DREF Final Report

Somalia: Complex Emergency

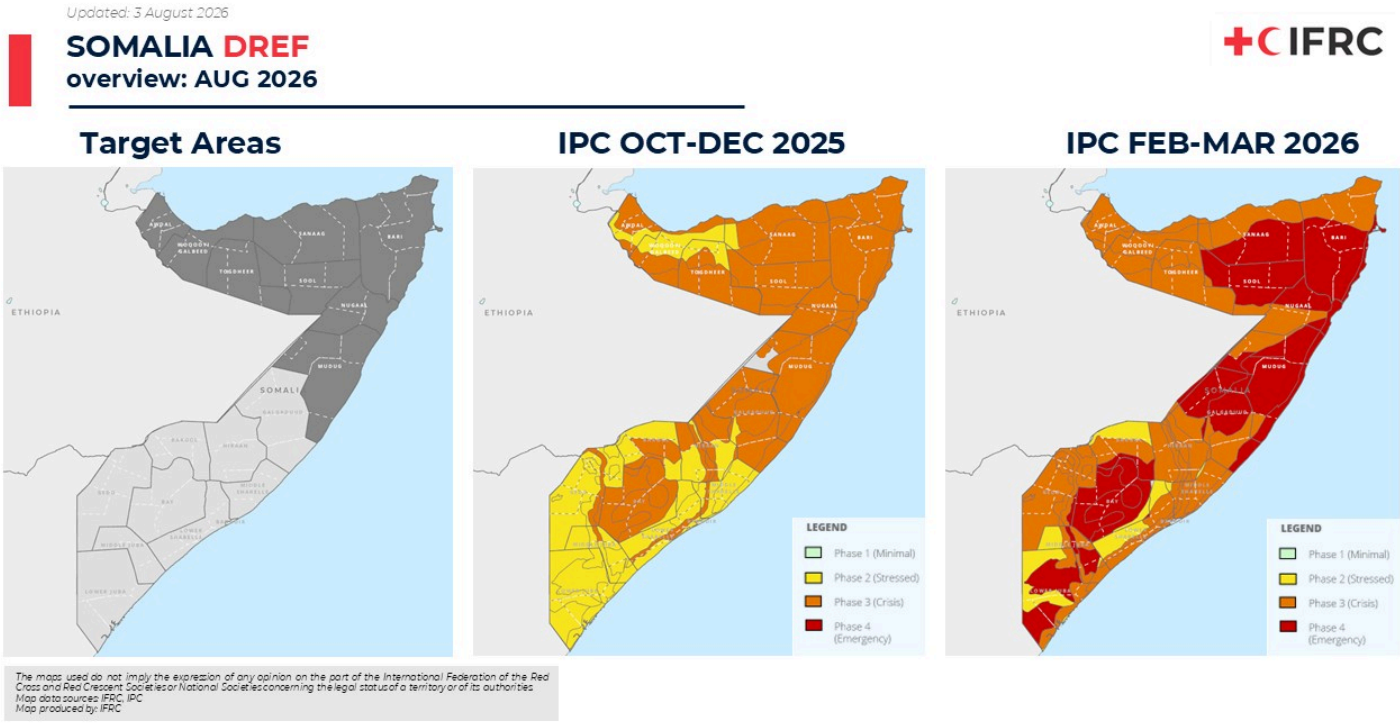
Solar well serving households and livestock, Daraymacaane, Somaliland

Appeal: **MDRSO025**	Total DREF Allocation: **CHF 981,311**	Crisis Category: Orange	Hazard: **Complex Emergency**
Glide Number: **MDRSO024/PSO528**	People Affected: **2,500,000 people**	People Targeted: **30,000 people**	People Assisted: **59,280 people**
Event Onset: **Slow**	Operation Start Date: **26-09-2025**	Operational End Date: **31-03-2026**	Total Operating Timeframe: **6 months**

Targeted Regions: **Awdal, Bari, Mudug, Nugaal, Sanaag, Sool, Togdheer, Woqooyi Galbeed**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Internal

Map of Projection Acute Food Insecurity

Date when the trigger was met

23-09-2025

What happened, where and when?

Somalia experienced one of its most severe droughts in decades following multiple successive failed rainy seasons, culminating in the near-total failure of the 2025 Deyr (October–December) rains. As the Jilaal (January–March) dry season progressed, drought conditions intensified nationwide, driven by prolonged rainfall deficits, extreme dry conditions, and record-low river levels. According to national authorities, approximately 4.61 million people were affected, including more than 490,730 internally displaced persons (IDPs).

The humanitarian consequences deteriorated rapidly. Between February and March 2026, an estimated 6.5 million people experienced severe acute food insecurity (IPC Acute Food Insecurity Phase 3 or above), nearly double the number recorded in August 2025. Of these, more than 2 million people were classified in IPC Phase 4 (Emergency), requiring urgent humanitarian assistance to address critical food consumption gaps, protect livelihoods, and prevent further loss of life.

The nutrition situation also reached alarming levels an estimated 1.84 million children were projected to suffer acute malnutrition, including approximately 483,000 children with severe acute malnutrition (SAM) requiring lifesaving treatment. In January 2026, acute malnutrition was classified as Critical (IPC AMN Phase 4) in 18 of 48 analysed districts and Serious (IPC AMN Phase 3) in another 19 districts. Conditions were expected to deteriorate further between February and June due to worsening food insecurity, a high disease burden, and reduced humanitarian funding that constrained access to health and nutrition services. IDPs remained among the most vulnerable populations, with urgent integrated, multi-sectoral interventions required to prevent further deterioration and reduce mortality among children and pregnant and breastfeeding women.

