



*Nutrition Screening in a health clinic, Bosaso- Puntland*

Appeal No: <b>MDRSO011</b>	To be assisted: <b>560,000 people</b>	Appeal launched: <b>17/07/2021</b>
Glide No: <b>DR-2021-000054-SOM</b>	DREF allocated: <b>451,800 CHF</b>	Disaster Categorization: <b>Red</b>
Operation Start date: <b>15/05/2021</b>	Operation End date: <b>31/12/2023</b>	
Operational Strategy Revision	Revision #2	Date: <b>31/10/2022</b>

**IFRC Secretariat Funding requirement: CHF12,000,000**  
**Federation-wide funding requirement: CHF 24,000,000**

## TIMELINE

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- May 2021:** The government of Somalia declares a National Emergency due to the drought and calls for support
  - May 2021:** IFRC issues a DREF for CHF 451,800 responding to the needs of 120,936 people over 4 months
  - July 2021:** IFRC issues an Emergency Appeal for CHF 8.7 million in Puntland and Somaliland
  - November 2021:** The Federal Government of Somalia declares the drought a state of emergency
  - January 2022:** The Somaliland Vice President's Office declares the drought a state of emergency in Somaliland
  - March 2022:** IFRC revises its Emergency Appeal for CHF 14 million targeting 560,00 people for 24 months
  - May 2022:** A fourth consecutive rainy season has largely failed across the country for the March-April-May rains
  - September 2022:** FEWS.net warns that 6.7 million people across Somalia are expected to face Crisis (IPC Phase 3) or worse acute food insecurity outcomes between October and December 2022.
  - September 2022:** The IFRC launches the Africa Hunger Crisis Emergency Appeal seeking CHF 205 million (Federation-wide) to support 7.6 million people across 14 countries, with Somalia seeking CHF 24 million to support 560,000 people.

## OPERATIONAL STRATEGY REVISION

This Operational Strategy (OS) is a revision of the [Operational Strategy 1](#) published on 20/05/2022, aiming to reflect the critical deterioration of the food security situation across the country. Since the IFRC Hunger Crisis Emergency Appeal launch in July 2021, the number of people estimated to be in crisis-level food insecurity (IPC Phase 3) has risen from 3.5 million to a staggering 6.7 million in September 2022, despite humanitarian efforts. Latest weather forecasts predict an unprecedented fifth consecutive poor rainfall season for the October-November-December rains and an increased chance of below-average rainfall in early 2023. With these predictions, the extreme drought and its impacts are expected to propel well into 2023<sup>1</sup>. **With the stark increase in humanitarian needs, a continued deterioration of the drought and compounding factors, and a plateau in humanitarian funding for Somalia, this revised OS seeks to scale up life-saving efforts to meet the critical need for response to the hunger crisis.** The [Regional Operational Strategy has been published](#) covering 14 countries with Somalia seeking CHF 24 million. The timeframe remains unchanged, but the modified OS underlines the small window of opportunity available to starve off famine and the urgent need to scale up emergency response across SRCS operational areas in Puntland and Somaliland.

### Operational Priorities

- Urgent need to scale up emergency response across SRCS operational areas in Puntland and Somaliland.

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<sup>1</sup> FEWS.net, 5 September 2022

- Priority actions: scale up ongoing multipurpose cash grants to address people’s basic needs and protect their livelihoods, provision of water for human and animal consumption, mobile health clinics and nutrition screening.
- Ensure the coordination is Federation Wide with SRCS in the lead and coordination with all partners.

## DESCRIPTION OF THE EVENT

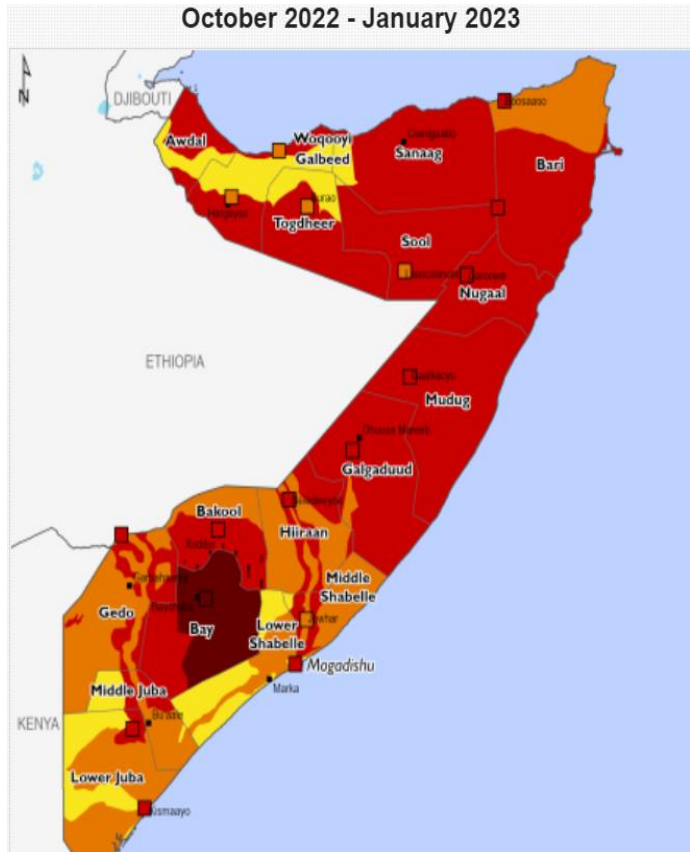
**Four consecutive poor or failed rainy seasons, escalating food prices, and drought and conflict-induced population displacement have declined the coping capacity of poor and vulnerable populations across Somalia, driving widespread and critical food insecurity.**

Extreme drought has left Somalia on the verge of a humanitarian catastrophe, driving widespread food insecurity and malnutrition, destroying crops and livestock, and forcing many people to leave their homes for food and water.

Consecutive shocks have deteriorated the resilience of an already vulnerable Somali population. Decades of conflict, recurrent climatic shocks, and families still recovering from a 2011 famine resulting in the deaths of about 250,000 people, followed by the Extreme drought in 2017, have eroded sustainable livelihoods, environments, and community resilience.

The current hunger crisis is compounded by several consecutive crises over the past two years, including COVID-19, a severe desert locust outbreak in 2020, floods, and recurring disease outbreaks such as measles, cholera, and dengue fever. The harmful economic stimulus by developed countries during the COVID-19 epidemic, exacerbated by the Ukraine-Russia crisis, has produced critical implications, as Somalia relies on imports from Russia and Ukraine for up to 90% of the country’s wheat supply. With escalating food prices, households also face declining purchasing power due to rising. The recent devastating disasters, such as the Pakistan floods in August, and continuing humanitarian catastrophes in Yemen and Afghanistan, also called for a diversion of available humanitarian aid to these parts of the globe.

The Federal Government of Somalia and the Vice President’s Office of Somaliland declared the drought a state of emergency, calling for international support. While early 2022 saw an increase in food delivery assistance, the currently available funding levels indicate that humanitarian food delivery assistance is expected to reduce by half in November-December 2022<sup>2</sup>. To prevent famine, there is an urgent need for scaling up integrated humanitarian aid, including cash and voucher assistance, nutrition, WASH, and health-related interventions. The quality of funding is also crucial to ensure life-saving impact and support early recovery, meaning that flexible, predictable, and sufficient funding is the key to an effective response<sup>3</sup>.



