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Emergency Plan of Action (EPoA) Somalia: Rain and Windstorms in North Galkacyo IDP settlements

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation°	MDRSO014	Glide n°:	VW-2022-000214-SOM
Date of issue:	21 May 2022	Expected timeframe:	3 months
Operation start date:	20 May 2022	Expected end date:	31 August 2022
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 279,229 (from the Response pillar)			
Total number of people affected:	4,416 internally displaced persons (736 HH)	Number of people to be assisted:	4,416 individuals (736 HH) • Direct targets: 3,000 IDPs (500 HH) • Indirect targets: 1,416 IDPs (386 HH)
Provinces affected:	Galkayo district	Provinces targeted:	Galkayo district
Host National Society presence (n° of volunteers, staff, and branches): The Galkayo Branch of the Somali Red Crescent Society (SRCS) consists of 301 volunteers, 82 staff, one main branch and 3 sub-branches.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: The Office of Galkayo Mayor, the Ministry of Humanitarian Affairs and Disaster Management (MOHADM), OCHA, UNHCR, the Ministry of Interior, UNHCR, UNICEF, DRC, NRC, CARE, PMWDO, Galkayo Education Center Peace and Development, TASS and SBACO			

A. Situation Analysis

Description of the disaster

On 12 May 2022, the local government of Galkacyo hosted an inter-agency coordination meeting where they requested assistance from humanitarian partners to address the immediate and urgent humanitarian needs assessed in 18 out of 20 makeshift camps located in the periphery of the city. This is following sudden heavy rains and windstorms which struck North Galkacyo on 10 May, impacting the city of Galkayo and its surrounding areas, which host the camps. The most affected people by this disaster are approximately 4,416 internally displaced people (736 HH) people living in 18 of the 20 recorded camps. These 18 camps around Galkayo are home to approximately 40,254 internally displaced persons (IDP) or 6,709 households as seen in table 1 under the needs assessment.

The Somali Red Crescent Society (SRCS) staff and volunteers from Galkayo Branch quickly mobilised and began to support the affected communities and carried out a rapid assessment of the damage. On 11 May, SRCS joined an interagency rapid assessment in all the 18 affected IDP camps, led by North Galkacyo Municipality in coordination with OCHA, to which other partners¹ participated.



SRCS volunteer providing support and carrying out assessment in the affected IDP camps ©SRCS

¹ UNHCR, NRC, DRC, CARE International, GECPD, PMWDO, SBACO, TASS and office of the Mayor, the Ministry of interior, and MOHADM
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As per the initial information from the SRCS and interagency rapid assessment, the IDP settlements were the most affected by the rains and windstorms, which destroyed IDP shelters and other communal assets such as latrines, health facilities, schools, etc. The assessment reports that about 4,416 internally displaced people (736 HH) were affected and in need of humanitarian assistance.

Based on this, SRCS is requesting IFRC support through the Disaster Relief Emergency Fund (DREF) to provide relief to the most vulnerable families targeted in the IDP settlements in coordination with the local government and humanitarian agencies. Through the inter-agency coordination meeting conducted on 12 May 2022, it was agreed that SRCS will support the affected people with the ongoing response by providing emergency shelters, NFIs, WASH, Food security and livelihood, CEA and PGI, and a mobile health team.

Summary of the current response

Overview of Operating National Society Actions

The SRCS Galkacyo branch in Puntland has more than 300 active volunteers, 82 staff members including medical staff, and five vehicles. Galkayo branch is doing its best to respond to the disaster, but a lack of resources is limiting the intervention.

SRCS immediately mobilised staff and volunteers to support the affected communities and carry out assessments. SRCS has sent a mobile health team to the IDP camps to provide first aid and treatment of common infectious diseases including Acute Respiratory Infections (ARI), Acute Watery Diarrhoea (AWD), skin diseases, etc. SRCS volunteers are also mobilised to provide health awareness sessions and cooperate with other SRCS teams. In addition, SRCS mobilised its ambulance to take the injured to the nearby hospital including one of the injured children. The SRCS volunteers doing health awareness sessions reached 250 individuals and also SRCS relocated a mobile clinic that provided preventive and curative health services to 47 Individuals so far.



SRCS volunteers providing support and carrying out assessment in the affected IDP camps @SRCS

Overview of Red Cross Red Crescent Movement Actions in-country

The International Federation of the Red Cross (IFRC) has a Country Cluster Delegation for Somalia and Kenya based in Nairobi, Kenya, which provides operational, technical, and logistical support to SRCS. SRCS and IFRC currently have an Emergency Appeal operation in response to the [Hunger Crisis 2021 \(MDRSO011\)](#) and a [Fire Accident DREF Operation \(MDRSO013\)](#) in response to a fire incident in Hargeisa Market in Somaliland. These are in addition to the recently ended [Population Movement DREF operation \(MDRSO012\)](#) targeting people deported from Laascaanood, who have settled in the outskirts settlement of Jeexdin village. There is no overlap in the ongoing operations and this response to Gu rains and windstorms.

The SRCS in Puntland is supported by the Norwegian Red Cross, IFRC, and ICRC who are supporting different humanitarian interventions including Primary Health Care, Community based health, First Aid, Restoring family links, and some relief and livelihood as part of long-term development rather than emergency response. Currently, no other partners are supporting SRCS in this response.

In an immediate response to this emergency, SRCS and IFRC conducted a discussion to address how SRCS can be supported to respond and support the families affected by this situation. As a result, IFRC and SRCS agreed to develop this emergency plan of action to ensure that the SRCS would be able to support the affected communities with different sectors including WASH, Shelter/household items, food and basic needs, CEA and PGI, and health.

Overview of other actors' actions in-country

In Puntland Regional State, humanitarian actors and response are coordinated by the Ministry of Humanitarian Affairs and Disaster Management (MOHADM). SRCS works closely with MOHADM and the local Government.

Several humanitarian actors are working within Puntland. In response to this current emergency, a monitoring and planning meeting for response planning was held with representatives from the office of the Galkayo mayor, MOHADM, OCHA, UNHCR, the Ministry of Interior, and cluster focal points in Galkayo on 12 May. The activities under this plan should be understood in harmonisation with these efforts, meaning that the SRCS will not seek to cover all needs of the affected populations but to support an overall coordinated response. The SRCS is participating in ongoing cluster meetings including the shelter cluster, WASH cluster, and health cluster to ensure that activities are streamlined thoroughly with the other responding actors.

Needs analysis, targeting, scenario planning, and risk assessment

Needs analysis

According to the multi-agency rapid assessments, most of the IDPs are currently staying out in the open air without shelters and household items, and thus are exposed to further health concerns including an outbreak of diseases from contaminated water inside the settlements as floodwaters washed away latrines.

