

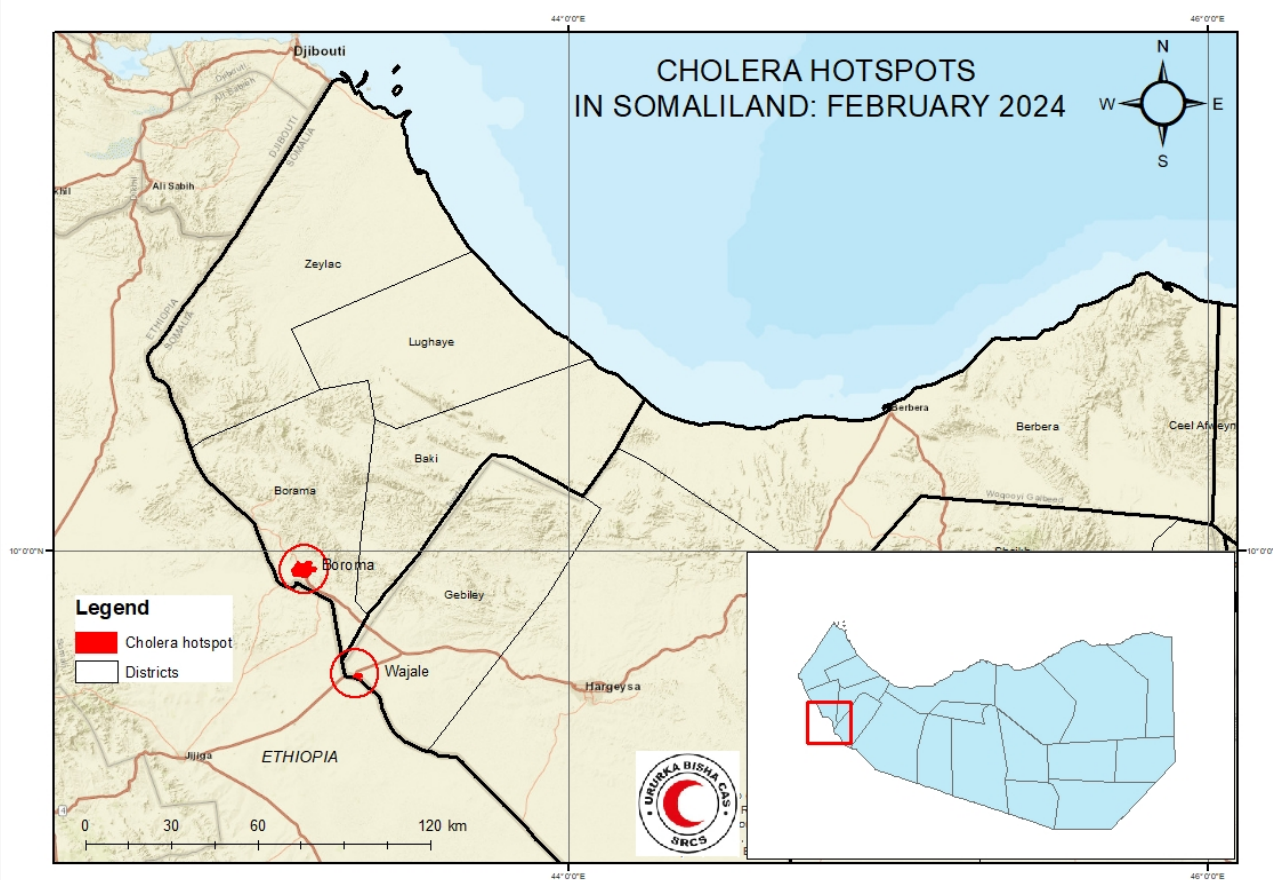
Appeal: <b>MDRSO017</b>	Country: <b>Somalia</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 326,892</b>	
Glide Number: <b>-</b>	People Affected: <b>100,000 people</b>	People Targeted: <b>12,000 people</b>	
Operation Start Date: <b>2024-02-15</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>31-05-2024</b>	DREF Published: <b>23-02-2024</b>

Targeted Areas: **Awdal, Woqooyi Galbeed**

# Description of the Event

## Date when the trigger was met

2024-02-04



## What happened, where and when?

On December 6, 2023, the first suspected cholera outbreak was reported in the Maroodijeh region of Somaliland, subsequently spreading to other regions. Acute Watery Diarrhoea (AWD)/cholera cases have been identified in two regions of Northern Somalia, specifically in the Awdal and Hargeisa regions of Somaliland. As of February 5, there have been 474 reported cases with nine fatalities. The Ministry of Health and Development reported a Case Fatality Ratio (CFR) of 1.9 percent, exceeding the World Health Organization's emergency threshold of  $\geq 1$  percent.