IPC v3.1 Acute Food Insecurity Phase  
 1: Minimal 2: Stressed 3: Crisis 4: Emergency 5: Famine

<sup>2</sup> IPC Multi Partner Technical Release on Somalia Post-Gu Assessment, 12 September 2022

<sup>3</sup> IRC Press Release, September 5, 2022

# The severity of humanitarian conditions

## 1. Food insecurity

Approximately 6.7 million people across Somalia are expected to face high levels of acute food insecurity (IPC Phase 3 or above) between October and December 2022. This includes 2.2 million people who are expected to be in Emergency (IPC Phase 4) and at least 300,000 people in Catastrophe (IPC Phase 5). These projections reflect the population in need of urgent assistance after accounting for already planned assistance for October to December 2022. The food basket cost has risen 36% in Somalia, forcing families to sell their properties and assets in exchange for food and other life-saving items<sup>4</sup>. While the country is currently going through the Deyr rainy season (oct-dec 2022), only light to moderate rains are observed in the middle and southern regions while it is still limited in the northern regions of Somaliland and Puntland. A below-average rainy season will confirm the prediction from the IPCWG and will worsen the food insecurity of the population for the coming months of 2023.

## 2. Nutrition and health

Through 2021 approximately 1.2 million children under the age of five were estimated to be acutely malnourished, a number which has now risen to an estimated 1.8 million for July 2022 to June 2023. This figure represents 54.5% of the total population of children in Somalia and includes 513,550 children who are likely to be severely malnourished<sup>5</sup>. Acute malnutrition case admissions among children under age five rose significantly in 2022, with entries between January to July substantially higher in 2022 than in the preceding three years (43%, 66% and 84% higher than in 2021, 2020 and 2019, respectively).

Higher malnutrition rates put communities at higher risk of multiple diseases, including acute watery diarrhoea, cholera, malaria, measles, and dengue fever. Healthcare services and nutrition screening are extremely limited for poor, nomadic, and internally displaced communities.

## 3. Water scarcity

As of 07 July 2022, an estimated 6.4 million people were facing acute water shortages (an increase from 4.2 million in April 2022). Water reservoirs, berkads, shallow wells, and boreholes are drying out, and fuel for motor-driven boreholes is scarce. This has led to the depletion of water sources and pasture degradation. Communal boreholes are urgently in need of upgrading to restore their functionality<sup>6</sup>. Water scarcity for humans and livestock is increasing trekking distances to water points and driving displacement. Poor sanitation services have been reported, particularly for IDP camps, exacerbating disease outbreak risk. Furthermore, the poor conditions of camels used to transport the water from water sources for nomad families are also constraining access to water sources.

## 4. Compounding risks & vulnerabilities

**Increased displacement:** From January 2021 to the end of September 2022, an estimated 1.170.842 people have been displaced by the drought in search of food, water, livelihoods, and pasture<sup>7</sup>. IDPs live in spontaneous and cramped settlements with limited access to essential services and livelihood opportunities, putting them at higher risk of food insecurity and disease.

**PGI:** Over 80% of those displaced are women, children and the elderly. Due to the long walks by women and girls in search of water, firewood and food, there has been an increase in SGBV cases being reported. In some locations, especially in IDP settings and rural communities.

**Increased natural resource-based conflict:** Due to the scarcity of natural resources – pasture and water – there has been a rise in inter-communal conflict, which further drives displacement and access constraints.

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<sup>4</sup> [WFP, 19 April 2022](#)

<sup>5</sup> FSNAU Nutrition Update, 21 October 2022

<sup>6</sup> UNICEF WASH Cluster Situation Report, 07 July 2022

<sup>7</sup> Somalia Drought Displacement Monitoring Dashboard, September 2022

# CAPACITIES AND RESPONSE

## 1. National Society response capacity

### 1.1 National Society capacity and ongoing response

#### National Societies response

The Emergency Appeal targets **six** regions of Somaliland and **three** areas of Puntland. SRCS is operational in these regions through nine branches – three in Puntland under the Mogadishu Coordination Office and six in Somaliland under Hargeisa Coordination Office.

The Somali Red Crescent Society (SRCS) is an independent, non-political humanitarian organization. It was established in April 1963 and became legal following Presidential Decree No. 187 in 1965. SRCS has operated continuously throughout the country's civil war and political divide and is credited for its unity as one National Society. It operates through a network of nineteen branches (including South Central Somalia) with activities spread across the country. It has unique and continued humanitarian access to a country heavily impacted by inter-clan and regional armed conflict through a network of branches. Through these branches, more than 4,500 active SRCS volunteers are well-placed to engage communities due to their diversity (the existence of almost equal numbers of male and female volunteers of varying ages within the SRCS) and the high degree of trust afforded to them. SRCS's Integrated Health Care Program (IHCP), with its network of static and mobile health clinics across the country, is a critical provider of health care in the country. As an established and well-networked national actor, SRCS plays a crucial role in reaching the most vulnerable population (incl. IDPs and remote, hard-to-reach communities) throughout the country in delivering humanitarian aid through its permanent local presence. The National Society is credited for its unity as one National Society, notwithstanding the fragile nature of the country.

Through the [Emergency Appeal](#), the SRCS has carried out activities shown on [the dashboards](#). All the operations are based on lessons learnt from the previous food security response; particularly the last Emergency Appeals Somalia Drought 2011-13 and Somalia: Complex Emergency 2016-18.

SRCS leverages its broad community acceptance and comprehensive access to communities through its network of volunteers, which facilitates access to hard-to-reach communities. SRCS remains the active frontline organization delivering life-saving support to vulnerable people throughout the country. SRCS, with support from the partners, has reached more than 500,000 people with various support such as multipurpose cash, non-food items, limited infrastructure rehabilitation (16 water catchments, water trucking, fuel subsidies for borehole pumps, five boreholes are being rehabilitated, distribution of water chemicals and WASH NFIs (soap, buckets etc), Hygiene Promotion, and life-saving primary healthcare (incl. nutritional support to severely malnourished children).

SRCS mobile clinics continue working in hard-to-reach areas and provide healthcare services to thousands of deprived people, including nutritional support, community surveillance systems, and Ante-Natal services.

The emergency response must continue addressing the underlying causes of undernutrition – including access to and use of drinking water and sanitation services and improved hand and food hygiene. Rehabilitation of WASH infrastructure, especially rehabilitation of old and construction of new boreholes, is being requested by stakeholders even if that is time-consuming, and alignment with **OneWASH** programs and/or **Zero Hunger** Initiative is vital.

Enhanced PGI and CEA components are being reinforced throughout the operation, which is not only sensitization and training but requirements regarding the enhanced Federation-wide reporting, gender-disaggregated reporting data and screening of all activities by the CEA and PGI technical staff.

Cash component's Post-Distribution Monitoring and assessments have proved that cash is a fast and effective tool to provide support to the victims in critical times.

SRCS has a very good reputation and has no problems with acceptance and humanitarian access. IFRC, through this operation, continues to support the strengthening of SRCS in aspects related to disaster response, NSDD, Humanitarian Diplomacy and advocacy.

## 1.2 Capacity and response at the national level

The SRCS has been working closely with the Government, relevant stakeholders, and other agencies to ensure that there will be no duplication of interventions or activities. The Government Disaster Response agencies, the National Environmental Research and Disaster Preparedness Authority (NERAD) in Somaliland, and the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) 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, the Ministry of Agriculture, and the Ministry of Water Management in both Somaliland and Puntland.

