



SRCS Volunteer conducting house-to-house health education campaigns to increase awareness of Kala-azar transmission, symptoms, and prevention

Appeal: MDRSO021	Country: Somalia	Hazard: Other	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 328,505	
Glide Number: -	People Affected: 220,546 people	People Targeted: 27,000 people	
Operation Start Date: 15-03-2025	Operation Timeframe: 4 months	Operation End Date: 31-07-2025	DREF Published: 19-03-2025
Targeted Areas: Sanaag			

Description of the Event

Date when the trigger was met

02-03-2025



SRCS Female volunteers conducting health promotion on Leishmaniasis prevention and control in Erigabo town

What happened, where and when?

Since January 3, 2025, Erigavo Regional Hospital in the Sanaag region has reported five cases of leishmaniasis, a disease not historically prevalent in those areas of Somaliland. Among these cases, four tested positive for Leishmania IgG through Rapid Diagnostic Tests (RDTs), raising concerns about the potential emergence of a localized outbreak. Subsequent laboratory analysis confirmed two fatalities from Rugay and Cirshiida in Erigavo district, highlighting the severity of the situation. The most recent case (01) was officially confirmed on February 26, 2025, as a kalzar type, further underscoring the ongoing transmission risk.

Despite these hospital-reported cases, the extent of leishmaniasis (Visceral Leishmaniasis—Kala-Azar) within the broader community remains uncertain due to limited surveillance data. The lack of comprehensive epidemiological insights poses challenges in assessing transmission dynamics and potential risk factors, necessitating an urgent and coordinated response.

On March 2, 2025, in response to the worsening situation, the Ministry of Health Development (MoHD) has formally issued a request letter to urgently inform the partners of the critical public health concerns regarding the recent outbreak of Leishmaniasis in the Sanaag region, triggering an appeal to humanitarian partners for urgent intervention. This request serves as an official call for support, urging international and local organizations to assist in disease control, medical treatment, and prevention efforts. The trigger date, marked by the release of this request letter, signifies the government's acknowledgment of the crisis and its need for external aid to combat the outbreak effectively.

Scope and Scale

Leishmaniasis remains a public health problem in the Sanaag Region. Leishmaniasis, classified as a neglected tropical disease (NTD), poses a serious challenge, especially in communities that are already vulnerable due to limited resources and competing health priorities. This situation is made worse by the risk of Leishmaniasis being deprioritized, which could lead to a further exacerbation of its impact on these communities.

The people most likely to experience the effects of this hazard are those living in the Sanaag region, particularly in mountainous areas where artisanal gold mining activities take place. These regions provide a natural environment conducive to the survival of sandflies, the vector that transmits Leishmaniasis. The presence of cracked clay soil, Acacia and Heglig trees, and the activities of local farmers and fishermen create an ideal setting for sandfly breeding, putting the local population at a higher risk.

The most vulnerable groups within these populations are children, the elderly, people with disabilities, and displaced persons (IDPs). Children, especially those under five years of age, are at heightened risk due to their developing immune systems and the additional threat posed by malnutrition. The elderly, who often have weakened immune systems, are also particularly vulnerable. IDPs, especially in Erigabo and surrounding villages, are highly susceptible due to overcrowded living conditions, inadequate sanitation, and limited access to healthcare services. Women and girls, who bear the burden of caregiving, also face disproportionate impacts due to their limited access to healthcare and other resources.

The impact of Leishmaniasis has been severe in these areas, with recent outbreaks indicating the continuing threat. In Somaliland the Ministry of Health reported on February 26, 2025, the cumulative cases since January 3, 2025;

- Outbreak of the Leishmaniasis in Sanaag region
- The types of Leishmaniasis is Kalazar
- Leishmaniasis Main hotspots: Sanaag region, especially in mountain areas where the areas where artisanal gold mining exist
- A total 28 suspected cases visited in the Erigabo health facility
- 5 cases were found to be positive
- The death of four cases in which their ages is between 3 Years and 20 years
- The death of children of 3 years male, 5 years female, 9 years male, 20 years male and 2 years male whose condition had improved and recovered created a concern and became health emergency situation
- These figures cover cases in hospitals only; community cases are not included.

The region has been further destabilized by ongoing conflict in Erigabo district, leading to the displacement of 43,000 people. These displaced populations, coupled with the compounding effects of recurrent drought, El Nino flash floods, and high rates of child malnutrition, are in an increasingly precarious position. The lack of adequate sanitation facilities, along with overcrowded conditions in displacement camps, significantly heightens the risk of Leishmaniasis transmission. In addition, the widespread food insecurity exacerbates the overall situation. According to IPC information from January to June 2025, approximately 78,400 people in Sanaag are experiencing high levels of acute food insecurity, with over 88,000 children in need of urgent treatment for malnutrition. This context increase the vulnerability to the disease, limit capacity to access necessary items for vector prevention and sanitations due to competing priorities.