It is reported that 736 shelters with household items and 50 latrines have been destroyed or severely damaged in IDP settlements, while 12 houses of the host community have been destroyed in the city's suburbs. Two schools have been severely impacted (one school was destroyed, while the others are partially damaged), one health facility has also been damaged, as well as three community offices. Livestock and agricultural assets were also lost. One child was badly injured while four children received minor injuries. All of them were referred to hospitals by the camp leaders.



SRCS volunteers providing support and carrying out assessment in the affected IDP camps ©SRCS

The majority of these IDPs were already living in very poor makeshift shelters with poor sanitation and limited access to hygiene facilities which makes them more vulnerable to the onset of such disasters. Currently, most affected families, with children, women, and people with disabilities are amongst those now forced to live in the open, exposed to very hot weather during the day and very cold during the night. The affected families are exposed to further health concerns including an outbreak of Acute Water diarrhoea (AWD) due to the lack of access to safe water, poor sanitation, and hygiene practices. Also, the stagnant water ponds inside the settlements are the only source of water for animals and some of the IDPs due to the drought in the country. This is in addition to the stagnant water ponds constituting breeding grounds for mosquitoes. Children in the IDP settlements also swim in the stagnant water and may drink which could cause health concerns too.

The table below shows general information about the affected IDP settlements.

Table 1: Overall data on households living in affected settlements and households identified as being affected by the rains and windstorm

No	Settlement	# of households per settlement	# of affected households per settlement	# of shelters destroyed	# of latrines destroyed	# of schools damaged	# of offices/community centres damaged	# of affected health facilities
1	Liibaan 1	160	25	25	4	0	1	0
2	Liibaan 2	200	50	50	11	0	1	1
3	Ayax	330	15	15	8	0	1	0
4	Waayo Arag 2	400	30	30	3	0	0	0
5	Najax	600	21	21	5	1	0	0
6	Kulmive 1	150	14	14	0	0	0	0
7	Wadajir	202	0	0	0	1	0	0
8	Samawade 2	150	95	95	0	0	0	0
9	Mustaqbal 2	700	11	11	0	0	0	0
10	Donyaale	373	11	11	2	0	0	0
11	Danwadaag	400	18	18	1	0	0	0
12	Halabokhad	556	6	6	0	0	0	0
13	Dayah	270	190	190	0	0	0	0
14	Tawakal	967	10	10	5	0	0	0
15	Kulmiye 2	60	10	10	3	0	0	0
16	Kulmiye Bali-abaar	281	10	10	5	0	0	0
17	Jeehdin	560	200	200	0	0	0	0
18	Taala'ad	350	20	20	5	0	0	0
Total		6,709 HH	736 HH	736	52	2	3	1

According to the [Somali Health and Demographic Survey 2020](#), the average household size in Somalia is 6.2 persons, slightly higher than the 5.9 persons per household recorded in the PESS 2014 (UNFPA 2014). Urban households, which have 6.6 persons per household, are slightly larger than rural households, with 5.7 persons per household. Although the volunteers did not collect data on the number of people in these families during the assessment, it is estimated that the average number of persons per household in these peri-urban areas would be the same as those in the urban areas. As such, the SRCS will use an average of 6 people per household for planning purposes.

Targeting

Overall, 4,416 IDPs (736 HH) have been affected by the disaster. The SRCS aims to directly reach 3,000 people (500 HH) with basic needs and WASH support, of which 1,500 IDPs (250 HH) will be reached with cash for the shelter and household items. All affected indicated above shall benefit from health care services as well as health hygiene education sessions.

The balance of support needed will be covered by other humanitarian partners and the local government. SRCS will coordinate the response with the Puntland Ministries of disaster management, health, and Interior Affairs, Galkayo municipality together with UNOCHA is coordinating the interventions to avoid duplications.

SRCS always ensures that its response and programmes are aligned with its own as well as IFRC's commitment to gender and diversity, focusing on, where safe and preferred by communities, targeting women/child-headed households, pregnant or lactating women; persons with disability, and chronic illness; families with persons with disability, elderly, families with children under five years old, families that have not received any/or sufficient assistance from the other humanitarian organizations, as well as those belonging to socially and economically vulnerable families and who lack relevant resources to cope with the basic humanitarian needs on their own. During the joint rapid assessment, the branch was participating along with the local authorities and members of the affected community, who already worked to identify those most vulnerable.

Estimated disaggregated data for the population targeted.

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	6%	60%	40%
Children(5-17yrs)	8.2%	60%	40%
Adults (18-49 yrs)	43.7%	60%	40%
Elderly(>50yrs)	40.1%	60%	40%
People with disabilities	2%	60%	40%

Operation Risk Assessment

COVID-19: This proposed operational strategy funded through the DREF considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. As such, there is a risk of delays due to the further spread of COVID-19 as Government control measures evolve to control and curb the further spread. SRCS will closely work with State Government to jointly find the best approach to ensure humanitarian assistance is safely delivered to the affected populations while ensuring the safety of staff, volunteers, and affected populations alike. The activities to be carried out under this plan will follow the regulations of the Ministry of Health and WHO.

Possible Measles outbreak: According to [WHO](#), Measles is endemic in Somalia with cases reported every year. In 2022, between epidemiological weeks 1 and 9, a cumulative of 3,509 suspected measles cases have been reported from 18 regions in the country. The assessment highlighted the existence of reported measles cases identified before the emergency in the Samawade 2 IDP camp even though the SRCS Community Based Surveillance system did not detect and report any health risks related to Measles but the existence of such health risks may affect the operation. The National Society staff and volunteers who are intended to work in the DREF operation in that area will be equipped with proper personal protective equipment and awareness will be provided before their deployment. In addition to that, SRCS mobile clinic will provide health awareness, vaccination, and symptomatic treatment of the cases to the affected IDPs.

Security: While Puntland generally experiences a much lower frequency of security incidents compared to south-central Somalia, a security setup needs to be established (*see security review section under the Operational Strategy*) to guarantee staff and asset security and extend support to the operating National Society. There has been a notable increase in militant activity since 2016. In addition, infrastructure (including viable ports of departure), law and order, and emergency response are negligible in much of the territory, thereby exacerbating the risks posed by crime, communal violence, and tribal tensions. The autonomous regional government is largely capable of upholding security

in Garowe, rated high-risk for missions. Thus, critical missions are still possible within a tightly set security framework and based on precise pre-mission security assessments on emergency missions.

For now, SRCS has access to the affected populations, and the Galkayo area is safe. To minimize the risks of RCRC personnel falling victim to violence or crime, active risk mitigation measures will be implemented within the National Society. This includes active situation monitoring and information sharing between field and head office teams as well as the development and implementation of minimum-security measures. All IFRC and SRCS personnel actively involved in the field level operations must have completed the respective IFRC security e-learning courses (i.e., Stay Safe Personal Security, Security Management, or Volunteer Security) on a mandatory ground, before deployment.

B. Operational strategy

Overall Operational objective

The overall objective of this operation is to provide direct relief to 3,000 people (500 HH) through shelter, basic needs, and WASH support for three months. At the same time, all 4,416 IDPs (736 HH) affected will indirectly benefit from health care services as well as hygiene promotion provided through the operation.