## 2. International capacity and response

### 2.1 Red Cross Red Crescent Movement capacity and response

#### IFRC membership

IFRC has a Country Cluster Delegation based in Nairobi, covering Somalia and Kenya, to support operations and response. The IFRC has an operations manager in the Hargeisa Coordination Office who is mobilizing RCM surge capacity and other resources to support the scale-up of the operation.

A [DREF](#) was launched. The IFRC launched a DREF to support the SRCS to initially focus on Food Security and Livelihoods (FSL) and Health and Nutrition support. This was scaled up to the [Emergency Appeal](#) on 19 July 2021, with a focus on FSL, Health, Disaster Risk Reduction (DRR), and Protection, Gender, and Inclusion (PGI). The [Emergency Appeal](#) was revised on 29 March 2022.

#### Partner National Societies

SRCS has several Partner National Societies based in-country or supporting remotely. The table below shows an overview of bilateral support from partners to the drought response:

Partner	Location	Activity / Status
German Red Cross	Somaliland	Cash assistance (EUR0.5m supporting 1,500 households over three months)
Finnish Red Cross (through ECHO PPP)	Somaliland and Puntland	Cash assistance (EUE1.6m supporting 1,950 households over five months)
Qatar Red Crescent	Somaliland and Somalia	Cash assistance (supporting 8,747 households)
Kuwait Red Crescent	Puntland	In-kind food (\$20,000, supporting 152 households)
Swedish Red Cross	Somaliland and Puntland	Health clinics (2 in Somaliland and 2 in Puntland)
Finnish Red Cross	Somaliland and Puntland	Health clinics (4 in Somaliland and 3 in Puntland)
Icelandic Red Cross	Somaliland	Health clinics (1 in Somaliland)
Norwegian Red Cross	Somaliland and Puntland	Health clinics
Danish Red Cross	Somaliland and Puntland	Health clinics (1 in Somaliland)
Canadian Red Cross	Somaliland	Community-based Surveillance, Epidemic Preparedness and Control

#### ICRC

The ICRC is present in South Central Zone, Hargeisa in Somaliland, and Garowe in Puntland, focusing primarily on economic security, health, water, and habitat programmes. IFRC and ICRC coordinate regularly and support the National Society. ICRC relief operations in Puntland/Galumudug/in Somaliland are reaching 32,987 families with multipurpose cash grants in 2022.

## 2.2 International Humanitarian Stakeholder capacity and response

UN OCHA coordinates the 2022 Somalia Humanitarian Response Plan (HRP), which seeks about US\$1.5 billion to assist 5.5 million of the most vulnerable Somalis. As of 1 September, total incoming funding: US\$1,032,179,483, Total requirements: US\$1,457,795,661, Coverage: 70.8%. The actions of this Operational Strategy are in line with the HRP, and the IFRC/SRCS participates in the regional coordination meetings hosted by OCHA ROSEA.

SRCS works closely with other humanitarian actors through participating by participating in joint assessments, attending coordination meetings, and filling gaps. The Somalia [Food Security Cluster](#) is currently activated, and the Regional Humanitarian Response Team (RHPT) led by OCHA ROSEA is following the drought emergency across the Greater Horn of Africa Region.

## 3. Gaps in the response

The humanitarian needs across Somalia far outweigh the currently available funding for humanitarian efforts. As such, there are urgent gaps in lifesaving activities in all the sectors covering the Emergency Appeal and beyond. Of particular concern are a significant proportion of IDPs facing moderate to large food consumption gaps through December 2022. Most of the main IDP settlements across Somalia are classified as Emergency (IPC 4 between October and December 2022). These include IDP settlements in Bosaso, Gardho, Garowe, Galkacyo, Dhusamareb, Beletweyne, Mogadishu, Dollow, Dhobley (Afmadow) and Kismayo. Baidoa IDP settlement is projected to face Famine (IPC Phase 5).

The urban poor across Somalia – who already spend a disproportionately large amount of their income on food (60-80%) – continue to struggle to feed themselves in the face of rising food prices. They have limited room to absorb the impact of further food price increases and have limited opportunities to expand their incomes. Declining labor wages and rising food prices have led to sharp declines in October and December 2022. Many urban areas are classified as Crisis (IPC Phase 3), including Bossasso, Garowe, Galkacyo, Dhusamareb, Baidoa, Dollow, and Kismayo.

The ability of communities to access health services, including maternal, newborn and child health services has been severely affected by the socioeconomic impact of the hunger crisis on households and communities, as well as the lack of adequate basic healthcare facilities across the country.

Due to increasing protection risks for communities including special groups such as women and girls who face a heightened risk of sexual exploitation and abuse, there is a need for Protection, gender and inclusion to be mainstreamed into the proposed action by ensuring the selection criteria based on vulnerabilities such as disabilities, age, gender and health conditions of the drought-affected communities to protect affected communities. Due to shame, stigma, low awareness of or access to services, and impunity, GBV incidents are often under-reported. There is a need to mainstream the acute protection needs of individuals, including persons with disabilities and older persons facing life-threatening risks of abuse, violence, exploitation, injury, and severe distress.

## OPERATIONAL CONSTRAINTS

### Security/Access

- In Puntland, two militant factions mainly present a risk, particularly in areas outside the commercial capital Bosaso, as well as risks of crime, communal violence, and tribal tensions. No areas are off limits for SRSC staff, but due to security concerns highlighted in the current MSR, internationals are not allowed to travel outside Garowe. However, Both the IFRC and the ICRC are now in the process of establishing sub-delegations in Garowe. An initial security assessment has been done and a surge security coordinator has been deployed to support further security assessments and planning as of November 2022

- Somaliland remains relatively peaceful and stable, but violent extremism presents a latent risk, particularly in the commercial capital of Hargeisa, as well as the risk of crime. No areas are off limits for SRSC staff, but some areas in Somaliland also remain inaccessible to internationals.

### **Compounding disaster and insufficient funding**

- Globally there has been an economic downturn, in part due to global crises, large-scale disasters and conflicts from 2019 to 2022, all of which have reduced the amount of funding available for any single crisis. This has been felt acutely by the funding needs for Somalia, which have remained well below the required levels to meet the needs at scale.
- The Government of Somaliland has yet to declare famine, although all indications are that this is impending. This hesitance is likely to hinder a more robust donor response.
- The risk of compounding disasters, including the risk of flooding during seasonal March-April-May and October-November-December rains and disease outbreaks, will further strain an underfunded response with the need for life-saving humanitarian assistance. Given the complexity of the humanitarian needs in Puntland and Somaliland, the unreliable funding coming in from few and short-termed donations are hindering the connection between purposeful life-saving response and early recovery of livelihoods. Should additional funds become available, there will also be a need to scale up support to the National Society in terms of human resources, infrastructure, logistics, finance, and admin.

## **SECURITY REVIEW AND MANAGEMENT SYSTEM**

The IFRC security plans will apply to all IFRC staff throughout the operation. 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 staff must complete the mandatory IFRC Stay Safe e-learning courses. HR will process the candidacies of delegates with advanced experience, background and skills operating in violent environments. Particular attention will be dedicated to risk mitigation by employing and delegating staff to Puntland and Somaliland from culturally similar neighbouring countries. Considering major threats in many of the affected areas which are militant activity, difficulty of road access in flood-affected areas, road traffic accidents, sporadic civil unrest due to increased economical/financial tensions and instability and rapidly worsening flood - adequate measures will be taken to ensure the safety and security of all RCRC personnel involved in this operation. This includes, but is not limited to, situation monitoring, regular or ad-hoc security/safety updates and advice, staff and movement tracking (i.e. via phone or SMS), security assessment in operation areas, pre-deployment security/safety briefs on the current security context, contingency plans, and the completion of the respective IFRC e-learning courses (i.e. Basic knowledge and prevention measures for responders, Personal Security, Security Management, Volunteer Security). The IFRC regional and country security team to keep close coordination with external humanitarian actors on the situation, particularly in the flood-affected areas.