The current outbreak of Leishmaniasis in the Sanaag region further complicates the already dire situation. The disease is strongly linked to factors such as malnutrition, population displacement, poor housing conditions, and weakened immune systems—conditions that are prevalent in the region. The outbreak has spread rapidly, affecting both the broader population and particularly vulnerable groups. The resulting illness, death, social disruption, and strain on health services and infrastructure further complicate the region's ability to recover.

Therefore the affected population urgently requires urgent medical treatment, vector control, community awareness, surveillance, and public health campaigns to educate communities on prevention and early treatment-seeking behaviors. Continuous monitoring and coordination with local health authorities will ensure an effective and timely response, ultimately reducing the impact of the outbreak and strengthening local health systems for future resilience.

Source Information

Source Name	Source Link
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1. Support request letter from Ministry of health development	https://ifrcorg-my.sharepoint.com/:b:/r/personal/gemechissa_mu_stefa_ifrc_org/Documents/Desktop/GEM%20HARGE_SA/IFRC%20GEM/2025%20IFRC/2025-26%20IFRC%20SUPPORTED%20PROJECT/LISHI%20-%20DREF/SRCS/MoHD%20Leishmaniasis%20Letter.pdf?csf=1&web=1&e=siZ1PC
2. Assessment Report	https://doi.org/10.3389/fitd.2022.965609
3. Leishmaniasis	https://www.who.int/news-room/fact-sheets/detail/leishmaniasis .

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

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

-

Lessons learned:

The last DREF Operation launched by the Somali Red Crescent Society was in 2024. Furthermore, the national society has also implemented multiple DREF Operations in response to other crises, with the most recent ones being the Cholera DREF response (MDRSO017), the Flood DREF Response (MDRSO018) in 2024, and Population Movement (MDRSO524), which is currently active. As part of the development of this DREF application, the National Society has drawn upon valuable lessons learned from previous operations, including:

1. The importance of coordination and collaboration among multiple actors, ranging from the Ministry of Health and other governmental agencies to humanitarian organizations and the local community.
2. The importance of continuous surveillance and monitoring, as well as the early detection of cases, are key elements for an effective response.
3. The importance of strengthening education and awareness of disease prevention measures in the affected provinces.
4. The deployment of NDRT staffs and volunteers who were technical in public health responses, monitoring, and evaluation, plus volunteer management and Cholera response, ensured the full-time presence of personnel to coordinate SRCS response activities, which ensured timely execution of activities and reporting. The same approach shall be adopted with the support of branch management in the implementation districts.
5. SRCS fostered a close and strong working relationship with the Ministry of Health Development and was involved in the cholera outbreak in the Awdal and Maroodi-jeh regions, which ensured that SRCS received the required support to carry out the planned activities. The same approach will be used in this response.

Current National Society Actions

Start date of National Society actions

15-02-2025



<p>Health</p>	<p>Since February 15, 2025, SRCS has been responding to the Leishmaniasis outbreak by supporting government action plans and fulfilling its role. The National Society has already begun organizing its staff and volunteers, ensuring they are equipped with the latest information on Leishmaniasis prevention, in line with the Ministry of Health's guidelines.</p> <p>In the affected areas, SRCS local actions have been initiated to disseminate key messages and promote leishmaniasis prevention practices. These activities have been adjusted based on the needs identified in the Sanaag region, with input from the SRCS Erigabo branch and local Ministry of Health staff.</p> <p>In terms of capacity, SRCS has set up a team of 15 trained staff and volunteers on community-based health and first aid (CBHFA), conducting health and hygiene promotion sessions, community-based surveillance, house-to-house visits, and awareness-raising through publicity activities.</p>
<p>Other</p>	<p>The Leishmaniasis DREF intervention is distinct from the ongoing MDRSO020 operation, ensuring no duplication of efforts. While MDRSO020 primarily supports displaced populations affected by conflict in Erigabo and Bari by addressing urgent humanitarian needs such as CVA, Shelter, WASH, and Health, the Leishmaniasis DREF specifically focuses on the health crisis in Erigabo district and its surrounding areas. It targets local artisanal mining communities, who are particularly vulnerable to the outbreak. This focused approach ensures resources are effectively allocated to combat the disease while complementing, rather than overlapping with, existing humanitarian initiatives.</p>