Lessons learnt from previous DREF responses

SRCS in Puntland and Somaliland are currently responding to the ongoing drought and hunger crisis through an Emergency Appeal ([MDRSO011](#)). Since April, the Somaliland branch has been responding through the DREF to urban fires in Hargeisa ([MDRSO013](#)), and while the Puntland branch has just concluded the implementation of DREF operation for population movement from Laascaanood ([MDRSO012](#)) as well as the COVID-19 response (Africa COVID-19). The lessons learnt from these operations and the past responses to cyclones and floods will be applied in the implementation of this DREF operation:

- Cash transfer values were based on a household number of 6 persons; however, many of the targeted households were made up of approximately 10 persons on average, and therefore the amount provided did not meet their food and other basic needs. Despite the above, SRCS will, for planning purposes, maintain the average of six members per household as it is the official standard in the country as highlighted by the [Somali Health and Demographic Survey 2020](#). The National Society will attempt to fill this gap by ensuring continuous monitoring. If it is found out that the majority of families are on the larger side, then the operation could be reviewed and targeting adjusted.
- It was also noted from the response operation for the people deported from Laascaanood, that one-off cash grants will not help the needs of the affected people. As such, the SRCS is planning to support with disbursements that could cover the basic needs for at least two months, to be provided in more than one installment.
- Community members' preference was the use of mobile money transfer over other methods (cash in envelopes) in terms of security/discretion, accessibility, and convenience; however, some were not familiar with it as a modality, and therefore orientation on its use will be included.
- According to the cash and voucher assistance (CVA) made by the National Society previously, the Puntland branch has a good experience in using CVA in relief interventions, with 20 trained volunteers and a system in place, including a valid framework contract (until 2023) with the largest financial service provider in Puntland, Golis Telecom Somalia, which can be activated easily.
- Orientation of community members on the scope of what can be supported using DREF funding is recommended to ensure their expectations can be managed – namely to address the immediate basic needs of the affected population; and the duration cannot extend beyond 6 months inclusive of preparation time, implementation, and review. As such, an exit strategy will be developed to support dissemination to the community on the DREF procedures to ease understanding.
- The National Society learned in the last DREF implemented towards the people deported from Laascaanood, that the internationally procured items, especially medical items, may delay the implementation of the activities if they are not procured as early as possible. As such, most of the operational strategies for this response will focus on providing support using the cash and voucher assistance modality.
- According to the response operation for IDPs from Laascaanood, the emergency shelter provided to the IDPs was destroyed and knocked down by the storms, and many families were left unsheltered before the daily scorching sun rays and the cold weather at nightfall while SRCS constructed stony latrines. This raised concern about the quality of the shelter given to them and the quality of the latrines given to them. Based on this, the SRCS shall opt to provide support for shelter using a cash modality, to allow the families to determine for themselves, whether to rehabilitate the existing structures or use them for rental, depending on their preferences.

Based on lessons learnt from previous responses, the following activities will be implemented to support targeted households:

1- Shelter and household items (Target: 250 households or 1,500 people (600 male and 900 female))

Based on the priority needs of the affected population through the community-level rapid need assessment, access to shelter remains a challenge. In response to this need, the National Society shall draw from the lessons learned, avoiding engaging in a lengthy procurement process for the distribution of emergency shelter construction material. Rather, and per the indicated preference of communities based on lessons learned, SRCS shall provide support in this area using the cash and voucher assistance modality. Indeed, during the rapid joint assessment, it was noted as an observation that the affected families have at least a cell phone and phone number, making mobile cash transfers an appropriate modality.

According to the [Somalia Shelter kits Guideline](#) published in 2020 by the Shelter Cluster Somalia, two types of design (Type 1 and Type 2) have been proposed. Type 1 provides 20.9 m² of living space which is 3.5 m²/person (recommended value by Sphere) for a household of six members. However, in some instances, due to limited space available mainly in the IDP sites, it may not be possible to construct a shelter of such size. In this case, it is recommended to consider a type 2 design (15.84 m²). The availability of space should be carefully assessed, and basic site planning should be considered where feasible. Although the cost of the kit is not included in the guideline as it varies from location to location for planning purposes, the cluster recommends using USD 247 for the Type 1 design and USD 213 for the Type 2 design.

SRCS shall use the indicative amount of **USD 213 for Type 2** design as suggested by the Shelter Cluster. This amount does not include the cost of transportation (**USD 25**), which will be included in the amount to be disbursed to each family. A market assessment will however be conducted to confirm the amount of the cash assistance, while continuous monitoring and advocacy will help to ensure there is limited inflation, to allow recipient families to have access to the needed materials. In addition, volunteers and selected skilled workers in the community will receive training on building back better, to ensure they are properly equipped to support the families in putting up adequate structures, based on indicated standards.

In terms of household items, each family receiving support for shelter shall equally receive a determined amount for selected household items based on standards set in the [non-food item's guidelines of 2020](#), published by the Shelter Cluster Somalia.

SRCS will carry out a joint selection committee approach where the Shelter Cluster active members will participate in the selection through cluster recommended criteria and will share later the list of the beneficiaries with the cluster and the government to avoid duplication of services and other humanitarian actors fill the shelter gap, the selected list will be trained by SRCS with the shelter cluster guidelines.

In total, **USD 301** will be provided to each targeted family for shelter and household items support as detailed in below table:

Table 2: Cost value calculation for cash for shelter and HHI

Item description	Quantity per HH	Unit Cost in USD	Total in USD
Emergency shelter construction materials	1	213	213
Kitchen sets	1	20	20
Sleeping mat	2	7	14
Blankets	3	7	21
Buckets (10 L)	2	2.82	5.64
Jerrican (20 L)	1	2.20	2.20
Transportation of items	1	25	25
Total per household			300.84
Rounded up figure			301

NB: The cost of household items is based on the [Shelter Cluster Somalia Fact Sheet](#) of November 2020.

Activities to be implemented under this sector include:

- Conduct a market assessment and continuous monitoring, which shall guide any eventual review of the strategy by SRCS. During this activity, deployed volunteers shall proceed with targeting, supported by the joint selection committee.

- Activation of the financial service provider agreement with Golis Telecom, to ensure distribution of cash to targeted families
- Community engagement to ensure targeting criteria are well communicated to all households living in the targeted IDP sites. This will be supported by 5 volunteers for 2 sessions, during which they will use sensitisation material produced to inform communities on the target group, assistance, duration, modality, and use of the funds, to ease understanding by all groups (recipients and non-recipients).
- Selection of targeted families based on set criteria
- Training of 20 volunteers and 20 community skilled workers in shelter for 2 days, to support construction by families
- Distribution of cash grants to targeted families.
- Deployment of 20 volunteers and 20 skilled workers to support families with construction for 10 days, to ensure the families build following the shelter cluster requirements - to at least meet the minimum required standards for Type 2 shelter design. This will also ensure that SRCS can monitor the conditionality of the grant.
- Post distribution monitoring by 5 volunteers for 2 days, to be conducted 15 days after distributions.

