



# SOMALIA

IFRC network mid-year report, January – June 2023

29 November 2023

## IN SUPPORT OF THE SOMALI RED CRESCENT SOCIETY



19

National Society branches



1,105

National Society staff



5,200

National Society volunteers

## PEOPLE REACHED

Ongoing emergency operations



469,000

Climate and environment



630

Disasters and crises



9,000

Health and wellbeing



371,000

Migration and displacement



8,000

Values, power and inclusion



4,000

## FINANCIAL OVERVIEW

in Swiss francs (CHF)

<b>Total</b>	Funding requirements	31.8M	
	Income		
<b>IFRC</b>	Emergency Operations	Funding requirements	12M
		Income	4M
	Longer-term	Funding requirements	2.8M
		Income	7.8M
<b>Participating National Societies</b>	Funding requirements	16.9M	
	Income	3.5M	
<b>Host National Society other funding sources</b>	Funding requirements	15,000	

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Appeal numbers **MAASO001, MDRSO011**

# ONGOING EMERGENCY INDICATORS

MDRSO011 / Somalia / Hunger Crises

People provided with access to safely managed drinking water services or an improved drinking water source (according to context)	469,000
People reached by WASH assistance	469,000
People reached by National Societies with contextually appropriate health services	106,000
People who successfully received cash for basic needs after being identified and processed for transfer.	38,000
People reached by protection, gender and inclusion programming	2,000
People reached with livelihoods support	341
Targeted households (and people) reached with essential on-farm, off-farm and non-farm inputs/materials/tools for income-generation	60
Children under 5 years who have been enrolled in a supplementary feeding programme of another agency following assessment by the NS	Applicable data not available
Movement coordination mechanism is described and active	Yes
Movement coordination meetings are organized, and updates are provided to the Movement partners	Yes
National Society covers health, accident and death compensation for all of their volunteers	Yes
National Society has revised or developed its contingency plan	Applicable data not available
Percentage of households who report being able to meet the basic needs of their households, according to their priorities (Min Exp Basket)	1%
Percentage of people that at PDM report they are able to meet the basic needs of their household according to their priorities and report satisfaction with the overall CVA program	1%
Percentage of surveyed affected people who believe their views are taken into account in decisions made around the support they receive (disaggregated by sex and age)	Applicable data not available

## STRATEGIC PRIORITIES

<b>Climate</b>	People reached with activities to address rising climate risks	630
	National Society is implementing nature-based solutions (including those with a particular focus on the planting of trees and mangroves)	Yes
	National Society is implementing environmental or climate campaigns focused on behaviour change, plastic reduction or clean-ups	Yes
	National Society is developing and implementing strategies and plans that address rising climate and environmental risks	Yes
<b>Disasters and crises</b>	People reached per year with support services, in-kind, cash and voucher assistance for emergency response and recovery	9,000
	People reached with disaster risk reduction	7,000
	People reached with livelihoods support	40
<b>Health and wellbeing</b>	People reached with psychosocial and mental health services	 371,000
	People reached with contextually appropriate health services	 371,000
	People reached with contextually appropriate water, sanitation and hygiene services	 100,000
	People reached with immunization services	 45,000
	People trained in first aid	1,000
<b>Migration and displacement</b>	Migrants and displaced persons reached with services for assistance and protection	8,000
	Number of Humanitarian Service Points (HSPs) that provided assistance and/or protection to people on the move along land based migration routes	Applicable data not available
<b>Values, power and inclusion</b>	People reached by protection, gender and inclusion programming	4,000
	Percentage of people surveyed who report receiving useful and actionable information	Applicable data not available
	Community Engagement and Accountability is integrated and institutionalized in the National Society policies, operations, and procedures (with clear benchmarks)	Yes

## ENABLING FUNCTIONS

	Number of formal interagency/international coordination platforms the IFRC network is part of	Applicable data not available
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**Strategic and operational coordination**

	Number of government led coordination platforms the National Society is part of	1
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	All volunteers are covered by health, accident and death compensation	Yes
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	One National Society Development plan is in place	Yes
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**National Society Development**

	Strategy for strengthening the auxiliary role developed or implemented	Yes
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	Youth engagement strategy is developed or in place	Yes
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<b>Humanitarian diplomacy</b>	National Society is participating in IFRC-led communication campaigns	Yes
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	National Society has demonstrated progress in digital transformation according to the digital maturity model outlined in the IFRC Digital Transformation Strategy	Yes
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**Accountability and agility**

	National Society has functioning data management systems that inform decision making and support monitoring and reporting on the impact and evidence of the IFRC network's contributions	Yes
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## IFRC NETWORK SUPPORTED ACTIVITIES

National Society	Multilateral Support	Bilateral Support					
		Climate	Migration and displacement	Values, power and inclusion	Enabling Functions	Disasters and crises	Health and wellbeing
American Red Cross	●						
Australian Red Cross	●						
Bahrain Red Crescent Society	●						
British Red Cross	●			●	●		
Canadian Red Cross Society		●		●			●
Danish Red Cross	●		●	●	●	●	●
Finnish Red Cross	●					●	●
German Red Cross		●	●			●	
Icelandic Red Cross	●		●	●	●	●	●
Italian Red Cross	●						
Kuwait Red Crescent Society						●	
Netherlands Red Cross	●						
Norwegian Red Cross	●	●		●	●	●	●
Qatar Red Crescent Society				●			
Red Cross of Monaco	●						
Somali Red Crescent Society	●						
Swedish Red Cross	●						●
Turkish Red Crescent Society	●						

● Planned

● Supported

# OVERALL PROGRESS

As an established national actor, the **Somali Red Crescent Society** plays a crucial role in reaching the most vulnerable population, including internally displaced people (IDP) and remote communities, in the delivery of humanitarian aid through its permanent local presence. The Somali Red Crescent Society continued to improve the provision of humanitarian services to vulnerable communities by strengthening communities' capacity in disaster preparedness and response and by expanding the existing network of volunteers and members across the country. During the first half of the year, the Somali Red Crescent Society achieved the following:

- Maintained a strong network of regional/sub-branches with members, volunteers, and youth who can deliver effective humanitarian services.
- Mainstreamed community engagement and accountability (CEA) and protection, gender, and inclusion (PGI) in all programmes/operations.
- Disaster risk and management programs contributed to building institutional capacity to effectively prepare and respond to emergencies and disasters, as well as to deliver livelihoods, climate change adaptation, and community resilience programmes.
- Health programs significantly contributed to addressing key public health challenges, including but not limited to COVID-19, nutrition, malaria, availability of safe blood, non-communicable diseases, epidemic controls, provision of first aid training and services, supporting people with disabilities, and safe water, sanitation, and hygiene promotion.
- Strengthened financial management system, income generation, and resource mobilization through the initiation of Working with Project Partners (WWPP) cash transfer modalities, support on National Society Investment Alliance (NSIA) application grants and proposal development.
- Strengthened supporting functions, including the project monitoring, evaluation and reporting (PMER), finance, communications, information and communication technologies (ICT), and logistics.
- Strengthened partnerships and networking within/outside the RCRC Movement.

