staff and volunteers are already putting CEA into practice every day, for example through the health committees that help SRCS with the delivery of emergency health services by mobilizing fast responders. SRCS also has toll-free hotlines at branch offices to respond to questions and complaints around the cash transfer program, and various local drama groups that raise awareness around health in communities. During the implementation of unconditional cash grants, the PMER department/director was fully engaged in close collaboration with volunteers and staff in the four targeted branches e.g., PDM exercises. A hotline centre was feedback and complaints response mechanism existed used by both beneficiaries and non-beneficiaries to call for free to lodge complaints and feedback for the duration of the program. SRCS has its hotline number for the cash transfer program at the Coordination office.</p> <p>Activities already carried out.</p> <ul style="list-style-type: none"> - Monitoring the received complaints - Reporting the updates on ongoing projects, security and other relevant information - Improving HR activities on the ground - Improving the logistic and procurements and ensure to pursue the available manuals and policy and procures - Supporting information sharing and proper communication - Responding to the community feedbacks <p>The remaining activities, to achieve the yet unreached targets, are pending the receipt of further financial contributions to the Emergency Appeal. Challenges encountered during the distribution was the number of people who are affected by the drought was much more than the resources available could support and therefore advocacy for the continuation of the project is paramount.</p> <p>Security and security assessment: The security situation in the operational areas remain a concern. In Puntland, the main areas of concern are two militant factions that present a risk, particularly in areas outside the commercial capital Bosaso, as well as risks of crime, communal violence, and tribal tensions. Somaliland remains relatively peaceful and stable, but terrorism presents a latent risk, particularly in the commercial capital of Hargeisa, as well as the risk of crime. Across Somalia, the socio-economic and political pressures of COVID-19 remain a risk.</p>		

To address the security situation in Puntland, a Security Risk Assessment is planned to be conducted by the end of October, with the main objective to provide a field security assessment of the security environment and its implications on the current and proposed IFRC/SRCS activities in Puntland. A TOR was signed by the end of September. The desired outcomes of the risk assessment are to produce a general threat assessment in Puntland to provide a better understanding of the operating environment, as well as to produce a security risk assessment for IFRC staff, assets, facilities, and programmes in Puntland, to assist in mitigating security and safety-related risks.

Strengthening National Societies

Output: National Societies have effective and motivated volunteers who are protected

Indicators	Target	Actual
% of volunteers engaged in response who are insured	100%	

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

Indicators	Target	Actual
# of National Society branches that have the necessary corporate infrastructure and ICT systems	3	Pending income to the EA

Output: NS capacity to support community based DRR, response and preparedness is strengthened

Indicators	Target	Actual
# of volunteers and staff trained in the assessment, data collection, distribution, M&E, PGI and CEA	50	32

Output: Resource generation and related accountability models are developed and improved

Indicators	Target	Actual
Resource mobilisation strategy	1	Planned

Progress towards Outcome

In June, SRCS staff were on-boarded on the DCPRR structure, the Emergency Operations framework, and technical sectors including urban programming, DRR and CCA and CVA. They further completed online learning materials on CVA, DRM in Africa, and National Society Preparedness.

In Somaliland 32 Volunteers and staff were provided with an orientation/training on the DREF CTP operation in Awdal, Sool, Sanaag and Togdheer branches.

IFRC is supporting extra resources within PRD to support resource mobilisation.

The remaining activities, to achieve the yet unreached targets, are pending further financial contributions to the Emergency Appeal.

C. Financial Report

Please find attached the latest Financial Report. Of the total Emergency Appeal budget figure of CHF 8,732,000, to date, CHF 617,356 has been received, coverage of 7%. Further funding contributions are very urgently needed.

Contact information

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

Somali Red Crescent Society

- **President,** Yusuf Hassan Mohamed, phone: +254722144284; e-mail: yhmohameds@gmail.com

In the IFRC

- **Head of Delegation,** Mohamed Babiker, phone: +254 110 804 397 4 e-mails: mohamed.babiker@ifrc.org
- **IFRC Regional Office for Africa:** IFRC Regional Office for Africa: Adesh Tripathee, Head of DCC, phone +254 731 067 489; email: adesh.tripathee@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: louise.daintrey@ifrc.org phone: +254 110 843 978

For In-Kind donations and Mobilization table support:

- **Logistics Coordinator** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Regional Office for Africa** Philip Kahuho, PMER Manager, Philip.kahuho@ifrc.org, Phone: +254 732 203 081

Reference documents

Click here for:

[Previous Appeals and updates](#)

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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/5-2021/8	Operation	MDRSO011
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 01 Oct 2021

All figures are in Swiss Francs (CHF)

MDRSO011 - Somalia - Drought Emergency 2021

Operating Timeframe: 13 May 2021 to 18 Jan 2023; appeal launch date: 18 Jul 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	825,000
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	4,123,000
AOF4 - Health	638,000
AOF5 - Water, sanitation and hygiene	1,178,000
AOF6 - Protection, Gender & Inclusion	202,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	630,000
SFI2 - Effective international disaster management	967,000
SFI3 - Influence others as leading strategic partners	169,000
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	8,732,000
Donor Response* as per 01 Oct 2021	617,356
Appeal Coverage	7.07%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	247,676	0	247,676
AOF4 - Health	148,590	316,256	-167,666
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	5,345	0	5,345
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	12,148	0	12,148
SFI4 - Ensure a strong IFRC	38,042	82,238	-44,196
Grand Total	451,800	398,494	53,307

III. Operating Movement & Closing Balance per 2021/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,065,864
Expenditure	-398,494
Closing Balance	667,370
Deferred Income	0
Funds Available	667,370

IV. DREF Loan

* not included in Donor Response	Loan :	451,800	Reimbursed :	0	Outstanding :	451,800
----------------------------------	--------	---------	--------------	---	----------------------	---------

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/5-2021/8	Operation	MDRSO011
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 01 Oct 2021

All figures are in Swiss Francs (CHF)

MDRSO011 - Somalia - Drought Emergency 2021

Operating Timeframe: 13 May 2021 to 18 Jan 2023; appeal launch date: 18 Jul 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
DREF Allocations				451,800	451,800		
Japanese Red Cross Society	41,478				41,478		
Swedish Red Cross	105,656				105,656		
The Canadian Red Cross Society (from Canadian Gov	180,690				180,690		
The Netherlands Red Cross (from Netherlands Govern	286,240				286,240		
Total Contributions and Other Income	614,064	0	0	451,800	1,065,864	0	
Total Income and Deferred Income					1,065,864	0	