UNDSS and INSO classify Garowe as a 'permissive' environment. This reality was echoed consistently by UN and NGO partners, who highlighted the relative stability of the security situation in Garowe and the strength of the State Government in maintaining this posture. Regardless, the threat environment in Garowe and the Nugaal region more generally, remains influenced by the threat of terrorism from AS as well as crime and clan-based conflict. AS continues to operate covertly in the region and exploits security vulnerabilities through kidnappings, vehicle-borne improvised explosive devices (VBIED), person-borne IEDs (PBIED) and grenades and through combinations of these to launch complex attacks Within Garowe, as well as in the rural areas of Nugaal, widespread community resistance against Islamist groups have been a critical factor in mitigating the escalation of AS or Daesh. AS sleeper cells are routed out by self-organized community groups who identify these elements and report them to the security forces. The strength and stability of the State government coupled with the community resistance to Islamist elements have contributed to Garowe's overall security stability. However, the situation is tenuous across the state and requires consistent monitoring and attention. For instance, recently there has been an escalation of fighting in the northern regions of Central Somalia, which has in the past forced

AS into southern Puntland to resupply and regroup. These movements have the potential to destabilize the security situation and, as such, require close attention and monitoring.

With plans of scaling up IFRC international staff in Puntland, the request and approval process to get clearance for movements into Red Phase Areas is being revised and will be formalized in due course. International staff travelling outside of Garowe territory will require the use of paid armed escorts. This will be organized by the SRCS.

Utilization of the Special Police Unit (SPU) for missions outside of Garowe is standard for the international community in Puntland. Rental of the vehicles is the responsibility of the hiring organization and provision of accommodation and meals is standard practice amongst NGO partners.

Currently, the Cluster deployed a Surge Security Delegate for an initial 3 months period with the clear tasking to assess, review and process the pre-conditions for a safe and sound operating structure to be put in place in Puntland/Somaliland. It will be followed by the recruitment of a permanent security delegate based full-time in Puntland/Somaliland to maintain the MSR and controls in place.

The entire MSR for the extending operation in Puntland is to be re-visited and aligned with the needs of the operation vs fluctuations of the security environment. Operating in Somalia requires a solid security management system with a well-functioning coordination mechanism in place.

The full range of risk mitigation measures should be revisited covering the entire range of operational management, finance and logistics, IT and physical presence with all aspects of associated security management measures in place protocolled through the review of Somalia MSR, implemented and verified.

In Somalia context, MSR review is due every 6 months.

## FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist to leverage the capacities of all members of the IFRC network in the country, to maximize the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in the response to the emergency event. This includes the operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

## OPERATIONAL STRATEGY

### Vision

Provide life-saving humanitarian response to the most vulnerable drought-affected communities, bridging into early recovery of livelihoods and resilience building, contributing to the Zero Hunger Initiative Goal 2030. This will be done by scaling up lifesaving activities such as multipurpose cash grants, livelihoods skills transfer, water source infrastructure rehabilitation and construction support for the provision of safe water and health screening and provision of supplemental and therapeutic feeding.

The common country analysis reflects the recognition that eradicating poverty and reaching zero hunger “will take the best of the upcoming decade in the most positive scenario”.<sup>8</sup> With the outlook aggravated by the “triple shock” of 2020 – the coronavirus disease pandemic, a desert locust infestation and devastating floods – the consensus among all stakeholders is to intensify a “triple nexus” approach: responding to urgent humanitarian needs while scaling up safety nets to provide broad coverage and contributing wherever possible to stabilization and peacebuilding efforts. For RCM, this includes recognizing the harmful links between human conflict and hunger and reaching those furthest behind – who in Somalia now number in the millions across displaced and nondisplaced communities in rural and urban settings. Based on the evidence, experience and lessons learned, harnessing its comparative advantage with the Government and partners across the triple nexus, IFRC proposes a strategy that will fulfil its humanitarian mandate and sustainably move affected populations onto a resilience path through fully integrated and interrelated operational outcomes. Given the limited available funding, strategic considerations will be made on providing reliable, medium-term lifesaving support for the most vulnerable families, aiming to cover humanitarian needs for a brief period and ensure impactful outcomes and early recovery. This will be done by targeting fewer households with more holistic and integrated approaches, where communities are supported with clean water and access to healthcare facilities, alongside the most vulnerable families being targeted with consistent and purposeful multipurpose cash grants and malnourished children given access to consistent therapeutic feeding care.

While the Emergency Appeal aims to bridge into longer-term resilience-building initiatives for communities, the life-saving response will take precedence over other activities until the budget for these activities is fully funded. This prioritization, however, highlights the importance of making life-saving assistance consistent, reliable, purposeful, and flexible

Several Partner National Societies currently operating in both Somaliland and Puntland are supporting emergency needs in FSL and health.

### Anticipated climate-related risks and adjustments in operation

Weather forecasts predict an unprecedented fifth consecutive poor rainfall season in late 2022 and increased chances of below-average rainfall in early 2023 in the eastern Horn of Africa, alongside warmer-than-usual conditions, which would prolong extreme drought and its impacts well into 2023<sup>9</sup>.

At the same time, poor distribution of the rains that come during the rainy seasons leaves some communities at risk of floods, as was experienced in October 2022 in Gardho Town of Puntland.

## Targeting

### 1. People to be assisted

The operation will cover vulnerable communities in the regions of Somaliland and Puntland, as per the table below:

	Districts	Population	Crisis IPC3	Emergency IPC4	Catastrophe IPC5	IPC3+	Overall target
Somaliland	Maroodijex	1,101,245	182,050	80,910	3,460	266,420	60,000
	Sahil	293,243	43,260	20,650		64,360	14,000
	Awdal	557,046	97,470	43,770		141,240	32,000
	Togdheer	626,804	163,020	72,720	4,430	240,170	55,000
	Sool	480,744	120,860	66,670	2,740	190,270	43,000
	Sanaag	375,418	127,000	79,550		206,550	47,000

<sup>8</sup> 1 United Nations Somalia. Common country analysis 2020.

<sup>9</sup> Crop Monitor for Early Warning, No. 74 – August 2022

Puntland	Bari	1,079,082	271,780	106,000		377,780	86,000
	Mudug	1,287,567	401,600	207,110	32,210	640,920	150,000
	Nugaal	553,282	204,710	105,840	17,920	328,470	73,000
	<b>Total</b>	<b>6,354,431</b>	<b>1,611,750</b>	<b>783,220</b>	<b>60,760</b>	<b>2,456,180</b>	<b>560,000</b>

The intervention will primarily target persons living in informal settlements, who sit outside of any support systems and therefore have critically limited access to social support, healthcare services or livelihoods. Nomadic communities will also be targeted, moving relative to seasonal patterns and water and fodder for livestock, limiting their access to social support and healthcare services and rendering their livelihoods highly vulnerable to climatic shocks.

Furthermore, as per the Regional Operations Strategy, household targeting is based on: food security status; economic criteria; nutrition criteria; social vulnerability criteria (pregnant and lactating mothers and/or children under five, older persons, chronically ill persons (e.g. HIV/AIDS), children or adolescent-headed households, persons with disabilities, internally displaced households).