Since December 2023, cholera outbreak cases in Somaliland have been increasing based on the Ministry of Health and Development's regular updates on Acute Watery Diarrhoea (AWD) investigations. From December 6, 2023, to January 18, 2024, the MOHD reported 14 cases tested using RDT and Culture. Four cases tested positive for AWD/Cholera using RDT, with three confirmed by culture, indicating a case positivity rate of 29% by RDT and 21% by Culture. Additionally, one fatality from the Hargeisa district, particularly in the October village, died in transit (pre-hospital).

The current cholera outbreak is attributed to limited access to safe water, proper sanitation, primary health care services, and lowered immunity, especially among children experiencing high levels of acute malnutrition. Cholera is an acute intestinal infection that spreads through contaminated food and water, often from feces. Factors like poverty, conflict, and extreme climate events such as floods and droughts contribute to outbreaks by reducing access to clean water. Despite the preventable nature of AWD/cholera with safe water and proper sanitation, a significant portion of Somali families lack functional sanitation facilities, practice open defecation, and lack handwashing facilities.

The Somalia Red Crescent Society Hargeisa Coordination office is collaborating closely with the Ministry of Health and other organizations to respond to the cholera outbreak, aligning their efforts with the national response plan. The National Society is utilizing its network of community volunteers, who will receive training to assist in the response.



The National Society is also ensuring an inclusive response, considering specific needs related to gender, ethnicity, age, disability, HIV/AIDS status, or other factors that increase vulnerability. They are committed to upholding Sphere standards and implementing mechanisms to enhance transparency and accountability. Data, information, and lessons learned from the response will be captured, analyzed, and shared with partners involved in the response and beyond.

On February 4, 2024, the Ministry of Human and Development officially announced the outbreak after confirming the test results.

## Scope and Scale

The Ministry of Health compiled a cumulative report spanning from October 2023 to January 2024, documenting a total of 21,604 reported cases of diarrhea. This report also provided prevalence rates per 1,000 population, enabling an analysis of the geographical spread of the disease. Among the reported cases, approximately 75% were children under 5 years old. The Sahil, Togdheer, and Sanaag regions reported the highest prevalence rates of diarrhea among children under 5, with rates of 40 per 1,000, 29 per 1,000, and 26 per 1,000, respectively, followed by Awdal at 16 per 1,000.

The border area between Somaliland and Ethiopia is particularly vulnerable due to recurrent drought, flash floods, high rates of malnutrition among children under 5, and limited access to toilets and sanitation services. The outbreak has spread to communities, posing a risk to the broader population. It has resulted in widespread illness, death, social disruption, increased pressure on health services, and socio-economic disruption, affecting all age groups but particularly impacting children and the elderly. Women and girls, often responsible for caregiving and with limited healthcare access, have been disproportionately affected.

The affected population urgently requires access to safe water, sanitation, and hygiene facilities to prevent further spread of the disease. There is also a need for medical supplies and trained personnel to treat those infected. Given the recent escalation of the outbreak, the Somali Red Crescent Society (SRCS) has intensified its efforts to mobilize resources and collaborate with communities and the government to provide emergency relief and support community preparedness and recovery. Other actors, including the UN, international organizations, and NGOs, are also committed to providing support to those affected by the outbreak.

Cholera is an acute diarrheal disease that can be fatal within 6 hours if left untreated. Somaliland faces challenges in achieving universal access to safe drinking water and adequate sanitation, especially in densely populated and unplanned urban settlements as well as rural areas. These conditions, combined with poor hygiene practices, have led to recurrent outbreaks of Water, Sanitation and Hygiene (WASH) related diseases.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)	Yes
If yes, please specify which operation	MDRSO006 2017, MDRSO016 2023.

### **If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

The DREF intervention is active in the Maroodi-jeh and Awdal regions. In recent weeks, new hotspots have emerged in the Wajaale district (under Maroodi-jeh) and Borama (under Awdal), necessitating a reassessment of intervention priorities due to their proximity to the Ethiopian border. From October 23 to January 2024, 21,604 cases of diarrhea were reported. To prevent cholera transmission and address potential surges, NS is expanding the intervention to these districts. Since May 2023, SRCS community volunteers have been active in the area, enhancing surveillance and prevention efforts. With existing resources, SRCS plans to bolster its support to the Ministry of Health by improving case management at community and facility levels, raising community awareness about cholera prevention, mitigation, and control, and extending the community volunteer team for at least three months to assist with joint supervision alongside MoH workers in the targeted regions.

### **Lessons learned:**



Drawing from the 2017 cholera response in Burao, effective collaboration between SRCS, IFRC, PNs, the Ministry of Health, and regional/local governments facilitated outbreak control. This collaboration was a result of intensified efforts in risk communication, community engagement, contact tracing, and early case detection.

Lessons from previous cholera responses underscore the importance of community involvement in promoting environmental hygiene, advocating for handwashing, identifying and referring cases at the household level, and supporting the operation of cholera treatment centers. Community participation ensured timely information gathering, coordinated implementation of preventive measures by healthcare providers, and effective management of new cases.

