SOMALIA

2025 IFRC network annual report, Jan-Dec

17 July 2026

IN SUPPORT OF THE SOMALI RED CRESCENT SOCIETY

18
National Society branches

130
National Society local units

1,118
National Society staff

20,000
National Society volunteers

PEOPLE REACHED

Emergency Operations	Climate and environment	Disasters and crises	Health and wellbeing	Migration and displacement	Values, power and inclusion
31,560	23,006	738,067	306,975	143,031	95,446

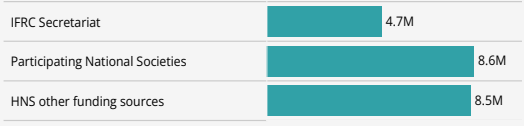
FINANCIAL OVERVIEW

in Swiss francs (CHF)

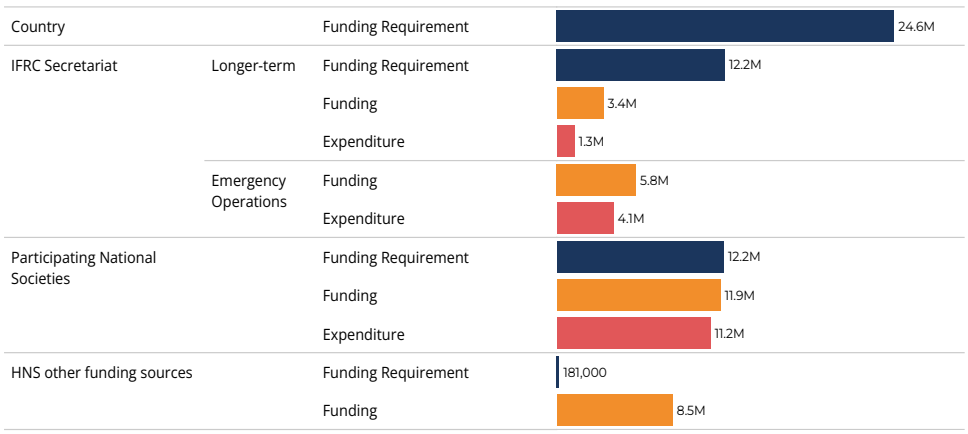
Somali Red Crescent Society

Overview

Funding Sources



IFRC network



Appeal number **MAASO001**

***Information on data scope and limitations is available on the back page**

ONGOING EMERGENCY INDICATORS

MDRS0025 / *Somalia Complex Emergency Appeal*

Accountability and agility	National Society has a PSEA Action Plan to enforce prevention and support survivors	1
	National Society has strengthened its integrity and reputational risk mechanism	Yes
	National Society has a Protection of Sexual Exploitation and Abuse (PSEA) policy to enforce prevention and support survivors	Yes
Disasters and crises	Number of people reached with emergency response and early recovery programmes	5,000
Health and wellbeing	Number of litres of safe water distributed	1.7M
	Number of people covered with hygiene promotion activities	32,000
	Number of people reached by National Society's community health promotion	24,000
	Number of people reached by the National Society with contextually appropriate health services	19,000
	Number of people reached with effective water treatment materials and promotion	15,000
	Number of people reached with immunization services	8,000
	Number of people who have been provided with an improved protected source of drinking water	8,000
	Number of pregnancies where care (PNC or ANC) is delivered by RC supported/trained/funded midwife / auxiliary midwife / other skilled health worker in the community	7,000
	Number of safe and accessible water points for cooking and drinking water which are culturally appropriate, constructed or rehabilitated	13
	Number of mobile health service units functional to provide quality primary health care	12

Humanitarian diplomacy	National Society participates in IFRC-led campaigns	Yes
National Society development	National Society has developed and/or implemented a strategy for strengthening their auxiliary role	Yes
	National Society has created and implemented youth engagement strategies	Yes
Values, power and inclusion	Number of people reached by protection, gender and inclusion programming	13,000
	Number of staff, volunteers and leadership trained on community engagement and accountability	257

STRATEGIC PRIORITIES

Values, power and inclusion	National Society has a Community Engagement and Accountability policy, strategy or plan	Yes
	Number of people reached by protection, gender and inclusion programming	95,000
	Number of people reached by the National Society's educational programmes	3,000
	Percentange of those surveyed report receiving useful and actionable information	100%

ENABLING FUNCTIONS

Accountability and agility	National Society has a Protection of Sexual Exploitation and Abuse (PSEA) policy to enforce prevention and support survivors	Yes
	National Society is implementing a digital transformation roadmap in line with the IFRC strategy	Yes
Humanitarian diplomacy	National Society participates in IFRC-led campaigns	Yes
National Society development	National Society covers health, accident and death compensation for all of its volunteers	Yes
	There is a National Society Development plan in place	Yes

IFRC NETWORK BILATERAL-SUPPORTED ACTIVITIES

National Society	Funding Reported	Climate and environment	Disasters and crises	Health and wellbeing	Migration and displacement	Values, power and inclusion	Enabling Functions
British Red Cross						●	
Canadian Red Cross Society		●		●		●	
Danish Red Cross	2.3M	●	●	●			
Finnish Red Cross	4.0M	●	●	●		●	
German Red Cross		●	●				
Icelandic Red Cross				●		●	
Netherlands Red Cross		●	●	●			
Norwegian Red Cross	3.8M	●	●	●		●	
Qatar Red Crescent Society				●			
Swedish Red Cross				●			
Turkish Red Crescent	1.7M						

Total Funding Reported **CHF 11.9M**

Q1. OVERALL PERFORMANCE

Context

In 2025, Somalia continued to face severe and complex situations, with an estimated 5.98 million people requiring humanitarian assistance. Needs were driven by the complex interaction of climate shocks, prolonged conflict and insecurity, large-scale displacement, chronic fragility, and public health threats. Severe funding reductions reshaped the humanitarian response. By mid-year, humanitarian partners were forced to revise the humanitarian needs and response plan (HNRP) targets from 4.6 million earlier in the year to 1.3 million people by July 2025, forcing difficult prioritization decisions and leaving many affected populations without assistance.

Climate-related shocks, mainly drought and flooding, were the most significant drivers of humanitarian needs in 2025 marked by a damaging pattern of climatic extremes. An estimated 4.6 million people faced acute food insecurity at the start of the year, with the Jilaal dry season (January-March) intensifying water, and pasture shortages. The Gu season (April to June) brought localized but severe flooding particularly in riverine and low-lying areas and densely populated urban centres like Mogadishu. Flooding in May displaced over thousands of people, destroyed shelters, and sanitation facilities, contaminated water sources, and disrupted access to health and nutrition services. While Gu rains temporarily improved water availability and pasture conditions in parts of southern and central Somalia, northern regions, including Puntland, Somaliland, and contested areas of Sool and Sanaag, remained in persistent drought conditions.

The failed Deyr seasonal rains (October to December) resulted in one of the driest year-end periods on record, culminating in the declaration of a national drought emergency in November 2025. Water prices surged, with the cost of a 200-liter water barrel increasing by up to 35 per cent in areas such as Gedo and Bay. By December, widespread water scarcity, pasture loss, and rising food prices pushed many communities back toward crisis and emergency levels of food insecurity, setting the stage for further deterioration into early 2026.