2- Livelihoods and basic needs (Target: 500 households or 3,000 people (1,200 male and 1,800 female))

SRCS shall support targeted families using unrestricted cash, to meet their food and basic needs for two months, based on the latest [Minimum Expenditure Basket \(MEB\) market assessment](#) provided by the Food Security and Nutrition Analysis Unit (FSNAU) from September 2021. To determine the amount needed to meet the MEB needs, SRCS has used the cost of minimum expenditure basket (CMB) determined by the [Cash-based Intervention Main Markets of April 2022](#), which indicates recommends an average of **USD 90** per household per month for the Mudug region, where Galkayo is located. The MEB represents a minimum set of basic food items such as sorghum, vegetable oil, and sugar, comprising 2,100 kilocalories/person/day basic energy requirement for a household of 6–7 and household items such as water, kerosene, firewood, soap, and cereal grinding costs. The recurring cash disbursements are unrestricted but will mainly be intended for food, cooking items, and other basic needs since shelter support are provided through a separate cash grant as described above.

In addition, SRCS will include the cost of menstrual hygiene management packs (dignity kits) to 24% of the 1,800 females in the targeted 500 households, i.e., 432 women and girls of childbearing age, to serve for 3 months. There is a standard dignity kit in Puntland which is in line with the GBV standard operating procedure (SOP), which contains: 1 Somali dress, 1 Hijab (the head covering worn by Muslim women), 1 torch, 1 pair of batteries (explore the possibility for solar torches), 2 packets of sanitary pads, 3 pieces of bar soap and 2 panties. The estimated cost for each of these reusable dignity kits is **USD 20**, per amount allocated for past SRCS operations. This amount shall be included in the grant for basic needs, for a total of **USD 110** per family, provided on the first month of distribution only.

Cash disbursement will be done following the identification of most vulnerable households, registration and verification of targeted households, and relevant market assessments, and will be followed by post-distribution monitoring (PDM) exercises and market monitoring 15 days after each disbursement and lessons learnt ploughed back to improve the operation. To note, the same families receiving shelter support will be those receiving cash grants for food and basic needs.

Planned activities include:

- Conduct a market assessment and continuous monitoring, which shall guide any eventual review of the strategy by SRCS
- Engagement with FSP and activation of contract as well as necessary training of FSP
- Community engagement and sensitization on the use of cash support received to be conducted by 5 volunteers for 2 days
- Distribution of cash grants to 500 households for 2 months
- Post distribution monitoring by 5 volunteers for 2 days, to be conducted 15 days after each distribution.

Table 3: Number of disbursements and amount per month

Months	Purpose			Number of Households
	Description	Amount for disbursement	Total amount per month (USD)	
First month	Cash shelter construction materials and household items	301	411	250
	Cash for food and basic needs, including MHM	110		
	Cash for food and basic needs, including MHM	110	110	
Second month	Cash for food and basic needs	90	90	500

3- Health and care (Target: 736 households or 4,416 people)

The health care delivery system is very fragile in Puntland, with limited access to basic healthcare services, particularly among the rural, hard-to-reach areas, nomadic, and IDP communities. During the joint rapid assessment, it was observed that there was a risk of disease outbreak, as 22 cases of severe cases of Diarrhoea and 8 fever cases were recorded in most of the assessed settlements. All the severe diarrheal cases were referred to the nearest health facilities by SRCS ambulance. In addition to the above, the assessment highlighted the existence of reported measles cases identified before the emergency in the Samawade 2 IDP camp.

In response to the observed health situation, SRCS will deploy a mobile health clinic, to provide a range of clinical and community-based interventions as a contribution to the overall response to the health needs of the affected communities. The mobile clinic will be staffed with an Outpatient Department nurse, Midwife, Nurse in Child Health and Nutrition, and Expanded Program on Immunization nurse. This staff, which has already received training through the ongoing Hunger Crisis Emergency Appeal ([MDRSO011](#)), shall provide an integrated service including treatment of common diseases, Safe motherhood, EPI, Nutrition outpatient treatment, trauma management, and referrals. To note, the mobile health clinic deployed in the Mudug area during the above-mentioned emergency appeal was discontinued due to low funding, and the need for this new deployment is focused on the 18 IDP sites targeted.

SRCS has a sexual exploitation prevention strategy and health strategy, and there are some integrated components of SGBV service including Clinical management of rape, provision of dignity kits Psychosocial counselling, and prevention and mitigation of GBV in all SRCS health services.

Considering the drought and food insecurity situation in Somalia, coupled with suspected cases of measles in an IDP setting, SRCS will engage volunteers to conduct **health education** sessions on the symptoms of measles, where / when to seek care, and more importantly, where to access vaccination, which is the most important prevention method. Measles is common among displaced and famine-affected populations, and severity is common among groups that are malnourished.

Planned activities:

- Deployment of a Mobile Health Clinic at the site, to provide health services for two months. They shall ensure to refer any serious cases to the nearest health care institution while strengthening the community-based surveillance systems.
- Provision of locally procured mosquito nets for 500 households (2 per HH)
- Deployment of 15 volunteers twice a month for 3 months to conduct hygiene and health promotion sessions, with an emphasis on Measles as described above.

4- WASH (Target: 736 households or 4,416 people)

According to the rapid need assessment, almost 50+ latrines were destroyed, already fragile water sources deteriorated, and stagnant contaminated water is everywhere because of the rains which could contribute to the potentiality of possible outbreaks of vector and water-borne diseases. SRCS will implement the following activities to improve WASH conditions:

- Initial assessment and continuous monitoring in WASH needs, in coordination with other WASH actors in the area

- Community engagement on design and acceptability of WASH response and hygiene promotion activities through community meetings. Hygiene promotion will jointly be conducted with health education as highlighted and budgeted under the health sector.
- Procure and distribute Aqua tabs for water purification, sufficient for 90 days - based on Sphere standards, each person should have access to 5L of water per day. So, for a full month, each household will need 5L X 6 persons x 30 days, which sums up to 900 litres of water per month. Each tablet of Aqua tabs is meant to purify 20litres of pure water, as it is not good for turbid water. Thus, each household needs 45 tablets of Aqua tabs per month. Based on the above, a total of 22,500 tablets of Aqua tabs will be procured and distributed to 250 households to serve for two months. Buckets and jerricans for household water conservation and use will be procured by the families through the cash grants provided under shelter.
- Monitor the use of water purification tablets.
- Training of targeted communities on safe water storage and use of water treatment products
- Training of 20 volunteers for 1 day on latrine construction techniques. The same volunteers engaged in shelter training and construction will be put to service for this activity.
- Repair of 50% of the latrines that have been demolished during the stormy rains. As such, 20 emergency community latrines will be constructed, each to serve at least 20 people per day. Decommissioning of these latrines will also be catered for during the operational timeframe. Maintenance of these latrines will be ensured by the communities themselves, who shall also organize for cleaning up the settlements.
- Provision of 20 handwashing facilities for emergency latrines.
- Development of hygiene communication plan and training of volunteers on implementation.