The primary target indicator of need is that people are severely or acutely food-insecure and are facing a combination of food availability, food access, and food utilization constraints. Hence, the first targeting criteria is based on weighted food insecurity indicators (e.g., household food stocks, quantity and quality of meals consumed, negative food-related coping strategies, presence of a malnourished child/PLW, etc.). people are experiencing severe to extreme food insecurity (IPC 3 and above with priority to most extreme cases).


## 2. Considerations for protection, gender and inclusion and community engagement and accountability

In planning, all sectoral teams will include measures to address vulnerabilities specific to gender and diversity factors (including persons with disabilities). All communities and families will be targeted following IFRC PGI minimum standards in emergencies and specific in-country cluster and SRCS procedures.

CEA involves enabling communities to guide programs and respond to their feedback and complaints, providing life-saving information and using participatory behavior change communication approaches that support communities to adopt safer and healthier practices. With technical CEA support from IFRC, SRCS will integrate communication and participation more systematically in all its sectoral relief and early recovery activities.


## PLANNED OPERATIONS

### INTEGRATED ASSISTANCE

	<b>Livelihoods</b>	Female > 18: <b>3,978</b>	Female < 18: <b>3,672</b>	<b>1.24 million CHF</b>
		Male > 18: <b>3,822</b>	Male < 18: <b>3,528</b>	<b>Total: 15,000 ppl</b>
<b>Objective:</b>		Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods		
<b>Priority Actions:</b>		<b>Safeguarding livelihoods:</b> Cash support will be used as a safety net for households receiving nutrition support, to enable mothers to continue providing food for children at risk of falling back into malnutrition. This will be carried out in coordination with the health team and the deployment of mobile health clinics that provide nutrition education activities. Cash transfers combined with nutrition education and crop and livestock		

inputs are more effective in achieving food security outcomes and promoting sustainability. These activities include:

- **2,000 small farmers and agro/pastoralists** reached through cash transfers, vouchers or in-kind (upon market assessment) to provide agricultural inputs to safeguard their livelihoods and assets while aiming at contributing to climate- adaptation and good practices for improved crops and livestock management. This would include improved quality seeds, such as drought-resistant, early maturity seeds, livestock supplementary feeds and grass seeds for fodder, facilitation of animal zoonotic disease surveillance, treatment, vaccination, and restocking of livestock and fishing gear.
- **2,000 small farmers** are provided with 4 hours each of ploughing time to seed land once imminent rain is predicted for immediate planting season.
- **500 small business initiatives are** targeting drought-affected women.
- **Communities in 9 districts** supported in preparing for and responding to the emerging food insecurity situation due to the locust upsurge focuses on community mobilization and awareness-raising, implementation of early actions, and assessments to inform the design and scale-up of response interventions.
- Complementary **training for 500 farmers and agro/pastoralists** on how to increase or diversify their income through new business initiatives or the improvement of the productivity of their farming activity through good agricultural practices and the reduction of losses before and after harvest, including communities **affected by locusts**. This will include climate risk-informed diversification of income sources through support for “non-climate dependent” income-generating activities including (Agri)-business training, marketing skills, value addition and improvement of the value chain of food products (production, storage, processing and distribution).
- The operation will link livelihood activities with risk reduction and climate adaptation to build more sustainable livelihoods by strengthening human, natural, physical, financial and social assets, e.g., support initiatives such as community fodder reserves, up-scale of skills, natural resource management, community safety nets (savings groups), and community greenhouses.

 <b>Multi-purpose Cash</b>	Female > 18: <b>19,890</b>	Female < 18: <b>18,360</b>	<b>3.91 million CHF</b>
	Male > 18: <b>19,110</b>	Male < 18: <b>17,640</b>	<b>Total: 75,000 ppl</b>
<b>Objective:</b>	Households are provided with unconditional multi-purpose cash grants to address their basic needs		
<b>Priority Actions:</b>			
<p><b>Lifesaving food and basic needs assistance:</b> The National Society will scale up its response to target communities experiencing severe to extreme food insecurity (IPC 3 and above, with priority to the most extreme) with unconditional cash transfers for a minimum of 3 months up to four months, to support them through the lean season to the next harvest in April of 2023.</p> <ul style="list-style-type: none"> <li>● Scale-up assessment, verification, and registration of most vulnerable households, including consultations with targeted households on who should be the primary recipient. Carry out market assessments and use the monthly market bulletin from the FAO/WFP and cash group. The latest regionally disaggregated transfer value rates are presented by the <a href="#">Somalia Cash Working Group dashboard</a>.</li> <li>● <b>Scale-up support to reach up to 12,500 households</b> with unconditional cash grants. Each household will receive the grant according to the Minimum Expenditure Basket (90-120 USD) with three equal instalments. Whenever it is possible women, in accordance with acceptance and social dynamics within each community, will be the recipient of the cash transfer. In coordination with PGI department, awareness sessions will be provided on <b>gender equality and inclusion</b>, among women, girls, boys and men, and will establish safety plans with women, e.g., through risk mapping sessions (how to keep cash safe, adopting design features such as direct deposits, mobile payments, and commitment savings</li> </ul>			

accounts coupled with gender dialogue) to give women more control over the use of financial resources and enables them to protect resources. The capacity of CVA teams will also be built in the IFRC PGI-sensitive CVA checklist.

## HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE

 <b>Health &amp; Care</b>	Female > 18: <b>148,512</b>	Female < 18: <b>137,088</b>	<b>1.59 million CHF</b>
	Male > 18: <b>142,688</b>	Male < 18: <b>131,712</b>	<b>Total: 560,000 ppl</b>
<b>Objective:</b>	The immediate risks to the health of affected populations are reduced		

### Priority Actions:

Multiple diseases, including acute watery diarrhea, cholera, malaria, dengue fever and measles, have a greater incidence in communities with high malnutrition rates. Actions such as nutrition screening and referrals, nutrition promotion and Infant and Young Child Feeding practices are critical to reducing health deuteriation in the vulnerable. Community-based Health and First Aid, and Epidemic Control, are complementary to the food security and livelihoods activities being proposed, whereby, addressing malnutrition, promoting a sustainable reduction of health and nutrition risks, and increasing the overall nutrition practices of the targeted communities creates an environment conducive to an overall healthier lifestyle. The Appeal will support SRCS' activities to address malnutrition, promote the sustainable reduction of health and nutrition risks, and increase the overall nutrition practices of the targeted communities by:

#### **Improved access to health care and emergency health care for the targeted population and communities.**

- Reach **560,000** people through the mobile clinics that provide health and nutrition services to drought-impacted communities. Routine immunization of children under the age of 5 years against childhood vaccine-preventable diseases. Immunization of women of childbearing age (pregnant and non-pregnant). Increase screening of SAM / MAM cases for enhanced management through mobile clinics to children, pregnant and lactating mothers with therapeutic and nutritional supplements for three months through all SRCS mobile and static clinics in Somaliland and Puntland.
- Increase static and mobile clinic outreach by the provision of an additional number of mobile clinics and static clinics in Somaliland and Puntland.
- Increase, in line with the increase in the number of clinics, routine immunization of children under the age of 5 years against childhood vaccine-preventable diseases. Immunization of women of childbearing age (pregnant and non-pregnant).
- Increased screening for malnutrition to identify complicated SAM cases to refer for advanced management by the stabilization center.
- Alongside the screening for signs of acute malnutrition at the community level, conduct the search of unvaccinated children including zero-dose children and referral for immunization services
- Support safe motherhood (Ante-Natal Care, Delivery, and Post-Natal Care) with the provision of services including consultation, vaccination, supplements, and referral of complicated cases to the hospitals
- Provide nutritional education and promote Infant and Young Child Feeding practices to mothers and caregivers. Promotion of exclusive breastfeeding for children below 6 months and appropriate complementary feeding up to 2 years.
- Promote health education, particularly in relation to the prevention and early health-seeking behaviour for diarrheal diseases in children, sensitization on opportunities offered by the MPC to increase access to preventative, curative and delivery services across the life course, thus reducing the health risks of complicated SAM, obstetric emergencies, etc.

