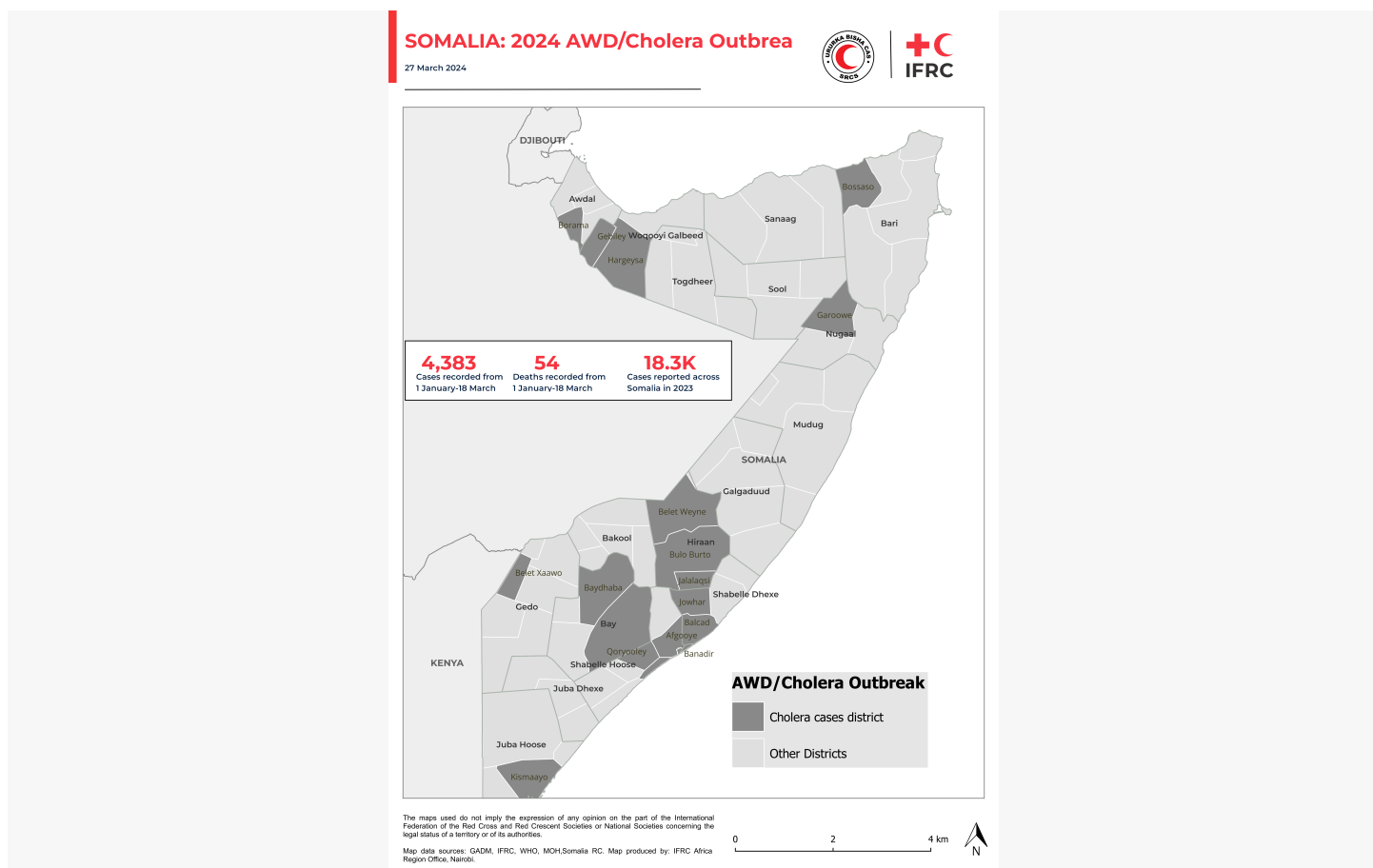




SRCS Volunteers providing awareness raising session to children from Jilab IDP camp playing in a waste water

Appeal: <b>MDRSO017</b>	Total DREF Allocation: <b>CHF 499,964</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: -	People Affected: <b>240,430 people</b>	People Targeted: <b>24,500 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>15-02-2024</b>	New Operational End Date: <b>31-08-2024</b>	Total Operating Timeframe: <b>6 months</b>
Reporting Timeframe Start Date: <b>15-02-2024</b>		Reporting Timeframe End Date: <b>31-08-2024</b>	
Additional Allocation Requested: <b>173,072</b>		Targeted Areas: <b>Awdal, Bari, Nugaal, Woqooyi Galbeed</b>	

# Description of the Event



## Date when the trigger was met

2024-03-19

## What happened, where and when?

The first outbreak was reported in December 2023 in Somaliland. For which this DREF was launched. In February 2024 a second outbreak was reported in Puntland. This second allocation to the DREF is to cover the new outbreak in Puntland.