5- Protection, Gender, and Inclusion (Target: 736 households or 4,416 people)

Most of the people remaining as IDPs in Galkayo are women and children as per the statistics on Galkayo musicality. Vulnerable groups are at risk of exploitation, psychosocial trauma, and sexual and gender-based violence (SGBV), particularly when no shelter is available. Housing units of host families may have limited access to basic facilities that are safe for women and children.

As such, PGI will be streamlined throughout the intervention, ensuring that volunteers receive adequate briefings during the various refreshers. SRCS will ensure that protection issues are taken into account and that everyone feels protected despite age, gender, and disability status. The National Society will conduct awareness-raising and orientation sessions on protection for volunteers. For the inclusion of everyone, engagement with people in the settlement site will be done to ensure that all the assistance is distributed equitably and impartially. Gender roles will be considered when setting up distribution times and dates as well as in hygiene promotion activities. As part of the needs assessment and analysis, a gender and diversity analysis will be included in all sector responses including Shelter, Livelihoods, Health, and WASH, to understand how different groups have been affected, which will inform any revision of the operational strategy.

The Ministry of Women and Family Affairs is coordinating PGI and GBV interventions, and SRCS will coordinate with the ministry on the registration of beneficiaries for their response, to ensure that particularly women, elderly people, and persons living with disabilities will be consulted with and targeted for the overall response. SRCS has sexual exploitation strategy and health strategy, which are integrated into activities. In addition, all sectors will seek to meet the [IFRC minimum standards for protection, gender, and inclusion in emergencies](#)

PGI concerns are essential to consider in FSL interventions, particularly CVA programming through mobile transfers as traditionally for the families which own a phone and sim card, it will belong to the male head of household. This brings implications of ensuring that the cash transfers reach the entire family, and considering additional burdens placed on women as receivers of cash transfers on top of other household duties. In this specific context, the majority of IDPs are women and children, but the engagement of both men and women including briefings on these concerns is still important to ensure inclusion. If the people with special needs are not fully engaged with the CVA intervention, they will be left behind uncared by their caretakers in search of their daily living and this may result in further deterioration of their situation.

Planned activities:

- Initial needs assessment and criteria selection
- Awareness sessions on the use of cash and choice of recipient for the family.

Community Engagement and Accountability (CEA)

Community engagement is an integral part of the planning, assessment, and implementation of all the activities. The affected communities will have an active role in implementing the SRCS' plan of action, distribution dates, and how they can give feedback to the SRCS on the implemented activities. Four SRCS Galkayo branch staff including the branch coordinator have recently received CEA training with the support of the Norwegian Red Cross. SRCS volunteers are the ones working in the communities where SRCS is operating, providing awareness sessions as well as focal points to collect community feedback and send it to the main branch for clarification and response. SRCS Galkayo branch has also established a short toll number where communities can call freely to provide their feedback. The feedback collected will feed into the monitoring data and will be shared widely with the cluster and government and solutions sought.

Communities will be consulted through the most appropriate channels to use for them to be able to provide their comments, and suggestions, or ask questions.

Exit Strategy: This operation is launched within a limited timeframe, which means SRCS needs to engage early on with the community to inform them of its timeline. To ensure a smooth exit, SRCS will ensure affected communities (i) are part of the decision-making process and are kept informed at each stage, (ii) know how they can ask questions and make their concerns felt at each stage of the process, (iii) know-how and where to get support when SRCS stops providing health care services through the mobile clinics and finally, (iv) know when SRCS is planning to end the operation.

In addition to the above, the National Society, shall where possible, link up the recipient communities or activities of this project, to other existing ones even if funding/implemented by partners. For instance, the SRCS will work with the WASH clusters to support the training of WASH committees through the WASH Cluster to ensure continuity of hygiene promotion in the camps and maintenance of the latrines provided. SRCS will also, where necessary, link the mobile clinics with existing health care facilities, with whom then will advocate for improved and proximity provision of health care services for these displaced communities. This shall be in a bid to maintain the provision of essential health services.

Operation Support Services

Human Resources: SRCS will deploy 40 volunteers (20 volunteers for shelter and WASH construction, 15 volunteers for health, and 5 volunteers for the post-distribution monitoring of cash distributions), alongside the 10 staff members working through the SRCS Galkayo branch. To ensure quality implementation, internal coordination will be led by the SRCS coordination office in Mogadishu, working through and closely with the affected Galkayo Branch in Puntland. The Disaster Management Director based in Mogadishu Coordination Office will provide leadership in the response and will be supported by IFRC Nairobi Cluster Delegation in providing technical support to the Branch and volunteers.

Galkayo Branch coordinator, the health officer, and youth and volunteers officer will conduct monitoring missions through the operation period to provide support to volunteers. In addition, operational supervision by the SRCS Puntland team (which has oversight of the Galkayo branch) will be ensured by the Operations and health manager, who shall conduct two 5-days missions each. IFRC Cluster delegation operation and health focal points will also support through field missions to ensure guidance on standards and support any eventual operational strategy update, based on the situation.

The IFRC Cluster Delegation in Nairobi will ensure that all Movement partners are informed of the response, with regular progress reports. Surge deployment might be needed, depending on how the situation evolves, and this need will be monitored and addressed accordingly.

Logistics Management and Procurement: Logistics services shall be provided by SRCS with technical support by the IFRC Cluster Delegation Logistics Officer with support from the Regional Office. All procurements will be done in line with SRCS/IFRC logistics/financial procedures and IFRC will provide procurement oversight and support, when required. The SRCS in Puntland has signed a framework agreement with Golis Telecoms, which has been tested in the 2020 Cyclone Gati and 2021 Drought and Hunger Crisis Emergency Appeal responses.

Planning, Monitoring, Evaluation, and Reporting: To ensure effective project implementation, continuous monitoring at the IDP site will be done by SRCS staff and volunteers. The Galkayo branch will be supported by the SRCS coordination office. Post-Disbursement Monitoring (PDM) will be conducted, and monthly updates will be provided on the progress of the planned activities, identified challenges encountered and remedial action taken during the operation.

Monthly monitoring missions will be conducted by SRCS staff through the branch to ensure smooth implementation of shelter, cash, health, and wash activities. The branch coordination team, made up of 4 persons based in Galkayo, will ensure supervision of volunteer activities throughout the implementation period. The SRCS operations officer, based in Garowe, shall provide operational coordination support due to his proximity to the implementing branch. The operations officer also acts as a cash focal point and will work closely with the health team of the SRCS. The overall operation will be supervised by the DM Director, based in Mogadishu, who shall equally conduct field missions. All relating costs will be covered through this operation.