Disease outbreaks compounded the crisis. By early December 2025, Somalia had recorded 3,375 diphtheria cases with 139 associated deaths, 11,599 measles cases, 11,952 malaria cases, and continued transmission of acute watery diarrhoea (AWD)/cholera. The declaration of a Marburg Virus Disease outbreak in neighbouring Ethiopia further increased cross-border public health risks, while the combination of disease outbreaks, malnutrition, and food insecurity significantly heightened vulnerability among affected communities.

The drought affected large parts of the country. More than 1.1 million people were impacted in Galgaduud and Mudug, over 1 million people were affected across Togdheer, Sanaag, Awdal, Woqooyi Galbeed, Gedo, and Bari, and more than 930,000 people were affected in

Bay, Bakool, and Lower Shabelle. Water shortages became increasingly severe as sections of the Shabelle River dried up in Middle Shabelle, leaving more than 65 villages in Jowhar District without reliable water sources and forcing communities to rely on failing shallow wells and overstretched boreholes. Similarly, sharply reduced water levels along the Juba River left an estimated 200,000 people in Gedo Region facing critical water shortages.

According to the World Food Programme (WFP), Somalia was approaching a major humanitarian breakdown. Consecutive rainfall failures, record-low river levels, collapsing livelihoods, and rapidly worsening food security mirrored the warning signs that preceded the 2011 famine and the 2022 near-famine emergency. By the close of the DREF operation, Global Acute Malnutrition (GAM) prevalence had exceeded 25 per cent among IDPs and agropastoral livelihood groups, reaching levels comparable to the early stages of previous famine crises. Nearly one million people were projected to enter IPC Phase 4 (Emergency) within weeks, while conflict, climate shocks, displacement, disease outbreaks, and declining humanitarian funding were expected to sustain a protracted Grade-3 health emergency throughout the remainder of 2026. Although humanitarian planning figures for 2026 estimated approximately 4.8 million people in need, this reduction from the estimated 7.5 million affected in 2025 reflected narrower geographic targeting and funding constraints under the humanitarian reset rather than any meaningful improvement in underlying humanitarian conditions.

Mobile health teams delivering health services to the community

People and livestock using water from the constructed water point

SRCS and NADFOR conducted a PDM on CVA

People and livestock using water from the constructed water point

Scope and Scale

Somalia continued to face one of the world's most severe and protracted humanitarian crises, with the drought emergency worsening despite intermittent rainfall. According to UNOCHA, humanitarian partners reported soaring water prices, increasing food shortages, widespread livestock deaths, and collapsing livelihoods across drought-affected areas. Authorities estimated that approximately 4.61 million people had been affected by prolonged drought conditions nationwide. Between September and December 2025, the Protection and Return Monitoring Network (PRMN) and Emergency Trend Tracking (ETT) recorded the displacement of around 120,000 people due to worsening drought conditions. At least 170 boreholes and shallow wells became non-functional, while prolonged water shortages disrupted education, forcing an estimated 75,000 students to drop out of school across Togdheer, Sanaag, Awdal, Sool, Woqooyi Galbeed, Bari, Nugaal, Gedo, and Lower Juba.

The humanitarian crisis was compounded by a significant public health burden. By September 2025, Somalia had reported more than 7,900 cholera cases and 2,700 diphtheria cases, alongside a surge in measles infections. These outbreaks were driven by low vaccination coverage, inadequate water, sanitation and hygiene (WASH) conditions, and barriers to accessing healthcare. At the same time, conflict continued to exacerbate humanitarian needs, with an estimated 5.9 million people requiring humanitarian assistance and approximately 2.4 million people internally displaced across the country.

The drought continued to drive widespread displacement and food insecurity. More than 185,000 people were displaced from northern regions, including Togdheer, Sool, and Sanaag, while thousands more left Bari, Mudug, and Nugaal in search of water and pasture. In

Puntland alone, nearly one million people required humanitarian assistance, including approximately 130,000 facing life-threatening conditions. Funding shortages severely affected the humanitarian response, resulting in emergency food assistance declining from 1.1 million beneficiaries in August to only 350,000 by November. Health and nutrition services were also under considerable strain, with hundreds of outpatient therapeutic and stabilization centres at risk of closure.

In Somaliland, drought affected all regions, although the most severe impacts were reported in Togdheer, Sanaag, Maroodi Jeex, and the wider Hawd pastoral zone, where acute water shortages, pasture depletion, and extensive livestock mortality were recorded. Awdal and Salel also experienced persistent drought, reduced agricultural production, and critical water shortages affecting both agro-pastoral and coastal communities. Sool and Sahil similarly experienced severe drought-related disruptions requiring urgent humanitarian support. UNHCR reported that the failure of the expected Deyr rains intensified displacement and protection risks across Togdheer, Sool, and Sanaag as water sources dried up, crop production failed, and livestock—the primary livelihood asset for pastoral households—died due to lack of pasture and water, significantly worsening food insecurity.

An inter-agency drought monitoring mission conducted in Puntland between 27 November and 1 December 2025 found that more than 70 per cent of pastoral livelihoods had collapsed, substantially reducing household resilience. According to the FSNAU Post-Gu 2025 Integrated Food Security Phase Classification (IPC) analysis, more than one million people in Puntland were experiencing Crisis (IPC Phase 3) or Emergency (IPC Phase 4) levels of food insecurity, accounting for nearly one-third of Somalia's food-insecure population. Rising levels of acute malnutrition, disease outbreaks, and secondary displacement into Garowe, Bossaso, and Qardho highlighted the deteriorating humanitarian situation. Puntland had experienced four consecutive seasons of failed or below-average rainfall, while the 2025 Deyr rains were delayed, erratic, and ended prematurely, leaving rural and pastoral communities without sufficient water or pasture. Overall, the drought affected more than 1.29 million people in Puntland, including approximately 310,000 children under five suffering from acute malnutrition.