Details of what where and when are as follows:

In Somaliland:

On December 6, 2023, the first suspected outbreak was reported in the Maroodijeh region of Somaliland, subsequently spreading to other regions. Acute Watery Diarrhea (AWD) cases have been identified in two regions of Northern Somalia, specifically in the Awdal and Hargeisa regions of Somaliland. Since December 2023, AWD/cholera outbreak cases in Somaliland have been increasing based on the Ministry of Health and Development's regular updates on Acute Watery Diarrhea (AWD) investigations.

In Puntland:

The first case was reported from Bosaso IDPs on 4th of February 2024. The Ministry of Health in Puntland declared an Acute Watery Diarrhea/cholera outbreak in Bosaso on February 29, 2024. Since the initial cases were reported, the outbreak has increased to new districts and new communities living in IDPs. On 19 March an urgent meeting led by the Ministry of Health (MoH) was convened to mobilize resources and coordinate a response.

Risk of further escalation in both Somaliland and Puntland from April 2024 onwards:

As reported in OCHA Flash Update #2 dated 24 March 2024, the outbreak across the hotspots in Somalia is expected to escalate when the anticipated heavier-than normal Gu (April to June) rains start, especially in high-risk districts located along the Shabelle and Juba River basins. According to WHO, the outbreak is driven by high levels of malnutrition among children, insufficient access to clean water, open defecation practices, latrines with poor hygiene and inadequate sanitation among communities, among other factors. Other contributing factors include extreme weather conditions such as drought and flooding, as well as conflict and movement of people which have led to a



spillover of infections from some neighbouring countries. The upcoming Gu rains are expected to trigger outbreaks in areas where the disease has not been observed in years.



SRCS volunteers and staff observing the situation in the IDP community in Garowe

## Scope and Scale

### 1. In Somaliland:

The Ministry of Health reported on 24th March:

- An existing and Emerging AWD outbreak in Awdal region and some part of M.Jeex region (Togwajale) which is susceptible to spread across the regions.
- AWD Main hotspots: M. jeex region (Wajale), and Awdal region (Borama Town and villages near border).
- Cumulative report spanning Epi week 1 to 12 suspected AWD (203 cases).
- Total new suspected cases in Epi\_Week 12: Suspected AWD (97 cases).
- 2 deaths due to suspected AWD were reported in Epi week 12.
- These figures cover cases in hospitals only, community cases are not included.

The current 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 type of disease with safe water and proper sanitation, a significant portion of Somali families lack functional sanitation facilities, practice open defecation, and lack handwashing facilities.

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 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.

Since the disease expands in both Ethiopia and Somaliland, there is an increased risk of local transmission in the borders. The border area between Somaliland and Ethiopia is also 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.

### 2. In Puntland:

The first case was reported from Bosaso IDPs on 4th of February 2024. The Ministry of Health in Puntland declared an Acute Watery Diarrhea/cholera outbreak in Bosaso on February 29, 2024. Since the initial cases were reported, the outbreak has increased to new districts and new communities living in IDPs. Reporting of deaths and new cases could be more than the updates we get daily, since the current reports are the cases coming to CTC/CTU and hospitals, but in the communities, the fatalities are unreported, particularly in IDP



camp in big cities like Bosaso, Garowe, and Gardo.

The Ministry of Health in Puntland compiled a cumulative report spanning from February 4th 2024 till to-date, documenting a total of 929 AWD/cholera cases and 40 deaths across: where Bosaso District (IDPs) has 332 cases, with 21 deaths; Garowe District (IDPs) 514 case's with 16 deaths; Qardho District (IDPs) 59 cases and 2 deaths, Carmo Districts (IDPs) 12 cases, zero deaths; Burtinle District 3 cases, 1 death; Dangoroyo District 25 cases, zero deaths; Eyl District 2 cases, zero deaths; Ceelbuh District 1 case, zero deaths. Most cases have been reported in IDP camps. On February 29th, the MoH declared an AWD/cholera outbreak in Bosaso.