The Somali Red Crescent Society is implementing the [Pilot Programmatic Partnership \(PPP\)](#) funded by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). The ECHO PPP is implemented in coordination with the Finnish Red Cross, the Danish Red Cross, the Norwegian Red Cross and the IFRC. The goal of the ECHO PPP is for communities and local organizations to be better able to anticipate, prepare for, withstand, respond, and recover from humanitarian and health crises. ECHO PPP utilizes a multi-hazard, multi-sectoral and integrated systems approach focusing on disaster risk management, epidemic and pandemic preparedness and response, humanitarian assistance and protection to people on the move. During this period, the Somali Red Cross has trained 25 volunteers as part of a National Response Team, reached 84,332 people with epidemic prevention and awareness information, provided healthcare services to 15,239 people, responded to 72 health alerts through the community-based surveillance system, and developed a three-year cash and voucher assistance (CVA) action plan to establish a more effective and efficient cash preparedness mechanism.

# IFRC NETWORK ACTION

## ONGOING EMERGENCY RESPONSE

<b>Name</b>	Somalia - Hunger Crisis
<b>Appeal number</b>	MDRSO011
<b>Duration</b>	18 July 2021 to 31 July 2023
<b>Funding requirements</b>	Through the IFRC Appeal: 9 million Swiss francs Federation-wide: 14 million Swiss francs
<b>Revised Emergency Appeal</b>	<a href="#">Somalia Hunger Crisis Revised Emergency Appeal</a>
<b>Operational Strategy</b>	<a href="#">Somalia Hunger Crisis Operational Strategy</a>

In April 2021, the Somali Red Crescent Society launched the hunger crisis and drought response activities, including the rehabilitation of berkedes (traditional Somali water cisterns) and boreholes as well as the procurement and distribution of aqua tabs in the affected areas. As part of wider ongoing programmes, the Somali Red Crescent Society is also implementing cash for food and hygiene promotion activities. Effective coordination is taking place to ensure that activities under this Appeal are complemented, to avoid duplication of efforts.

Somaliland has prioritized Sool, Snaag, Awdal, Togdheer, Marodijeex and Sahil locations under the hunger crisis. In Puntland, the Somali Red Crescent Society branches have been supported by the IFRC, especially on health clinics in the three regions of Bari, Nugaal and Mudug (in Mudug IFRC doesn't directly support the fixed health facilities but it does support Emergency health mobile clinics) and the hunger crises at all districts. However, UNICEF and the Norwegian Red Cross provide support to those branches, particularly Mudug and Nugal. Overall priorities are food security and livelihoods, WASH, and health. Activities will be scaled up accordingly as more income is received into the Emergency Appeal. In case of low funding coverage, food security and livelihoods, WASH and health shall be prioritized.

## SECTORS OF INTERVENTION



### Livelihoods

**Objective** *Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*

#### Support for small business initiatives for drought-affected women

There were no additional beneficiaries to the small business initiatives. 60 displaced drought-affected women were given one-off cash grants (250 USD per woman) in the six branches for livelihood support and income-generating activities. Ten (10) women were supported in each of the following districts: Lasanod (Sool Region), Erigavo (Sanaag), Odweine (Togdheer), Zeila (Awdal), Sheikh (Sahil), and Hargeisa (Marodijeex).

#### Training on good agricultural practices

Forty (40) farmers from the Godayar village under the Sahail region, have received training in Good Agricultural Practices (GAP) to help introduce farmers to modern agricultural practices, including crop rotation, seed suitability,

soil and water conservation measures, and pest and disease control for two days (22-23 March). The training was facilitated by the technical consultant from the Ministry of Agricultural Development in Berbera.

### **Distribution of seeds to farmers**

The Somali Red Crescent Society distributed seeds to the farmers who received training in GAP for better cultivation of their crops. The seeds were distributed to 35 male and 5 female vulnerable farmers and selected according to the priorities and needs of the farmer. Each received 2 kg of sorghum, 2 kg of maize, 1 kg of red beans, 500 grams of onion, and 500 grams of chili.



## **Multi-purpose Cash**

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**Objective** *Households are provided with unconditional/multipurpose cash grants to address their basic needs*

Most of the Somali Red Crescent Society activities focused on multi-purpose cash to meet the urgent needs of food-insecure families across the country, specifically targeting the most vulnerable, the drought-affected, and displaced households affected by conflict. The cash transfer values were based on the latest regionally disaggregated transfer value rates presented by the Somalia Cash Working Group dashboard in September 2022.

The multi-purpose cash grant disbursements in Puntland supported a total of 2,322 people (387 households) through a multi-purpose cash transfer for basic needs. They were reached through a financial service provider (FSP) agreement with Golis.

The multi-purpose cash grant disbursement Somaliland reached total of 6,630 people (1,105 households) to support livelihoods and basic needs. Cash transfers were all done through mobile money, through the financial service provider agreement with Telesom.

Mobile money has been confirmed as the preferred modality by targeted communities through community surveys with affected people in a form of community gatherings, individual interviews and in consultation other stakeholders, such as Somalia Cash Working group.

The ECHO PPP has facilitated the scaling up of multi-purpose cash distributions. A CVA self-assessment has been carried out. In light of the self-assessment findings, the Somali Red Crescent Society developed a cash and voucher assistance (CVA) action plan for three years that will be a more effective and efficient cash preparedness mechanism and ensuring response to disasters or emergencies in a timely manner. Somali Red Crescent Society conducted a CVA Level 2 training, to build the capacity of the National Society staff and volunteers. The staff and volunteers carried out cash distributions to vulnerable drought-affected households in Puntland and Somaliland.



## **Health & Care**

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(Mental Health and psychosocial support / Community Health / Medical Services)

**Objective** *Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*

### **Mobile Health Clinic deployment – Somaliland and Puntland**

Under the Hargeisa coordination office - Six mobile health clinics (MHC) have been deployed in Togdheer (2), Sool (2), Eilafweine (1), and Awdal (1) with a primary focus of reaching infants, children under 5 years, pregnant and lactating women, as well as the immunization of women of child-bearing age (15-49 years), and ante-natal care, delivery, and post-natal care. The top five diseases observed in the clinic are acute respiratory infections, urinary tract infections, skin infections, watery diarrhea, and eye infections.

The activities completed in the mobile and fixed clinics between January and June 2023 under the Hargeisa Coordination office include:

- 10,362 people receive nutritional screening
- 206 people assisted with normal delivery
- 6,475 people reached with ante-natal care services.
- 18,667 people reached in total by the Outpatient Department (OPD)

### **Danish Red Cross Hunger Crises Response – Somaliland**

With bilateral support from the Danish Red Cross, two health clinics were funded in Somaliland in Qalooc and Allaybaday villages. These health clinics have supported the most vulnerable communities, such as women (ante-natal care, post-natal care, delivery) and children under five years old. These essential health packages have been the primary focus of the integrated health care programme with treatment, immunization, nutritional screening, health education and the provision of supplements to those assessed as malnourished.