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>IFRC maintains two offices in Hargeisa and Garowe, with IFRC staff members from the Nairobi cluster stationed equally between the two locations—50% in Garowe and 50% in Hargeisa. Additionally, there are permanent operations officers/seconded to SRCS/based in Hargeisa and Garowe who provide technical support to the NS. Through these field-based technical officers and the delegates from the Nairobi cluster, IFRC has supported SRCS in the development of the DREF request and will continue to provide technical assistance for the planned intervention.</p>
<p>Participating National Societies</p>	<p>German Red Cross, Norcross, Danish Red Cross, Finish Red Cross, Canadian Red Cross, Icelandic Red Cross are present in country. The partner national societies (PNS) are involved in the Movement coordination platforms in the country and are consulted on all response decisions, including the recommendation to request for a DREF. As of the time of documenting the DREF, no partner national societies had made contributions, but they take part on movement coordination meetings where SRCS will ensure information sharing and any interest will continue to be discussed.</p> <p>Some of the PNSs have project ongoing in the Somaliland. For instance, in SANAAG region:</p> <p>Norcross have a community health project including Community based surveillance and Health Promotion activities.</p> <p>Norcross under ECHO PP is also supporting Cash for Nutrition for 300 HHs for the period of 4 months which started December 2024.</p> <p>German Red Cross is supporting NS for resilience program including WASH, DRM and CVA in Sanaag region.</p> <p>Qatar Red Crescent society is supporting one fixed health clinic in Snaaag region.</p> <p>The above interventions are not overlapping the proposed DREF, and movement coordination serve for an effective alignment and use of resources for the various humanitarian imperatives in the region.</p>



ICRC Actions Related To The Current Event

The ICRC is present in the country, and, like the PNSs, SRCS has informed the ICRC, ensuring coordination through established platforms.

In Sanaag region, in response to population movements caused by clashes since 2025, the ICRC is supporting SRCS in health interventions by providing materials and additional resources to the clinic. These efforts do not overlap with the proposed DREF, and movement coordination ensures effective alignment and optimal resource utilization. Additionally, the ICRC is supporting the National Society in communication, protection, and health services, including first aid and pre-hospital care in the region.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Ministry of Health established and sent a technical team to investigate and respond to the Leishmaniasis disease outbreak in Sanaag region. 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 leishmaniasis preparedness and response plan. The Ministry is also appealing the humanitarian partners to support them in the mitigation and response to the quick spreading of the disease in the affected communities.
UN or other actors	WHO supported the Ministry of the Health Development Supplies for the Laboratory test, treatment and some essential equipment for the enhancement and capacity of the Laboratory in Erigabo regional hospital.

Are there major coordination mechanism in place?

The Somali 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.

At the regional and local levels, the SRCS Erigabo branch of the National Society has begun to hold coordination meetings with the authorities of the Ministry of Health at the regional level, also with the aim of assessing joint activities.

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. A multi-sectoral approach was employed in the initial assessment of outbreak across the country. The Ministry of Health conducted assessments primarily in hotspot region, and the findings have been compiled nationally to provide the number of confirmed cases.

Needs (Gaps) Identified



The ongoing Leishmaniasis outbreak in the Sanaag region presents serious health challenges, necessitating urgent intervention. An assessment by the Ministry of Health Development has highlighted critical gaps that must be addressed to mitigate the outbreak's impact. A key concern is the region's limited diagnostic capacity, which hinders the timely detection and treatment of infected individuals. Additionally, a shortage of essential medications has made it difficult to provide adequate care for those affected.

The crisis is further compounded by the absence of effective vector control measures, allowing the disease to spread unchecked. Weak community-level surveillance has led to delayed responses, exacerbating the situation. Furthermore, low public awareness about



Leishmaniasis has hindered prevention efforts, while resource constraints continue to limit healthcare facilities' capacity to manage and contain the outbreak.

The region also struggles with inadequate health infrastructure, including a lack of medical facilities and essential equipment needed for outbreak response. A shortage of trained healthcare personnel further reduces the capacity to provide specialized care for Leishmaniasis patients. Additionally, financial and logistical constraints have limited the government's ability to respond effectively, making external support from humanitarian partners essential in addressing the crisis.

While further assessments are underway, immediate action is required to scale up response efforts and contain transmission, preventing the disease from spreading to regions such as Sool and Togdheer. Some case contacts may not have been adequately traced, posing a significant risk for further transmission.

To effectively manage and prevent the outbreak, strengthening healthcare systems is crucial. This includes enhancing the skills of healthcare personnel and volunteers through comprehensive training to improve transmission control, early detection, and community resilience in Erigavo district and the broader Sanaag region.