#### **Mental Health and psychosocial support:**

- Support communities by effectively responding to health and psychosocial needs including through training of volunteers and staff (psychological first aid and psychosocial support), and delivery of psychosocial support.

 <b>Water, Sanitation and Hygiene</b>	Female > 18: <b>148,512</b>	Female < 18: <b>137,088</b>	<b>3.33 million CHF</b>
	Male > 18: <b>142,688</b>	Male < 18: <b>131,688</b>	<b>Total: 560,000 ppl</b>
<b>Objective:</b>	Provided target population with access to safe water		

**Priority Actions:**

SRCS will implement a comprehensive package of WASH activities, ensuring improved and sustained access to safe water for underserved and at-risk IDPs, schools, and rural communities.

**Community-managed water sources giving access to safe water are provided to the target population**


- **Scale-up support to reach 560,000 people** with improved access to water in communities and clinics through rehabilitation, maintenance, and running of community water points (traditional water storage tanks), boreholes and wells, providing pumping equipment (including solar pumping system installations), fuel subsidies to run pumps, providing water kiosks, along with and training of water committees in management of water supplies, operation, and maintenance of infrastructure.
- The National Society will continue supporting emergency safe water trucking for IDP settlements and rural villages. SRCS will disinfect water supplies in the target communities through the provision of aqua tabs/pur sachets, along with relevant training for community hygiene promoters to support alternative strategies for safe water treatment and storage.
- Communities will benefit from training and tools to address water scarcity and improve water management and safety - to develop water harvesting and conservation techniques that will support the most relevant livelihoods, including efficient irrigation systems for household or community gardens.

**Hygiene promotion activities are provided to the entire affected population.**

- **Reach 560,000 people** with WASH communication on improved hygiene and sanitation awareness, especially for communities reporting AWD/cholera outbreaks and CHAST in schools.
- **Support 15,000 households** with WASH non-food and hygiene items (jerry cans, buckets with lids, body soaps, laundry soaps, aqua tabs). Procurement and distribution of sanitation tools for targeted schools and communities.
- SRCS will support sanitation needs in IDP camps by training men and women through the provision of instructional and building materials and for the construction of latrines with handwashing facilities.

## PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

 <b>Protection, Gender and Inclusion</b>	Female > 18: <b>148,512</b>	Female < 18: <b>137,088</b>	<b>540,000 CHF</b>
	Male > 18: <b>142,688</b>	Male < 18: <b>131,688</b>	<b>Total: 560,000 ppl</b>
<b>Objective:</b>	Ensures safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.		


**Priority Actions:**

**The operation ensures safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.**


- Integrate PGI throughout implementation, using a community engagement and accountability approach using the National Society call centres, and the health committees, to systematically collect and respond to people's views on their needs, priorities, vulnerabilities, and capacities.
- Integrate PGI analysis in multi-sectoral needs assessments and throughout implementation, ensure CEA-related questions are also integrated into needs assessments such as preferred/trusted communication channels, community relations, and cultural beliefs.
- Ensure volunteer teams are balanced in terms of gender representation to avoid gender biases and strengthen gender participation and ensure women's participation in community engagement sessions.
- Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data.

**The operation will prevent and respond to sexual- and gender-based violence and other forms of violence, especially against children.**

- Orientation of staff and volunteers on PSEA, PGI in emergencies, training on SGBV prevention and response, and Psychological First Aid (PFA), identify referral pathways for patients needing counselling and other services and refer them accordingly.
- SRCS will continue to coordinate with local stakeholders to establish safe referral pathways for child safeguarding and prevention and response to sexual- and gender-based violence (SGBV), and carry out child safeguarding awareness-raising sessions, female genital mutilation (FGM) awareness-raising, engaging men in accountable practices (EMAP), with community leaders and community members to increase male engagement on SGBV prevention and response.
- Staff and volunteers will be orientated on the survivor-centred approach to enable them to support the SGBV survivors better and make safe referrals.
- SRCS will provide dignity kits and psychological first aid (PFA), targeting mothers, caregivers, and SGBV survivors on a need basis. 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 GBV in the region. The medical support provided to the survivors includes emergency contraception to prevent unwanted pregnancy and emergency prophylactic infection of STI and HIV (PEP) treatment.

 <b>Community Engagement and Accountability</b>	Female > 18: <b>148,512</b>	Female < 18: <b>137,088</b>	<b>160,000 CHF</b>
	Male > 18: <b>142,688</b>	Male < 18: <b>131,688</b>	<b>Total: 560,000 ppl</b>
<b>Objective:</b>	Develop and deploy standardized approaches for community engagement, collection and use of qualitative community feedback data to better understand community perspectives		
<b>Priority actions</b>			
<ul style="list-style-type: none"> <li>● A key area in Quality and Accountability will be to note what safeguarding measures are in place and what actions will be taken to meet requirements for Protection from Sexual Exploitation and Abuse (PSEA) and Child Safeguarding. Actions can include completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms and child-friendly information and participation.</li> <li>● Conduct context analysis and community mapping to understand community structures and power dynamics. Capacities, values, vulnerabilities, and information needs.</li> <li>● Coordinate with other response pillars on CEA including PGI on managing sensitive feedback and complaints.</li> <li>● Train National Society staff and volunteers in CEA including community feedback management</li> <li>● Develop a communication strategy to better inform communities about planned, ongoing and/or completed activities and support health promotion for positive behavioral change</li> </ul>			

- Methods are put in place to ensure communities can participate in the response and influence decision-making. The National Society operates a toll-free hotline to respond to questions and complaints. The National Society also uses various local drama groups that raise awareness about health in communities.
- Organize Community meetings with key representatives and community leaders to discuss how to manage community expectations regarding the selection criteria and distribution mechanisms.
- Exit strategy developed that includes community consultation and lessons learnt workshops at various stages of the response. There will be a final evaluation that will incorporate community feedback on the implementation and impact of the response.

 <b>Risk Reduction, climate adaptation and Recovery</b>	Female > 18: <b>148,512</b>	Female < 18: <b>137,088</b>	<b>290,000 CHF</b>
	Male > 18: <b>142,688</b>	Male < 18: <b>131,688</b>	<b>Total: 560,000 ppl</b>
<b>Objective:</b>	Communities in high-risk areas are prepared for and able to respond to disaster		

**Priority Actions:**

The operation will contribute to the disaster preparedness of communities through community-based disaster risk reduction activities that will be carried out by mobilizing communities for risk assessment of prevalent risks and identifying mitigation strategies. Involving community resilience committees and other community representatives in analysing risks and community preparedness action plans, training community members in first aid, disaster preparedness and response, and establishing multi-hazard early warning systems will contribute to reducing risks and enhancing their preparedness. Key interventions under disaster risk management and community resilience are targeted toward supporting communities to put in place necessary self-organization and participatory resource management to collectively face the challenge of recurrent droughts.