Malnutrition, disease burden, and food insecurity levels remained high throughout the year. Earlier in the year, an estimated 4.6 million people (24 per cent of the population) were facing high levels of food insecurity (IPC Phase 3 or above), with only a marginal reduction to 4.4 million people by year's end. The national acute malnutrition burden also remained high, with 1.8 million children under five acutely malnourished. Climatic shocks, rising food prices, reduced agricultural production, and disrupted livelihoods continued to undermine food access.

Disease outbreaks further compounded needs. Acute watery diarrhoea and cholera surged during the Gu season, particularly in flood-affected areas with poor WASH conditions, with over 8,900 cases and nine deaths reported by year end, of which 60 per cent were children under five years. Diphtheria cases increased tenfold, largely affecting zero-dose children. Measles transmission remained widespread, predominantly among children under five. Severe funding gaps constrained service delivery, further limiting access to life-saving health and nutrition interventions. Conflict and insecurity continued to shape both humanitarian needs and the delivery of responses.

Armed violence and localized clan conflicts over land, water, and political influence persisted across multiple regions. The transition of the African Union mission and uncertainty around its future funding further contributed to operational volatility. Large parts of Middle Shabelle, Hiraan, and Galgaduud remained under heavy access restrictions, limiting assistance for an estimated 3.7 million people.

While overall humanitarian access incidents declined by 26 per cent year-on-year, incidents related to military operations and inter-clan violence increased, particularly in Gedo and Middle Shabelle, disrupting aid delivery to vulnerable populations. Displacement remained both a driver and consequence of vulnerability. An estimated 3.5 million people remained displaced in 2025, the majority living in overcrowded IDP settlements with limited access to basic services. New displacements were primarily driven by drought (52 per cent) and conflict (44 per cent), with flooding acting as a significant secondary driver.

Overcrowded living conditions heightened risks of disease outbreaks, particularly during the Gu flooding period. In 2025, humanitarian funding for Somalia declined sharply even as needs continued to rise. Significant reductions in funding from major donors substantially constrained the resources available for humanitarian programming, resulting in difficult prioritization decisions and scale-downs across several sectors. These funding cuts had a direct impact on service delivery, particularly in high-need and hard-to reach areas, limiting the ability of humanitarian actors to sustain life-saving interventions and respond adequately to escalating needs among vulnerable children and families.

Drought conditions started to worsen by December, with La Nina–linked forecasts indicating drier and hotter-than-normal conditions extending into the 2026 Jilaal season. As a result, 4.4 million people were projected to face high levels of acute food insecurity by the end of 2025, while 1.85 million children aged 6-59 months, including 421,000 with severe acute malnutrition, were expected to require urgent nutrition support.

Key achievements

Climate and environment

In 2025, the Somali Red Crescent Society successfully carried out a community engagement and selection exercise to establish community disaster response teams (CDRTs). These teams played a crucial role in supporting communities to prepare for, respond to, and recover from climate disasters at both the branch and community level. Alongside this, the National Society developed a simplified early action protocol (sEAP) and implemented community-based health and first aid (CBHFA) and community-based risk reduction trainings. These initiates worked to enhance community resilience to climate change. As part of the strategic partnership agreement (SPA) project, the National Society also focused on the second phase of filling a 130-metre gully at Candhabahal constructed a water tank, an animal shelter, and a drainage system, and rehabilitated the butcher hall. The resilience department provided a range of environmental protection and nature-based solutions (NbS) to reduce disaster risk, restore degraded land, and strengthen climate resilience in vulnerable communities.

Disasters and crises

During the reporting period, IFRC's emergency response mechanism was used to support people affected by droughts for a fourth consecutive season of inadequate rainfall. Additionally, the Disaster Response Emergency Fund (IFRC-DREF) was utilized for two more drought responses to provide lifesaving support to families classified in IPC 3+. A critical aspect of its operations included cash assistance interventions across multiple regions to support vulnerable populations. Additionally, the National Society implemented shelter, agro-recovery, and livelihood support interventions to restore food production.

Health and wellbeing

During the reporting period, the IFRC Disaster Response Emergency Fund (IFRC-DREF) was utilized to respond to a cholera outbreak, leishmaniasis outbreak, and also a diphtheria outbreak. In addition, the Somali Red Crescent Society's Primary Health Care continued to stand as a strong flagship initiative through its 45 health centres and 6 Emergency Mobile Health Teams. The National Society's Keysaney Hospital also continued to be one of the largest surgical hospitals in Somalia, specializing in trauma and obstetric fistula surgery. Through reproductive health services, the National Society served in deliveries and assisted skilled midwives. After landslide engagement to traditional birth attendants, no home deliveries were reported. In response to sexual violence, gender-based violence, female genital mutilation/cutting, and Fistula, the Somali Red Crescent Society mainstreamed protection interventions through community education and survivor support services. In 2025, the National Society delivered comprehensive routine immunization services. A total of 105,170 childhood vaccinations were administered, including doses for BCG, Oral Polio, IPV, measles, tetanus, and diphtheria.

Migration and displacement

Through a population movement DREF, the National Society supported people on the move. It facilitated 86,900 phone calls for IDPs, migrants, and returnees, collected 356 new tracing cases, and exchanged 25,297 Red Cross Messages through the restoring family links (RFL) programme. The National Society worked to provide a range of essential services including tracing requests, phone call support for internally displaced people, Red Cross Message services such as Salamat and Safe Well, online tracing, and Unaccompanied and Separated Children (UASC) registration. The Somali Red Crescent Society also participated in the African Family Link Network annual meeting in Nairobi to reinforce regional collaboration and shared best practices at the continental level.

Values, power and inclusion

The Somali Red Crescent Society carried out a community needs assessment to hold open discussions with affected communities and ensure transparency and participation. With cross-cutting approaches in mind, frontline staff and volunteers were trained in community engagement and accountability (CEA) and protection, gender, and inclusion

(PGI), and both areas are mainstreamed across regular programmes and emergency projects. To strengthen this effort, the Somali Red Crescent Society also established a safeguarding working group to provide oversight. The community health committees involved in CEA acted as intermediaries, providing crucial support in managing clinics and mobilizing communities for immunization campaigns and other volunteer-led health promotion activities.

Enabling local actors

In 2025, the National Society Investment Alliance's bridge award supported the successful establishment and operationalization of the Somali Red Crescent Society's training institute, marking the first formal institutional training platform. Additionally, through Branch Organizational Capacity Assessments (BOCA) and the Empress Shôken Fund 2025 award, the National Society developed both physical as well as community resilience infrastructure. It promoted a better understanding of the Red Cross and Red Crescent Movement's ideals, upheld the fundamental principles and humanitarian diplomacy, and encouraged respect for International Humanitarian Law (IHL). Additionally, to ensure accountability, the National Society conducted several Post-Distribution Monitoring (PDM) exercises across Puntland and South-Central regions to understand response to the assistance provided to the affected communities.

Q2. CHANGES AND AMENDMENTS

During the reporting period, rising displacement driven by ongoing conflict and natural disasters significantly increased the number of cases the restoring family links (RFL) programme had to address, placing additional pressure on its limited budget. As a result of these financial constraints, the phone call project in Galkayo and Garowe was discontinued. This difficult decision followed a careful review of resources to prioritize core RFL activities, ensuring that essential services can be maintained in other operational areas despite the challenges.