With support from the Danish Red Cross, the Somali Red Crescent Society has distributed 1,740 cartons of Plumpy'Nut therapeutic food and 660 cartons of Plumpy'Sup supplementary food to the most vulnerable communities affected by the drought. A total of 1,184 children were reached. Of these, 895 were cured (76%), 32 were defaulters, 973 were discharged, and no deaths were reported.

In the response to the hunger crisis, the Somali Red Crescent Society Somaliland distributed shelter non-food items (NFI) kits and WASH NFI kits to the most vulnerable drought-affected communities in all 6 regions in Somaliland, particularly IDPs in the targeted areas. A total of 1,500 households have been reached for this support.

Through the bilateral support of the Danish Red Cross, one emergency mobile clinic was funded in Puntland in February 2023. The clinic supports the continuation of the health programme essential packages for the communities affected by prolonged drought in Gardo district villages and the entire Puntland and Somalia at large. The duration of this programme is nine months. This mobile health team will support the needy and vulnerable communities, such as women (ante-natal care, post-natal care, delivery) and children under five years old. These essential health packages have been the primary focus of the integrated health care programme with treatment, immunization, nutritional screening, health education, and the provision of supplements to those assessed as malnourished.

The assistance for those communities comes at the appropriate time, and surely has contributed to the improvement of the health care services rendered to those drought-stricken communities.

The Danish Red Cross bilateral support to the emergency appeal includes the distribution of 3,300 Plumpy'Nut and Plumpy'Sup to support the recovery and treatment of health clinics' admitted malnutrition caseloads. The Somali Red Crescent Society runs 15 fixed clinics and 5 mobile clinics, benefiting from that nutrition supply. This has led to the integration of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) services under one roof.

Bosaso branch has trained 4 Somali Red Crescent Society staff from the emergency mobile clinic in Qardho on cross-cutting issues, such as CEA and PGI, to make sure PGI is integrated into the health care service delivery.

The activities done in the mobile and fixed clinics between January and June 2023 under the Puntland branches include:

- Nutritional screening of 44,053 people, of which 7,154 were moderately malnourished and 1,823 people were severely malnourished
- Assisted normal delivery of 345 people
- 2,147 people reached with ante-natal care services
- 11,931 people in total reached by OPD

The 2023 Somalia Humanitarian Response Plan (HRP) is informed by the robust intersectoral analysis of the 2023 Humanitarian Needs Overview (HNO), which identifies 8.25 million people in need of humanitarian assistance in Somalia. The HRP requires \$2.6 billion to assist 7.6 million vulnerable people across the whole country representing around 90 per cent of the people in need. This is in line with the IASC humanitarian system-wide scale-up that came

into effect in August 2022 and the Humanitarian Country Team's strategic direction to scale up response both in magnitude and quality of response to avert the prolonged consecutive drought and risk of famine. The targeting is informed by the magnitude and severity of the needs identified in the HNO, the partners' capacity to scale up and the operating environment, and access. The intensity of the drought has had severe impacts on the health of the affected populations in Somalia. The operational areas of the health services, both the fixed and the emergency mobile clinics, were the most affected areas in Puntland and Somaliland. As such, there is continued support to health services to improve the health status of the affected communities.

The Somali Red Crescent Society has been implementing health interventions in line with its health strategy to support the most vulnerable people, with the support of the Red Cross Red Crescent Movement partners, UN Agencies, and respective authorities/governments. The operational areas of the health services, both the fixed and mobile clinics, aim to support and improve the health status of the affected communities. During the period from January to June 2023, Somali Red Crescent Society has achieved the following in Somaliland and Puntland:

- Reached 142,106 males and 140,421 females with contextually appropriate health services with
- Trained 946 males and 1,231 females of the Somali Red Crescent Society's first aid departments in routine first aid classes
- Reached 20,263 males, and 24,835 females with immunization services.

On the contrary, the Puntland and Somaliland branches have also implemented emergency cash for health project supported by the Norwegian Red Cross, which aims to improve the healthcare status of people whose lives have been affected by the ongoing drought. The project addressed some of the financial barriers affecting health outcomes, such as accessing available care, regular follow-up by health professionals, and closing the nutrition and hygiene gaps at household level that have arisen because of the drought. To achieve this, the project has been utilizing a cash system, whereby households provided cash assistance to purchase nutritional items, water, hygiene and/or use for referral or to buy additional medications. In total, 1,240 households in Puntland and 645 households in Somaliland experiencing malnutrition were supported with cash assistance to increase the level of health delivery and reduce the global acute malnutrition (GAM) rate.



## Water, Sanitation and Hygiene

**Objective** *Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*

The drought situation has contributed to severe water shortage and complete or almost complete drying of water points. The Somali Red Crescent Society has prioritized the provision of emergency WASH services to communities. As a result, WASH activities have reached 7,920 people (1,320 households) have been reached, particularly through the rehabilitation of berkedes and will enable adequate storage of rainwater from one season to the next. Berkedes would also be constructed along nomadic routes providing water for both domestic use and livestock.

### PHAST training

In addition, the Somali Red Crescent Society has conducted training targeting WASH committees in all targeted berked communities in the six regions of Somaliland. The trainees received a module of instruction on operation maintenance. They were also provided with practical training. The participants came from villages benefiting from the rehabilitated water points. The aim of the training on operational maintenance for local communities is to handle respective water points and provide support for covering all minor repairs needed by the water points in their villages. A total of 33 participants from WASH Committees attended the training in the six branches/regions. The drought situation has contributed to severe water shortage and complete or almost complete drying of water points. The Somali Red Crescent Society has prioritized the provision of emergency WASH services to communities in 2023. As a result, WASH activities have reached 469,338 people, particularly through hygiene and sanitation promotion campaigns which have a large reach, as well as fuel subsidies and a larger number of people targeted with water trucking due to acute needs.

Priority was considered to meet acute needs in terms of emergency water provision and sanitation. In addition, the low funding has led to the delay of some activities, including latrine construction, solid waste management training,

child hygiene and sanitation training (CHAST) in schools, and the distribution of ceramic water filters and NFIs. These activities are important to ensure sustainable WASH outcomes for communities, and thus further funding is highly needed.

### **WASH – Puntland**

A total of 5 water points were rehabilitated, reaching 9,270 households (approximately 55,620 people) and around 10,000 animals, including camels, goats, and sheep. Eight berkedes in Nugal and Bari province were rehabilitated. Through the community health project in Puntland, SRCS reached 152,302 beneficiaries, focusing the most prioritized areas in WASH, including hygiene promotion, respiratory diseases, diarrheal diseases, skin diseases and behavioral change.

### **WASH – Somaliland**

The Somali Red Crescent Society's resilience department has rehabilitated two water points (berkedes) in response to water scarcity in the Dhumay and Higlada villages under the Sool region, bringing it to a total of 29 berkedes. The rehabilitated berkedes are now fully functioning storing 780 cubic meters of water. The rehabilitated berkedes have continued to supply water to a total of 20,880 people (3,480 households).