Equally important is increasing community awareness by engaging local leaders, educational institutions, and public campaigns to limit the spread of Leishmaniasis. House-to-house outreach initiatives must inform the population about preventive measures, disease symptoms, and the importance of seeking early medical intervention. These efforts will emphasize preventive actions such as wearing protective clothing, maintaining environmental hygiene, and accessing prompt treatment. Additionally, collaboration with government agencies will facilitate targeted vector control measures, including insecticide spraying in high-risk areas.



Water, Sanitation And Hygiene

The Sanaag region of Somaliland faces significant Water, Sanitation, and Hygiene (WASH) challenges that contribute to the risk of Leishmaniasis outbreaks. Limited access to clean water forces communities to rely on unsafe sources, increasing exposure to disease-carrying sandflies. Poor sanitation, including inadequate waste disposal and open defecation, creates breeding grounds for vectors, while a lack of hygiene awareness and resources hinders disease prevention efforts.

Addressing water, sanitation, and hygiene (WASH) needs in the context of a Leishmaniasis outbreak is essential to prevent the spread of the disease and preserve the well-being of affected communities. A comprehensive approach requires addressing two basic needs: first, a thorough vector control strategy must be implemented in close coordination with the Ministry of Health.

Second, protection, sanitation, and hygiene practices must be improved, promoting awareness and elimination of vector breeding sites, such as insecticide spraying against sandflies. It is necessary to work with communities to identify and eliminate sandfly breeding sites through clean-up campaigns and the cutting of trees that hide sandflies and use smoke as a repellent.

Also, the Ministry of Health has requested specific support from the National Society to carry out timely and accurate information reaching rural communities, which is key, and for which it is essential to disseminate information campaigns that encourage the population to seek medical attention in time when they experience symptoms, which is essential for early diagnosis and treatment.



Protection, Gender And Inclusion

There are gaps in Protection, Gender, and Inclusion (PGI), especially regarding access to healthcare, awareness, and support for vulnerable populations. Gender and socio-economic disparities increase risks for women, children, and marginalized groups, hindering their access to diagnosis and treatment.

Limited outreach and culturally appropriate communication further impede timely intervention. Vulnerable individuals, such as the elderly, disabled, and malnourished, face heightened risks from the disease. These gaps highlight the need for an inclusive response to ensure equitable access to services and address the specific needs of at-risk groups.

Addressing and preventing the Leishmaniasis outbreaks in the Sanaag region must consider protection, gender, and inclusion needs to ensure that all people, regardless of sex, gender, ethnicity, socioeconomic status, or whatever their situation, have equal access to the necessary prevention and care measures.

SRCS will ensure that protection issues are taken into account and that everyone feels protected despite age, gender, ethnicity, and disability. First, it is necessary to ensure the protection of the most vulnerable groups, including adequate medical care for people affected by the disease, especially children, pregnant women, the elderly, and people with pre-existing medical conditions.



In addition, to ensure the relevance of actions, it is necessary to incorporate a gender approach in all prevention strategies. This implies actively including women and men in decision-making and implementation of prevention measures, as well as addressing gender inequalities that may influence the spread of Leishmaniasis.



Community Engagement And Accountability

During a disaster such as the Leishmaniasis outbreak, accessing information is particularly challenging for the most vulnerable individuals, making it difficult to communicate with affected populations and gather feedback. Effective Risk Communication and Community Engagement (RCCE/CEA) are essential for building trust, addressing misconceptions, and ensuring the successful adoption of protective and preventive behaviors. These approaches are critical for controlling and containing Leishmaniasis outbreaks within communities. Establishing a two-way feedback mechanism will also be key to addressing rumors and dispelling myths.

A fundamental aspect of the response is actively engaging communities in the planning, implementation, and monitoring of prevention and control strategies. This includes promoting participatory decision-making, ensuring that community voices are heard and integrated into program design and strategy development.

Furthermore, clear and transparent accountability mechanisms must be established, enabling health authorities and organizations to report progress and results to the community. This not only fosters trust and cooperation but also empowers communities to assess the effectiveness of interventions and suggest necessary adjustments.

Community participation should also involve training local leaders and health promoters to serve as key agents in disseminating information, identifying sandfly breeding sites, and promoting preventive measures.

Operational Strategy

Overall objective of the operation

The objective of this DREF is to reduce morbidity and mortality from the Leishmaniasis outbreak in the Eegavo districts of the Sanaag region by enhancing disease awareness, strengthening the local health system, and supporting early detection. The DREF will reach 27,000 people (4,500 households) over 4 months through health, WASH, protection, PGI, and community engagement activities.