Q3. MEASURING RESULTS OF THE IFRC NETWORK ACTION

ONGOING EMERGENCY RESPONSE

For real-time information on emergencies, visit IFRC GO page: Somalia.

1.

Emergency Appeal Name	Somalia – Complex Emergency
Emergency Appeal number	MDRSO025
People assisted	450,000
Duration	15 months (02 October 2025 to 31 December 2026)
Funding requirements	Federation-wide Funding requirements: CHF 25 million IFRC Secretariat Funding requirements: CHF 15 million
Link to Revised Emergency Appeal	Somalia Complex Emergency Appeal
Link to Latest Operational Strategy	Somalia Complex Emergency Operational Strategy
Latest Operations Update	6 months update

The 2025 Deyr rains have been significantly below average in northern Somalia, marking the fourth consecutive season of inadequate rainfall. This prolonged dry spell has compounded existing challenges, pushing Puntland and Somaliland into a worsening drought emergency. Four failed rainy seasons, coupled with below-average forecasts for the upcoming Gu and Deyr seasons, have severely strained food security, water availability, and pastoral livelihoods particularly in rural communities. The 2025 Seasonal Climate Outlook projects below-average rainfall and above-normal

temperatures, heightening the risk of an escalating humanitarian crisis. Without urgent and coordinated intervention, the drought could trigger further displacement, rising malnutrition rates, and widespread loss of livelihoods across Somaliland.

Short description of the emergency operational strategy

The current implementation plan focuses on prioritizing emergency lifesaving needs. The current DREF grant allocation, and any new income to the Appeal is being allocated mainly to emergency WASH, multipurpose cash grants and emergency health. This plan focuses on delivering immediate response assistance to 5,000 families, prioritizing rural and pastoral communities in remote, underserved areas particularly those classified as IPC Phase 3+ and at risk of deteriorating to IPC Phase 4+.

Current interventions include the provision of safe water through rehabilitation of berkads and shallow wells, water trucking, and aqua tabs; cash grants to meet essential needs; and mobile health clinic services to address urgent healthcare gaps.

The highlights of the assistance are as follows:

Multipurpose cash

Life-saving financial assistance was delivered through a structured process that included beneficiary identification, community mobilization, registration, and verification, ensuring support reached those most in need.

Health and care

Health care workers and mobile clinics treated people with different health problems including children under five years of age, with a particular focus on those under one year.

Water, sanitation and hygiene

Vital water supply initiatives were carried out in drought-affected regions of Somaliland through the rehabilitation and construction of essential water infrastructure.

Protection, gender and inclusion

Refresher training on protection, gender, and inclusion focusing on violence, discrimination and exclusion was given to volunteers to equip them with the necessary knowledge and skills to ensure that PGI principles are effectively integrated into all aspects of the operation.

Community Engagement and Accountability

CEA was mainstreamed throughout programme implementation by ensuring the active participation of affected community members and closing the feedback loop.

STRATEGIC PRIORITIES

Climate and environment

Progress by the National Society against objectives

The National Society advanced its environmental and disaster risk reduction agenda through several key initiatives in 2025. Its Environmental Policy reached its final stage of approval, setting a framework for greener, more sustainable humanitarian action. The plan of action is ready for implementation, and the policy will be introduced to the coordination offices and the branches. In parallel, environmental protection and water conservation awareness campaigns reached nearly 5,000 people, including individuals with disabilities, ensuring that the messaging was both inclusive and community driven.

In 2025, the Somali Red Crescent Society's Somaliland Resilience department provided a range of environmental protection and nature-based solutions (NbS) to reduce disaster risk, restore degraded land, and strengthen climate resilience in vulnerable communities. Total of 7,000 linear meters of soil bunds were constructed across 50 farms in Sahil and Togdheer regions, improving soil conservation, water retention, and agricultural productivity. These interventions focused on soil and water conservation, environmental sanitation, flood mitigation, and sustainable land management, supporting both livelihoods and ecosystem protection. Additionally, 12,720 individuals target communities equipped with DRR environmental sanitation toolkits, enabling community-led flood mitigation, drainage clearing, road maintenance, and waste management.

The Somali Red Crescent Society also successfully carried out a community engagement and selection exercise to establish Community Disaster Response Teams (CDRTs), followed by Disaster Risk Reduction (DRR) training for participants in Bargal District, Bari Region. This two-day activity was part of the RICE Project and aimed to strengthen community preparedness and resilience towards disasters. In addition, the National Society delivered capacity building for small-scale traders through business skills training, rehabilitation of fishing and vegetable markets, and strengthening disaster risk management systems.

In Mudug, disaster response teams were already operational and actively working to enhance community resilience to climate change. These teams continued to play a crucial role in supporting communities to prepare for, respond to, and recover from disasters at both the branch and community level. Alongside this, the National Society developed a simplified early action protocol (sEAP) and implemented community-based health and first aid (CBHFA) and community-based risk reduction trainings. These initiatives were designed to strengthen community-level preparedness and response by equipping staff and volunteers with practical skills and tools to tackle climate-induced challenges more effectively.

The National Society also successfully implemented environmental rehabilitation focused on the second phase of filling a 130-metre gully at Candhabahal, located northwest of Waciye town. This intervention was a key component of the strategic partnership agreement (SPA) project's efforts to mitigate environmental risks and strengthen community resilience. The aim was to halt the gully's progression, prevent future erosion caused by seasonal flash floods, safeguard surrounding grazing areas vital to the community, and strengthen the local community's capacity to respond to and recover from environmental shocks.

Data collation and tool development was also undertaken to support decision making by the ICRC delegation for priority zone selection using climate, conflict, and vulnerability data.

IFRC network joint support

The IFRC supported the National Society through technical and financial support. It provided assistance during the RICE Project and emboldened the National Society's effort to support those affected by climate adversities.

The **British Red Cross** supported the Somali Red Crescent Society with community-level risk assessments and early warning systems. It also assisted with the training of volunteers and communities on anticipatory action and drought preparedness.

The **Netherlands Red Cross** assisted the National Society with Early Action Protocols (EAPs) for drought and other climate shocks as well as strengthening community resilience planning in high-risk areas.

The **Danish Red Cross** supported the National Society through its strategic partnership agreement (SPA) project in partnership with the Danish Ministry of Foreign Affairs.

The **Norwegian Red Cross** and the **Finnish Red Cross** supported the Somali Red Crescent Society as through the solarization of its health facilities and offices.

For real-time information on emergencies, visit IFRC GO page: Somalia

During the reporting period, IFRC Disaster Response Emergency Fund (IFRC-DREF) was utilized for six emergencies. Two droughts, three epidemics, and one population movement emergency were responded to. The details on epidemics will be under the 'Health and wellbeing' section, and the population movement details will be under 'Migration and displacement' section.

1.

Name of Operation	Droughts EAP
MDR-Code	MDRSO019
People assisted	64,670
Duration	3 Months (31 January 2025 to 31 March 2025)
Funding requirements	CHF 949,378
DREF Operation	DREF Operation
DREF Operation Update	DREF/EAP Activation Report

The IFRC-DREF allocation of CHF 949,378 in January 2025 supported the Somali Red Crescent Society in assisting 64,670 people affected through an Early Action Protocol (EAP) to implement early action to reduce and mitigate the impact of drought in Somalia. To ensure preparedness, the National Society focused on scaling up early action interventions, with an emphasis on WASH, multi-purpose cash distributions, and the dissemination of early warning messages.