The IDPs situation in Bosaso, Qardho and Garowe are suffering from the compounding effects of recurrent drought, recent El Nino flash floods, inflation of Somali shilling, high rates of malnutrition among children under 5, and limited access to toilets and sanitation services. The outbreak has spread 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.

WASH cluster partners and local government in Bosaso carried out an assessment on February 18th, 2024, focusing specifically on water quality tests targeting boreholes that supply water to areas where AWD cases originated. The water quality laboratory assessment revealed that four main boreholes were contaminated with elevated levels of coliform bacteria. The Ministry of Health in Puntland and World Health Organization (WHO) collected samples to investigate the cholera outbreak further.

Puntland Water Quality Laboratory has conducted an in-depth assessment of the water quality in the impacted areas in response to the outbreak of AWD among the IDP community in Bosaso and Garowe. The testing of water quality at the Jillable IDP camp in Garowe and Shabelle IDP in Bosaso discovered several significant problems that worsened the shortage of water and affected the safe and hygienic conditions of the water supply. Puntland Ministry of Health has requested for humanitarian support through the weekly EOC communications where SRCS and other humanitarian partners participate.

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 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.

## Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	Yes

### Please explain the summary of changes and justification:

In Somaliland:

The DREF intervention is active in Somaliland, in the areas of Marodijeex and Awdal regions. The operation was launched following the declaration of outbreak and escalation of cases and death, especially in vulnerable groups, include IDPs. In recent weeks, new hotspots have emerged in Somaliland but also in Puntland with a rapid increase of cases. New hotspots in Somaliland are in the Wajaale district (under Marodijeex) and Borama (under Awdal).

In Puntland:

The first case was reported from Bosaso IDPs on 4th of February 2024. The Ministry of Health in Puntland declared an Acute Watery Diarrhea (AWD)/cholera outbreak in Bosaso on February 29, 2024. Since the initial cases were reported, the outbreak has increased to new districts and new communities living in IDPs. In March an urgent meeting led by the Ministry of Health (MoH) was convened to mobilize resources and coordinate a response. Acute watery Diarrhea (AWD)/cholera has been spreading in Puntland with at least 40 people dead and 929 cases reported since the start of the outbreak. Most of the new cases have been reported from Bari and Nugal



Provinces particularly amongst the internally displaced people settlements in Bosaso, Qardho and Garowe. 36 people died as a result of the Acute Watery Diarrhea (AWD) outbreak in the Bosaso, Garowe, Qardho and Carmo IDPs, underlining the critical need for significant public health measures.

In both Somaliland and Puntland, the overall trend shows that the AWD/Cholera outbreak appears to be still increasing. The general scarcity of accessing safe water due to drought and limited WASH services added to the food insecurity and other vulnerabilities in the affected areas are major contributing factors to the ongoing outbreak.

The responding humanitarian partners in Puntland are very limited where only SRCS is currently active and supporting with soft activities like health promotion, water purification campaigns and ORS household level preparation and distribution. This is still low compared to the need expressed. This update aims to scale-up the intervention with:

- New areas hotspots being covered:

The NS aims to reach 24,500 people. 12,000 people as initially planned will be the main target in Marodijeh and Awdal region (Somaliland) and 12,500 people in Bari and Nugal provinces (Puntland). The prioritization of the districts is based on the outbreak trend and vulnerabilities in the areas. This includes a priority on IDP camps in Puntland.

- For the strategy, the main objectives remain focused on health and RCCE and WASH activities and is extended to the new targeted hotspots. Hence, to ensure effective prevention and control, an extended team will be deployed in the targeted locations.

- NS will extend the WASH intervention to ensure minimum access to safe water and environmental and family hygiene is given to 2,500 HHs most in need. This will include the water treatment tabs and storage material (jerrycans, buckets), handwashing soaps, laundry soaps and waste collection bins to the Cholera Treatment Unit which is overwhelmed now by the admitted cases in Garowe.

- The provision of ORS, Zink tabs to ORT set-up at community level with the capacity to support around 4,500 HHs, an additional 2,500 households than what the initial procurement capacity.

The aforementioned modifications entail an additional CHF 173,072 allocation and an extension of the timeframe by 3 months. This increases the total budget for the detailed intervention below to CHF 499,964, with implementation now scheduled for 6 months.