Through this Disaster Response Emergency Fund (DREF) operation, the Somali Red Crescent Society (SRCS) prioritized hard-to-reach districts and areas receiving limited support from other humanitarian partners. Through the SRCS Complex Emergency Appeal and DREF operation, affected communities gained improved access to essential healthcare services, particularly in locations where health facilities had closed or were operating with limited capacity. Access to safe water was strengthened through the rehabilitation and construction of water points, water trucking activities, and the distribution of WASH non-food items. In addition, multipurpose cash assistance enabled vulnerable households to meet their most urgent needs with dignity and flexibility, including purchasing food, water, healthcare, and other essential household items.

At the closure of the operation in March 2026, UNOCHA reported that Somalia's drought emergency remained severe despite the onset of the Gu rains. Humanitarian agencies warned that rainfall had been insufficient to reverse the cumulative impacts of successive failed rainy seasons. As of April 2026, approximately five million people remained affected by drought, while widespread food insecurity, acute malnutrition, water scarcity, livestock losses, crop failures, displacement, and critical humanitarian funding gaps continued to affect much of the country.

Source Information

Source Name	Source Link
1. Somalia: IPC Acute Food Insecurity and Acute Malnutrition Analysis	https://reliefweb.int/report/somalia/somalia-ipc-acute-food-insecurity-and-acute-malnutrition-analysis-january-june-2026-issued-24-february-2026
2. UNOCHA - Drought Emergency Situation Report No. 2	https://www.unocha.org/publications/report/somalia/somalia-2025-drought-emergency-situation-report-no-2-21-december-2025
3. FEWNSET - Somalia Food Security Outlook	https://reliefweb.int/report/somalia/somalia-food-security-outlook-high-needs-expected-through-september-despite-anticipated-average-gu-rains-february-september-2026

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes

Please provide a brief description of those additional activities	The Somali Red Crescent Society (SRCS) responded to the complex and protracted humanitarian crises in Somalia by utilizing its nationwide auxiliary role, branch network, volunteers, and health service structures. The DREF operation supported and complemented these efforts but represented only one component of the broader SRCS response. Beyond DREF-funded activities, through multilateral funding, SRCS implemented a wide range of emergency interventions, including multipurpose cash assistance, deployment of mobile health teams to hard-to-reach areas, water trucking, rehabilitation of boreholes and berkeds, construction of shallow wells with solar-powered pumps, and installation of elevated water tanks to improve access to safe water for vulnerable communities. Throughout the response, SRCS integrated key cross-cutting approaches, including Community Engagement and Accountability (CEA), Protection, Gender, and Inclusion (PGI), psychosocial support, and capacity building for staff, volunteers, and community structures. These efforts helped ensure that assistance was inclusive, accountable, and responsive to the needs of affected populations while strengthening SRCS's ability to deliver effective humanitarian support.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) runs offices in both Garowe (Puntland) and Hargeisa (Somaliland), with personnel from the Nairobi Cluster equally deployed across the two locations. The staff include a WASH Delegate, a Security Delegate, and two Operations Officers. The country-level team is further supported by the Nairobi Cluster Office through dedicated technical and operational assistance in logistics, finance, communications, Planning, Monitoring, Evaluation and Reporting (PMER), and, Strategic Partnerships and Resource Mobilisation (SPRM). IFRC supported the SRCS in the development of the DREF request and continued to provide technical guidance and operational support throughout the implementation of the planned response. The DREF allocation served as an initial source of funding to support the broader Federation-wide Somalia Complex Emergency Appeal (EA)- MDRSO025, which was launched in October 2025 to enable the scale-up of SRCS's response to the multifaceted humanitarian crisis affecting the country. As such, the DREF contribution represented a partial funding allocation within the overall Federation-wide response framework and complemented the larger operational plan and resource requirements outlined in the Emergency Appeal.
Participating National Societies	The Emergency Appeal and this DREF were coordinated with all partners in the country active Partner National Societies, including the Norwegian RC, Danish RC, Canadian RC, Icelandic RC, British RC, Finnish RC, Qatar RCS, and Türkiye RCS. In country Partner National Societies (PNS) supported the National Society's programmes in Health, WASH, DRM, and Livelihoods. The IFRC and SRCS coordinated the Emergency Appeal and the DREF, as this DREF was issued as a loan to support the launch of the Emergency Appeal.

ICRC Actions Related To The Current Event

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.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	In Somaliland The Somaliland National Disaster Preparedness and Food Reserve Authority recently distributed emergency food assistance to communities affected by severe drought across several regions of Somaliland. NADFOR led the humanitarian drought response by coordinating humanitarian actors and ensuring timely delivery of food support to vulnerable households. The food distributed included essential relief items such as rice, flour, sugar, cooking oil, and dates to help families facing food shortages caused by prolonged drought conditions. In Togdheer region, assistance reached Cali Saahid (250 households), Harada (200 households), Bisiqa (200 households), Kalbare (200 households), Qoyaale (200 households), Bali Dhiig (250 households), and Qorilugud (400 households). In Sahil region, food aid was distributed to Hundusa (100 households) and Sheekh (100 households). In Sanaag region, beneficiaries included Godheeli (100 households), Gawsaweyne (150 households), Barakhaawi (50 households), Galciidle (100 households), and Xarqaha (100 households)
UN or other actors	In Woqooyi Galbeed, Togdheer, Sanaag, and Sool regions, authorities, through the drought response committee, delivered 2,143 truckloads of water to the hardest-hit rural areas in February. Authorities provided US$12,000 to support 300 displaced families. In Nugaal, Bari, and Sanaag, 1,710 water truckloads were provided to prioritized regions. UN and other humanitarian partners & The Food Security Cluster (FSC) partners, through their regular monthly humanitarian food and cash assistance response in January reached 803,364 people, 59 per cent through cash and voucher assistance (CVA) and 41 per cent through in-kind support. 28 critical boreholes rehabilitated: rapid assessments conducted on 183 non-functional water points, 18,500 kits distributed to 111,000 people; AWD prevention campaigns reached 210,000 people, 612 latrines constructed in high-density displacement settlements. in Puntland In Nugaal, Bari, 1,710 water truckloads were provided to prioritised regions. Authorities mobilized $82,600 through community campaigns and allocated $220,000 for drought response. Furthermore, tax exemptions have been activated for livestock feed imports, alongside local fundraising efforts in north Gaalkacyo, which raised $20,000 for emergency water trucking. In Mudug region, a local business leader pledged food aid for 1,000 families and arranged 500 water truckloads. The drought relief committee in Cadaado assisted 200 households, while Hormuud Salaam Foundation (HSF) facilitated 250 water truck deliveries to Hobyo. The diaspora community contributed food aid to 200 households, provided 160 water truck deliveries, and $50 cash support each for 1,400 families in 12