The ongoing response, including the DREF, health, and WASH programs, emphasizes health and hygiene promotion, household water disinfection, water and sanitation facility rehabilitation, distribution of WASH NFIs, and hygiene/environmental campaigns. These efforts aim to mitigate the impact of waterborne diseases and enhance community health. SRCS has learned the value of engaging volunteers in early response actions, disseminating early warning information, rapidly mobilizing communities, and saving lives.

Additionally, close monitoring of service provision by health department leaders, district governments, disaster committees, SRCS, and IFRC experts ensured effective implementation. Regular updates on activities helped coordinate implementation plans and adjust components based on the evolving situation in affected areas.

## Current National Society Actions

### Start date of National Society actions

2024-02-02

<p><b>Health</b></p>	<p>The Health Department team of the National Society has been actively engaged in providing affected communities with fundamental health awareness and promotion. They achieve this by disseminating health information through the production and distribution of Information, Education, and Communication (IEC) materials, training volunteers on health risks associated with the cholera outbreak and offering psychosocial support to distressed families to help them manage the situation. Furthermore, SRCS clinics in Somaliland, including both static and mobile units, are already delivering essential healthcare services to vulnerable communities. Mobile clinics have been strategically relocated nearer to the areas affected by the crisis, and referrals are made when necessary.</p>
<p><b>Water, Sanitation And Hygiene</b></p>	<p>Currently, 5 SRCS staff members and 30 volunteers are deployed to conduct hygiene promotion and sensitization activities. These efforts aim to prevent the spread of waterborne diseases, raise awareness about the risks of flooding, and educate people at risk about Water, Sanitation, and Hygiene (WASH) issues. SRCS will distribute WASH Non-Food Items (NFIs), including water purification chemicals, buckets, soaps, jerrycans, and other supplies, to individuals affected by the disease. Additionally, the team is delivering key messages on hygiene water treatment methods using Aqua tablets, promoting community safe practices, emphasizing sanitation, explaining waterborne disease risks, addressing environmental hygiene, and discussing factors contributing to disease transmission to people affected by flooding.</p>
<p><b>Community Engagement And Accountability</b></p>	<p>Community feedback systems have been implemented in several branches, and the feedback tool is now prepared for deployment in affected areas and communities, with responses being provided. Operational staff and volunteers have received training in community engagement and accountability.</p>
<p><b>Coordination</b></p>	<p>The SRCS coordination offices collaborate with government authorities and local authorities, while the IFRC Nairobi cluster provides regional and international coordination support to SRCS. Various coordination mechanisms are established at different levels to facilitate information sharing and prevent overlapping interventions. Both the National Society and IFRC delegation are involved in all coordination systems to mitigate the risk of duplicated assistance.</p> <p>A multi-sectoral approach was employed in the initial assessment of cholera outbreaks</p>



	<p>across the country. The Ministry of Health conducted assessments primarily in hotspot regions, and the findings have been compiled nationally to provide the number of confirmed cases.</p> <p>The NS and IFRC participate in humanitarian clusters, including ICRC, where they coordinate their work and exchange information during regular meetings and as necessary. However, the ICRC plays a more active coordination role in the south-central part of Somalia, while the IFRC takes the lead in coordination in Somaliland and Puntland. NS/IFRC engage in various cluster coordination meetings to align approaches with other partners, particularly in Health, Cash, WASH, shelter, and livelihood support sectors.</p>
<b>National Society Readiness</b>	<p>Cholera outbreaks are a recurring issue in Somaliland, primarily due to inadequate water and sanitation infrastructure. SRCS has been actively involved in response efforts since 2017. The SRCS response is part of a nationwide effort led by the Ministry of Health (MoH). In Somaliland, SRCS has six branches with a total of 1,494 female and 1,063 male active volunteers, all on standby for activation. Action teams and volunteers in affected districts have been mobilized and are prepared for deployment in social mobilization and awareness campaigns to control the cholera outbreak.</p> <p>In terms of capacity, SRCS has a team of trained staff and volunteers ready to continue the response. Currently, SRCS has deployed 30 volunteers and 5 staff members to conduct health and hygiene promotion, community-based surveillance, house-to-house visits, distribution of aqua tablets and water, and awareness-raising through publicity activities.</p>
<b>Resource Mobilization</b>	<p>SRCS, in collaboration with IFRC, mobilizes international resources. However, efforts to mobilize domestic resources have been challenging due to the national economic situation and the ongoing reliance on international humanitarian aid. SRCS has established enduring partnerships with various Red Cross and Red Crescent societies, including the German Red Cross, Canadian Red Cross, Icelandic Red Cross, Norwegian Red Cross, Danish Red Cross, and Finnish Red Cross. Some of these partners have a presence in the country, offering long-term support to the vulnerable population and aiding in the development of the National Society through bilateral or multilateral initiatives.</p> <p>SRCS Partner National Societies (PNs) have indicated their intention to release emergency funds to support the National Society. This support will be coordinated as part of the overall strategy for this response.</p>
<b>Activation Of Contingency Plans</b>	<p>With support from ECHO PP and Forecast-Based Financing (FBF) project under the German Red Cross, SRCS developed its multi-hazard contingency plans from November 18-22, 2023. Once the final version is approved, the contingency plan will be activated to guide the response and coordinate cooperation within the Movement.</p>
<b>National Society EOC</b>	<p>SRCS has set up an Emergency Operations Centre (EOC), which is not yet operational. However, SRCS is actively working to connect it to the FBF project supported by the German Red Cross. This initiative aims to provide data and information to make the EOC operational by the end of 2024.</p>