## Current National Society Actions

### Start date of National Society actions

2024-02-02

<b>Health</b>	<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 Acute Watery Diarrhea outbreak and offering psychosocial support to distressed families to help them manage the situation.</p> <p>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>The same also happened in Puntland, Where SRCS Bosaso branch has contributed in the response of the AWD/cholera through health promotion, and case management by mobile clinics working in Bosaso IDP settlements.</p>
<b>Water, Sanitation And Hygiene</b>	<p>In Somaliland:</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>In Puntland</p> <p>The branches are undertaking quick response on the reported AWD/Cholera with water purification efforts in the affected communities by distributing Aqua tabs and health awareness raising. Additionally, SRCS deployed volunteers to carry out health promotion activities through mass risk communication channels and household visits in Garowe and Bosaso. This is a quick response lasting ten days as SRCS is hoping to deliver before the approval of the DREF.</p>
<p><b>Protection, Gender And Inclusion</b></p>	<p>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.</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>In Somaliland:</p> <p>The Somalia Red Crescent Society Hargeisa Coordination office is collaborating closely with the Ministry of Health and other organizations to respond to the 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.</p> <p>SRCS had consecutive meetings and orientation with the Regional Education Officer (REO), Regional Water Officer (RWO), Local Municipality Secretariat, Regional Medical Officer (RMO), and Regional Hospital Director, and briefed them on the importance of water chlorination, school hygiene promotion, restaurant hygiene promotion, and the need to prioritize all water source chlorination strategies immediately. The discussion also resulted in the Ministry of Water and the Local Municipality will shortly chlorinate the public source water, respectively.</p> <p>SRCS became a member of AWD/Cholera response Taskforce in the Awdal and Maroodi-jeh regions led by the regional medical officers.</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 outbreak 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>In Puntland:</p> <p>In Puntland, the response to the AWD/cholera outbreak is being led and coordinated by the Ministry of Health (MoH) and the World Health Organization (WHO), along with other partner organizations. The response efforts among the partners based on their operational areas and the resources available to them. The prioritized response of SRCS is based on the gaps raised by Health and WASH clusters in the affected communities.</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</p>



	with other partners, particularly in Health, Cash, WASH, shelter, and livelihood support sectors.
<b>National Society Readiness</b>	<p>In Somaliland:</p> <p>Acute Watery Diarrhea 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 disease spread. 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>Assessment</b>	<p>In Somaliland:</p> <p>A joint AWD/Cholera Rapid Assessment were conducted by SRCS and MOHD at regional and national level. The report is being finalized to share.</p> <p>In Puntland:</p> <p>A WASH assessment was conducted on 15th February 2024 in response to the Acute Watery Diarrhea (AWD) outbreak in Bari Region. By gathering comprehensive data during this period, the assessment provides insights into the outbreak's causes, magnitude, and impact on affected communities. This information forms the basis for developing an evidence based response plan to contain and mitigate the outbreak, mobilizing resources, and collaborating among stakeholders. SRCS joined WASH and Health Clusters in a joint assessment in Bosaso IDPs to observe the situation of the AWD and Cholera.</p> <p>Furthermore, following a positive test for AWD/Cholera and confirmation from the Puntland Water Authority regarding water source issues exacerbating the spread of Cholera, SRCS and its partners swiftly initiated actions, including resource mobilization, to mitigate the rapid dissemination of health risks and provide support to affected communities.</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 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 Cross (Icelandic Red Cross), Norwegian Red Cross, and Danish Red Cross.</p> <p>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.</p>

# 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 this DREF operation. 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>	<p>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.</p> <p>In Puntland, ministry of health is appealing the humanitarian partners to support them in the mitigation and response to the quick spreading diseases in the affected communities in Bosaso, Garowe, Qardho and Carmo.</p>
<b>UN or other actors</b>	<p>The United Nations and other stakeholders have been actively involved in responding to the 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> <p>On 19th March 2024, Puntland WASH cluster with the support of the UNICEF Puntland and country team conducted WASH cluster meeting in Bosaso on AWD/Cholera response and IPC briefing for the partners at WFP Bosaso office. The WASH cluster, through PMWDO, handed over 7 drums of chlorine transported from the Adado supply hub to Puntland Water Development agency (PWDA) in Garowe.</p>



The cluster shared Information, Education, and Communication (IEC) materials and necessary hygiene and health promotion cholera outbreak prevention messages in the Somali language, including video and audio forms, with the support of the SBC UNICEF section.