### **Operation and maintenance training**

The Somali Red Crescent Society's resilience department provided operation and maintenance training in Godayar and Galooley villages. The training was provided by 10 people (6 males and 4 females). The training was designed in a way that they can understand easily, in group discussions, sharing experiences and ideas. Some practical sessions were also engaged during the training such as garbage collection and putting some stones around the water passage of the berkedes.



## **Protection, Gender and Inclusion**

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**Objective** *Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*

PGI has been integrated into the other response activities, with the application of gender analysis to targeting and implementation of food security and livelihoods, health, and WASH activities. Gender Focal Persons were identified to coordinate gender activities in the respective operational areas.

Through the Somali Red Crescent Society programmes, staff and volunteers followed the Dignity, Access, Participation, and Safety (DAPS) principles, which allows everyone to have an equal opportunity and where no one is left behind, left out or left unsafe when targeting the vulnerable groups to be included through the implementation of operations.

Scaling up PGI in the Somali Red Crescent Society programs has been crucial and comes in response to poor PGI compliance in recent humanitarian crises. The National Society has trained 99 volunteers on PGI, particularly those who participated NS emergency responses in Las, Anod post-conflicts and drought emergency responses. The Somali Red Crescent Society has distributed 430 dignity kits to date.



## Community Engagement and Accountability

The Somali Red Crescent Society has established strong community engagement and accountability (CEA) for good interaction with the community. Volunteers and staff receive a CEA briefing before they dispatch to the field, as it increases community ownership on the Somali Red Crescent Society's interventions and collaboration with the community. Trained volunteers continued to help with feedback data collection and information dissemination.

## STRATEGIC PRIORITIES



## Climate and environment

### Progress by the National Society against objectives

The National Society supported branch staff and volunteers to acquire knowledge and skills by delivering tailored training on climate change adaptation, disaster reduction and resilience programming.

The Somali Red Crescent Society supported communities to take lead and strengthen their resilience to respond to climate induced hazards. For instance, during the reporting period, the Somali Red Crescent Society planted 200 trees in 4 IDP camps in Burao, Togdheer region. More trees will be planted during the year. The National Society participated in the development of draft Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA) strategy organized by IFRC in Lukenya. IFRC supported the National Society to implement DREFs and Emergency Appeals with activities that support climate mitigation and promote initiatives that adopt environmental practices. With support from German Red Cross, the Somali Red Crescent Society carried out enhanced vulnerability and capacity assessments (EVCA) in 12 communities in all 6 regions of Somaliland. The purpose was to identify major hazards and risks affecting these communities and also map their vulnerability to each hazard and their capacity to respond.

Other projects supported by partners include the following:

- **Forecast-based financing project:** Funded by the German Red Cross, the Somali Red Crescent Society conducted the Drought Early Action Protocol Workshop from 15 to 16 March 2023 with the participation of the Somali Red Crescent Society Somaliland senior management and coordination staff. During that meeting, water scarcity and food insecurity were prioritized as the top drought impacts that the Somali Red Crescent Society will address through its anticipatory actions, along with prioritized proposed early actions (water point rehabilitation and multi-purpose cash).
- **Training and readiness activities with branch staff and volunteers on the Early Action Plan (EAP), FbF, and early warning early action (EWEA):** The Somali Red Crescent Society's Forecast-based Financing project team conducted FbF training/readiness activities with branch staff and community-based volunteers in three regions of Awdal, Marodijeh, and Togdheer with the aim of scaling up the ongoing Somali Red Crescent Society Forecast Based Financing Project. A total of 60 (42 males and 18 females) community-based volunteers in the three different regions of Awdal, Marodijeh, and Sool were trained in readiness activities to pro-actively act during the impending shocks and stresses.
- **Validation workshop for the Somali Red Crescent Society Drought Early Action:** Somali Red Crescent Society conducted the Drought Early Action Workshop on 16 May 2023 with participation of 20 people (18 males and 2 females), including the National Society staff, line ministries like the Somaliland National Disaster Preparedness and Food Reserve Authority (NADFOR), Ministry of Agricultural Development, Ministry of Environment, International NGOs, Local NGOs, and other experts from universities. The outcome of the workshop validated Somali Red Crescent Society priorities for drought impacts, contextualized the crisis calendar with the Somali seasonal calendar, and early warning communication and advisory sessions.

- **Climate Forecasting Community Awareness:** Somali Red Crescent Society conducted a climate forecasting community awareness training session on meteorology weather information dissemination to 20 the farmers in Qaloc district. The session raised awareness on the advantages of climate forecasting and farmer advisory services and enhanced the understanding of the concept of a forecasting system of Somaliland.

### IFRC network joint support

**Canadian Red Cross** has proposed a climate change project that will ensure that traditional knowledge, as well as science-based approaches, are integrated into the plans and include technical training of the staff, volunteers, networks, and extension workers. The Canadian Red Cross project proposal includes a variety of proposed interventions to the existing natural and built environments, which are intended to support sustainable improvements that are complementary to the changing climatic realities of the context.

**Norwegian Red Cross** has been working together with Somali Red Crescent Society to ensure more environmentally sustainable and greener health operations. One project that has extended to 2023 relates to greening health facilities starting with the ones supported by the Norwegian Red Cross in Mudug region.



## Disasters and crises

### Progress by the National Society against objectives

The Somali Red Crescent Society has strengthened its preparedness, response and recovery capacities to saving lives and reduce the impact of disasters and crisis. The National Society supported capacity strengthening of branches by training staff and volunteers in disaster management tools, such as vulnerability and capacity assessment. The Somali Red Crescent Society developed sustainable Early Warning Systems to enable effective response to the wide spectrum of the evolving disasters and crisis.

Through the support from the participating National Societies, the Somali Red Crescent Society established warehouses in each branch with emergency stocks prepositioned for a timely response to disasters and crisis. This will continue in 2023.

The Somali Red Crescent Society has developed a Disaster Management strategy and policy, which the National Society will use for disaster preparedness and response plans and implementation.

### ECHO PPP – Somaliland

The Somali Red Crescent Society conducted a National Response Team (NRT) training with 25 participants from the Somali Red Crescent Society and branch staff. The training enhanced knowledge, skills, and attitudes appropriate to the context to be able to respond to disasters and crises at a local level. It facilitated the creation of a certified national response team, ready to be deployed in case of emergencies or disasters.

### BMZ Project

The Somali Red Crescent Society conducted two simulation exercises and first aid training in Adal-ar and Agamsaha villages. Forty (40) participants (32 males and 8 females) participated in the training. The aim of the simulation exercise was to adopt a community participatory approach and to build their capacity to handle any future disaster in an organized manner effectively and efficiently.

### IFRC network joint support

The following participating National Societies have been supporting activities under crises and disasters and have committed to support activities in 2023.

**Danish Red Cross** has plans to develop a programme for branch and youth development to support enhanced response capacity of Somali Red Crescent Society branches and will work on supporting data-informed decision making and support to forecast-based action.

**German Red Cross** will continue supporting Somali Red Crescent Society further to strengthen its response capacity by further developing the anticipation action and community resilience.