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC has been offering technical assistance to the National Society (NS) through its Regional Office for Africa and Delegation office in Somalia. This ongoing support includes a long-term Program Coordinator, a WASH delegate based in Somaliland, and surge delegates mobilized to support the Hunger Response Operation (Health, Food Security and Livelihoods, Communications, PMER/IM). As part of the cholera response, they have been helping the NS to secure funds through the Disaster Relief Emergency Fund (DREF).</p>
<b>Participating National Societies</b>	<p>SRCS is collaborating closely with various partners, including a consortium of Partner National Societies (PNSs) such as the Finnish Red Cross, German Red Cross, Canadian Red</p>



Cross (Icelandic Red Cross), Norwegian Red Cross, and Danish Red Cross.

These PNSs have been informed about NS's response to the crisis, and NorCross, Finnish Red Cross, and German Red Cross have pledged their support.

## ICRC Actions Related To The Current Event

The ICRC is present in the country and has committed to supplying Aqua tabs and other WASH commodities to areas not covered by the Cholera DREF. They have also pledged to secure funding for the response and will provide a report at the next coordination meeting in March 2024.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	The Ministry of Health Development in Somaliland has set up a coordination framework with various partners across multiple sectors, including SRCS, WHO, UNICEF, and other NGOs, to develop a cholera preparedness and response plan. This plan is currently in progress. A crisis cell has been established to oversee the coordination of activities related to providing clean water, monitoring water quality, and ensuring access to adequate sanitation, particularly for vulnerable groups living in informal settlements. Additionally, there is close collaboration with relevant ministries, especially those responsible for water, interior affairs, municipalities, and the environment, to ensure the provision of safe water and sanitation services.
<b>UN or other actors</b>	<p>The United Nations and other stakeholders have been actively involved in responding to the cholera outbreak. Through existing coordination platforms, consensus has been reached, resulting in the development of comprehensive contingency plans at the cluster level.</p> <p>Cluster leads are required to share their respective contingency plans, highlighting their existing resources and identifying gaps using the MoH/OCHA template. MoH/OCHA will provide the template to be used by cluster leads for their submissions. Clusters are also expected to participate in meetings focused on cholera preparedness and contingency planning.</p>

### Are there major coordination mechanism in place?

The Ministry of Health is leading the coordination of cholera outbreak response cluster meetings. The government, along with the UN and other actors, is collaborating closely to develop a comprehensive plan for timely action and preparedness. This collaboration aims to minimize the potential impact of the outbreak on communities by pooling resources, expertise, and knowledge.

The focus is on implementing a robust preparedness and response plan across various sectors. SRCS Somaliland's Health and Nutrition Department actively participates in all coordination meetings, aligning its plan with that of the MoH and requesting support for existing gaps. There is a strong coordination mechanism between the MoH and SRCS for organizing training for staff and volunteers on cholera response.

In Somaliland, the Ministry of Health Development plans to establish a regular coordination mechanism for responding to the outbreak. Coordination meetings will be held as needed, with line ministers of Somaliland and UNOCHA coordinating to ensure accurate targeting and avoid duplication.

Various clusters, particularly in health, are active, with NS and movement partners participating to share information on different sectoral approaches.



# Needs (Gaps) Identified



## Health

Somalia ranks among the countries with the lowest health indicators globally. Decades of civil war have severely weakened Somalia's health system, leading to the displacement of 3,860,000 people within the country.

Cholera is a highly treatable disease with timely and adequate care. However, early reports suggest that Somaliland's healthcare system, already strained by multiple crises, is struggling to manage cholera cases.

From October 2023 to January 2024, the Ministry of Health and Development (MoHD) reported a total of 21,607 cases of diarrhea across the six regions of Somaliland. Additionally, in the border town of Wajaale, between Somaliland and Ethiopia, 15 suspected cases of Acute Watery Diarrhea (AWD)/Cholera were reported. Further investigation revealed that out of these cases, 4 tested positive through Rapid Diagnostic Testing (RDT), and 3 were confirmed as AWD/Cholera through culture testing. Two other AWD/Cholera cases also tested positive in Hargeisa, the capital city of Somaliland.

The gaps identified include the need to enhance the capacity of treatment centers, ensure standard treatment protocols, build the capacity of frontline health workers in case detection and management, address the low uptake of health and hygiene messages, disinfect contaminated water sources, improve sanitation facilities, enhance access to Water, Sanitation, and Hygiene Non-Food Items (WASH NFIs), and provide safe water to the community.