2.

Name of Operation	Droughts
MDR-Code	MDRSO022
People assisted	39,377
Duration	6 months (23 April 2025 to 31 October 2025)
Funding requirements	CHF 984,393
DREF Operation	DREF Operation
DREF Operation Update	DREF Operation final report

The IFRC-DREF allocation of CHF 984,393 in April 2025 supported the Somali Red Crescent Society's in assisting 39,377 people affected by droughts. The National Society aimed to provide lifesaving support to 5,800 families (34,800 people) classified in IPC 3+ over six months across Awdal, Maroodi-jeh, Sahil, Togdheer, Sool, and Sanaag regions in Somaliland, and Bari, Nugaal, and Mudug regions in Puntland. The integrated assistance focused on multipurpose cash, health care, shelter, and WASH services, while ensuring the protection, dignity, and resilience of affected communities.

Progress by the National Society against objectives

In 2025, the Somali Red Crescent Society responded to two drought emergencies. A critical aspect of its operations included cash assistance interventions across multiple regions to support vulnerable populations. These interventions targeted conflict-affected and drought-prone areas such as Sanaag, Galgadud, Bari, Hiran, middle Shabelle, Banadir, Lower Jubba and Mudug. Notably, micro-economic grants were provided to women-headed households, empowering them to rebuild their livelihoods. The intervention helped households meet urgent food and water needs while strengthening their resilience against future climate and disaster shocks.

Under the Cash Readiness Project, the National Society provided multi-purpose cash assistance to households across the Beledweyn, Kismayo, and Jowhar branches, strengthening branch emergency response capacity and improving preparedness to deliver cash-based interventions during crises. In two districts in Banadir, 880 households affected by the intensified conflicts in the middle Shabelle between government and non-state actors have been supported with multipurpose cash assistance.

In addition to flood prevention and preparedness to protect vulnerable communities living in flood-prone riverine areas. The National Society distributed a total of 66,000 sandbags in Jowhar and Kismayo to reinforce riverbanks and prevent floodwater from entering residential and agricultural areas. In riverine regions such as Hiiraan, Middle Shabelle, Gedo, and Lower Jubba, the National Society supported flood preparedness activities, including sandbag distribution and agricultural recovery support. These interventions helped protect homes, farms, and infrastructure from flood damage and reduced the impact of seasonal flooding on vulnerable communities.

In terms of shelter, the department supported households, distributing essential items and constructing shelters in Hiran, Middle Shabelle, Lower Jubba, and Bari. The National Society implemented agro-recovery and livelihood support interventions to restore food production and strengthen livelihoods among drought and conflict-affected communities. Households benefited from agro-recovery support across Bardhere, Galkayo, and Bosaso branches. Farmers received agricultural inputs including organic fertilizers, farming tools, and training in climate-smart agricultural practices to improve productivity and resilience to climate shocks.

Substantial sessions and training, delivered through participation in disaster management advisory forums, migration programme planning meetings, environmental policy discussions, and lessons learned workshops, enhanced the National Society's capacity in anticipatory action, population response, and programme quality improvement. The Preparedness for Effective Response (PER) review workshop also supported institutional self-assessment and organisational development. These workshops and training sessions contributed to improving coordination, technical knowledge, and readiness to deliver effective and accountable humanitarian assistance across its operational areas. In addition, the Somali Red Crescent Society focused on improving the prepositioning of stocks and effective coordination during emergencies, both essential to minimizing negative impacts and reaching more people in need.

In Somaliland, the National Society undertook capacity-development and preparedness achievements. People were trained on disaster risk reduction (DRR) through simulation exercises, including community volunteers, teachers, and students across target regions. The simulation exercises successfully conducted further strengthened early warning interpretation, coordination, and first-responder capacity. First aid services were delivered to approximately individuals in Xagal and Gargaara through trained community volunteers using distributed first aid kits.

Data collation and tool development were also undertaken to support decision making by the ICRC delegation for priority zone selection using climate, conflict, and vulnerability data.

IFRC network joint support

The IFRC supported the National Society through which received continued technical support and capacity building alongside the cash assistances including building their digital equipment.

The **Norwegian Red Cross** supported the National Society with integrated disaster response, including emergency WASH and health services during crises, and contributed to strengthening preparedness and response capacity.

The **Danish Red Cross**, **German Red Cross**, **Finnish Red Cross**, and the **Netherlands Red Cross** also provided technical support to the National Society.

In response to the drought in Somaliland, the Somali Red Crescent Society provided life-saving aid to families over six months. (Photo: Somali Red Crescent Society)

Health and wellbeing

During the reporting period, the IFRC Disaster Response Emergency Fund (IFRC-DREF) was utilized for three epidemic emergencies.

1.

Name of Operation	Cholera
MDR-Code	MDRSO023
Duration	3 Months (24 June 2025 to 31 December 2025)
Funding requirements	CHF 219,904
DREF Operation	DREF Operation
DREF Operation Update	DREF/EAP Update

The IFRC-DREF allocation of CHF 219,904 in June 2025 supported the Somali Red Crescent Society in assisting people affected through a simplified Early Action Protocol (EAP) to preposition aid stock and undertake annual readiness activities in order to implement early actions. The sEAP covered four districts in Borama and Burao in Somaliland, and Garowe and Bosaso district in Puntland. Healthcare, water, sanitation, and hygiene (WASH), and community engagement and accountability (CEA) were central to the response.

2.

Name of Operation	Leishmaniasis Outbreak
MDR-Code	MDRSO021
People assisted	27,000
Duration	4 months (15 March 2025 to 31 July 2025)
Funding requirements	CHF 328,505
DREF Operation	DREF Operation
DREF Operation Update	DREF Operation final report

The IFRC-DREF allocation of CHF 328,505 in March 2025 supported the Somali Red Crescent Society's in assisting 27,000 people at the risk of Leishmaniasis transmission. The objective of this DREF was to reduce morbidity and mortality from the leishmaniasis outbreak in Erigabo District of the Sanaag region by enhancing disease awareness, strengthening the local health system, and supporting early detection. Over a four-month period, the DREF reached 4,500 households through activities in health, WASH, protection, gender, and inclusion (PGI), and community engagement and accountability (CEA).

3.

Name of Operation	Diphtheria Outbreak
MDR-Code	MDRSO024
People assisted	590,000
Duration	6 months (7 August 2025 to 28 February 2026)
Funding requirements	CHF 3499,911
DREF Operation	DREF Operation
DREF Operation Update	DREF Operation final report

The IFRC-DREF allocation of CHF 499,911 in August 2025 supported the Somali Red Crescent Society's in assisting 39,377 people affected by the Diphtheria outbreak. The National Society aimed to reduce diphtheria-related morbidity and mortality among vulnerable populations in Puntland and Somaliland, specifically in the high-risk regions of Mudug, Bari, Sool, and Sanaag, by strengthening community-level outbreak response. Over a six-month period, the operation reached approximately 590,000 people through targeted health services, improved disease surveillance, strengthened community engagement, and facilitated access to essential medical supplies, while promoting protection,dignity, and resilience.

Progress by the National Society against objectives

In 2025, in addition to responding to three epidemics through IFRC DREF, the National Society's worked extensively on maternal and child health.