**Integrating resilience approaches in the Emergency Appeal becomes the natural exit strategy.**

- Support communities in the identification of risks and mitigations/plans of action for disaster risk reduction (DRR) by conducting community-led vulnerability and capacity risk assessments (VCAs). These will also support sustainability and linkages to longer-term development programming.
- Support contingency planning response and coordination planning with national and regional authorities and stakeholders; and support including food safety in their contingency response plans. Develop early warning and early action systems linked with local or national meteorological systems. Support communities with risk mapping, holistic monitoring, and integrated agriculture and livelihood indicators analysis.
- Support awareness raising and capacity-strengthening on the changing climate and its impacts through school, community-based Disaster Risk Reduction modules and initiatives, as well as creating understanding bylaws and policies to better prepare for disasters.
- Lessons from the previous drought response identify 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. Financial and technical support is needed for disaster risk reduction among the affected population who practice nomadic pastoralism. The nomads move from place to place to source grassland and water, and their capacity to deal with drought and other related disasters has been weakened.
- Engage more communities in the Tree Planting and Care Initiative to support reforestation, land restoration, and livelihoods promotion, hence a diversified ecosystem. This links together risk reduction, livelihoods, and Green Response.
- The operation will also ensure that all interventions are ‘climate-smart’, in that they take into account the risks of a changing climate. Where possible, climate change adaptation will be a focus of resilience-building

activities, and the operation will also look for ways to improve environmental sustainability, in line with IFRC's global concept of 'Green Response'.

- NFIs prepositioned and mobilized to reduce the possible impact of migration due to drought.

## Enabling approaches


 <b>National Society Strengthening</b>	Female > 18:	Female < 18:	<b>0.52 million CHF</b>
	Male > 18:	Male < 18:	<b>Total target:</b>
<b>Objective:</b>	Support National Society Development including preparedness and response capacity.		
<b>Priority Actions:</b>			


### 1. Operational Support Services:

IFRC will support the National Society and the affected branches to enhance their capacities in risk management, financial management, reporting and transparency, and duty of care. This Emergency Appeal will provide means for the National Society to:

- Improve finance policies and financial management, including all aspects of accountability, integrity, and fraud & corruption, in NHQ and branches in the targeted provinces.
- Strengthen its supply chain management capacity, including adequate storage, maintaining stock reports, transportation, and distribution of items.
- PMER will be improved at NHQ and selected branches, ensuring adequate systems for assessments, data collection, monitoring, and evaluation of the development of the program.
- Infrastructure development in Information Technology and digitalization development in NHQ and selected branches
- Response capacity strengthening: The National Society will be supported in enhancing Disaster Response Management, including disaster preparedness stocks. Reference will be made to the Preparedness for Effective Response assessment. Further, the operation will build the disaster response capacity at the branch level, primarily through the formation, technical training, and equipping of Branch Disaster Response Teams (BDRT) to respond to emergencies quickly. This will complement the setting up of the Emergency Operational Centre (EOC) established in the Hargeisa Coordination Office with support from the Arabic Red Cross Red Crescent Organization.

- National Society Development, including Volunteering Development:** Duty of care will be a priority (for all personnel and volunteers involved in the operation, including insurance, psychosocial support, and personal protective equipment). The National Society capacity building and organizational development objectives are facilitated to ensure they have the necessary ethical, policies and financial foundations, systems and structures, competencies, and capacities to plan, perform and carry out operations with minimum support.

 <b>Coordination and Partnerships</b>	Female > 18:	Female < 18:	<b>27,000 CHF</b>
	Male > 18:	Male < 18:	<b>Total:</b>
<b>Objective:</b>	Strengthen Coordination and Partnerships within the Movement and with relevant external actors		
<b>Priority Actions:</b>			
<p><b>1. Membership Coordination</b></p> <p>This Emergency Appeal promotes a Federation-wide approach to the response, inclusive of all partner National Societies present in Puntland and Somaliland. It builds on their expertise, capacities, and resources as active members in the targeted areas and supports SRCS. The National Society will develop one response plan, and a Federation-wide approach to resourcing and implementation will be adopted. The IFRC will emphasize building a holistic approach to programming, reporting, risk management, information management, external communications, resource mobilization, and peer-to-peer exchange between National Societies. The IFRC Nairobi Delegation initiates regular partners' meetings for information exchange and updates on the Emergency Appeal response and other partners' National Societies' activities in Somalia.</p> <p><b>2. Engagement with external partners</b></p> <p>The SRCS has been working closely with local authorities, stakeholders, and other agencies to ensure that there will be no duplication of interventions or activities. The disaster response authorities, such as the National Disaster Preparedness and Food Reserve Authority (NADFOR) in Somaliland and Humanitarian Affairs and Disaster Management Agency (HADMA) in Puntland, have overall coordination of all responses to disasters and emergencies in their respective regions. The SRCS coordinates closely with the Ministry of Health and the Ministry of Water Management in both Somaliland and Puntland and has a seat on the emergency committee for the acute watery diarrhoea outbreak in Somaliland. The UN, INGOs and national NGOs have been responding to the drought emergency. The Food Security and Livelihoods Cluster (FSL) is active and SRCS regularly takes part in cluster meetings.</p> <p><b>3. Movement Cooperation</b></p> <p>The International Committee of the Red Cross (ICRC) is present in South Central Zone, Hargeisa in Somaliland, and Garowe in Puntland, focusing primarily on economic security, health, water, and habitat programmes. IFRC and ICRC coordinate regularly on the situation and support the National Society and have conducted joint visits to Somaliland.</p>			

 <b>IFRC Secretariat Services</b>	Female > 18:	Female < 18:	<b>0.473 million CHF</b>
	Male > 18:	Male < 18:	<b>Total:</b>
<b>Objective:</b>	Effective and coordinated international disaster response is ensured		
<b>Priority Actions:</b>			
<p>1. <b>Planning, Monitoring, Evaluation, &amp; Reporting (PMER):</b> The established PMER department/unit at the National Society will be responsible for implementing a monitoring, evaluation, and reporting system whereby volunteers will submit reports to respective branch coordinators monthly. The branch monthly report will then be submitted to national coordinators for consolidation.</p> <p>2. <b>Information Management:</b> The PMER, CVA, and CEA will use digital data collection applications and analysis platforms. IM will keep close coordination with heads of sector and partners and develop an efficient data collection system. SRCS needs to ensure that the operation is strategized based on the</p>			

availability and latest assessment and operational data. The IFRC will further support the SRCS and place priority on data collection and analysis as well as information management that will inform all programmes. SRCS will particularly seek to improve its methods of monitoring primarily health data through mobile monitoring tools.

3. **Communications:** Support will be provided for both content generation and National Society capacity building. A communication strategy has been developed to promote the campaign approach advocating greater support for the response.
4. **Logistics and supply chain, procurement:** Both local and international procurement will be carried out following the IFRC standard procurement procedures. The logistics responsibilities will include sourcing the most urgent and relevant relief items, and delivering and distributing them equitably to those in need, in a timely, transparent, and cost-efficient manner. International procurement support will be provided by the Logistics Procurement and Supply Chain Management (LPSCM) Units in Nairobi and Dubai. Internationally procured items need to be moved to distribution sites according to project requirements. Warehousing plays a significant role in this operation.
5. **Finance and Administration:** The SRCS has, in all branches of Somaliland permanent administrative and financial departments, which will ensure within the operation the proper use of financial resources following the terms of the MoU. Monthly field returns are sent to the IFRC representative Office seated in Hargeisa for checking and verification of the documents/returns from the branches before the country office receives them as well as to ensure that the activities are reported following the IFRC Standard Financial Management procedures.
6. **Human Resources:** Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure effective and efficient technical coordination: human resources, logistics, and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.
7. **Security:**
  - Security assessments will be carried out in Puntland and Somaliland to enable safe operational set-up and facilitation of access to response areas.
  - Security orientation and briefing for all teams before deployment will also be undertaken to help ensure the safety and security of response teams. Standard security protocols about general norms, cultural sensitivity, and an overall code of conduct will be put in place. The minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations will complete before deployment the respective IFRC security e-learning courses. The IFRC security plans will apply to all IFRC staff throughout the operation. 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.