To address these challenges, SRCS will implement preventive measures and deliver timely training to staff and volunteer health promoters, ensuring appropriate medical care. This approach will enable a systematic and organized response, facilitating effective surveillance, case management, infection prevention, and community engagement. Additionally, key messages promoting good hygiene and sanitation practices will be disseminated to raise awareness and encourage positive behavior change in protecting water sources from contamination. Finally, household items such as jerrycans, water purification tablets, buckets, and water filters will be provided to the communities as part of early action.

Implementing this response plan will enhance our ability to save lives, alleviate suffering, and protect the health and well-being of the affected population.



## Water, Sanitation And Hygiene

The ongoing complex crisis in Somaliland has had detrimental impacts on WASH conditions in the country, which represents a major risk factor for cholera transmission. The rural population is the most vulnerable to cholera, as they are characterized by the highest WASH challenges, including damage to water points and lack of maintenance of water points, leading to people using unclean water. Some activities (where facilities are not present and lack proper hand washing, and water testing kits) represent most of the hotspots.

Maroodi-jeh and Awdal regions share a porous border with Ethiopia respectively where cross-border travel is common, open defecation is high, and poor water and sanitation coverage, thereby pausing a greater risk of acute watery diarrhea (AWD) and cholera.

Simultaneously, key messages promoting good hygiene and sanitation practices will be disseminated to raise awareness and encourage positive behavior change on protecting existing water sources from contamination.

Therefore, the national society trains volunteers to carry out activities, such as: conducting community awareness on health and hygiene promotion, conducting cleaning campaigns/garbage and drainage clearance.

The NS will construct/rehabilitate community latrines, and proper handwashing facilities to improve health and hygiene promotion. Simultaneously, key messages promoting good hygiene and sanitation practices will be disseminated to raise awareness and encourage positive behavior change on protecting existing water sources from contamination. Finally, household items such as jerrycans, soaps, water purification tablets, buckets, and water filters will be provided to the communities as an early action thereafter.



## Protection, Gender And Inclusion

The majority of individuals affected by the cholera epidemic are women and children, placing vulnerable groups at risk of exploitation, psychosocial trauma, and sexual and gender-based violence (SGBV). To address these concerns, Protection and Gender Inclusion (PGI) will be integrated throughout the intervention. This will involve ensuring that volunteers receive comprehensive briefings during their various refresher courses. SRCS is committed to ensuring that protection issues are prioritized, ensuring that all individuals, regardless of age, gender, or disability status, feel safe and supported.



The National Society will conduct awareness-raising and orientation sessions on protection for volunteers. To promote inclusivity, engagement with individuals at settlement sites will be conducted to ensure that assistance from PNSs/IFRC/ICRC is distributed equitably and impartially. Gender roles will be taken into consideration when scheduling distribution times and dates, as well as in hygiene promotion activities.

As part of the needs assessment and analysis, a gender and diversity analysis will be incorporated into all sector responses, including Health, CEA, and WASH. This analysis aims to understand how different groups have been affected and will inform any revisions to the operational strategy.



## Community Engagement And Accountability

During a disaster like the cholera outbreak, accessing information poses a challenge for the most vulnerable individuals, making communication with affected populations and receiving feedback more difficult. Effective Risk Communication and Community Engagement (RCCE/CEA) are crucial for controlling and containing cholera outbreaks in communities. Identifying key entry points, such as community leaders or other influential figures, is a critical approach to controlling cholera outbreaks. Addressing rumors and myths will also be essential, and this can be achieved by establishing a two-way feedback mechanism.

The needs assessment will adhere to the minimum standards for Protection and Gender Inclusion (PGI). Additionally, volunteers responsible for implementing activities will receive training in PGI and CEA elements. This training will enable them to conduct better needs assessments and communicate relevant information to the communities.

# Operational Strategy

## Overall objective of the operation

This DREF aims at supporting 12,000 people affected by cholera through the provision of health, Water, Sanitation and Hygiene (WaSH) support in the Maroodijeh and Awdal regions for 3 months.

Specific objectives:

1. Contribute to the prevention and control of the spread of Cholera Outbreak in the communities of affected districts.
2. Facilitate improved case management of cholera outbreak at facility and community levels in the affected districts.
3. Improve basic sanitation and good hygiene practices and access to safe drinking water in cholera hotspots.

## Operation strategy rationale

Given the current context of limited healthcare access and challenges faced by response actors, a tailored approach is necessary to reduce the case fatality rate, limit the spread, and minimize transmission of the outbreak. SRCS will leverage its network of community volunteers and staff to reach the at-risk population.

SRCS will respond to the following areas by mobilizing and capacitating 120 volunteers to conduct the operation, including house-to-house visits to reach 2,000 HHs.

The operation is focusing on the prevention and control of Cholera at community level to reduce the case load of CTU/CTC through Community Based Surveillance (CBS). CBS framework is currently a strategy used by the NS on epidemics early detection and reporting. NS have experiences on CBS.