The Somali Red Crescent Society's Primary Health Care (PHC) continued to stand as a strong flagship initiative with a proven 3-decade track record of successful implementation across the country. Through 45 health centres and 6 Emergency Mobile Health Teams, the centres offered services such as OPD consultations, treatment for common illnesses, maternal, newborn and child health, immunization, management of sexual violence cases, and health promotion. Additionally, community networks consisting of 95+ female community health workers, community health committee members, and community-based surveillance volunteers provided services at the community level to strengthen community health. In 2025, SRCS reached 1,121,320 people (91 percent of the annual target), including 470,954 children under 5 years and 650,366 adults, through its health centres and mobile health teams.

With regard to reproductive health, the Somali Red Crescent Society provided Antenatal care services, supporting pregnant mothers with comprehensive screenings to monitor pregnant progression and identify the potential complications, requiring hospital referrals. The programme prioritized tetanus prevention by administering tetanus vaccine to all women childbearing age (WCBA) regardless pregnancy status.

The fixed health facilities served 14,552 deliveries and assisted skilled midwives. After landslide engagement to traditional birth attendants, no home deliveries were reported. High risk cases involving complications such as prolonged labour, pre-eclampsia, postpartum haemorrhage, obstructed labour, and postnatal haemorrhage were referred to regional hospitals for specialized care. Postnatal care services reached women, with an improved 82 per cent first visit coverage within 48 hours of childbirth.

Nutrition was also prioritized through therapeutic feeding programs and targeted supplementary feeding programmes for children under five and pregnant or lactating women to treat and prevent wasting. A total of 299,381 children under 5 years of age were screened to monitor their growth and identify their nutritional status. A total of 58,860 were diagnosed with Moderate Acute Malnutrition (MAM) and 25,507 were identified with severe acute malnutrition (SAM) due to recurrent droughts, higher prices, and disrupted food supply chains.

In response to sexual violence, gender-based violence, female genital mutilation/cutting, and Fistula, the Somali Red Crescent Society mainstreamed protection interventions through community education and survivor support services. It deployed trained female health worker volunteers and midwives to conduct awareness sessions in collaboration with ministry of health officials and religious leaders. The National Society also offered case management for sexual violence survivors and psychological counselling. Rape survivors received treatment with all cases managed within 72 hours of incident reporting. Post rape-kits with essential medicines were distributed across health centres.

With regard to community-based surveillance, the National Society implemented NYSS an electronic community surveillance system. Its real-time monitoring system tracked five key health events including acute diarrheal diseases, fever and rush, cough/difficulty breathing and tiredness, fever and painful throat, acute flaccid paralysis and unusual event clusters. The surveillance system documented 10,852 verified alert cases, comprising acute watery diarrhoea cases and measles cases.

The National Society's Keysaney Hospital is one of the largest surgical hospitals in Somalia, specializing in trauma and obstetric fistula surgery. It also serves as a teaching hospital for trauma surgery, providing practical training to medical and nursing students from Mogadishu and other regions of the country.

During the year, routine first aid trainings and capacity building training for staff. These responses addressed a wide range of injuries and illnesses, including 470 weapon-wounded patients, indicating the ongoing impact of armed conflict and insecurity on civilian populations.

The Physical Rehabilitation Programme in Mogadishu and Galkayo also rolled out reached beneficiaries through physiotherapy, assistive devices, and outreach interventions. These services particularly benefited vulnerable groups, including children, women, and persons living in remote and underserved communities. In addition, the production and provision of assistive devices significantly improved mobility and functional independence for people with disabilities. Mogadishu Rehabilitation Centre produced 2,949 appliances including prostheses, orthoses, walking aids, and wheelchairs, while Galkayo Rehabilitation Centre produced and distributed. The impact of the rehabilitation programme was profound, as many beneficiaries who previously depended on others or were unable to attend school regained mobility and independence after receiving assistive devices and therapy.

In 2025, the National Society delivered comprehensive routine immunization services. A total of 105,170 childhood vaccinations were administered, including doses for BCG, Oral Polio, IPV, measles, tetanus, and diphtheria.

IFRC network joint support

The IFRC supported the National Society in meetings its health and wellbeing objectives through technical and financial support. It aided these efforts through the IFRC-DREF mechanism.

The **Canadian Red Cross** and **Icelandic Red Cross** supported the National Society with the Strengthening the Health Emergency Preparedness and Response Capacity (SHERC) project.

The **Finnish Red Cross** supported the National Society with First Aid Trainers of Trainers (TOT) to respond to conflict-related emergencies in Adalle.

The German Red Cross supported the Somali Red Crescent Society with WASH interventions in emergencies, including water trucking during drought and rehabilitation of water sources such as boreholes and berkeds.

The **Norwegian Red Cross** supported the Somali Red Crescent Society in the Integrated Community Case Management programme which complemented the Community-Based Surveillance system. It also supported the Keysaney Hospital alongside the ICRC.

The **Netherlands Red Cross** assisted the National society with Integrated Community Resilience Development Programme designed to address urgent community needs by building resilience in critical areas such as health, livelihoods, water, sanitation, and environmental safeguarding.

The **Danish Red Cross**, **Qatari Red Crescent**, and **Swedish Red Cross** also provided support during the reporting period.

Migration and displacement

During the reporting period, IFRC Disaster Response Emergency Fund (IFRC-DREF) was utilized for a population movement emergency.

Name of Operation	Population movement
MDR-Code	MDRSO020
People assisted	27,000
Duration	6 Months (28 December 2024 to 28 June 2025)
Funding requirements	CHF 877,875
DREF Operation	DREF Operation
DREF Operation Update	DREF/EAP Final Report

The IFRC-DREF allocation of CHF 877,875 in December 2024 supported the Somali Red Crescent Society in assisting people affected by violent clashes. Assistance included providing humanitarian assistance in the form of one-off cash grants, shelter, WASH, health care services, and protection in Sanag, Sool, and Bari regions for six months. As an auxiliary to the regional and national governments, the National Society also worked in close collaboration with the authorities to ensure harmonization of efforts carried out by governmental and humanitarian partners. This was achieved through government appeals and coordination meetings, where humanitarian partners were invited to participate and share updates with the support of UNOCHA. These coordination meetings were usually held on a monthly basis, with ad hoc meetings organized only when necessary.

Progress by the National Society against objectives

Through the restoring family links (RFL), the National Society worked to provide a range of essential services including tracing requests, phone call support for internally displaced people, Red Cross Message services such as Salamat and Safe Well, online tracing, and Unaccompanied and Separated Children (UASC) registration. The programme maintained a strong operational presence through regular field visits, supervision, emergency response, dissemination, and monitoring activities, the coordination team strengthened service delivery, improved case follow-up, and enhanced coordination with branch teams and affected communities nationwide.

The programme facilitated 86,900 phone calls for IDPs, migrants, and returnees, collected 356 new tracing cases, and exchanged 25,297 Red Cross Messages (RCM). Improved coordination, follow-up mechanisms, and stricter eligibility checks contributed to a reduction in long-pending RCM cases and more timely support to families.

The programme sought to restore contact between separated family members particularly internally displaced persons and migrants affected by conflict and displacement while ensuring data protection and adherence to humanitarian principles.