## Risk management

Risk	Likelihood	Impact	Mitigating actions
Donor Fatigue	Medium	High	<ul style="list-style-type: none"> <li>• Continuously promoting the goals and objectives, emphasizing enhanced accountability and value for money.</li> </ul>
Threats / Hazards to the safety and security of humanitarian workers	Medium	High	<ul style="list-style-type: none"> <li>• Close monitoring of security situation and engagement of Security Unit and SRCS before deployment decision is made.</li> </ul>
Timeliness and predictability of donor contributions	High	High	<ul style="list-style-type: none"> <li>• Engage donors in consultations on better planning for contributions and swift follow-up on pledges. Promote multi-year commitments, supported by analysis</li> </ul>

Poor financial reporting	Medium	Medium	<ul style="list-style-type: none"> <li>Roll out financial reporting guidelines through trainings, and clear documentation; ensure adequate staffing and verification of reporting through applicable financial control tools (spot-checks, sampling etc.)</li> </ul>
Mobility restrictions due to insecurity	Medium	High	<ul style="list-style-type: none"> <li>Situation will be reviewed on a case-by-case basis to safeguard staff security. The effect of risk on accountability will be mitigated by ensuring the use of remote monitoring tools. Third-party monitoring is contracted which will increase access to insecure regions. Use of remote monitoring tools (call centre).</li> </ul>
Propensity to natural disasters/epidemic	High	Medium	<ul style="list-style-type: none"> <li>Risk will have to be accepted as the IFRC cannot influence the risk. However, better contingency planning and the use of seasonality approaches can mitigate the risk to some extent.</li> </ul>

## Quality and accountability

The indicators below will be used to set up an M&E framework to monitor the operations quantitatively. Post-distribution monitoring will be carried out regularly after each significant part of the operation by sector. IFRC will also report as per the standard IFRC Emergency Appeals reporting schedule and guidelines.

	Outcome/output	Indicators	Target
FSL Outcome	Improved food security of 560,000 vulnerable people in rural and urban areas facing acute food insecurity of crisis or worse levels by December 2023	% of targeted households that meet their essential food needs	85%
		% of HH who report being able to meet the basic needs of their households, according to their priorities	85%
FSL Output 1.1	Targeted population receive relevant, adequate and timely cash/voucher/in-kind support for essential food and other consumption needs during crisis period(s)	# of households who successfully received cash/voucher/in-kind for basic needs after being identified and processed for transfer	12,500
		#of communities with market assessments and regular updates (per community)	9
		% of HH receiving cash/vouchers/in-kind from RCRC that they were satisfied with the assistance provided	80%
FSL Output 1.2	Targeted population receive support to protect and sustain existing production and/or income-generation activities over crisis periods	# of HH reached with essential on-farm, off-farm and non-farm inputs/materials/tools to maintain their livelihoods	2,000
		# of households supported in small business initiatives for drought-displaced women	500
		# of people reached with essential services/information for new income generation or improving productivity of agri-business	500
		# of communities affected by locusts supported with surveillance, tools, spraying	9
Health: Output 2.1	Targeted population have accessed / used services for malnutrition prevention and treatment	# of children < 5 years who have been enrolled in a supplementary feeding Programme of another agency following assessment by the NS	Needs basis

Health: Output 2.2	Targeted population have gained knowledge to improve nutrition – incl. consumption, hygiene, and health-seeking behavior and practices	# of people reached with messages on nutritional choices and / or food preparation	560,000
Health Output 2.3	Psychosocial support provided to the target population as well as to RCRC volunteers and staff	# of people targeted population provided with Psychosocial support services	72,000 (SL 48,000, PL 24,000)
		# of RCRC volunteers and staff provided with Psychosocial support services	Needs basis
WASH: Output 3.1	Targeted population have accessed/used essential water and sanitation infrastructure/services for consumption, hygiene/health, and crop/livestock production needs	# of people reached by WASH assistance	560,000
		% of target population who state they are satisfied with their access to water and sanitation facilities	80%
		% of target population that has access to sufficient safe water which meets Sphere and WHO standards in terms of quantity and quality	100%
		# of households supported with WASH NFI's	15,000
Risk Reduction, climate adaptation, and recovery 4.1	Communities in high-risk areas are prepared for and able to respond to disaster	# of people reached through DRR and Climate Change Adaptation activities	560,000
		# of community early warning systems established	9
PGI: Output 5.1	The operation ensures safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	The minimum percentage of targeted population reached with PGI/SGBV awareness	80%
		% of staff and volunteers oriented on the Prevention of Sexual Exploitation and Abuse (PSEA)	100%
CEA: Output 6.1	Develop and deploy standardized approaches for community engagement, collection and use of qualitative community feedback data to better understand community perspectives	% of staff and volunteers working on the operation who have been trained on community engagement and accountability	100%
		% of queries/feedbacks received through the feedback mechanisms established that were responded to	100%
		% of operational decisions made based on community feedback	100%
National Society Strengthening: Output 7.1	Support National Society Development including preparedness and response capacity.	# of branches supported with operational support services capacity development	9
		% Volunteers working on the project with health, accident and death compensation	100%
		# of regions with updated response and contingency plans	2
		# of regions supported with disaster preparedness stocks prepositioned	2
Coordination and Partnerships: Output 8.1	Strengthen Coordination and Partnerships within the Movement and with relevant external actors	# of external partnership supporting the NS in the response	2
		A regular coordination mechanism with all Movement partners	Monthly (24 months)
Secretariat Services: Output 9.1	Effective and coordinated international disaster response is ensured	# of updated security assessments by region	2
		# of regions supported with logistics and supply chain, procurement services	2
		# of regions supported with Information Management services	2

## FUNDING REQUIREMENT

### Federation-wide funding requirement\*

<b>Federation Wide Funding Requirement</b> including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement  <b>24 million CHF</b>	<b>IFRC Secretarian Funding Requirement</b> in support of the Federation Wide funding ask  <b>12 million CHF</b>
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*\*For more information on Federation-Wide funding requirement, refer to section: Federation-wide Approach*

## Breakdown of the IFRC secretariat funding requirement



## OPERATIONAL STRATEGY

### MDRSO011 - Somalia Hunger Crisis

#### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>10,982,000</b>
Livelihoods	1,242,000
Multi-purpose Cash	3,907,000
Health	1,590,000
Water, Sanitation & Hygiene	3,330,000
Protection, Gender and Inclusion	447,000
Risk Reduction, Climate Adaptation and Recovery	298,000
Community Engagement and Accountability	168,000
<b>Enabling Approaches</b>	<b>1,020,000</b>
Coordination and Partnerships	27,000
Secretariat Services	473,000
National Society Strengthening	520,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>12,000,000</b>

## Contact information

### Reference



Click here for:

- [Previous Appeals and updates](#)

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

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