CBS is currently utilized on the medical outreaches where the village volunteers are used to report on suspected disease outbreaks early enough. The NS integrates CBS on each health facility volunteers to coordinate CBS in their villages of residence.

For this response, the below strategies will be followed:

- Capacity building of RC Volunteers and CHWs on Cholera understanding, standard guidelines on Community based surveillance system, CHWs in detection and reporting of Community Based Surveillance.
- Mobilize RC Volunteers and CHWs to increase community-based surveillance and active case finding of AWD/Cholera cases.
- Mobilize village chiefs, traditional/religious leaders to support CHWs community-based surveillance/ active case finding of AWD/Cholera cases.
- Strengthen collaboration with traditional healers/doctors to encourage community-based surveillance and reporting of AWD/Cholera cases to medical/health staff.

Health:

- Conduct rapid assessments.
- Train 120 volunteers and staff on ORP preparedness and kit management at community level: ORP volunteers in the community will be



able to assess, classify and treat AWD/cholera cases,

- Set up 100 oral Rehydration points and deploy staffs and volunteers to manage them.
- Scale-up health promotion actions to sensitize communities on the early signs of cholera and emphasize the importance of reporting any risks to relevant health authorities through a household visits approach through the following activities.
- Referrals: The volunteers will use their knowledge acquired during training to identify patients with signs of cholera and refer them to the designated health facilities set up by MoHD for patient management.

#### Water, sanitation and hygiene (WASH)

Through the water, sanitation and hygiene sector, SRCS will work towards the improvement of safe water and sanitation by:

- Promoting Water, Sanitation and Hygiene (WASH) activities in these areas such as access to clean water and proper sanitation facilities, as they are significant in Cholera prevention. Volunteers and different support to be used. SRCS will also Mobilize community volunteers and local community leaders in the target areas to help in spreading the messages of Cholera prevention and control.
- Distributing WASH NFIs: Distribution of the WASH NFI to 2,000 households in the most vulnerable communities including Jerrycans, Buckets, Soap, water purification tablets Aqua tabs.
- Supporting the purification of household drinking water and improvements in household hygiene through the provision of aqua tabs/Pure at the household level and hygiene promotion (reduction of open defecation and increased utilization/community construction/rehabilitation of community latrines, improvement in handwashing practices/food and water hygiene).

#### Protection, Gender and Inclusion (PGI)

Through training and mobilization of volunteers but also promotions and integration to sectoral priority approach.

#### Community engagement and accountability (CEA)

The SRCS will ensure that the already developed Community Engagement and Accountability (CEA) tools, tailored to the Somaliland context, are adopted, and used to collect data relevant for planning CEA approaches and activities during implementation. The tools will gather community feedback and make use of the feedback to generate ownership within the community during the cholera operation.

#### Psychological Support Service (PSS)

The MoHD has reported instances of stigma against recovered patients who have been discharged from hospitals, with communities expressing reluctance to mix with them due to fear of contracting the disease. In response, mental health and psychological support will be provided to the communities, as well as to cholera patients and their families, particularly regarding the burial process. Volunteers undergoing training will be educated on mental health and psychosocial support (MHPS) and how to sensitively engage communities during awareness campaigns.

## Targeting Strategy

### Who will be targeted through this operation?

The Somali Red Crescent Society's cholera response will prioritize approximately 12,000 people in two regions. These regions represent districts with reported new cases and in need of support. The primary focus will be on women and caregivers, especially in the Wajaale district (Marodijeh region) and Borama district (Awdal region), as they are primarily responsible for household chores, including cooking and childcare.

### Explain the selection criteria for the targeted population

The criteria for selecting the targeted population were determined by the severity of the outbreak, the vulnerability of the communities, and the areas most impacted by cholera. SRCS concentrated on areas with the highest reported cases and those facing the greatest risk of transmission. To ensure that the most vulnerable individuals receive assistance in the cholera response operation, the primary selection criteria are based on a combination of factors. These include prioritizing those most in need of assistance, assessing the severity of the impact, considering the existing vulnerabilities of certain groups, and understanding the social dynamics between different groups in terms of protection.

1. Beneficiary selection will also include communities that have reported recent outbreaks.
2. Specific vulnerabilities and common social marginalized groups: Women, children, women/child headed households, people living with disabilities, pregnant and lactating mothers, the elderly (over 65), and low-income households.
3. Households moving to relatives' houses, where resources are already limited, and the hosting communities are taking another burden by hosting families.
4. Families with people with disabilities.
5. Specific priority to migrants and IDPs.