Operation strategy rationale

The implementation of the response strategy will be carried out in close collaboration with authorities at both the national and local levels, including the Ministry of Health Development (MoHD). Given the current context of limited healthcare access and the challenges faced by response actors, a tailored approach will be essential to reduce the case fatality rate, limit the spread, and minimize transmission of the outbreak. NS intends to leverage community-based interventions, strengthening the health system, improving disease surveillance, and ensuring WASH through a community engagement approach that will make a sustainable impact. The aim being to reduce transmission, minimize fatalities, and support affected populations in a sustainable manner. Continuous monitoring and adaptation will ensure that response efforts remain effective and aligned with the evolving outbreak situation. Therefore, SRCS will leverage its network of community volunteers and staff to reach the at-risk population.

To achieve the proposed objective, a series of actions have been proposed in the prioritized sectors, as described below:

HEALTH

1. Coordination:

SRCS will ensure active participation in the incident management team meetings that will be coordinating the outbreak response activities led by the Ministry of Health Development. At the national level, the SRCS coordination health team attends the daily National Task Force (NTF) meetings. At the regions, the branch coordinator and health focal point personnel will attend and represent the SRCS Regional Taskforce Meeting (RTM). SRCS will also ensure periodic coordination meetings with the movement partners in the country. NS remains actively engaged in technical coordination efforts, including participation in the WASH Cluster meetings. This involvement ensures that NS interventions align with national and international response efforts, fostering better collaboration and resource mobilization

2. Assessment

The National Society (NS) will conduct an assessment to understand the specifics of Leishmaniasis, validate existing data, evaluate treatment availability, assess community awareness, and determine local capacity to respond to the kala-azar outbreak.



3. Community Awareness and Risk Communication

- a) Community-based surveillance (CBS). With lessons from the previous outbreaks' implementation, SRCS intends to use its volunteer network at community level to support the ministry of health to detect and report suspected Leishmaniasis cases using the SRCS Nyss platform. To achieve this, 100 volunteers and 5 staff will be trained and deployed.
- b) NS will train 40 schoolteachers on Leishmaniasis prevention, protection and control measures
- c) 30 Community members will train and develop community action plans focused on prevention, protection, and control of Leishmaniasis
- d) Roll out house-to-house health education campaigns to increase awareness of Leishmaniasis transmission, systems, prevention, and available treatment.
- e) Psychosocial support with all the above actions, SRCS response team will need to be supported with psychosocial support given the physical and psychological strain such a response may inflict on an individual. Therefore, to maintain a strong and healthy workforce, PSS will be provided to the response teams
- f) Risk Communication: Trained SRCS volunteers will disseminate accurate information about symptoms, prevention, and when to seek medical care. Messages will address misconceptions and promote trust.
- g) Engage teachers, students, local leaders, and mosque imams as key influencers to disseminate accurate information on Leishmaniasis prevention.

4. Strengthening Health System Capacity

- a) NS will train 30 frontline health workers on Leishmaniasis diagnosis, treatment protocols, and case management for early detection and response to the disease. Given the limited healthcare infrastructure and high burden of vector-borne diseases in the region, equipping health workers with specialized knowledge will enhance their ability to identify symptoms, conduct accurate diagnostic tests, and administer appropriate treatments. Strengthening local capacity in this way ensures timely and effective care, ultimately reducing morbidity and mortality associated with Leishmaniasis outbreaks.
- b) SRCS will support and strengthen referral pathways between community health volunteers and health facilities to ensure timely case identification and management.
- c) Enhance laboratory capacity in the targeted health centers and Erigabo hospital to improve diagnosis capabilities.
- d) With lessons from the previous outbreaks and implementation, SRCS intends to deploy two integrated mobile health teams to conduct outreach service in hard-to-reach communities.

5. Vector Control and Environmental Management

- a) NS will support environmental hygiene campaigns emphasizing proper waste disposal to eliminate sandfly breeding sites.
 - b) Support MoHD and mining agencies to mitigate sandfly exposure risk for workers in gold mining areas, where foreign populations contribute to the spread of disease.
- ### 6. Case detection and surveillance:
- a) The trained SRCS community-health volunteers will conduct active case finding and referral of the suspected KLa-azar cases
 - b) SRCS digital health tools (DHIS2), Nyss and other e-health platforms will strengthen the real-time data tracking, early warning and response

WASH:

SRCS will implement WASH interventions to reduce sandfly breeding and prevent further disease spread, including:

- a) Community Clean-Up Campaigns to remove stagnant water, clear vegetation, and eliminate breeding sites; NS team with community groups will ensure frequent emptying and cleaning of mosquito breeding sites, cutting trees. That practice will be carried out with the communities to ensure they replicate the actions.
- b) Community Mobilization: Volunteers and local leaders will be engaged to spread awareness on leishmaniasis prevention through improved sanitation. Community Awareness and Hygiene Promotion interventions will intend to educate communities on leishmaniasis transmission, symptoms, and prevention measures. Promote the use of insecticide-treated bed nets (ITNs) and indoor residual spraying (IRS) to reduce human exposure to sandflies. Encourage the use of protective clothing and insect repellents, especially for at-risk populations like children and outdoor workers

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

A community-centered approach will be integrated into all response activities to encourage participation, feedback, and behavior change. The success of these activities relies on a consistent behavior change, hence, the CEA is put at the center of all the intervention. For inclusive and engaging planning and assistance that is owned by the communities where we want behavior changes and sustainable impact, the intervention will seek constant engagement and bidirectional conversations with the communities through their community structures. To ensure appropriate care seeking for early supportive care, and to encourage household- and community-level action to reduce sandfly populations in the community, all actions will be based on the CEA approach. This approach will be used to share key messages that promote positive behavior change in communities, carry out risk communication activities based on the evolution of the epidemiological situation, monitor and respond to rumors and misinformation, and increase participation of volunteers and community leaders in Leishmaniasis prevention activities. The SRCS will ensure that the already developed 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 Leishmaniasis



operation.

- a) Bidirectional Communication: Community structures will be engaged to foster transparent information-sharing and encourage early care-seeking behaviors.
- b) Feedback Mechanisms will be established multiple feedback channels to ensure that community concerns are captured and addressed.
- c) Dissemination and promotion of the use of the Freeline: A national toll-free number will be widely disseminated to facilitate communication between SRCS and affected communities.
- d) During the operation, lessons and key highlights will be compiled, discussed, shared with stakeholders through a lesson-learned workshop and video/written documentary.

PROTECTION, GENDER AND INCLUSION (PGI):

To ensure that all activities take an inclusive and protective approach, basic training in PGI minimum standards will be conducted for staff and volunteers who are providing direct response. SRCS has engaged a PGI focal person who will advise on this. Under protection, the following activities shall be conducted.

- a) Inclusion of the PGI and safeguarding considerations and data collections to the assessment and monitoring under this intervention.
- b) Create awareness on child rights and responsibilities in fighting further spread of Leishmaniasis
- c) Disseminate the SRCS child protection and safeguarding policy & ensure all staff and volunteers sign the Code of Conduct.
- d) Under PSEA, the following activities shall be done:
 - Orient volunteers & staff on the SRCS safeguarding policies (PSEA) to volunteers and other stakeholders.
 - Strengthen community reporting and feedback mechanisms for SEA related incidents
- e) Under Prevention, Mitigation, and Response to Gender-Based Violence (GBV), the following shall be done:
 - Map out and update existing referral pathways for survivors of SGBV/VAC. The mapping information will be used to support any reported cases.

Targeting Strategy

Who will be targeted through this operation?

This operation prioritizes families residing in Erigabo district and surrounding areas where both foreign and national artisanal gold miners are present, as these locations have reported positive cases and fatalities. This decision is informed by the assessment report conducted by the Ministry of Health Development (MoHD).

The SRCS, in close coordination with the Ministry of Health Development and local authorities, will follow up to ensure that assistance is provided to the most affected population.

Explain the selection criteria for the targeted population

Although the Somali Red Crescent Society will provide support to all people who require it, special emphasis will be placed on:

- Targeted response in districts, communities, and households in areas/villages with reported cases—final number to be confirmed in accordance with MOHD and partners.
- Outreach services: The Erigabo district and surrounding villages involved in artisanal gold mining. This priority is explained by the fact that the outbreak was reported in Erigabo district and surrounding villages involved in artisanal gold mining. All the at-risk areas are areas with free movements in and out of these areas for reasons that may include displacement, business transactions, search for social services, foreign travel, and among others.
- Groups with specific vulnerabilities and exposition to the vector. Include: children, pregnant women, the elderly, and people with pre-existing medical conditions, considering their level of vulnerability to Leishmaniasis.