Following up on the activities completed with the support of the support of UN/ other stakeholders include.

- UNICEF, NRC, MoH, distributed 2,000 HHs hygiene kits and 500 additional treatment hygiene kits in Bosaso and Garowe IDPs.
- UNICEF/MoH distributed 500 HH water treatment items and conducted hygiene promotion activities in Garowe IDPs.
- UNICEF/MoH/PWDA conducted water chlorination activities in Bosaso IDPs.
- UNICEF/MoH distributed 1,000 household hygiene kits in Bosaso IDPs.

### Are there major coordination mechanism in place?

The Ministry of Health is leading the coordination of the 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.

In Puntland, the active coordination mechanisms are WASH and health cluster along with the leadership of the ministry of health.

## Needs (Gaps) Identified



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.

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





## 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 cholera.

In Bosaso and Garowe IDPs, the AWD/cholera outbreak has affected nearly 21 internally displaced persons (IDP) camps, where water, sanitation, and hygiene (WASH) facilities have been contaminated, as indicated by water quality tests. The priority interventions needed include providing safe water through trucking to the affected communities, distributing jerrycans to households for safe water storage, and treating water through chlorination and the distribution of Aqua tabs.



## 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.

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.

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 AWD/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.

## Any identified gaps/limitations in the assessment

The limitations of the assessment both the water quality testing in Puntland-by-Puntland water authority and WASH cluster assessment experience logistical challenges due to the limited funding at the moment and the fact of the most boreholes in the IDPs communities belong to private owners which are hesitant to the water treatment campaigns by the WASH Cluster.



# Operational Strategy

## Overall objective of the operation

This DREF aims at supporting 12,000 people affected by AWD/cholera in Somaliland and 12,500 people in Puntland through the provision of health, Water, Sanitation and Hygiene (WaSH) support in the Maroodijeh, Awdal, Bari and Nugal regions for 6 months.

Specific objectives:

1. Contribute to the prevention and control of the spread of AWD/cholera Outbreak in the communities of affected districts.
2. Facilitate improved case management of AWD/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 AWD/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 AWD/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:

1. Capacity building of SRCS volunteers on early detection and response of health risks (AWD/Cholera) through Community based surveillance system, CHWs in detection and reporting of Community Based Surveillance.
2. Mobilize volunteers and SRCS clinic staff to increase community-based surveillance and active cases finding of AWD/Cholera cases.
3. Mobilize village chiefs, traditional/religious leaders to support SRCS volunteers and staff with community-based surveillance/ active case finding, behavior change and risk communication at the community level.
4. Strengthen collaboration with other stakeholders on the active interventions in the affected population.

Below is the operational strategy rationale by sector:

Health:

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

To respond to the cholera outbreak in Bosaso and Garowe IDPs, the following are the urgent identified needs in the affected populations in Bosaso and Garowe IDPs as per the assessment conducted:

- Health promotion activities through house-to-house visitation, group sessions, and mass risk communication.
- Community-based surveillance training for volunteers on timely reporting in the affected communities.
- Providing essential clinical management in the affected community through mobile clinics.
- Procurement of personal protective equipment (PPE) for SRCS staff and volunteers on duty.
- IPC training for SRCS staff and volunteers involved in the operation ongoing in the affected communities.
- Training of Oral rehydration points to SRCS staff and volunteers working in the affected IDPs.
- Procurement of IEC materials for Cholera prevention measures at the community level.
- Conduct rapid assessment.
- Train 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.
- OCV doses have been requested by MoH and approved. The operation will support OVC campaigns.

#### 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.

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

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

- 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.
- 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 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).
- 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.
- Procurement and distribution sanitation equipment (wheelbarrow, shovels, buckets, Garbage dustbin, Forks) to the effected communities.

#### 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.
- on the other hand, SRCS through Puntland branches will respond to the following areas by mobilizing and capacitating 55 volunteers to conduct the operation, including house-to- house visits to reach 2,500HHs.
- The operation is focusing on the prevention and control of Cholera at community level to reduce the case load of ORP/CTC through.

## 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 through the Hargeisa coordination office and 12,500 people in Bari and Nugal provinces through the Mogadishu coordination office.

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.



In Puntland the focus will also be the IDPs camps affected.