The IFRC Cluster Delegation will follow up on the implementation of the operation through its team in Nairobi. The regional operations coordinator will ensure operational oversight and will conduct two missions (one monitoring visit and one for lessons learnt workshop). IFRC Nairobi Cluster Delegation has a health officer who provides technical support to the SRCS in the management of the mobile clinic. A lessons' learnt workshop will be conducted at the end of the operation. The IFRC Planning, Monitoring, Evaluation, and Reporting (PMER) unit will equally support the monitoring, Lessons Learned, and reporting activities while the Communications Unit will provide some support in documenting and disseminating the operation.

Finance and Admin management: The SRCS finance team with IFRC Finance Officer support shall oversee all financial requirements of the entire operation, in line with the DREF Procedures.

Security Situation Review: IFRC is not present in Puntland and the SRCS is leading the implementation of this operation. Coordination is done between IFRC and ICRC on security issues at a national level, and there is a division

in terms of support and mandate in specific areas of the country including Puntland. Nairobi Country Cluster Delegation extends management of operational activities and security for Kenya and Somalia operating from Nairobi.

Humanitarian staff in general face constant threats from militant attacks, abduction, landmines, and violent crime. Security in the capital Mogadishu and other cities remains heavily dependent on African Union support. Many areas of southern and central Somalia can best be defined as conflict zones, where overland travel is highly hazardous. The travel risks in the autonomous region of Puntland and the self-proclaimed independent state of Somaliland – particularly the city of Hargeisa – are lower, largely due to the capability of the local security forces and the lower risk of militancy. However, periodic clashes along Somaliland's undefined eastern border with the semi-autonomous Puntland region and the presence of militants in the Galgala mountains highlight the dangers of travel in this area.

Puntland (except Bosaso): EXTREME - While Puntland generally experiences a much lower frequency of security incidents than south-central Somalia, there has been a notable increase in militant activity since 2016. At least two militant factions have demonstrated the capability and intent to carry out attacks, particularly in areas outside the commercial capital, Bosaso, including the temporary seizure of territories. In addition, infrastructure (including viable ports of departure), law and order, and emergency response are negligible in much of the territory, thereby exacerbating the risks posed by crime, communal violence, and tribal tensions. The autonomous regional government is largely capable of upholding security in Bosaso, rated HIGH for travel risks where business-critical journeys are still possible. However, the Puntland government lacks the capacity to prevent and respond to security incidents in other areas. Security Assessment has been conducted for Puntland by the RSU whereby Puntland entirely remains on the RED security phase with NO presence.

Bosaso (Puntland): HIGH - In Puntland's commercial capital, the authorities generally maintain the capability to manage and respond to threats, though the city has been previously targeted in militant attacks and subject to bouts of violent unrest. The availability of assistance providers, comparatively secure accommodation, as well as accessibility to a port of departure with international flight options, inform the retention of a lower travel risk rating when compared to the rest of Puntland. According to the same security assessment, Bosaso and Garowe's security status is set at the ORANGE security phase. Occasional and short-term missions for international personnel are possible, based on thorough pre-mission security reviews and liaison with the Puntland-based security contacts of the Somali Red Crescent.

To be able to expand operational capacities in a highly insecure operational context a defined level of operational, administrative, and logistics is to be established on the ground – led by substantial security capacities on the ground with security infrastructure built around.

At the current level of development, the RSU has been extending support to the Somalia operations, led by the principles of the MSR Policy the security classification of Somalia, namely Puntland requires several arrangements to be implemented in terms of HR, admin, and telecommunications in the security field. For temporary and short-term deployments, the recommendation will remain - experienced IFRC staff with completed Stay Safe Security courses on set mission monitoring while in Puntland.

The IFRC security plans will apply to all IFRC staff throughout. 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. Minimum Security Requirements (MSR) are in place for Somalia.

To enable current and future expansion of humanitarian support in Puntland and other parts of Somalia need direct investment in terms of security arrangements set across the planned operational districts, with components of enabling active security presence in HR, admin, log, and telecom enabling a safer scale up on the ground.

Administration and Finance: A Memorandum of Understanding (MoU) will be signed between the SRCS and IFRC Nairobi Country Cluster Delegation, which will articulate the roles and responsibilities of each party in the implementation of this DREF operation; and ensure that the agreed DREF procedures are complied with, specifically in terms of its use, and reporting. The management of the DREF allocation will be carried out following the existing IFRC and SRCS procedures.

Business Continuity: A business continuity plan (BCP) is to ensure critical functions of SRCS do not stop during the implementation of the emergency response. To ensure minimal disruption, ongoing business continuity support from IFRC regional office will be provided by working with the Country Cluster Delegation.

C. Detailed Operational Plan



Shelter

People targeted: 1,500 people (250 HHs)

Male: 600

Female: 900

Requirements (CHF): 92,746

Population to be assisted: The intervention will target 1,500 individuals (250 households) who have been recently affected by the stormy rains.

Programme standards/benchmarks: This operation will seek to meet the Somalia Shelter Cluster [shelter kit guidelines](#) and [non-food items guidelines](#) of 2020 on provision of emergency shelter, with due considerations to the [minimum standards for PGI in emergencies](#).

P&B Output Code	Shelter Outcome1: Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions	% of affected people provided with access to emergency shelter support and HH items for their basic needs (Target: 34% or 250 HH)															
	Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families through cash.	<ul style="list-style-type: none"> # of affected people provided with access to emergency shelter support and HH items for their basic needs (Target: 1500 people) % of people who during PDM reports being satisfied with the distribution process of shelter and HH items (Target: 80%) 															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP005	Coordination with government and other stakeholders																
AP005	Activation of the FSP agreement																
AP005	Engagement with community and most at risk groups on design and acceptability of shelters response modality.																
AP005	Conduct market assessment																
AP005	Selection of targeted families based on set criteria and beneficiary registration																
AP005	Distribution of cash to support the affected households to build their own houses.																
AP005	Technical guidance and support to targeted households on safe shelter construction and protection concerns																
AP005	Continuous monitoring																
AP005	Post distribution monitoring																
P&B Output Code	Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households	<ul style="list-style-type: none"> # of volunteers and community skilled workers trained on safe shelter design, Target: 40 (20 volunteers and 20 community skilled workers) # of targeted families provided with technical support for shelter construction (Target: 250 HH) 															
		Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP006	SRCS to receive technical guidance on safe shelter design and settlement planning from the shelter cluster																

AP006	Training of volunteers and skilled community workers																			
AP006	Volunteers support emergency shelter construction																			
AP006	Evaluation of adoption of technical guidance																			



Livelihoods and basic needs

People targeted: 3,000

Male: 1200

Female: 1800

Requirements (CHF): 107,493

Population to be assisted: The intervention will target 3,000 individuals (500 households) who have been recently affected by the stormy rains are in need of food and basic needs support.