**IFRC** will continue supporting the National Society to align the zero hunger initiatives and promoting climate-smart livelihood activities into their operations.



## Health and wellbeing

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### Progress by the National Society against objectives

One of the key priority areas for Somali Red Crescent Society is the provision of primary and secondary health care. The National Society aims to provide quality, preventive and curative health services through the network of fixed and mobile health facilities. The National Society continues to provide primary health care by increasing access to affordable and appropriate health services to communities affected by pandemics and epidemics and by strengthening the capacity of the Somali Red Crescent Society health professionals and volunteers as the front-line health service providers. Additionally, Somali Red Crescent Society has provided secondary health care by providing quality surgical care, obstetric and neonatal health care services through referrals, and the rehabilitation and community integration of persons with physical disability and other special needs. Another priority was to provide quality first aid services by enhancing the skills of the first aiders and the provision of adequate equipment and materials.

The Somali Red Crescent Society has scaled-up the utilization of community-based approaches, such as enhanced community-based health and first aid (eCBHFA), epidemic control for volunteers (ECV) and community-based surveillance (CBS), in 6 Somali Red Crescent Society branches in Somaliland. The National Society has reached 91,787 people (39,876 male and 51,920 female) and provided training to 669 volunteers and staff on eCBHFA. In Puntland, Somali Red Crescent Society has been engaging with the communities in the 9 branches to prioritize and address their health needs through CBHFA. A total of 91,787 people (39,876 male and 51,920 female) have been reached with health promotion activities on disease prevention and control in the vulnerable and marginalized communities.

The Somali Red Crescent Society branches carry out monthly monitoring while the coordination office carries out quarterly visits. At the end of each operation, the Somali Red Crescent Society conducts program reviews/lesson learnt workshops.

Somali Red Crescent Society regularly attends working groups and taskforce headed by the Ministry of Health. Additionally, Somali Red Crescent Society is a member and regularly attends the various working groups such as the outbreak response, health, nutrition. Somali Red Crescent Society is a member and regularly attends the various working groups such as the outbreak response, health, nutrition. The Somali Red Crescent Society also attends task force and coordination meetings on public health emergency preparedness and response to share their activities and plans with the sectoral Ministries where they share and disseminate operations updates in coordination and task force meetings. Somali Red Crescent Society branches continued to collaborate and coordinate with the local authorities in programme implementation.

### Mobile health clinic deployment – Somaliland and Puntland

Under the Hargeisa coordination office - Six mobile health clinics (MHC) have been deployed in Togdheer (2), Sool (2), Eilafweine (1), and Awdal (1) with a primary focus of reaching infants, children under 5 years, pregnant and lactating women, as well as the immunization of women of child-bearing age (15-49 years), and ante-natal care, delivery, and post-natal care. The top five diseases observed in the clinic are acute respiratory infections, urinary tract infections, skin infections, watery diarrhea, and eye infections.

The activities completed in the mobile and fixed clinics between January and June 2023 under the Hargeisa Coordination office include:

- 10,362 people receive nutritional screening
- 206 people assisted with normal delivery
- 6,475 people reached with ante-natal care services.
- 18,667 people reached in total by the Outpatient Department (OPD)

### **Support from Danish Red Cross in the Hunger Crisis Response – Somaliland**

With bilateral support from the Danish Red Cross, two health clinics were funded in Somaliland in Qaloooc and Allaybaday villages. These health clinics have supported the most vulnerable communities, such as women (ante-natal care, post-natal care, delivery) and children under five years old. These essential health packages have been the primary focus of the integrated health care programme with treatment, immunization, nutritional screening, health education and the provision of supplements to those assessed as malnourished.

With support from the Danish Red Cross, the Somali Red Crescent Society has distributed 1,740 cartons of Plumpy’Nut therapeutic food and 660 cartons of Plumpy’Sup supplementary food to the most vulnerable communities affected by the drought. A total of 1,184 children were reached. Of these, 895 were cured (76%), 32 were defaulters, 973 were discharged, and no deaths were reported.

In the response to the hunger crisis, the Somali Red Crescent Society Somaliland distributed shelter non-food items (NFI) kits and WASH NFI kits to the most vulnerable drought-affected communities in all 6 regions in Somaliland, particularly IDPs in the targeted areas. A total of 1,500 households have been reached for this support.

Through the bilateral support of the Danish Red Cross, one emergency mobile clinic was funded in Puntland in February 2023. The clinic supports the continuation of the health programme essential packages for the communities affected by prolonged drought in Gardo district villages and the entire Puntland and Somalia at large. The duration of this programme is nine months. This mobile health team will support the needy and vulnerable communities, such as women (ante-natal care, post-natal care, delivery) and children under five years old. These essential health packages have been the primary focus of the integrated health care programme with treatment, immunization, nutritional screening, health education, and the provision of supplements to those assessed as malnourished.

The assistance for those communities comes at the appropriate time, and surely has contributed to the improvement of the health care services rendered to those drought-stricken communities.

The Danish Red Cross bilateral support to the emergency appeal includes the distribution of 3,300 Plumpy’Nut and Plumpy’Sup to support the recovery and treatment of health clinics’ admitted malnutrition caseloads. The Somali Red Crescent Society runs 15 fixed clinics and 5 mobile clinics, benefiting from that nutrition supply. This has led to the integration of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) services under one roof.

Bosaso branch has trained 4 Somali Red Crescent Society staff from the emergency mobile clinic in Qardho on cross-cutting issues, such as CEA and PGI, to make sure PGI is integrated into the health care service delivery.

The activities done in the mobile and fixed clinics between January and June 2023 under the Puntland branches include:

- Nutritional screening of 44,053 people, of which 7,154 were moderately malnourished and 1,823 people were severely malnourished
- Assisted normal delivery of 345 people
- 2,147 people reached with ante-natal care services
- 11,931 people in total reached by OPD

The 2023 Somalia Humanitarian Response Plan (HRP) is informed by the robust intersectoral analysis of the 2023 Humanitarian Needs Overview (HNO), which identifies 8.25 million people in need of humanitarian assistance in Somalia. The HRP requires \$2.6 billion to assist 7.6 million vulnerable people across the whole country representing around 90 per cent of the people in need. This is in line with the IASC humanitarian system-wide scale-up that came into effect in August 2022 and the Humanitarian Country Team’s strategic direction to scaleup response both in magnitude and quality of response to avert the prolonged consecutive drought and risk of famine. The targeting is informed by the magnitude and severity of the needs identified in the HNO, the partners’ capacity to scale up and the operating environment, and access. The intensity of the drought has had severe impacts on the health of the affected

populations in Somalia. The operational areas of the health services, both the fixed and the emergency mobile clinics, were the most affected areas in Puntland and Somaliland. As such, there is continued support to health services to improve the health status of the affected communities.