The programme provided services such as phone calls, tracing requests, Trace the Face, Red Cross/Red Crescent messages, BBC programmes, detention-related services, and family linking support for refugees from Yemen. Through these interventions, the National Society reached 30,834 people, helping to re-establish contact with their family members both within and outside the country.

The National Society also participated in the African Family Link Network annual meeting in Nairobi to reinforce regional collaboration and share Somali Red Crescent Society best practices at the continental level.

IFRC network joint support

The IFRC supported the National Society with technical and financial assistance through IFRC mechanisms such as DREF.

The **Netherlands Red Cross** supported the National Society with assisting internal displaced persons (IDPs) linked to drought and conflict. It also assisted with the Integrated Community Resilience Development Programme designed to address urgent community needs by building resilience in critical areas such as health, livelihoods, water, sanitation, and environmental safeguarding.

The **Norwegian Red Cross** supported integrated humanitarian response including health, WASH, and protection in displacement settings. It also aided the National Society with the primary and community health project in Somaliland.

Values, power and inclusion

Progress by the National Society against objectives

The National Society continues to engage the most vulnerable communities through a participatory approach to set selection criteria, reaching affected communities, and building community trust. Alongside this effort, the Somali Red Crescent Society carried out a community needs assessment to hold open discussions with affected communities and ensure transparency and participation. With cross-cutting approaches in mind, frontline staff and volunteers were trained in community engagement and accountability (CEA) and protection, gender, and inclusion (PGI), and both areas are mainstreamed across regular programmes and emergency projects. The community health committees involved in CEA act as intermediaries between the Somali Red Crescent Society, communities, and local authorities. These committees provide crucial support in managing clinics and mobilizing communities for immunization campaigns and other volunteer-led health promotion activities.

To strengthen this effort, the Somali Red Crescent Society also established a safeguarding working group to provide oversight, guidance, and technical support, ensuring the consistent application of safeguarding principles across the organization.

During the year, youth volunteers supported the delivery of National Society services. They received multiple thematic trainings such as Cash and Voucher Assistance, Mental Health and Psychosocial Support, Community-Based Surveillance, epidemic preparedness, Y-Adapt, and peacebuilding to improve their readiness. Youth engagement was expanded through school clubs, community outreach, and commemoration of international days. Volunteers were also mobilized for emergency responses, health campaigns, environmental protection activities, and First Aid support during public events.

IFRC network joint support

The IFRC supported the Somali Red Crescent Society in strengthening Community Engagement and Accountability (CEA) mechanisms and the integration of Protection, Gender and Inclusion (PGI) minimum standards across operations.

The **Danish Red Cross** assisted the National Society with community engagement and accountability, risk communication, feedback mechanisms, and community participation.

The **Canadian Red Cross** supported protection, gender and inclusion, integration of gender, protection, and safeguarding across programmes.

The **Icelandic Red Cross** focused on inclusive programming and safeguarding approaches.

ENABLING LOCAL ACTORS

Strategic and operational coordination

IFRC membership coordination

IFRC membership coordination involves working with member National Societies to assess the humanitarian context, humanitarian situations and needs; agreeing on common priorities; co-developing common strategies to address issues such as obtaining greater humanitarian access, acceptance and space; mobilizing funding and other resources; clarifying consistent public messaging; and monitoring progress. This also means ensuring that strategies and programmes in support of people in need incorporate clarity of humanitarian action, development assistance and of efforts to reinforce the role of National Societies in their respective countries.

Somalia is part of the global Pilot Programmatic Partnership between DG ECHO and the IFRC. The National Society benefits from the support of the Finnish Red Cross (the lead EU National Society), the Danish Red Cross and the Norwegian Red Cross in the implementation of activities in disaster risk management, epidemic and pandemic preparedness and response and cash and voucher assistance. Risk communication as well as community engagement and accountability are cross-cutting themes, integrated into the main pillars of intervention.

The Somali Red Crescent is part of the four IFRC Pan-African Initiatives focusing on: Tree planting and care; Zero Hunger; Red Ready; and National Society Development. These initiatives are reflected under the relevant sections of this plan.

Many IFRC Network partners support the National Society through IFRC Emergency Appeals, surge capacity deployments and bilateral and financial contributions.

The following participating National Societies are providing long-term support to the Somali Red Crescent Society:

The **British Red Cross** has been supporting the Somali Red Crescent Society since 2018. It provides support to the National Society in the implementation of its environmental policy as well as its cash and voucher assistance programme. Other support provided by the British Red Cross includes mainstreaming Safeguarding policies.

The **Canadian Red Cross Society** supports the Somali Red Crescent Society in the Climate Change Adaptation in the Greater Horn of Africa Programme – a multi-country project initiative that aims to increase the resilience of pastoralists, agro-pastoralists and smallholder farmers towards climate change and climate-related disasters. It focuses on women and young people in rural and semi-urban communities in Somaliland, as well as in Ethiopia and South Sudan (subject to approval). It also provides health education and protection services as well as epidemic and pandemic preparedness along with training in PGI and Protection Against Sexual Exploitation and Abuse (PSEA).

The **Danish Red Cross** will continue in its multi-faceted partnership with the Somali Red Crescent Society initiated in 2020 and will support in carrying out feasibility studies for non-communicable disease care. It will also support the National Society in strengthening existing community capacities, focusing on resilience. Additionally, the Danish Red Cross will assist the Somali Red Crescent Society in providing access to services and water and improving the community's ability to cope with disasters without introducing unsustainable new initiatives.

The **Finnish Red Cross** provides support to the National Society for environmental assessments and training and the installation of solar panels in offices and clinics under the DG ECHO – IFRC PPP. It also provides assistance in emergency response capacity building as well as anticipatory action.

The **German Red Cross** continues to work on building the resilience of the National Society and communities, in addition to supporting water, sanitation and hygiene, disaster risk reduction and forecast-based financing as well as climate change adaptation.

The **Icelandic Red Cross** supports the Somali Red Crescent Society in providing health education and protection services, as well as epidemic and pandemic preparedness under the phase II of SHERC.It also supports the National Society in assessing its capacity for protection, gender and inclusion.

This includes strengthening its capacity for protection mainstreaming, including the prevention of sexual exploitation and abuse, safeguarding and sexual and gender-based violence prevention, mitigation and response.The Netherlands Red Cross provides support to the Somali Red Crescent Society in strengthening community resilience to adapt to environmental and climate crises, protecting ecosystems and natural resources vital for livelihoods and well-being.

The **Norwegian Red Cross** supports the National Society in developing early action protocols for epidemics, with automatic funding triggered by pre-agreed thresholds. It supports the strengthening of community health promotion, water, sanitation and hygiene, community-based surveillance and child nutrition through mother-led mid-upper arm circumference monitoring. In addition, it supports community health activities, health education and awareness and reporting.

The **Qatar Red Crescent Society** supports the National Society with institutional development, well-equipped office facilities and staff training.

The **Swedish Red Cross** supports the National Society's integrated health care programme.

Movement coordination

The Somali Red Crescent Society ensures regular exchanges with the IFRC, the International Committee of the Red Cross and participating National Societies, for the alignment of support and action between Movement partners. In times of emergencies, closer coordination is organized. This is carried out in line with the Strengthening Movement Coordination and Cooperation (SMCC) principles, and the newly adopted Seville Agreement 2.0.