Programme standards/benchmarks: The operation will seek to meet the needs based on the on the latest [Minimum Expenditure Basket \(MEB\) market assessment](#) provided by the Food Security and Nutrition Analysis Unit (FSNAU) from September 2021. Amount planned to meet the cost of minimum expenditure basket (CMB) is determined by the [Cash-based Intervention Main Markets of April 2022](#), which indicates recommends an average of **USD 90** per household per month for Mudug region. This will be applied with due considerations to [IFRC minimum standards for protection, gender and inclusion in emergencies](#).

P&B Output Code	Livelihoods and Basic Needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods	# of households who have their food, basic household needs and dignity kits covered through multipurpose cash transfers (target: 500 HH)															
	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs	% of targeted people who during PDM report being satisfied with cash distribution process (Target: 80%)															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP081	Mobilisation of volunteers																
AP081	Activation of the FSP agreement																
AP081	Assessment, registration, and verification of beneficiaries																
AP081	Community engagement and sensitization on use of cash support received																
AP081	Distribution of unrestricted cash grants for both livelihood and dignity kits.																
AP081	Post-Distribution Monitoring and market monitoring																



Health

People targeted: 4,416 people (736 HH)

Male: 2,164

Female: 2,252

Requirements (CHF): 17,923

Population to be assisted: The operation will target 4,416 individuals (736 HH) which is the total affected people by the windstorm in the 18 IDPs with the health interventions.

Programme standards/benchmarks: The operation will seek to meet MoH standards.

P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	% of the affected population whose potential health risks are identified (Target: as needed)															
	Health Output 2.1: Improved access to health care for the targeted people.	<ul style="list-style-type: none"> # of staffed mobile health clinics deployed (Target: 1) # of hygiene and health education sessions conducted (Target: 6 sessions) # of targeted people reached with health care services (Target: 4,416 people) # of families reached with mosquito nets (Target: 500 HH) 															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Continue monitoring and assessment of health risks and needs in coordination with the ministry of health.	■	■														
AP022	Deployment of a Mobile Health Clinic at the site, to provide health services for two months.	■	■	■	■	■	■	■	■								
AP022	Deployment of 15 volunteers for twice a month for 3 months to conduct hygiene and health promotion sessions	■	■	■	■	■	■	■	■	■	■	■	■				
AP022	Procurement of vehicle rent for the mobile clinic staff	■	■	■	■	■	■	■	■								
AP022	Provision of locally procured mosquito nets for 500 households (2 per HH)	■	■														
AP022	Distribution of the mosquito nets to the beneficiaries			■	■												
AP022	Post-Distribution Monitoring					■	■										



Water, sanitation, and hygiene

People targeted: 4,416 people (736 HH)

Male: 2,164

Female: 2,252

Requirements (CHF): 29,234

Population to be assisted: The operation will target 4,416 individuals (736 HH) which is the total affected people by the windstorm in the 18 IDPs with WASH interventions.

Programme standards/benchmarks: This operation will seek to meet Sphere standards for use of emergency latrines, which is 20 people per latrine per day.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	% of people who have access to improved WASH services (Target: 100% or 4,416 people)
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities	# of assessments carried out (Target: 2)

Activities planned (weeks)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Conduct baseline assessment of the WASH situation and needs in targeted communities	■	■														
AP026	Continuously monitor the WASH situation in targeted communities			■	■	■	■	■	■	■	■	■	■				
AP026	Coordinate with other WASH actors on target group needs and appropriate response.	■	■	■	■	■	■	■	■	■	■	■	■				
P&B Output Code	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	<ul style="list-style-type: none"> • % of targeted households who are found to have treated their drinking water during households' survey (Target: 34%) • # of households who have received cash for water collection storage items (Target: 1,500 people) 															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Procure Aqua tabs for water purification, sufficient for 60 days	■	■														
AP026	Distribute household water treatment products (aqua tabs) sufficient for 60 days			■	■												
AP026	Training targeted communities on safe water storage and safe use of water treatment products			■	■												
AP026	Monitor treatment and storage of water through household surveys and household water quality tests.							■	■	■	■	■	■				
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	<ul style="list-style-type: none"> • # of latrines constructed (Target: 20 latrines) • # of handwashing facilities provided (Target: 20 hand washing facilities) • # of people who now access to emergency latrines (Target: at least 20 people per day per latrine) • % of emergency latrines provided, which are reported safe for women and girls (Target: 100%) 															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP028	Training of 20 volunteers on emergency latrines construction for 1 day	■	■														
AP028	Construct 20 emergency toilets in public areas for community			■	■	■	■										
AP028	Construction and maintenance of handwashing facilities			■	■	■	■										
AP028	Decommissioning of latrines							■									
AP028	Monitor access and use of sanitation facilities provided							■	■	■	■	■	■				



Protection, Gender and Inclusion

People targeted: 4,416 people (736 HH)

Male: 2,164

Female: 2,252

Requirements (CHF): 0

Population to be assisted: 4,416 people or 736 households

Program standards/benchmarks: The operation will seek to meet [IFRC minimum standards for protection, gender and inclusion in emergencies](#).

P&B Output Code	Protection, Gender & Inclusion Outcome1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	# of IDPs reached with PGI intervention (Target: 4,416)															
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	# of assessments conducted (Target: 1)															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP031	The assessment of all components will integrate PGI																
P&B Output Code	Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.	# of awareness raising sessions conducted for volunteers (Target: 1)															
		Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP033	Briefings to staff and volunteers involved on Code of conduct, sexual exploitations and abuse and safe referral of SGBV cases including child protection concerns																
AP033	SRCS volunteers raise awareness on prevention of SGBV and conduct referrals of SGBV survivors																

Strategies for implementation

Funding requirements (CHF): 25,467

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	% of volunteers insured (Target: 100%)															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of volunteers provided with PPE (Target: 40 volunteers)															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure volunteer insurance																
AP040	Procure and provide volunteer PPE																
AP040	Brief volunteers on their roles, responsibilities and risks they face																

P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved.	<ul style="list-style-type: none"> • % of affected families which are informed about SRCS actions (Target: at least 70%) • # of community feedback mechanism set up and operational (Target: 2 including 1 toll number and one on site) • % of feedback collected which is acted upon (Target: at least 80%) • % of the targeted families which are made aware of the exit modality of the operation (Target: 100%) 															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	Setting up engagement sessions to consult and inform the community																
AP084	Community feedbacks are established, and feedback acted upon and used to improve the operation																
AP084	Actioning the exit strategy																
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.	<ul style="list-style-type: none"> • # of monthly monitoring visits planned by implementing Branch in Galkacyo (Target: 3) • # of monitoring visits by supervising SRCS in Garowe (Target: 2) • # of IFRC field visits (Target: 2 visits) • # of lessons learned workshop conducted (Target: 1 LLW) 															
	Activities planned (weeks)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP055	Revise Emergency Plan of Action based on interagency assessments and ongoing monitoring																
AP055	Continuous monitoring of activities by SRCS and IFRC																
AP055	Lessons learned workshop																