	villages in Mudug, demonstrating a strong community-led response. Residents in Belet Weyne donated 180 water truckloads to drought-impacted households. In Mudug region, a local partner is supporting 10 villages with food security, water access, and protection assistance and has registered 1,075 households to receive US$80 in cash assistance over three months.

Are there major coordination mechanism in place?

To ensure timely action and preparedness, the government, the UN, and other humanitarian actors worked together to develop a comprehensive response plan. By pooling resources, expertise, and knowledge, the collective effort aimed to minimize the potential impact of the crisis on affected communities. The focus was placed on implementing a robust preparedness and response plan that covered multiple sectors.

In Somaliland, the National Disaster Preparedness and Food Reserve Authority, with support from United Nations Office for the Coordination of Humanitarian Affairs, convened regular inter-agency coordination meetings involving line ministries and humanitarian partners. These meetings ensured accurate targeting of affected populations and helped prevent duplication of humanitarian assistance efforts.

In Puntland, similar coordination mechanisms were established through inter-agency meetings held at both state and regional levels. The meetings were led by the Office of the Governor, the Ministry of Humanitarian Assistance and Disaster Management, and UNOCHA. They brought together key stakeholders to promote a unified and coordinated response strategy, align interventions, and maximize the impact of collective humanitarian efforts across all sectors.

Needs (Gaps) Identified

Shelter Housing And Settlements

According to the Protection and Solutions Monitoring Network (PSMN), an estimated 26,000 households (156,000 individuals) had been displaced from these areas. A substantial number had crossed into Ethiopia, with approximately 9,300 households (55,800 individuals) moving toward Gaashamo District and parts of Mirqaan and Bokh Districts in search of pasture and water. Widespread livestock losses were reported, with an estimated 60,000 animals having died and more than 120,000 remaining in critical need of pasture and water. A growing number of households were sliding into acute food insecurity. Early warning reports indicated that, without immediate response interventions, the crisis could have escalated further, affecting thousands more people across these areas and neighbouring eastern and coastal regions.

Livelihoods And Basic Needs

According to the World Food Programme (WFP), food insecurity was projected to worsen significantly, with up to 6.5 million people expected to face Crisis (IPC Phase 3) or worse levels of food insecurity between January and March 2026, while approximately 1.85 million children under the age of five were at risk of suffering from acute malnutrition through mid-2026. Current indicators mirrored the early warning signs observed prior to the 2011 famine and the 2022 near-famine emergency. The drought devastated agricultural production and livestock-based livelihoods. Rainfall during the October–December 2025 Deyr season was less than 30 per cent of normal levels in many areas, causing widespread crop failure and severe deterioration of pasture conditions. Livestock deaths were reported across affected regions, and rangelands were severely degraded. Water sources dried up or became contaminated, forcing communities to rely on costly water-trucking services.

These compounding shocks resulted in severe food shortages, soaring food prices, and declining household food stocks, making basic commodities increasingly unaffordable and significantly undermining household food consumption. The drought also affected education, as many children dropped out of school to support their families in searching for food and water, highlighting the broader social and economic consequences of the crisis. Prolonged dry spells, delayed rainfall, and the early cessation of rains contributed to poor agricultural yields and reduced livelihood opportunities.

At the same time, severe water shortages limited both household consumption and agricultural recovery, while also contributed to displacement toward urban centres where employment opportunities were scarce and largely informal. Markets remained unstable, with declining livestock prices and rising food costs reducing the purchasing power of already vulnerable households. Social protection systems remained limited, particularly for women, youth, and displaced populations, who faced additional barriers to accessing income-

generating opportunities and essential services.
To address these needs, unconditional cash grants were implemented as a critical intervention. This assistance provided immediate financial relief to the most vulnerable households, enabling them to purchase food and other essential items and to access healthcare and shelter. Flexible cash support also enabled households to cope with livestock losses and crop failures and to invest in productive assets, thereby strengthening resilience and supporting longer-term recovery. Despite these interventions, significant gaps remained in the scale and coverage of cash-based assistance, particularly in hard-to-reach and newly affected areas. Expanding cash assistance was considered essential to meet growing humanitarian needs, prevent further deterioration in food security and nutrition outcomes, and uphold the dignity, choice, and decision-making capacity of affected households.