The Somali Red Crescent Society has been implementing health interventions in line with its health strategy to support the most vulnerable people, with the support of the Red Cross Red Crescent Movement partners, UN Agencies, and respective authorities/governments. The operational areas of the health services, both the fixed and mobile clinics, aim to support and improve the health status of the affected communities. During the period from January to June 2023, Somali Red Crescent Society has achieved the following in Somaliland and Puntland:

- Reached 142,106 males and 140,421 females with contextually appropriate health services with
- Trained 946 males and 1,231 females of the Somali Red Crescent Society's first aid departments in routine first aid classes
- Reached 20,263 males, and 24,835 females with immunization services.

The Puntland and Somaliland branches have also implemented emergency cash for health project supported by the Norwegian Red Cross, which aims to improve the healthcare status of people whose lives have been affected by the ongoing drought. The project addressed some of the financial barriers affecting health outcomes, such as accessing available care, regular follow-up by health professionals, and closing the nutrition and hygiene gaps at household level that have arisen because of the drought. To achieve this, the project has been utilizing a cash system, whereby households provided cash assistance to purchase nutritional items, water, hygiene and/or use for referral or to buy additional medications. In total, 1,240 households in Puntland and 645 households in Somaliland experiencing malnutrition were supported with cash assistance to increase the level of health delivery and reduce the global acute malnutrition (GAM) rate.

## **ECHO PPP**

Through the ECHO PPP, the Somalia Red Crescent Society is providing effective and adapted local response to communities in need, while increasing the reach, quality and impact of the unique network of local actors.

A total of 84,332 people (47,532 females and 36,800 males) were reached with epidemic prevention and awareness and health literacy information at the community level during this reporting period. A major highlight of health promotion was the use of mobile cinema to spread key health messages among communities in rural areas, which attracted a lot of people and gained positive feedback from the beneficiaries. For monitoring and supervision, these activities were carried out frequently in collaboration with the Ministry of Health Development (MoHD) to ensure project quality and address challenges faced.

A total of 105 sites (67 in Togdheer and 38 in Sanaag) were actively monitoring and reporting health risks and implemented community health activities. Furthermore, 130 alerts (58 in Togdheer and 72 in Sanaag) were triggered, 28 alerts were responded to within 24 hours (21 in Togdheer and 7 in Sanaag), while 44 were investigated in 48 hours (36 in Togdheer and 8 in Sanaag).

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A total of 15,239 (10,020 females and 5,219 males) beneficiaries were provided with essential healthcare services to respond to humanitarian crises in the Sool region, for three months (March to May) supporting three medical teams.

During the reporting period, the following activities were conducted:

- Registration and reporting formats were revised by the MoH in line with the new version of DHIS 2, an open-source web-based health management information system. The Somali Red Crescent Society staff were oriented and have started using the new forms. Somali Red Crescent Society staff have been trained on the utilization of DHIS 2 and its reporting formats.
- An annual plan of activities was developed, which is in line with the health strategy objectives and priorities.

- Their epidemic and pandemic preparedness and response contingency plans were aligned with the priorities and policies of MoH.
- The CBS platform contributed to the national early warning system.
- Success stories were documented on the impact of health promotion, disease prevention and community-based care activities through their social media platforms and reports <https://twitter.com/srcsyouth>.
- The National Society trained 419 volunteers on health risks through CBS. The health risks reported by trained volunteers were: 212 acute diarrheal disease, 85 acute malnutrition, 4 clusters of unusual illnesses or deaths in people, 44 fevers and body pain, 29 fevers and rash, 45 fevers, cough/difficulty breathing and tiredness.
- 60 School teachers (44 males and 16 females) were trained at IDP camps in Maroodi-Jeeh and Sahil regions on Epidemic Preparedness and Control (EPC) to promote school health awareness activities and to prioritize elements of IDP school health promotion.
- 8 Community Health Committees (CHC) were formed. There were 32 community members (4 from each community) selected and trained on PGI-sensitive epidemic and pandemic preparedness and response and promoting regular vaccinations of community members. CHC members were educated on common preventable diseases (e.g. cholera, Hepatitis A & E, and acute bloody diarrhea), vaccination-preventable disease and mosquito borne diseases like malaria and chikungunya, and sexual and gender-based violence (SGBV) prevention lessons. The Somali Red Crescent Society has reached 36,053 people through community health awareness on the prevention of climate-induced diseases, such as skin diseases, malaria, eye infections and diarrheal diseases. Nutritional screening for early detection was carried out, reaching a total of 52,655 people (30,138 female and 22,517 male) in Somaliland.
- Somali Red Crescent Society has established hotlines in all the 9 branches to collect community feedback and concerns and to address them. This feedback is linked to the IFRC community feedback system, which records all feedback received and addressed.
- Basic first aid is carried out on a continuous basis. During the reporting period, a total of 959 volunteers and community members across the branches were trained.
- A total of 8 first aid kits were received from IFRC during the period.
- A total of 1,681 people have been provided with psychosocial support.
- Uptake of routine immunizations has continued through all Somali Red Crescent Society fixed and mobile clinics where a total of 11,438 people (6,072 female and 5,366 male) were reached with immunization during the reporting period.
- Somali Red Crescent Society volunteers continued with social mobilization, particularly among the nomadic and displaced communities, to increase vaccine coverage.
- Somali Red Crescent Society supported the MoH in the roll out of COVID-19 vaccinations.
- Ten 10 mobile clinics were established that provided COVID-19 vaccinations to vulnerable and marginalized communities. Additionally, all Somali Red Crescent Society fixed and mobile facilities provided COVID-19 vaccinations.
- A total of 669 volunteers in Somaliland were trained on ECV.

**ICRC** continues to support 34 clinics, including mobile clinics in different regions of the country.

### **IFRC network joint support**

**IFRC** supports 7 clinics in Somaliland & 5 clinics in Puntland. A WASH delegate is being recruited and will support the development of the National Society WASH strategy. The IFRC health focal point regularly participates in weekly health coordination forums and other ad hoc health technical meetings/forums. IFRC shares invitations and supports Somali Red Crescent Society to participate in the interagency coordination meetings. IFRC supports Somali Red Crescent Society to network and link with other actors like UNICEF, WFP, CDC, and ECHO around health, nutrition, immunization, and public health. IFRC aligns all the outcomes for health programmes with the 2030 strategy.

IFRC supported the National Society with tools and guidance on CBHFA, ECV, and CBS, COVID-19 outbreak response, eCBHFA, ECV, and non-communicable diseases (NCD). A total of 6,300 people have been reached with awareness sessions related to the prevention of communicable diseases, such as HIV and TB, and stigma and discrimination

reduction against people living with HIV. The Somali Red Crescent Society also provides sexual, reproductive, maternal, neonatal and child health services (ante natal, delivery, child spacing, immunization and nutrition, including infant and young child feeding – IYCF). Through IFRC support, the National Society reached a total of 23,887 women with ante-natal care, 13,447 women with IYCF counselling, 2,161 with deliveries, 17,041 with immunization for TB, and 52,655 in nutrition.

Under the WASH component, IFRC supported the National Society to rehabilitate and construct water sources where close monitoring was done. Sanitation committees have been established to oversee the water and sanitation facilities.