Total Targeted Population

Women	9,234	Rural	47%
Girls (under 18)	6,156	Urban	53%
Men	7,630	People with disabilities (estimated)	5%
Boys (under 18)	3,980		
Total targeted population	27,000		



Risk and Security Considerations

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

Risk	Mitigation action
Community needs may exceed the capacity of this operation.	SRCS will advocate as necessary to partner organizations to meet unmet needs.
Local beliefs and myths	<ul style="list-style-type: none"> • Encourage community participation in the planning and implementation of interventions. This may include training processes for Leishmaniasis prevention and mobilization of local leaders to advocate for preventive practices. • Increased community awareness on EPIC and its spread. Provide a clear community case definition which would exhibit as to how serious this unknown Epidemic disease could be if someone gets infected.
Expansion of the affected area outside the Erigabo district and beyond the neighboring regions	<ul style="list-style-type: none"> • Mitigation by training the staff and volunteers in other areas and branches on Leishmaniasis prevention and control. • Refresher trainings for the SRCS teams in high-risk districts as listed by MoHD.
Deployed staff and volunteers could get infected	Staff and volunteer are provided with PPEs and insurance. Apart from these, volunteers will be supervised, briefed and debriefed throughout the response.
Fighting in Erigabo could spill into the surrounding region and is likely to happen at no or very short notice	Liaise and keep in contact with SRCS branches and volunteers on the ground, ICRC, INSO and the UN networks to get early warnings.

Please indicate any security and safety concerns for this operation

Since 14 December 2024, violent clashes broke out in Erigabo, the capital of the Sanaag region in Somaliland, and have caused casualties and widespread displacement. With intense fighting particularly in the town's southern areas and nearby locations, around 43,000 people have fled, seeking refuge in nearby towns such as Ceel Afweyn, Laasqoray, and areas such as Bossaso and Burco. This violence is part of ongoing clan and territorial conflicts in the region.

To reduce the risk of RCRC personnel falling victim to conflict, crime, extremism, health, and road hazards, active risk mitigation measures must be adopted. Security orientation and briefing for all teams prior to deployment should be undertaken to help ensure the safety and security of response teams.

Standard security protocols about general norms, cultural sensitivity, and an overall code of conduct should be put in place. Minimum security requirements will be strictly maintained. Personnel must have insurance. Minimum security equipment required: functional satellite phones, communication tools, advanced first aid kits, PPE kits, hibernation stocks, safe accommodation, and fully kitted vehicles. Movement should be undertaken after road assessments.

All NS and IFRC personnel actively involved in the operations must successfully complete, prior to deployment, the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security, and Level 3 Security for Managers).

The IFRC security plans will be applicable to all IFRC staff throughout the operation. Area-specific security risk assessments will be conducted for any operational location where IFRC personnel are deployed, with appropriate risk mitigation measures identified and implemented.

Has the child safeguarding risk analysis assessment been completed?

Yes



Planned Intervention



Budget: CHF 196,502

Targeted Persons: 27,000

Indicators

Title	Target
# of assessment conducted on the Leishmaniasis disease type and specific gaps	1
# of SRCS staff and volunteers trained and deployed on Community based surveillance (CBS).	105
# of frontline health workers trained on Leishmaniasis diagnosis, treatment protocols, and case management	50
# of schoolteachers trained to Leishmaniasis prevention, protection and control measures	40
# of the SRCS staff and volunteers provided on Psychosocial support	100
# of people reached out to with risk communication messages through group gatherings or meeting	27,000
# of the integrated mobile health team deployed	2
# of laboratory health centers with enhanced capacity in targeted areas.	2
# of people reached with education campaigns to increase awareness on the disease	27,000

Priority Actions

- Conduct assessment.
- Train and deploy 100 volunteers and 5 staff members on CBS to detect and report suspected Leishmaniasis cases using the SRCS Nyss platform.
- Train 40 school teachers on leishmaniasis prevention and control measures.
- Train 30 community members to develop community action plans focused on prevention, protection, and control of Leishmaniasis.
- Train 100 staff and volunteers involved in the leishmaniasis response on Mental Health and Psychosocial Support (MPSS).
- Train 50 frontline health workers on Leishmaniasis diagnosis, treatment protocols, and case management to ensure timely and effective care.
- Participate in MOHD National and regional coordination meetings and partners meetings
- Disseminate accurate health information through trained volunteers.
- Provide mental health psychosocial (MHPSS) support to affected families, healthcare workers, staff, and volunteers.
- Train staff and volunteers on Psychosocial support.
- Develop and disseminate IEC materials, including posters, to support the awareness.



Budget: CHF 36,986

Targeted Persons: 27,000



Indicators

Title	Target
# of community clean-up campaigns for the eradication breeding sites completed	10
# of people reached through hygiene promotion campaign	27,000
# of communities or target sites that have experienced vector control interventions (both chemical and physical).	15

Priority Actions

- Community clean-up campaigns.
- Train volunteers on hygiene promotion.
- Roll out hygiene promotion activities to affected communities.