Funding Requirements

The overall amount allocated for the implementation of this emergency plan of action is CHF 279,229 as detailed in the below budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs
(CHF)

DREF OPERATION

MDRSO014 - SOMALIA - Gu' Rains and Windstorm, North
Galkayo

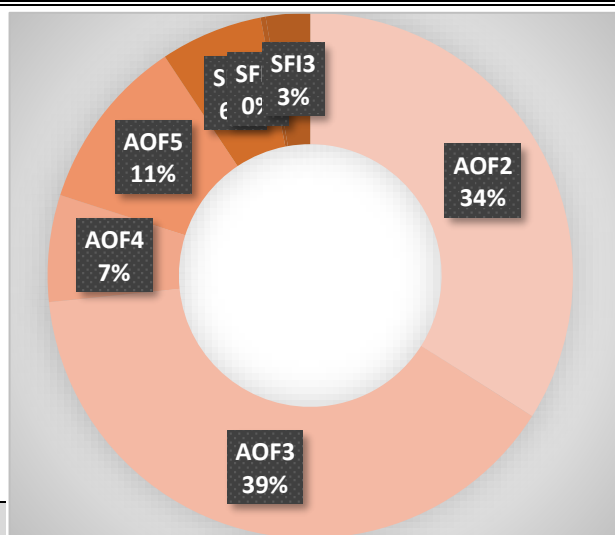
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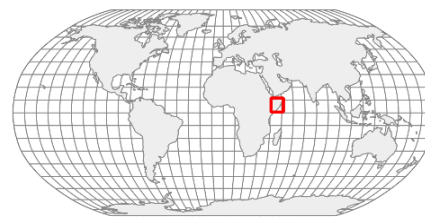
Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	24,561
Medical & First Aid	7,572
Teaching Materials	498
Cash Disbursement	176,360
Relief items, Construction, Supplies	208,991
Distribution & Monitoring	2,690
Transport & Vehicles Costs	5,480
Logistics, Transport & Storage	8,170
National Society Staff	10,053
Volunteers	8,071
Personnel	18,124
Professional Fees	299
Consultants & Professional Fees	299
Workshops & Training	8,071
Workshops & Training	8,071
Travel	6,975
Information & Public Relations	1,495
Communications	598
Financial Charges	8,967
Other General Expenses	498
General Expenditure	18,532
DIRECT COSTS	262,187
INDIRECT COSTS	17,042
TOTAL BUDGET	279,229

Budget by Area of Intervention

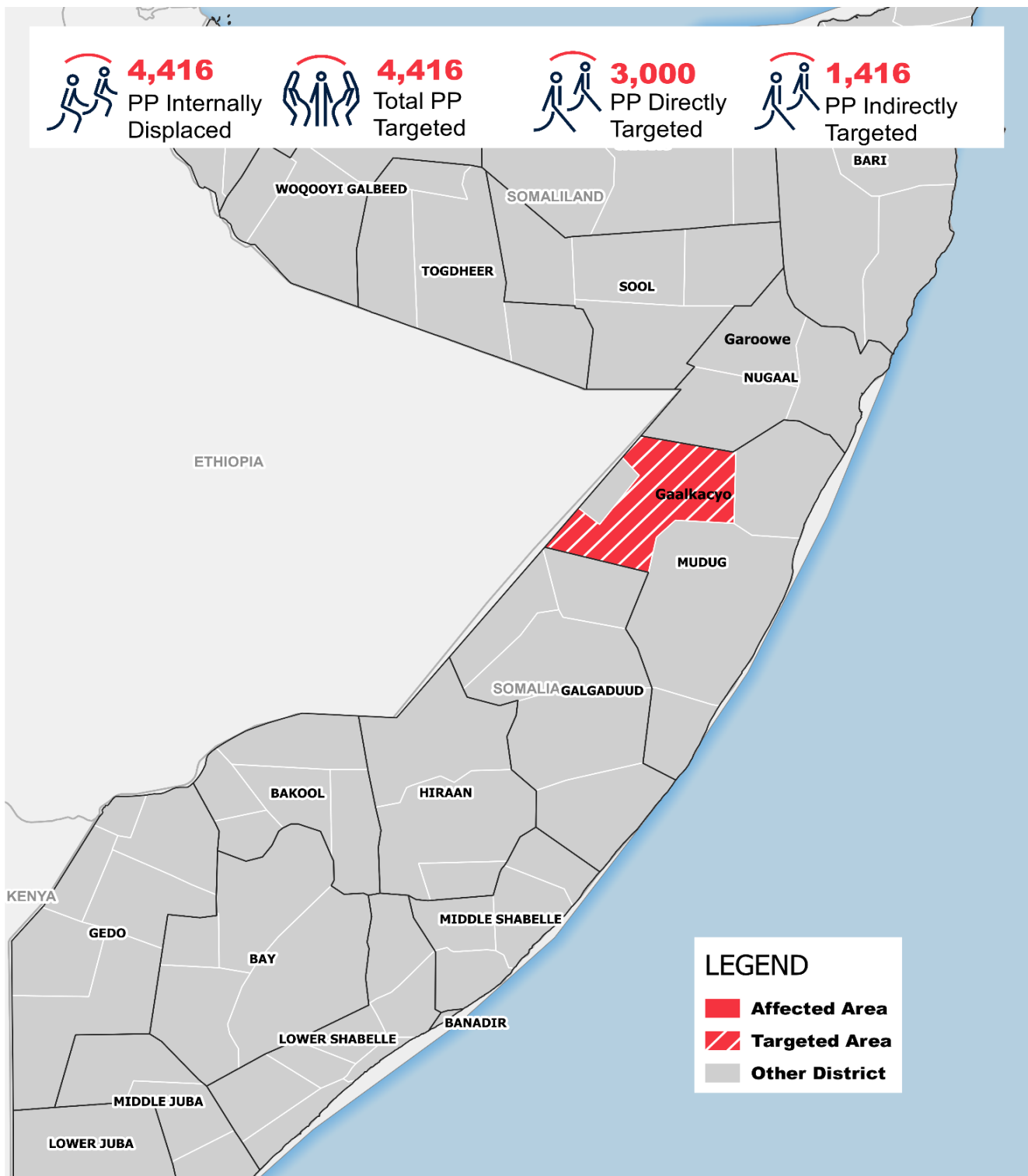
AOF2 Shelter	92,746
AOF3 Livelihoods and Basic Needs	107,493
AOF4 Health	17,923
AOF5 Water, Sanitation and Hygiene	29,234
SFI1 Strengthen National Societies	17,190
SFI2 Effective International Disaster Management	849
SFI3 Influence others as leading strategic partners	7,428
TOTAL	279,229



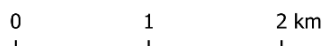


Somalia : Rains and Windstorm

19 May 2022 • VW-2022-000214-SOM



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM Somalia RC IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



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How we work

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