Health

In Somalia, drought continued to expose critical gaps in the health system, particularly in Somaliland and Puntland, where access to basic health services remained limited. The crisis was driven by rising malnutrition, disease outbreaks, displacement, and reduced health service coverage. More than 6.5 million people faced acute food insecurity, which was closely linked to deteriorating health outcomes, while over 1.8 million children under the age of five were suffering from acute malnutrition, including many cases of severe acute malnutrition requiring urgent treatment.
The health system came under significant strain, with more than 200 health and nutrition facilities closing due to funding shortages, reducing access to essential care, especially in rural and drought-affected areas of Somaliland and Puntland. Disease outbreaks, including cholera, measles, and diphtheria, increased due to poor access to safe water, low immunization coverage, and weak disease surveillance systems. Diphtheria cases exceeded 1,600, with associated deaths reported, highlighting persistent gaps in vaccination services. Additionally, approximately 3.8 million people were displaced nationwide, further overwhelming limited health services, particularly in overcrowded settlements where access to healthcare and maternal health services remained inadequate.
Maternal and child healthcare remained a major concern, with limited access to skilled birth attendance and reproductive health services. These challenges were compounded by severe funding shortages, resulting in medicine stockouts, reduced outreach programmes, and understaffed health facilities. Overall, the key health challenges in 2026 included limited access to healthcare services, increasing levels of malnutrition and disease, weak preventive health systems, and insufficient health system capacity, particularly in drought-affected regions such as Somaliland and Puntland.
To mitigate the worsening impact of the drought, the Somali Red Crescent Society (SRCS) deployed Integrated Mobile Health Teams (IMHTs) across drought-affected communities in Somaliland. These mobile teams aimed to reduce child morbidity and mortality by improving access to essential health and nutrition services. They provided critical interventions, including treatment of common illnesses, immunization services, antenatal care for pregnant women, and management of acute malnutrition among children and pregnant or lactating women. By delivering health services directly to vulnerable and hard-to-reach populations, the IMHTs helped address service gaps caused by health facility closures and widespread resource shortages.

Water, Sanitation And Hygiene

Since late 2025 and throughout 2026, drought significantly worsened WASH service gaps across Somalia, with the northern regions of Somaliland and Puntland among the hardest hit. Across the country, more than 5 million people required WASH assistance, while over 5.2 million people lacked access to safe water, underscoring the scale of the crisis. In Somaliland, drought affected approximately 810,000 people, with projections indicating that the number could have increased to 1.2 million. Many communities faced acute water shortages as shallow wells and berkads dried up and water prices nearly doubled. In Puntland, the situation was equally severe, with about 940,000 people affected, widespread displacement reported, and more than 60 per cent of strategic boreholes rendered non-functional, severely limiting access to safe water.
Across both regions, over 3 million people experienced acute water shortages, forcing communities to rely on costly water-trucking services and unsafe water sources. Sanitation services remained inadequate, particularly in displacement sites where overcrowding reduced access to latrines and increased the risk of open defecation, contributing to outbreaks of diseases such as cholera and acute watery diarrhoea (AWD). Hygiene gaps persisted, with limited access to handwashing facilities, hygiene kits, and menstrual hygiene management materials despite significant needs. Funding constraints continued to be a critical challenge, with humanitarian response plans receiving less than one-third of the resources required, thereby restricting the coverage and sustainability of WASH services. Overall, the key WASH challenges in Somaliland and Puntland extended beyond severe water scarcity to include the deterioration of water systems, inadequate sanitation infrastructure, and insufficient investment in resilient, long-term WASH solutions capable of withstanding recurrent drought conditions.
To address these needs, the Somali Red Crescent Society (SRCS) rehabilitated key water points, including boreholes, berkads, and shallow wells, some of which were equipped with solar-powered systems to improve access to safe and reliable water sources for drought-affected communities. Emergency water-trucking services were provided to the most vulnerable communities, while WASH non-food item (NFI) kits were distributed to targeted households to help prevent the spread of waterborne diseases and promote improved hygiene

practices. These interventions helped alleviate acute water shortages, strengthened community resilience, and reduced public health risks associated with the ongoing drought.

Protection, Gender And Inclusion

Affected families moved in search of food, water, and pasture, which affected different genders in distinct ways. During displacement, communities assumed additional responsibilities, with vulnerable children and women sometimes becoming heads of households. Persons with disabilities and older people faced an increased risk of marginalization and being left behind. The Somali Red Crescent Society (SRCS) recognized the need to sensitize communities on the diverse needs of different groups, including women, men, children, older persons, and persons with disabilities, to ensure that assistance was inclusive and accessible to all.
Limited resources contributed to heightened risks of gender-based violence (GBV) and sexual exploitation. Efforts were undertaken to educate communities about the causes of GBV, prevention measures, and the available safe reporting and response mechanisms. Protection considerations were integrated throughout the response to ensure that all individuals felt safe and had equitable access to assistance regardless of age, gender, or disability.
SRCS conducted awareness-raising and orientation sessions on protection for volunteers. Engagement with displaced communities was carried out to ensure that all assistance was distributed equitably, impartially, and in line with humanitarian principles. Gender considerations informed the planning and implementation of distribution schedules and hygiene promotion activities to ensure accessibility and participation by all groups.
SRCS undertook assessments to identify the Protection, Gender, and Inclusion (PGI) needs of the most vulnerable populations. This included the mapping, establishment, and strengthening of GBV referral pathways. Gender and diversity analyses were incorporated across all sector responses—including shelter, multipurpose cash assistance, health, and WASH—to better understand how different population groups were affected by the crisis and to ensure that interventions addressed their specific needs and vulnerabilities.

Migration And Displacement

Displacement is widespread with many pastoralists moving in search of water and animal fodder. This is significantly stressing existing community settlements where the pastoralists move to.