The ICRC is present in the South-Central Zone, Hargeisa in Somaliland and Garowe in Puntland and focuses primarily on economic security, health and water and habitat programmes. It works alongside the National Society in areas affected by conflict, responding through rapid assessments, cash and voucher assistance and water, sanitation and hygiene. The ICRC also works with the IFRC, in collaboration with the Somali Red Crescent, to strengthen the National Society.

External coordination

The Somali Red Crescent Society has a well-established working relationship with the respective government line ministries and local authorities, in its role as auxiliary to the Government in the delivery of humanitarian services. This includes the ministries of Health, Agriculture, Disaster Management and Humanitarian Affairs, Environment and Climate Change and Water Management in both Somaliland and Puntland. The Somaliland National Disaster Preparedness and Food Reserve Authority (NADFOR) in Somaliland and the Ministry of Humanitarian Affairs and Disaster Management of Puntland are responsible for the overall coordination of all responses to disasters and emergencies in the respective regions.

The Ministry of Health in Somaliland has described the Somali Red Crescent Society as a reliable stakeholder in the health sector, with a strategy that is in line with the vision and priorities of the ministry. According to the MoH, the Somali Red Crescent Society's health programme is among the best implemented programmes at grassroots level and in hard-to-reach areas where the need is greatest. The same sentiments have been echoed by the government authorities in Puntland.

The National Society also coordinates with other humanitarian actors such as the UN and I/NGOs by participating in joint assessments, attending coordination meetings and filling gaps that are raised by the coordination platforms or clusters. The Somalia Food Security Cluster is currently activated and the Regional Humanitarian Response Team (RHTP) led by OCHA is following the drought emergency across the Greater Horn of Africa Region. The National Society has, for a long time, been a strategic and preferred partner of the leading UN agencies in Somalia, such as UNICEF, World Health Organization and the UN World Food Programme (WFP).

National Society development

Progress by the National Society against objectives

In 2025, the National Society Investment Alliance (NSIA) bridge award supported the successful establishment and operationalization of the Somali Red Crescent Society's training institute, marking the first formal institutional training platform. The project developed structured curricula and standardized training systems for both short professional courses and diploma programs in areas such as first aid, disaster management, humanitarian logistics, psychological first aid, maternal and child nutrition. The Bridge Award further reinforced National Society's strategic focus on resource mobilization, volunteer development, institutional sustainability, and positioning the Society as a national humanitarian learning hub in Somalia.

The National Society continued to strengthen its institutional capacity through Branch Organizational Capacity Assessments (BOCA) across branches. These assessments focused on areas such as infrastructure construction, volunteer management, and the training of staff and volunteers, including Safer Access Framework (SAF) and related priorities. A BOCA has made significant progress in strengthening its branch infrastructure and operational capacity across multiple branches.

The Somali Red Crescent Society, through the support of the IFRC-ICRC Empress Shôken Fund 2025 award, is implementing a project aimed at strengthening community resilience and promoting sustainable livelihood opportunities through the establishment of a soap production unit. The initiative is designed to enhance local production capacity, create income-generating opportunities, and support the availability of essential hygiene products within the community. As part of the project, the National Society undertook the procurement and installation of a soap production machine and related materials, alongside the preparation of the production site and operational systems to ensure sustainable implementation and long-term impact.

IFRC network joint support

The IFRC provided support to the National Society through IFRC funding mechanisms such as the BOCA, NSIA fund, as well as the Empress Shôken Fund run jointly by the IFRC and the International Committee of the Red Cross (ICRC).

The **German Red Cross** supported the National Society with national society development efforts in real estate to strengthen financial sustainability.

Humanitarian diplomacy

Progress by the National Society against objectives

To improve understanding and communication within the National Society, several key communication and visibility activities were carried out. Community and volunteer dissemination sessions were held across Mogadishu, Kismaayo, and other towns to raise awareness of Somali Red Crescent Society's work and principles.

The National Society has taken key steps to conduct a comprehensive assessment to identify and prioritize humanitarian access challenges and strengths across regions. Key interlocutors will be selected using the Safer Access Framework to guide humanitarian engagement. Standardized messages and unified dialogue with authorities are planned to support acceptance and coordination. It promoted a better understanding of the Red Cross and Red Crescent Movement's ideals, upheld the fundamental principles and humanitarian diplomacy, and encouraged respect for International Humanitarian Law (IHL).

IFRC network joint support

The IFRC supported the Somali Red Crescent Society in the strengthening of humanitarian diplomacy through technical assistance.

The **Qatari Red Crescent Society** provided support to the National Society to strengthen disaster preparedness and response mechanisms in Somalia. This includes training and capacity-building to effectively manage emergency situations.

Accountability and agility (cross-cutting)

Progress by the National Society against objectives

In 2025, the National Society prioritized several strategic initiatives focused on policy and strategy development to strengthen institutional resilience and sustainability. Other initiatives included the drafting of a Community Engagement and Accountability (CEA) Strategy, a Risk Management framework, and a Core Cost Policy, the latter being identified as an urgent priority to ensure sustainable financing of essential operational costs which partially being implemented.

The National Society also conducted several Post-Distribution Monitoring (PDM) exercises across Puntland and South-Central regions including Mudug, Nugal, Bari, Middle Shabelle, Beledweyne, Lower Jubba, Galgadud, Banadir, and Baargaal to assess the effectiveness, transparency, and beneficiary satisfaction of cash and NFI assistance, including anticipatory cash transfers and emergency response support. These exercises ensured accountability, informed programme improvements, and strengthened evidence-based decision-making. Market assessments were also carried out in Beletwein, Buloburde, Kismayo, Balcad and Adale to evaluate market functionality and capacity to meet basic household needs during emergencies and positively respond to the cash assistance to the affected communities.

Substantial evaluation and monitoring were carried out around the operational areas including monitoring the diphtheria response project, assessing mobile health outreach services across 16 villages, conducting an EPI vaccination outreach assessment in Mudug and Bari, and implementing a Knowledge, Attitudes, and Practices (KAP) survey in Beletwein to assess changes in health service utilization following facility expansion.

In parallel, the Somali Red Crescent Society advanced its digital transformation agenda, aimed at modernizing systems and improving operational efficiency. Data collation and tool development was also undertaken to support decision making by the ICRC delegation for priority zone selection using climate, conflict, and vulnerability data.

IFRC network joint support

The IFRC provided support to the Somali Red Crescent Society through technical guidance.

Q4. AFFECTED PERSONS (PEOPLE REACHED)

See cover pages

Q5. PARTICIPATION AND ACCOUNTABILITY FOR AFFECTED PEOPLE – COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

See Strategic Priority on 'Values, power and inclusion' under Q3: MEASURING RESULTS OF THE IFRC NETWORK ACTION

Q6. RISK MANAGEMENT

This information is not available in Annual Reports

Q7. EXIT STRATEGY AND SUSTAINABILITY

See Strategic Priorities or Enabling Local Actors, where relevant under Q3: MEASURING RESULTS OF THE IFRC NETWORK ACTION

Q8. LESSONS LEARNED

- The involvement of volunteers from within the supported communities significantly enhanced community engagement with the project. From facilitating community mapping to promoting hygiene practices, these local volunteers ensured that activities were relevant, culturally appropriate, and trusted. Their presence fostered active participation and cultivated a strong sense of ownership among community members.
- While the construction of health and community centres marked a significant
- improvement for the communities, it became clear that infrastructure alone was insufficient. With only a few trained community volunteers operating the facilities and no medical equipment, the range of services remained limited. This highlighted the need for sustained support beyond construction, particularly in staffing, training, and essential supplies.
- The installation of new water kiosks and latrines significantly improved access to clean water and sanitation, leading to noticeable positive changes in community behaviour and lifestyle. With support from volunteers who provided hygiene training, community members began reporting fewer illnesses. Families, especially women, felt a sense of relief from no longer having to walk long distances for water, and improved hygiene practices began to take root.