# Total Targeted Population

Women	6,240	Rural	70%
Girls (under 18)	-	Urban	30%
Men	5,760	People with disabilities (estimated)	5%
Boys (under 18)	-		
Total targeted population	12,000		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Community needs may exceed the capacity of this operation.	SRCS will advocate as necessary to partner organizations to meet unmet needs.
Deployed staff and volunteers get infected. SRCS is using volunteers who live in this region. Volunteers will be interacting with untested people during their community surveillance. A volunteer might be infected while at home form family members as well as during activities.	Staff and volunteers are provided with PPEs and insurance. Apart from these, volunteers will be supervised, briefed, and debriefed throughout the response.
Community myths and misconceptions about cholera may make the disease to spread.	Increased community awareness on cholera and its spread. Provide a clear community case definition which would show how serious cholera can be if one gets infected. Improve collection of community complaints and feedback.
Contributing to the presence of contaminated water resulting in increased cholera cases	SRCS responding disinfection of contaminated water, conduct environmental cleaning campaigns and sensitized on disease surveillance so that they can detect any of the early signs of the likely diseases. SRCS will also continue to share and raise awareness on key health and sanitation in its flood awareness sessions.

Please indicate any security and safety concerns for this operation

The security environment in Somaliland's target regions of this operation remains as peaceful as ever which provides an enabling environment for SRCS, and other actors' personnel adequately and freely implement their programme activities. Continued monitoring was conducted to inform travel and operational activities. As such, there were not any effect on cholera DREF implementation areas in the Maroodijeh and Awdal regions were considered safe for personnel deployed by SRCS.

Has the child safeguarding risk analysis assessment been completed?

Yes



# Planned Intervention



**Budget:** CHF 145,932

**Targeted Persons:** 12,000

## Indicators

Title	Target
# of people reached through awareness campaign about AWD/Cholera causes, symptoms and prevention measures.	12,000
# of HHs reached with ORS, Zinz tabs procured.	2,000
# of HHs reached through house-to-house health and hygiene promotion activities.	2,000
% of escalated alerts responded to and investigated within 24hrs	80

## Priority Actions

1. Conducting a rapid assessment of the cholera outbreak to identify gaps and challenges regarding cholera response and control.
2. Conducting community awareness campaigns about AWD/Cholera causes, symptoms, and prevention measure to reduce the transmission of cholera.
3. Procure and distribute to the affected community's cholera kits (ORS, Zinz tabs) procured and distributed.
4. House-to-house visit and health and hygiene promotion.
5. Mobilize 100 volunteers (50 in each region) to support health workers in the early detection of new cases through active case finding (community-based surveillance) and support for contact tracing.
6. Train 120 volunteers on Oral Rehydration Point (ORP) preparedness and community case management with the aim of immediately saving lives. ORP volunteers in communities will be able to identify, rehydrate, and refer potential cholera cases in their communities, as well as help them become better prepared for future outbreaks.
7. Orient 150 volunteers on psychosocial support (PSS).
8. Support awareness raising in the communities through direct messages dissemination, mass media, outreach activities, and IEC material facilities.
9. Train 120 staff and volunteers on Infection prevention control (IPC) procedures.
11. Support awareness raising in the communities through direct message dissemination, mass media, outreach activities, and IEC material facilities.
12. Enhance risk communication and community Engagement (RCCE) in the communities to play a key role in the awareness and behavior changes during this intervention. These actions will tailor the messages and channel to different audiences/community members.

CBS activities:

- Capacity building of RC Volunteers and CHWs on Cholera understanding, standard guidelines on Community based surveillance system, CHWs in detection and reporting of Community Based Surveillance.
- Mobilize RC Volunteers and CHWs to increase community-based surveillance and active case finding of AWD/Cholera cases.
- Mobilise village chiefs, traditional/religious leaders to support CHWs community-based surveillance/ active case finding of AWD/Cholera cases.
- Strengthen collaboration with traditional healers/doctors to encourage community-based surveillance and reporting of AWD/Cholera cases to medical/health staff.



## Water, Sanitation And Hygiene

**Budget:** CHF 117,671

**Targeted Persons:** 12,000



## Indicators

Title	Target
# of HHs reached with WASH kits	2,000
# of community latrines constructed/rehabilitated in hotspot districts.	7
# of environmental cleaning and hygiene promotions campaigns conducted.	6
# of people reached through mobile cinema on AWD/Cholera prevention and control conducted.	2,000

## Priority Actions

1. Continuously monitor the WASH situation in targeted communities
2. Coordinate with other WASH actors on target group needs and appropriate responses.
3. Procure and distribute household water treatment products (aqua tabs) for water purification.
4. Procurement and distribution of WASH NFI (jerrycans of 20L, Buckets 20 L sanitary tools, and Soaps) to the most vulnerable 2000 households.
6. Conducting mobile cinema on AWD/Cholera prevention and control in Wajaale and Borama towns.
7. Construction/rehabilitation of community latrines.



## Protection, Gender And Inclusion

**Budget:** CHF 5,374

**Targeted Persons:** 2,000

## Indicators

Title	Target
# of volunteers received refresher training on PGI awareness raising on issues of Violence, Discrimination, and Exclusion	100
# IEC materials produced and distributed.	500

## Priority Actions

1. Refresher training on volunteer PGI awareness raising on issues of violence, discrimination, and exclusion.
2. IEC materials for PGI promotion.