Community Engagement And Accountability

During disasters such as drought, access to information posed a significant challenge for the most vulnerable populations, making communication with affected communities and the collection of feedback more difficult. Consideration of Community Engagement and Accountability (CEA) was therefore essential. The drought response required active community engagement to ensure that affected populations had adequate knowledge and opportunities to provide input across key sectors, including food security, WASH, health, and Protection, Gender, and Inclusion (PGI). Communities needed clear information on available assistance, how to access humanitarian services, and guidance on staying safe and healthy. Mechanisms were established to enable affected populations to communicate their needs and preferences and to provide feedback on the support they received. This included clear guidance on how to report concerns, complaints, or issues. In this humanitarian context, the Somali Red Crescent Society (SRCS) emphasised inclusivity, transparency, and responsiveness in all interventions. In line with Movement standards, the National Society ensured that assistance and services were delivered in a manner that respected the dignity, preferences, and values of affected communities. Coordination with other partners was maintained to harmonise efforts and uphold a coherent, community-centred humanitarian response.
To address these gaps, SRCS trained community-based volunteers on Community Engagement and Accountability (CEA) principles and approaches. Two-way feedback mechanisms were established to facilitate effective communication with affected communities. Volunteers were assigned to manage hotline calls and document feedback, which was compiled into monthly reports to inform programming and decision-making. Information, Education and Communication (IEC) materials, including the toll-free hotline number, were distributed to beneficiaries to enhance awareness of available services and improve access to assistance.

Environment Sustainability

Somalia faced severe environmental degradation driven by recurrent droughts, deforestation, and overgrazing, which further exacerbated food insecurity, livelihood losses, and population displacement.

Operational Strategy

Overall objective of the operation

The operation aimed to provide live-saving support to the 5,000 families (30,000 people) in the IPC Phase 3+ areas over six months across Awdal, Maroodi-jeh, Sahil, Togdheer, Sool, and Sanaag in Somaliland, and Bari, Nugaal, and Mudug in Puntland. Assistance focuses on Health, Cash Assistance, WASH services while ensuring the protection, dignity, and the resilience of affected communities.

Operation strategy rationale

To address the urgent needs of the affected population, this DREF operation prioritized support to the most vulnerable households in the identified regions with IPC 3 and 4 areas across Somaliland and Puntland. The response strategy was implemented as outlined below:
Multipurpose cash grants: Multipurpose cash assistance was delivered to 800 families (4,800 people) of the most vulnerable people. Beneficiaries received unconditional cash grants in three tranches over a three-month period, enabling households to purchase food and essential goods, address immediate needs, and strengthen household resilience.

a) Awdal – Dabo-dilaac village (50 HHs)
b) Maroodi-jeh – Ilinta-dhexe village (50 HHs)
c) Sahil – Laasciile village (50 HHs)
d) Togdheer – Booraamo village (50 HHs)
e) Sanaag – Cudud village (50 HHs)
f) Sool – Bilcil (50 HHs)
g) Bari – Mudiye (100 HHs), Gumbax (100 HHs), Taageer (100 HHs)
h) Nugaal – Xamxamaa (100 HHs)
I) Mudug - Isqambuus (100 households)

Cash distributions were conducted through Telesom in Somaliland and Golis in Puntland.
To ensure the timely, accountable, and efficient delivery of assistance, SRCS volunteers were trained on cash transfer programming and cash management procedures. The cash transfer value ranged from USD 110 to USD 160 per household, in accordance with the recommendations of the Somalia Cash Working Group and based on the level of household needs and prevailing market conditions. These cash transfers enabled vulnerable households to meet their most urgent needs with dignity and flexibility while supporting local markets and household resilience.
Households in IPC 3/4 areas of Somalia benefited from predictable three-month cash assistance, enabling them to prioritise urgent needs such as food, water, health, and other essential expenses. Delivered in three tranches through mobile money platforms (Telesom/Golis), the assistance supported better short-term planning, reduced transaction costs, and improved access for rural and pastoralist communities by avoiding travel to distribution points.

Health and Nutrition Interventions:
In Somaliland, five mobile clinics were deployed to hard-to-reach areas for a period of five months, and an additional five were deployed for one month, providing 40,271 (23,045 female, 17,226 male medical consultations. The most commonly treated conditions include acute respiratory infections, anaemia, skin infections, diarrhea, urinary tract infections, and eye infections. Immunization serviced reached thousands of children, including 2,779 children vaccinated with BCG, 2,653 with Pentavalent 3, 2653 with OPV3, and 2, 813 against measles, with the dropout rates maintained below 10 percent.
Maternal health services included 10,269 antenatal care visits, and 657 assisted deliveries, while, while 13,765 individuals received HIV/AID counselling. Postnatal care services supported 1,060 women's, with 6,047 pregnant women received ferrous sulphate with folate supplementation. Nutrition screening assessed 15,707 (8,130 females, 7,577). Among those screened 999 were identified with severely malnourished children, and 2,379 moderate acutely malnourished children. All identified cases were enrolled in appropriate treatment programmes, including Outpatient Therapeutic Programmes (OTP) and Targeted Supplementary Feeding Programmes (TSFP). In addition to those 2,868 children under age of 5 years were given Vitamin A to prevent nigh blindness, while 3,270 children were given Zinck with Oral Rehydration Therapy (ORT) for the treatment of acute watery diarrhea.
The deployment of mobile health teams to hard-to-reach areas in Somalia provided a critical lifeline for communities affected by protracted crises and limited access to healthcare services. By bringing essential health services closer to underserved populations, these teams helped restore access to primary healthcare, including consultations, maternal and child health services, and immunisation, ensuring that vulnerable communities who faced barriers to fixed health facilities could continue receiving vital care throughout the response period.

WASH Intervention:
The Somali Red Crescent Society (SRCS) carried out critical water-supply interventions in drought-affected regions of Somaliland through the rehabilitation and construction of essential water infrastructure. These interventions included the rehabilitation of four shallow wells

equipped with solar-powered pumping systems, the construction of four animal watering points, the establishment of four small community water-storage facilities, and the installation of one elevated water tank to improve water storage and distribution. In addition, SRCS rehabilitated eight water points (berkeds) to enhance access to safe and reliable water for drought-affected communities.