Protection, Gender And Inclusion

Budget: CHF 9,177

Targeted Persons: 27,000

Indicators

Title	Target
# of volunteers oriented on PGI	100
% of orient Volunteers & staff involving the operation on the SRCS safeguarding policies (PSEA),	100
%of SRCS staff and volunteers involved the operation sing the code of conduct	100

Priority Actions

- Provision of the PGI trainings is to equip the volunteers with PGI awareness so that they will be able to cascade the awareness to the community during the house-to-house health education campaigns, environmental cleaning campaigns, and hygiene promotion activities.
- Refresher training Volunteers on PGI awareness Raising on Issues of Violence, Discrimination and Exclusion.
- Develop & disseminate child-friendly version of IEC materials.
- IEC Materials for PGI Training.
- Engaging culturally accepted leaders to disseminate PGI awareness information.
- SRCS will request support from the PNS who are now implementing PGI projects on Child safeguarding risk analysis and plan of action and PGI analysis/PGI integration in assessment.



Community Engagement And Accountability

Budget: CHF 9,177

Targeted Persons: 27,000

Indicators

Title	Target
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# of CEA training conducted	1
# of people reached with CEA messages.	27,000
# of feedback mechanism in place	1

Priority Actions

- Provision of CEA training.
- Support hotline and feedback system (SMS, posters, etc.).
- IEC Materials for CEA Training.



Secretariat Services

Budget: CHF 19,602

Targeted Persons: 27,000

Indicators

Title	Target
# of IFRC monitoring and support missions conducted	1
# of Movement coordination meetings organized and updates provided to Movement partners.	5

Priority Actions

- IFRC is supporting NS coordination efforts, donor engagement and compliance to response standards.
- Coordination meetings are being held regularly in the country and remotely with all movement partners.
- Finance, admin, communications, and PMER are supported by the Nairobi Cluster office.



National Society Strengthening

Budget: CHF 56,859

Targeted Persons: 27,000

Indicators

Title	Target
# of lessons learned workshops developed	1
# of branches supporting the operation	1
# of monitoring and supervision visits conducted	5
# of coordination meeting for MoHD and SRCS conducted.	10
# of joint monitoring and supervision visits conducted by MoHD and SRCS.	5



Priority Actions

- Mobilization of branches and deployment of volunteers to support the operation.
- Carry out monitoring and supervision visits.
- Conduct lesson learned workshop.
- Ensure SRCS branch and coordination office administrations cost.

About Support Services

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

This response will deploy a total of 115 volunteers, 5 key staff members from coordination offices, and 15 staff members from the respective Erigabo branch where the operation is going on. Besides IFRC staff, Hargeisa/Garowe-based staff such as WASH delegates, security delegates, Finance, and logistics staff will provide technical and operational support throughout the operation.

SRCS, with the use of its technical team in Somaliland including the health department team, disaster management team, PGI, PMER, and logistic team, will be on board to support the operation.

The technical staff will include the SRCS Director of Health and Nutrition, Deputy Director of Health and Nutrition, Operation Officer, and SRCS Community Health Manager. These will take lead in ensuring that activities under the different pillars are executed accordingly under overall leadership of SRCS Executive Director in Hargeisa Coordination office.

The volunteers will be trained to support all the activities for Health, as well as PGI/CEA.

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

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

Most of the procurements will be conducted by Somali Red Crescent Society while some items which are not locally available will be conducted by IFRC.

All procurements by the National Society shall be conducted according to the existing procurement policy.

Distribution and utilization of procured items shall be done according to National Society accountability and compliance policies.

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 the IFRC Nairobi Cluster Delegation Office and will be responsible for performance-based management systems and overall quality.

DREF progress update reports will be compiled by the NS, 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.

IFRC together with the NS PMER team will develop reporting tools and also set desired timelines for response actions.

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

Please briefly explain the National Societies communication strategy for this operation

The National Society's communication department will collaborate closely with field teams to gather relevant information and regularly disseminate updates on the operation through various communication channels, including print, electronic, and online platforms. IFRC will assist the NS communications team in communicating with external audiences, particularly focusing on the protracted humanitarian audience.



Budget Overview



DREF OPERATION

MDRSO021 - Somali Red Crescent Society Leishmaniasis Outbreak

Operating Budget

Planned Operations	252,044
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	196,502
Water, Sanitation & Hygiene	36,986
Protection, Gender and Inclusion	9,177
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9,379
Environmental Sustainability	0
Enabling Approaches	76,460
Coordination and Partnerships	0
Secretariat Services	19,602
National Society Strengthening	56,859
TOTAL BUDGET	328,505

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](#)