## Explain the selection criteria for the targeted population

The criteria for selecting the targeted population was 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 AWD/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	11,500	Rural	70%
Girls (under 18)	1,270	Urban	30%
Men	10,500	People with disabilities (estimated)	5%
Boys (under 18)	1,230		
Total targeted population	24,500		

## Risk and Security Considerations

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

Risk	Mitigation action
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.
Community needs may exceed the capacity of this operation.	SRCS will advocate as necessary to partner organizations to meet



unmet needs.

## Please indicate any security and safety concerns for this operation

In Somaliland:

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.

In Puntland:

In Puntland, the areas affected by the Cholera are IDP communities in Bosaso, Qardho and Garowe which are mainly close to the towns however due to the presence of possible non-state actors in Bosaso town only SRCS staff and volunteers will do the implementation and monitoring along with careful mission plan by the international delegates.

Has the child safeguarding risk analysis assessment been completed?

Yes

## Planned Intervention



Budget: CHF 224,688

Targeted Persons: 24,500

### Indicators

Title	Target	Actual
# of people reached through awareness campaign about AWD/Cholera causes, symptoms and prevention measures.	24,500	2,000
# of HHs reached with ORS, Zinz tabs procured.	4,500	0
# of HHs reached through house-to-house health and hygiene promotion activities.	4,500	1,000
% of escalated alerts responded to and investigated within 24hrs	80	-
# of volunteers trained on Infection prevention control (IPC) procedures	375	102
# of Number of people reached with messages on AWD/Cholera prevention and control	24,500	6,000

### Progress Towards Outcome

The achievements:

1. The current cholera outbreak in Somalia is taking place in the context of other ongoing outbreaks (including drought, flash floods, and measles), the outbreak putting pressure on an already overstretched healthcare system with limited primary healthcare services.
2. SRCS Somaliland conducted an AWD/Cholera outbreak rapid assessment with the collaboration of the Ministry of Health Development in 4 regions in Somaliland especially in the border regions between Somaliland and Ethiopia.
3. During the assessment the team visited sources of water to check the quality of water, chlorination of water, visited hospitals, MCHs, stagnant water, and waste collection. The team met communities, volunteers, and other actors' partners responding to the AWD.



4. An awareness campaign using vehicle-mounted loudspeakers was deployed for the dissemination of information on the AWD/Cholera outbreak with the collaboration of the Ministry of Health Development. These awareness-raising programs played a crucial role in disseminating critical health information to the community. Reaching large people through these broadcasts underscores the effectiveness of using as a medium for conveying vital health messages during public health emergencies. Especially with access constraints. These programs covered topics such as disease prevention, symptoms, treatment, and hygiene practices.
5. A total of 2,000 posters were printed and used for the message's prevention to mass public spaces and visual for the door-to-door activities of volunteers and reached 6,000 people. Some were distributed in key places of usual mass assemblies in the affected districts. Information, Education, and Communication (IEC) materials like posters were valuable tools for educating communities about health and safety measures. The posters contained visual and textual information on topics such as handwashing, safe water storage, sanitation practices, and recognizing the signs of cholera. The distribution of these materials contributed to increasing awareness and promoting positive behavior change within the target districts.
6. 102 volunteers, hospital staff, school principals, teachers, and community committees were trained on Infection prevention control (IPC) procedures for early identification and treatment of AWD/Cholera.
7. SRCS in collaboration of Ministry Health Development distributed medical supplies from the Ministry of Health to the Gabiley, Wajaale, and Borama hospitals in response to the AWD/Cholera outbreak.
8. Two mobile health teams (SRCS Borama branch) were shifted to border towns between Somaliland and Ethiopia entry points of Waraqa and Cunaqab village for early identification of AWD. The Ethiopian side also assisting.

The changes on the activities and pending activities to be implemented:

1. The changes are in scale and scale to meet needs of the new outbreak in Puntland - targeting additional 12,500 people.
2. OCV doses have been requested by MoH and approved. The operation will support OVC campaigns.