The rehabilitated and newly constructed water facilities were distributed across six regions of Somaliland and served communities in the following locations:

1. Daraymacaane Village: Rehabilitation of one shallow well with solar pump installation, construction of one animal watering point, and one small water storage facility.
2. Dagaxa-Madow Village: Full rehabilitation of one water point (Berked).
3. Dhalada Village: Rehabilitation of one shallow well with solar pump installation, construction of one animal watering point, and one small water storage facility.
4. Malowle Village: Full rehabilitation of one water point (Berked).
5. Dariiqo Village: Rehabilitation of one shallow well and construction of one elevated water tank to improve water storage and distribution.
6. Gufka Village: Full rehabilitation of one water point (Berked).
7. Xaaji-Saalax Village: Full rehabilitation of one water point (Berked).
8. Xaaxi Village: Rehabilitation of one shallow well with solar pump installation, construction of one animal watering point, and one small water storage facility.
9. Bilcil Village: Full rehabilitation of two water points (Berked).
10. Deeqaat and Saaqiyad Villages: Full rehabilitation of two water points (Berked).

All construction and rehabilitation works were completed and formally handed over to community water committees to promote sustainability and local ownership. SRCS trained 36 WASH Committee members (12 females and 24 males) on the operation and maintenance of the rehabilitated and newly constructed water facilities. An estimated 7,829 people (4,227 females and 3,602 males), as well as approximately 21,980 livestock, benefited from these interventions. During the drought period, community members and livestock made regular use of the rehabilitated and newly established water facilities. These interventions significantly reduced water shortages, improved livestock survival, and strengthened overall community resilience.

In parallel, SRCS implemented hygiene promotion and household water treatment activities. Aquatabs were distributed to approximately 14,780 people, alongside demonstrations on proper water treatment, safe storage, and usage practices. In addition, house-to-house awareness campaigns reached approximately 31,560 people and promoted key hygiene and sanitation practices, including handwashing, safe water handling, sanitation, and environmental hygiene. These efforts contributed to reducing disease risks and improving community health outcomes.

In Puntland, SRCS implemented an integrated WASH response targeting drought-affected populations, with particular focus on the most severely affected communities in Bari, Nugal, and Mudug regions.

In Bari Region, one borehole was upgraded in Xaabo village, targeting approximately 1,600 households, while four berkads were rehabilitated in Qorraxaad village, benefiting an estimated 950 households through improved rainwater harvesting and storage capacity.

Furthermore, 280 water-trucking deliveries were provided to communities in Muudiya, Geed-Xagar, Conqoro, Dibir, Gumbax, Liqanlay, and Milxa villages in the Ras-Asayr area, benefiting approximately 1,680 households.

Additionally, Menstrual Hygiene Management (MHM) kits were distributed to 390 schoolgirls in Gumbax and Taageer. This initiative improved menstrual hygiene management, promoted dignity, and supported adolescent girls to continue their education without interruption.

The rehabilitation of water infrastructure in Somaliland and Puntland has improved communities' access to safe and reliable water, reducing dependence on unsafe sources, long distances, and emergency water trucking. Restored boreholes and water storage facilities have strengthened water availability for households and livestock, while community-led management through trained WASH Committees has increased local ownership and sustainability of these services. Hygiene promotion and household water treatment activities have also improved safe water practices, helping reduce health risks and strengthen community resilience in areas affected by protracted crises.

Community Engagement and Accountability (CEA):

SRCS strengthened Community Engagement and Accountability by providing practical, on-the-job training to 257 volunteers. A hotline was activated to facilitate the collection of community feedback, with trained and authorized personnel ensuring confidentiality and the appropriate management of sensitive information. Across all six branches, dedicated volunteers were assigned to manage complaints and feedback mechanisms, ensuring consistent reporting, follow-up, and response.

Protection, Gender, and Inclusion (PGI):

SRCS strengthened Protection, Gender, and Inclusion (PGI) by training staff and 300 volunteers across all Somaliland regions on PGI, Prevention of Sexual Exploitation and Abuse (PSEA), and child protection. PGI considerations were integrated across all sectors through designated focal points, updated gender-based violence referral pathways, and the dissemination of safeguarding policies. All personnel adhered to the Code of Conduct throughout implementation.

Refresher training sessions enhanced the capacity of volunteers to identify and address issues related to violence, discrimination, and exclusion, thereby supporting the effective integration of PGI principles across programme activities. In addition, Information, Education and Communication (IEC) materials on PGI were produced and distributed to raise awareness among targeted communities and stakeholders.

Ongoing Needs and Gaps:

Despite these achievements, humanitarian needs remained substantial. Access to food, water, and healthcare services continued to be constrained, while livelihoods remained severely affected by the prolonged drought. Funding reductions, particularly from USAID and

other donors, limited the scale and coverage of humanitarian assistance. Vulnerable populations continued to require sustained support across health, cash assistance, WASH, and livelihoods sectors, highlighting the need for continued and coordinated humanitarian action.
According to the Integrated Food Security Phase Classification (IPC) report published on 24 February 2026, approximately one-third of the population—an estimated 6.5 million people—were projected to face Crisis (IPC Phase 3) or worse levels of food insecurity by March 2026, representing an increase of 1.7 million people compared to January. This included approximately 2 million people experiencing Emergency (IPC Phase 4) conditions. More than 1.8 million children under the age of five were projected to suffer acute malnutrition during 2026, including nearly half a million children likely to experience severe acute malnutrition.