## Community Engagement And Accountability

**Budget:** CHF 6,485

**Targeted Persons:** 1,000

## Indicators

Title	Target
% of people confirmed with improved health and hygiene practice.	70
% of feedback received and treated.	100



# of volunteers and staff trained on CEA in emergency.	100
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## Priority Actions

Operational staff and volunteers have been trained in community engagement and accountability.

- CEA activities will be implemented all through the interventions to ensure that community are engaged and understands the intervention, criteria, and early actions for their effectiveness.
- Integrate CEA questions into planned needs assessments/context analysis.
- Community feedback systems have been established through some branches, and the feedback tool is ready to be deployed in the affected areas/communities.
- Setting up engagement sessions to consult and inform the community and participatory planning with community representative groups.



## Secretariat Services

**Budget:** CHF 11,123

**Targeted Persons:** 4

## Indicators

Title	Target
# of monitoring missions conducted.	1
# of financial spot checks conducted.	1

## Priority Actions

Conduct the financial spot checks to improve the quality of liquidation.

Conduct monitoring and supervision mission on the cholera outbreak response.



## National Society Strengthening

**Budget:** CHF 40,305

**Targeted Persons:** 200

## Indicators

Title	Target
# Cholera/IPC emergency meeting workshops and conference for MoH and SRCS staff conducted.	3
# of Joint monitoring and supervision cost for Ministry of Health Development and SRCS conducted.	3
# of volunteers who receive Personal Protective Equipment (PPE).	120

## Priority Actions

1. Conducting coordination meetings on the Cholera outbreak response within movements, MoH and other actors including the UN, NGOs.
2. Insure all the volunteers and staffs deployed.
3. Contribution of the SRCS warehouse building for emergency NFI stocks.



4. Procurement of Personal Protective Equipment (PPE).
5. Joint monitoring and supervision cost for Ministry of Health Development and SRCS.
6. Rent of SRCS Warehouse for pre-position stock.
7. Cholera/IPC emergency meeting workshops and conference on MoH and SRCS.
8. Lesson learned workshop.

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

1. 10 staff and about 120 volunteers will support the DREF Operation. All team members will receive training in a variety of topics in their respective regions and will carry out targeting missions and basic data collection.
2. Two supervisors will oversee activities in the intervention zones in each region.
3. The coordination staff will ensure internal and external coordination at the coordination level, while the branch team will ensure the implementation of the DREF.

#### Role of Volunteers

The identified and trained volunteers will primarily conduct public health education as well as refer patients with signs of cholera to the health facilities for management and testing. Since they are trained, they will thereafter utilize their knowledge to identify such cases and refer to the designated health facilities where the MoHD has set up for patient management. The SRCS volunteers will strive to close the loops on the feedback from communities as well as share the feedback at various coordination forums as appropriate with the aim to improve response.

### If there is procurement, will it be done by National Society or IFRC?

The NS logistics team, has extensive expertise in procurement, logistics, and warehouse management, will carry out local procurement meeting IFRC standards. This will be supported by the IFRC logistics/procurement officer.

### How will this operation be monitored?

The Operations team and NS leadership will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the DREF implementation.

The Operations team will also work closely with IFRC Nairobi Cluster Delegation office and will be responsible for performance-based management systems and the overall quality.

DREF progress monthly reports will be compiled by the National Society, informing the IFRC on the progress and challenges of the operation, along with a monitoring plan/indicator tracking table to map out, ensure the collection, and keep track of the key indicators.

The NS with the support of IFRC will conduct a post-distribution monitoring survey to examine the level of satisfaction among the targeted population.

A feedback mechanism will be placed in the community to ensure that all emergency needs are reported through the right channel. The functionality of the identified feedback mechanisms will be monitored.

### Please briefly explain the National Societies communication strategy for this operation

The National Society has a communication department which will work closely with the field teams to capture significant information and regularly share information and updates on the operation via a range of communications such as publish in print, electronic, and online platforms.

IFRC will support the NS communications team to communicate with external audiences with a focus on the protracted humanitarian.



# Budget Overview



## DREF OPERATION

### MDRSOxxx - Somali Red Crescent Society Cholera Response DREF

#### Operating Budget

<b>Planned Operations</b>	<b>275 463</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	145 932
Water, Sanitation & Hygiene	117 672
Protection, Gender and Inclusion	5 374
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6 486
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>51 429</b>
Coordination and Partnerships	0
Secretariat Services	11 124
National Society Strengthening	40 305
<b>TOTAL BUDGET</b>	<b>326 892</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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**IFRC Appeal Manager:** Mohamed Babiker, Head of Delegation, mohamed.babiker@ifrc.org, +254 1108043974

**IFRC Project Manager:** Moses Atuko, Program coordinator, moses.atuko@ifrc.org

**IFRC focal point for the emergency:** Patrick Elliott, Roving Ops Manager, patrick.elliott@ifrc.org, +254 733620770

**Media Contact:** Anne Wanjiru Macharia, Communications Senior Officer, anne.macharia@ifrc.org, +254 720787764

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

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[Click here for the reference](#)