NS will complete as well the following activities planned from initial allocation:

3. The community awareness campaigns about AWD/Cholera causes, symptoms, and prevention measure to reduce the transmission of cholera will continue. This will be done through different communication channels. Include:
  - House-to house visit and health and hygiene promotion.
  - Direct message dissemination, mass media, outreach activities, and IEC material facilities
4. NS to continue with early detection and referral activities. At least 100 volunteers aside of health workers to support the active case finding (community-based surveillance) and support for contact tracing. Identify cases at community level to be referred. Dehydration cases to be oriented to the ORP in place.
5. 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. ORP will be extended to Puntland.
3. Procure and positioning of ORS, Zinz tabs for the ORP.
7. Orient 150 volunteers on psychosocial support (PSS).
12. Continue with the risk communication and community Engagement (RCCE) in the communities to play a key role in the awareness and behavior changes.

The challenges :

1. Continued escalation in cases may require more resources. Regular update are done and close monitoring and coordination on the outbreak.
2. Most of reporting is based on health facilities for now while there could be cases at community level. That probability add to the possible further escalation or increase of figures.



## Water, Sanitation And Hygiene

**Budget:** CHF 192,861

**Targeted Persons:** 24,500

### Indicators

Title	Target	Actual
# of HHs reached with WASH kits	4,500	0
# of community latrines constructed/rehabilitated in hotspot districts.	17	0



# of environmental cleaning and hygiene promotions campaigns conducted.	12	-
# of people reached through mobile cinema on AWD/Cholera prevention and control conducted.	2,000	-
# of dewatering activities on drainage channels and dislaging conducted	10	5
# Number of HHs receiving water purification chemicals( Aqua tab, Chlorine)	2,500	0
# of volunteers training on water treatment and hygiene	45	0

## Progress Towards Outcome

The achievements:

1. The procurement of WASH Materials has already started in consultation with the Ministry of Health Development and coordination with partners to avoid duplication of activities.
2. To cascade the implementation of the DREF and to control the outbreak immediately 100 trained volunteers carried out WASH activities in the targeted communities, conducting community awareness and sensitization on cholera prevention and treatment, water purification and storage, safe excreta disposal, food hygiene and storage, hand washing with soap through house-to-house visits, community group discussions, sensitization at markets and other meeting points were conducted.

The changes on the activities and pending activities to be implemented:

1. The changes are in scale and scale to meet needs of the new outbreak in Puntland - targeting additional 12,500 people.

The challenges :

1. Continued escalation in cases.
2. Most of reporting is based on health facilities.



## Protection, Gender And Inclusion

**Budget:** CHF 5,374

**Targeted Persons:** 2,000

## Indicators

Title	Target	Actual
# of volunteers received refresher training on PGI awareness raising on issues of Violence, Discrimination, and Exclusion	100	50
# IEC materials produced and distributed.	500	-

## Progress Towards Outcome

The achievements:

1. NSs mainstreamed PGI in all sectors with special consideration to gender, age, disability to minimize any stigma and discrimination or additional risks and vulnerabilities. Representatively of all groups were ensured in the assessment and post evaluation but also all the focus group and community discussion
2. Staff and volunteers engaged in the response were sensitized on PGI mainstreaming and ensuring protection in all response activities as well Internal as prevention and response to sexual and gender-based violence to be able to address any arising during as well as post-implementation period.
3. The SRCS trained 50 volunteers (20 males and 30 females) in PGI against a target indicator of 100. Their role extended beyond one-way PGI messaging and communication, as they actively captured community feedback, ensuring that the response remained adaptive and



responsive to the evolving needs and concerns of the affected populations.

4. The volunteers also managed to spread the PGI messages during the door-to-door visits. PGI messages were also cascaded through all the mediums used by the SRCS in spreading AWD/cholera messages and in the end reaching out to 1,500 people in addition to the health and WASH messages.

5. All the SRCS staff and volunteers involved this operation were briefed on SRCS Code of conduct, sexual exploitations and abuse and safe referral of SGBV cases including child protection concerns.

The changes on the activities and pending activities to be implemented:

1. The changes are in scale and scale to meet needs of the new outbreak in Puntland - targeting additional 12,500 people.

The challenges:

1. Continued escalation in cases.
2. Most of reporting is based on health facilities.



## Community Engagement And Accountability

**Budget:** CHF 9,266

**Targeted Persons:** 16,000

### Indicators

Title	Target	Actual
% of people confirmed with improved health and hygiene practice.	70	10
% of feedback received and treated.	100	30
# of volunteers and staff trained on CEA in emergency.	100	50

### Progress Towards Outcome

The achievements:

1. A comprehensive community engagement strategy was implemented during the response effort, which involved conducting a total of 30 community meetings across the 2 districts in Wajaale and Borama. The primary focus of these meetings was to engage with community leaders and members, with the overarching goal of monitoring and addressing prevailing rumors and misconceptions related to AWD/cholera prevention, causes, treatment, and symptoms.