Procurement of medical supplies and equipment is in progress with the support of the Geneva medical logistics and will be reported in the annual report. The Somali Red Crescent Society integrates and mainstreams PGI in all its operations and programmes. Psychosocial support was provided during emergencies and disasters. Somali Red Crescent Society has continuously utilized the existing referral pathway for SGBV survivors at the clinics and community level.

The following partners will continue supporting health services in both mobile and fixed clinics:

**Canadian Red Cross** (in partnership with the Icelandic RC) has been supporting the Somali Red Crescent Society through the proposed “Strengthening the Health Emergency Preparedness and Response Capacity (SHERC) of Somali Red Crescent Society in Somaliland. The project focuses on improving the response of the Somali Red Crescent Society to the health emergency needs by training staff and volunteers on the Epidemic Preparedness, Prevention and Response (EPPR) and community surveillance. The Somali Red Crescent Society’s COVID-19 response showed that the National Society’s Health in Emergencies capacity is strong. As per its recognized auxiliary role to the Government of Somaliland, Somali Red Crescent Society has extensive experience and capacity to respond to health emergencies. However, to strengthen the National Society’s capacity with epidemic scenario planning, and EPPR contingency plan and structured safety protocols for staff and volunteers is being developed.

**Danish Red Cross** is supporting NCD implementation in two clinics in Alleybadey (Somaliland) and Goldogob (Puntland). The Danish Red Cross also is supporting 2 clinics in Somaliland and 1 mobile in Bosaso, Puntland under hunger crisis.

**Icelandic Red Cross** is supporting activities to ensure appropriate gender responsive health services through the distribution of dignity kits.

**Norwegian Red Cross** is supporting 7 fixed clinics and 2 mobile clinics in Mudug region in Puntland, 3 clinics in Nugal and 3 fixed clinics and 3 mobile clinics in Sool Somaliland. These facilities are predominantly located in drought affected areas and are well equipped and the clinic staff continue to be trained remotely. The Norwegian Red Cross has a regional innovation delegate and health delegate who are providing support to Somali Red Crescent Society on innovation activities on remote capacity building of healthcare workers and the development of a health strategy, which is scheduled to start in July 2023. Norwegian Red Cross continues to provide financial and technical support to Somali Red Crescent Society to maintain added value and strong relationships with the Ministries of Health (MoH) in Somalia. The Norwegian Red Cross supported both mobile and fixed clinics to provide community-based surveillance, & prevention and control of communicable diseases by mobilizing the volunteers. The Norwegian Red Cross will continue expanding Somali Red Crescent Society capacity in SGBV through its health projects with the aim to ensure safe referral and proper medical treatment of SGBV cases at Somali Red Crescent Society health facilities. Furthermore, in Puntland, cash for health is a new project supported by the Norwegian Red Cross from late 2022 and extending into 2023 to address the barriers to access to healthcare by vulnerable groups. Norcross supported people affected by drought in Sool region. They supported cash assistance for health for 6 months.

**Qatar Red Crescent** is supporting 2 clinics in Somaliland.



## Migration and displacement

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### Progress by the National Society against objectives

The National Society has been providing support and humanitarian assistance to the migrants by contributing to durable solutions and resilience building programmes. During the reporting period, Somali Red Crescent Society implemented a Restoring Family Link (RFL) project in Somaliland. Through this project, Somali Red Crescent Society

distributed 6,449 Red Cross/Red Crescent messages to restore the families separated in and out of the country. At the same time, Somali Red Crescent Society collected 51 cases of the BBC Baafin program from different beneficiaries before it was stopped. However, the number of TR cases collected is currently 72 cases with 13 new cases from Somalia and out of the country. Other achievements are:

- 1,604 migrants, returnees, and Yemen refugees were able to make phone calls
- Somali Red Crescent Society collected Trace the Face cases in 2 matches
- Somali Red Crescent Society distributed 49 safe and well messages



## Values, power and inclusion

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### Progress by the National Society against objectives

The Somali Red Crescent Society adopts a comprehensive PGI approach across its operations and programs. Somali Red Crescent Society aims to contribute to increase the knowledge and awareness of communities and advocates with public authorities, religious and community leaders to eradicate the harmful practices and will ensure the participation of women in the planning and implementation of its programs and projects. Icelandic Red Cross committed to support Somali Red Crescent Society's menstrual health management (MHM) activities (education and distribution of hygiene kits for women and girls) to improve girls' access to education by decreasing absence from school, as well as other PGI & prevention of sexual exploitation and abuse (PSEA) activities.

### SHERC Project - Somaliland

Through the SHERC project, Somali Red Crescent Society conducted the following activities.

Community-based volunteers were trained on the minimum standards in PGI in Emergencies (SGBV, female genital mutilation – FGM) to ensure a “do no harm” approach, MHM, and referral pathways in Awdal Region. This activity trained 50 volunteer and staff participants (26 males and 24 females).

Training for 168 volunteers of Berbera and Hargeisa branch was delivered on eCBHFA, CBS, SGBV and referral pathways, violence against children, female genital mutilation of cutting (FGM/C), MHM and mental health and psychosocial support (MHPSS), and psychosocial first aid (PFA).

MHM kits were distributed for schoolgirls and women ages 12 to 50 years. A total of 4,000 beneficiaries (2,341 schoolgirls and 1,659 IDP women) received MHM kits in Maroodi-Jeeh and Sahil regions. In Maroodi-Jeeh, 1,150 schoolgirls and 850 IDP community women received MHM kits, and in Saahil, 1,191 schoolgirls and 809 IDP community women received MHM kits.

Teachers and students at 5 selected schools from Maroodi-jeh and Sahil regions were trained on SGBV prevention with the aim to share knowledge on preventing SGBV in the school environment and their respective communities. Eleven teachers (7 males and 4 females) and 25 elder students (11 males and 14 females) received the training.

School clubs were established, and student-led awareness sessions on SGBV prevention and community response mechanisms were delivered at schools. The three school clubs were formed in Maroodi-jeh and Sahil regions where 30 students (14 male and 16 female) joined the clubs and received training. In Saahil, 23 students (12 male and 11 female) joined 2 clubs.

A draft PSEA policy rollout plan was developed for 2024-2025, as well as a draft reporting mechanism. Both documents were shared with Icelandic Red Cross technical advisors for review and input. Once the comments are received and integrated by the project team, the documents will be shared with the Somali Red Crescent Society leadership team for review.

The focus for CEA in Somali Red Crescent Society will be on institutionalization. The National Society will prioritize the development of the CEA strategy and harmonizing the existing community feedback systems that are in place.

## ECHO PPP

The following achievements have been recorded:

A total of 193,995 people (87,354 male and 106,641 female) have been reached by Somali Red Crescent Society through Risk Communication, Community Engagement and Accountability. A knowledge, attitudes and practice (KAP) survey, a hotline, and post-distribution monitoring (PDM) have been used to get feedback and analyze the progress of the programme.