SUCCESS STORIES

1 Sowdo's shop and importance of financial empowerment

Sowdo Ali Hussein is an IGA beneficiary in Ceel-baxay village under Awdal region. “The day I joined the IGA group; my life changed for the better. Before, my business was not profitable. But today, I expanded my business. My income is good enough to cover daily expenses, buy adequate food, pay medication and children’s school fees. I am very thankful since the project made us realize that we are not poor. Before, we did not know much about saving and planning, but this is exactly what this project taught us. I now plan to save more for future investment and in case of emergency.

I also encourage all women to join IGA groups because it is one of the best ways to fight poverty, improve livelihoods and empower women among other benefits.”

2 Amina and accessing food during droughts

Amina Farah is a 41-year-old visually impaired mother of eight from Zeila District. Severe drought claimed most of her livestock, forcing her and her children to move from remote areas to Dabo-dilaac village. Her husband stayed behind to care for the few surviving animals. Before receiving assistance, Amina's family relied on limited support from relatives and neighbours and accumulated debts through small loans. As a newly displaced household, she has been receiving USD 110 per month for over three months, enabling her to buy food regularly. As a result, her family could have three meals a day, compared to just one previously.

"I am glad that my children and I now have access to good-quality food and can eat three times a day," said Amina." The cash assistance also enabled Amina to repay her debts. Her story illustrates how the SRCS, with funding from the IFRC through the Complex Emergency Appeal (MDRS025), is helping vulnerable families cope with the effects of drought.

ANNEX 1. IFRC APPLICATION OF THE 8+3 REPORTING TEMPLATE

The IFRC network structures its result-based management along five Strategic priorities and four Enabling functions, developed based on the IFRC network's Strategy 2030:

IFRC network Strategic Priorities	IFRC network Enabling Functions
SP 1 - Climate and environment	EF 1- Strategic and operational coordination
SP 2 - Disasters and crises	EF 2 - National Society development
SP 3 - Health and wellbeing	EF 3 - Humanitarian diplomacy
SP 4 - Migration and displacement	EF 4 - Accountability and agility
SP 5 - Values, power and inclusion	

The Federation-wide results matrix provides a standard way for the IFRC network to measure its progress towards Strategy 2030 implementation and supports consistent quality of the IFRC network planning, monitoring and reporting. To further advance coherence in monitoring across the IFRC network, a Federation-wide Indicator Bank has been developed and integrated into the Federation-wide monitoring systems for emergencies and longer-term work, structured along the Federation-wide results matrix as well. Signatory of the Grand Bargain Agreement, the IFRC has committed to its monitoring and reporting standards through integration of the 8+3 reporting template contents into its results-based management approach. The following mapping demonstrate the way in which this report aligns with 8+3 reporting:

8+3 template	IFRC network Annual Report (with variance in structure in red)
Core Questions	
1. Overall Performance	Overall Performance
2. Changes and Amendments	Changes and amendments
3. Measuring Results	Measuring Results
4. Affected Persons	Cover pages with indicators values
5. Participation & AAP	Under Q3 Strategic Priority 5: Values, power and inclusion – Community Engagement and Accountability
6. Risk management	Risk management
7. Exit Strategy and Sustainability	Under Q3 sub-sections by Strategic Priority/Enabling Function where relevant
8. Lessons Learned	Lessons learned
Additional Questions	
1. Value for Money/ Cost Effectiveness	Not included in annual reports
2. Visibility	Not included in annual reports
3. Coordination	Under Q3 Enabling Function 1: Strategic and operational coordination
4. Implementing Partners	Cross-cutting, with a focus on support to localization through the Q3 Enabling Functions 1 to 4
5. Activities or Steps Towards implementation	Cross-cutting in Q3 Strategic Priorities and Enabling Functions
6. Environment	Under Q3 Strategic Priority 1: Climate and environment

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

DATA SCOPE AND LIMITATIONS

- **Timeframe and alignment:** The reporting timeframe for this overview is covering the period from 1 January to 31 December 2025. However, due to the diversity of the IFRC and differences in fiscal years, this coverage may not fully align for some National Societies.
- **Financial overview:** This overview consolidates data reported by the National Society and its IFRC network partners, as well as data extracted from IFRC's financial systems. All reported figures should include the administrative and operational costs of the different entities. The financial data with a grey background is solely reported by the National Society, including the funding sources. Financial reporting is often times estimated depending on availability of financial figures, closing of financial periods, and may be incomplete. 'Not reported' could sometimes mean 'not applicable'. Also note that funding requirements are already reflected in the published 2025 IFRC network country plan. The total funding requirements show what the IFRC network has sought to raise for the given year through different channels: funding through the IFRC, through participating National Societies as bilateral support, and through the host National Society from non-IFRC network sources. All figures should include the administrative and operational costs of the different entities.
  - » Host National Society funding requirements not coming from IFRC network sources can comprise a variety of sources, as demonstrated when reporting on income in the IFRC Federation-wide Databank and Reporting System
  - » Participating National Society funding requirements for bilateral support are those validated by respective headquarters, and often represent mainly secured funding
  - » IFRC funding requirements comprise both what is sourced from the IFRC core budget and what is sought through emergency and thematic funding. This includes participating National Societies' multilateral support through IFRC, and all other IFRC sources of funding
- **Missing data and breakdowns:** National Societies have diverse data collection systems and processes that may not align with the standardized indicators. Data may not be available for some indicators, for some National Societies. This may lead to inconsistencies across different reporting tools as well as potential under or over-estimation of the efforts led by all.
- **Reporting bias:** The data informing this Federation-wide overview is self-reported by each National Society (or its designated support entity) which is the owner and gatekeeper, and responsible for accuracy and updating. IFRC tries to triangulate the data provided by the National Societies with previous data and other data in the public domain.
- **Definitions:**
  - » **Local units:** ALL subdivisions of a National Society that coordinate and deliver services to people. These include ALL levels (provincial, state, city, district branches, sections or chapters, headquarters, and regional and intermediate offices, as well as community-based units)
  - » **Branches:** A Branch has its roles, responsibilities and relationship with the National Headquarters defined through the National Society's Statutes, including the level of autonomy given, especially in the area of its legal status, mobilising local resources and building local partnerships, and the decisions it makes. It has a local-level decision-making mechanism through its Branch members, board and volunteers, equally defined through the National Society's Statutes

ADDITIONAL INFORMATION

- SO_Somalia AR Financials.pdf (Note: For emergencies for which a financial report is not yet available, see MDRSO019, MDRSO020, MDRSO021, MDRSO022, MDRSO023, MDRSO024, and MDRSO025.
- IFRC network country plans
- Subscribe for updates
- Live Disaster Response Emergency Fund (DREF) data
- Operational information: IFRC GO platform
- National Society data: IFRC Federation-wide Databank and Reporting System
- Evaluations database

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