2. The community feedback mechanism (toll-free line and the volunteer's feedback forms) that was set up enabled the collection of rumors and feedback which was addressed either directly or indirectly through one-on-one engagement during door-to-door sensitization, and community engagement meetings.

3. As a pivotal component of this strategy, the response SRCS prioritized the training of 50 (30 males and 20 females) dedicated volunteers in Community Engagement and Accountability (CEA). These trained volunteers were strategically deployed to various communities to facilitate the dissemination of critical messages regarding AWD/cholera prevention. Their role extended beyond one-way communication, as they actively captured community feedback, ensuring that the response remained adaptive and responsive to the evolving needs and concerns of the affected populations.

4. During these community meetings, a remarkable outreach was achieved, with a total of 2,350 individuals directly reached by this awareness and information-sharing sessions. This included 940 males and 1,410 females, demonstrating a significant impact on gender-inclusive communication and engagement.

The changes on the activities and pending activities to be implemented:

1. No changes in activities - the changes are in scale and scale to meet needs of the new outbreak in Puntland.

The challenges:

1. Continued escalation in cases.
2. Most of reporting is based on health facilities.





## Secretariat Services

Budget: CHF 15,332

Targeted Persons: 4

### Indicators

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

### Progress Towards Outcome

The achievements:

1. IFRC Programme Coordinator and WASH Delegate are supporting through coordination and technical inputs.
2. Logistics are supporting with international procurement of ORPs.
3. Finance are supporting with financial control, etc.

The changes on the activities and pending activities to be implemented:

1. Continuation of the above but also to be expanded to Puntland.

The challenges:

1. Security restrictions in Puntland - under IFRC MSR Garowe town is orange and the rest of Puntland is red.



## National Society Strengthening

Budget: CHF 52,443

Targeted Persons: 275

### Indicators

Title	Target	Actual
# Cholera/IPC emergency meeting workshops and conference for MoH and SRCS staff conducted.	4	3
# of Joint monitoring and supervision cost for Ministry of Health Development and SRCS conducted.	5	1
# of volunteers who receive Personal Protective Equipment (PPE).	170	-

### Progress Towards Outcome

The achievements:

1. To maintain a high level of accountability and quality in our response, numerous joint monitoring visits across the affected areas were conducted. These visits served multiple purposes, including assessing the implementation of hygiene promotion activities, evaluating the distribution of WASH items, and gathering feedback from communities.
2. Regular monitoring helped in identifying challenges and make necessary adjustments to improve the interventions. Additionally, the MoH through the SRCS organized national level monitoring visits to the AWD/cholera affected districts in Wajaale and Borama and the NS joined such missions to complement government efforts.
3. Volunteers were oriented on their rights and responsibilities and signed the code of conduct as a way of reducing possibilities of



exploitation. Additionally, an SRCS training for volunteers was conducted.

4. A total of 270 visibility materials are printed with the SRCS red crescent cross logo and distributed for the volunteer's two districts Wajaale and Borama.

The changes on the activities and pending activities to be implemented:

1. NS maintain the same approach for the team management and coordination. The only changes are in the scale. Making sure this update extend the intervention capacity to Puntland with the objective to meet the needs of an additional 12,500 people.

For the remaining timeframe, the intervention, NS will ensure continuity of

1. Joint monitoring and supervision cost for Ministry of Health Development and SRCS.
2. Rent of SRCS Warehouse for pre-position stock.
3. Cholera/IPC emergency meeting workshops and conference on MoH and SRCS will continue during the intervention.
4. Procurement of Personal Protective Equipment (PPE) is ongoing and must be completed soon

The challenges:

1. Continued escalation in cases is posing a limitation of the resources

## About Support Services

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

1. 20 staff and about 175 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

### MDRSO017 - Somali Red Crescent Society Cholera Response DREF

#### Operating Budget

<b>Planned Operations</b>	<b>423,850</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	219,592
Water, Sanitation & Hygiene	189,618
Protection, Gender and Inclusion	5,374
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9,266
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>76,075</b>
Coordination and Partnerships	0
Secretariat Services	11,124
National Society Strengthening	64,951
<b>TOTAL BUDGET</b>	<b>499,925</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