A toll-free hotline was established for community feedback on Somali Red Crescent Society community health and CVA activities, separately in both territories. A beneficiary feedback and complaint mechanism (hotline center) was established with a four-digit code (3240) in all six branches in Somaliland. Each hotline center was covered by a volunteer who was engaged throughout the reporting period of the CVA. In the final report of the feedback system, the majority of the beneficiaries were satisfied with the CVA process.

The hotline center received 309 calls from CVA beneficiaries in Somaliland. The main challenges expressed through the calls were the huge needs versus the scarcity of resources and increased population movement burdening host villages.

KAP survey tools were published towards the end of the reporting period and due to the large number of activities, the survey is yet to be done. The KAP survey, tailored to reach all active result areas, is planned for the beginning of year 2.

Community members were engaged in CVA and health interventions. They were informed about potential hazards from climate change, epidemics, and natural disasters and how they can reduce the risks. They could also directly influence activities like beneficiary selection in CVA and feeding health risks through a hotline.

The ECHO PPP has supported capacity building of the National Society in CEA with the development of procedures and training. The National Society also set up a toll-free hotline to facilitate community feedback, which was used for the health and CVA activities of the project.

### IFRC network joint support

ECHO PPP implementation is supported by Danish Red Cross, Finnish Red Cross, Norwegian Red Cross and the IFRC.

Canadian Red Cross and Icelandic Red Cross also provide support in this area of work.

## ENABLING LOCAL ACTORS



### Strategic and operational coordination

#### Progress by the National Society against objectives

The Somali Red Crescent Society has been working closely with the Government, relevant stakeholders, and other agencies to ensure that there is no duplication of interventions or activities. The Government Disaster Response agencies, the Ministry of Humanitarian Affairs and Disaster Management (MoHADMD) in Puntland and Somaliland, are responsible for the overall coordination of all responses to disasters and emergencies in the respective regions. The Somali Red Crescent Society coordinates closely with the Ministry of Health, the Ministry of Agriculture, and the Ministry of Water Management in Puntland and Somaliland.

The Somali Red Crescent Society continued to engage with the government line ministries and local governments. The National Society works closely with other humanitarian actors by participating in joint assessments, attending coordination meetings, and filling gaps that are raised by the coordination platforms or clusters. The UN, INGOs, and NGOs have been responding to the drought emergency. The Somalia Food Security Cluster is currently activated, and the Regional Humanitarian Response Team (RHPT) led by OCHA ROSEA has been following the drought emergency

across the Greater Horn of Africa Region. Through the partners' contribution to the 3W matrix reporting, there is coordination and no duplication of interventions.

### **IFRC network joint support**

The Somali Red Crescent Society is supported by several participating National Societies: British Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Icelandic Red Cross, Qatar Red Crescent Society, Turkish Red Crescent Society, Danish Red Cross, Norwegian Red Cross, and Swedish Red Cross. IFRC coordinates participating National Society activities and provides technical support to the routine IHP, DREF operations and the Hunger Crisis Appeal to the National Society and has also contributed to Somali Red Crescent Society capacity development through the Capacity Building Fund (CBF) and National Society Investment Alliance (NSIA) projects.



## **National Society development**

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### **Progress by the National Society against objectives**

IFRC continuously prioritized policies, procedures, tools, and guidelines to support the National Society to constantly improve their work, and to take stronger actions on safeguarding assets, effectively managing the institution and its resources. IFRC supported the National Society to apply for the 2023 NSIA application with a total budget of CHF 50,700 to fund a project to equip a training center with basic necessary equipment (e.g. furniture, information and communication technology, training manuals, training materials, and First Aid kits). The National Society already has the facility identified in its Mogadishu Coordination office and will be responsible to cover staff needs and running costs. The project will lead to long-term expected results, including improved motivation and retention of volunteers, enhanced income generation, and improved Somali Red Crescent Society image among the community.

The IFRC finance department is supporting the National Society to optimally utilize their respective enterprise resource plans to enable real-time financial information for periodic reporting to donors, partners, and other stakeholders. Somali Red Crescent Society leadership has the buy-in to transition to Working with Project Partners (WWPP) and will finalize the first step of the capacity assessment by December 2023.

### **IFRC network joint support**

The British Red Cross is not present in country, but provides National Society development support to Somali Red Crescent Society through the ICRC, including funding an NSD delegate to support Somali Red Crescent Society to implement its NSD Strategy and Plan of Action 2022-2025..



## **Humanitarian diplomacy**

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### **Progress by the National Society against objectives**

The Nairobi delegation has promoted humanitarian diplomacy by supporting the Somali Red Crescent Society to be better positioned and have a stronger capacity to achieve the goal of helping to protect the most vulnerable and safeguarding the humanitarian space. There is continuous engagement with IFRC Humanitarian Diplomacy, Communications, Partnerships and Resource Development, and the Advisor for Resource Development on the hunger crisis and strategic engagement with regional and international bodies and funding firms to sustainably support the National Society.



### Progress by the National Society against objectives

The Somali Red Crescent Society made efforts to improve community engagement institutionalization and capacity at all National Society levels. The partners were also interested and funded community engagement to collect the most prioritized responses by the community. The continuation of similar training has led the Somali Red Crescent Society to be community driven in all programs. When the activities and priorities are being planned by the community, program performance increases and reflects the National Society goals and community priorities. To get community involvement in project plans, the Somali Red Crescent Society so far launched 3 projects with community at the center of its plans and priorities. In addition to that, PMER trained 16 staff and volunteers on CEA to increase their level of understanding and let them improve community participation in project implementation. However, since the community is missing some key information related to the projects that Somali Red Crescent Society is implementing, two effective community feedback channels were established in ECHO PPP and the Cash for Health project. Different feedback from communities was collected in different sectors and thematic areas and addressed.



## The International Federation of Red Cross and Red Crescent Societies (IFRC)

is the world's largest humanitarian network, with 191 National Red Cross and Red Crescent Societies and around 15 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

### DATA SCOPE AND LIMITATIONS

- **Timeframe and alignment:** The reporting timeframe for this overview is covering the period from 1 January to 30 June 2023. However, due to the diversity of the IFRC and differences in fiscal years, this coverage may not fully align for some National Societies. Mid-year reporting data may have been based on estimations, with plans to submit more robust numbers at the annual reporting stage.
- **Missing data and breakdowns:** National Societies have diverse data collection systems and processes that may not align with the standardized indicators. Data may not be available for some indicators, for some National Societies. This may lead to inconsistencies across different reporting tools as well as potential under or over-estimation of the efforts led by all.
- **Reporting bias:** The data informing this Federation-wide overview is self-reported by each National Society (or its designated support entity) and which is the owner and gatekeeper, and responsible for accuracy and updating. IFRC tries to triangulate the data provided by the National Societies with previous data and other data in the public domain.

### ADDITIONAL INFORMATION

- [IFRC Global Plan and Country Plans](#)
- [Subscribe for updates](#)
- [Donor response](#) on IFRC website
- [Live Disaster Response Emergency Fund \(DREF\) data](#)
- Operational information: [IFRC GO platform](#)
- National Society data: [IFRC Federation-wide Databank and Reporting System](#)
- [Evaluations database](#)

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#### Somali Red Crescent Society website

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