DREF Transition and Sustainability
The DREF operation in Somalia was implemented as an initial life-saving response to drought, food insecurity, and complex emergency needs, with a clear pathway toward longer-term support through the Complex Emergency Appeal (EA). At DREF closure, key interventions, systems, and capacities will transition into the EA framework to ensure continuity of assistance.
Under the DREF, SRCS provided multipurpose cash assistance to vulnerable households, delivered mobile health and nutrition services, rehabilitated critical WASH infrastructure, and strengthened community engagement, safeguarding, PGI, and accountability systems. These interventions created the foundation for continued humanitarian support and resilience programming.
Following DREF closure, activities will continue under the Complex Emergency Appeal, including deployment of mobile health teams, support to fixed health services, nutrition screening and referral, continued cash assistance, and WASH services. Communities will remain engaged through strengthened local structures, including trained WASH Committees, SRCS volunteers, community feedback mechanisms, and safeguarding systems.
The DREF directly contributed to EA implementation by establishing response systems, trained personnel, community ownership mechanisms, and service delivery platforms. WASH facilities were handed over to communities with trained committees responsible for operation and maintenance, while health, nutrition, cash, and protection interventions established pathways for continued assistance.
Through the transition from DREF to EA, SRCS, IFRC, government authorities, communities, and partners will continue supporting affected populations while strengthening resilience against prolonged drought, food insecurity, and future shocks

Exit Strategy
The exit strategy focused on strengthening local capacity and community ownership through the training of SRCS volunteers and close collaboration with government authorities in Somaliland and Puntland. Responsibility for the operation and maintenance of WASH infrastructure was progressively transferred to communities and relevant local authorities, while linkages with longer-term development programmes were strengthened to support sustainability and resilience.
With support from IFRC, SRCS launched a Complex Emergency Appeal, and advocacy efforts continued to support the transition from DREF funding to the broader appeal framework. SRCS and IFRC continued to advocate for additional resources through the Emergency Appeal to sustain and expand humanitarian assistance for affected communities.

Targeting Strategy

Who was targeted by this operation?

Through this DREF allocation, SRCS reached 59,280 people as part of the broader Red Cross and Red Crescent response, with a particular focus on the most drought-affected and underserved communities in Somaliland and Puntland. The intervention targeted areas experiencing severe food insecurity, disease outbreaks, displacement, and disruptions to essential services, all of which had been exacerbated by declining global humanitarian funding.
The operation prioritized the most affected districts and villages across nine regions: Awdal, Maroodi Jeex, Sahil, Togdheer, Sool, and Sanaag in Somaliland, and Bari, Nugaal, and Mudug in Puntland. Priority was given to locations classified as IPC Phase 3 (Crisis) or above, as well as areas assessed to be at risk of deterioration into IPC Phase 4 (Emergency) or Phase (Catastrophe/Famine), particularly where humanitarian assistance from other actors was limited or absent.
Target communities primarily comprised rural, pastoralist, agro-pastoralist, and remote populations whose vulnerability had been heightened by recurrent climate shocks, limited access to basic services, livelihood losses, and social marginalization. Geographic and beneficiary selection was informed by IPC analyses, sectoral needs assessments, community vulnerability data, and participatory community verification processes.
At the household level, assistance was directed toward the most vulnerable groups, including female-headed households, households with malnourished children, older persons, persons with disabilities, pregnant and lactating women, displaced populations, and families that had experienced significant livelihood losses. Selection criteria were developed and validated through consultation with local communities to ensure transparency, fairness, and accountability.
This DREF operation formed part of the wider Somalia Complex Emergency Appeal (EA), which aimed to assist 450,000 people, representing approximately 18 per cent of the overall affected population and about 50 per cent of those considered most severely impacted by the crisis. While the Emergency Appeal addressed a broader continuum of humanitarian and recovery needs, this DREF allocation focused specifically on life-saving emergency interventions, targeting areas where SRCS had limited or no ongoing

programming related to food access, essential healthcare, nutrition, and other immediate humanitarian needs. The allocation therefore served as a catalytic funding mechanism, enabling the rapid initiation and scale-up of critical assistance while additional resources were mobilized through the broader Emergency Appeal framework.

Explain the selection criteria for the targeted population

SRCS identified the most affected communities, and household vulnerabilities were used for household-level targeting. The following criteria were considered based on existing assessments, validated with communities, and harmonized with partners:

Community-Level Criteria:
1. Remote or hard-to-reach areas with limited or no humanitarian assistance.
2. Lack of functional health facilities.
3. Reliance on unsafe water sources or costly water trucking.
4. Severe pasture depletion and risk of displacement.
5. Host communities overwhelmed by large influxes of displaced households.
6. Displaced populations in camps, settlements, or informal sites.
7. Districts classified as IPC Phase 3 or 4.

Household-Level Criteria:
1. No or significantly reduced income, especially due to livestock loss or displacement.
2. Use of negative coping strategies (e.g., skipping meals, selling assets, withdrawing children from school).
3. Female-headed households, particularly those with young children and no income.
4. Households with malnourished children or pregnant/lactating women at risk.
5. Elderly-headed households with limited mobility or food insecurity.
6. Households with persons with disabilities facing access barriers to essential services.
7. Child-headed households.
8. Pastoralist households that lost most or all livestock.

Total Assisted Population

Assisted Women	**17,286**	Rural	**90%**
Assisted Girls (under 18)	**14,725**	Urban	**10%**
Assisted Men	**14,998**	People with disabilities (estimated)	**12%**
Assisted Boys (under 18)	**12,271**		
Total Assisted Population	**59,280**		
Total Targeted Population	30,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**No**

Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Corruption and fraud posed a risk in humanitarian activities.	SRCS developed a communication plan to inform communities on all aspects of the project and sensitized them on the need to prevent corruption. Communities were informed of their entitlements and notified of existing mechanisms to report any cases of corruption they experienced.
The security environment in Somalia remained complex and volatile, with varying levels of risk across regions.	Continuous risk assessments were conducted in coordination with the IFRC Security Unit, ICRC, and local partners to stay informed about evolving threats. As indicated below, Minimum Security Regulations were followed for responders and as part of the general administration of the involved branches.
Community needs continued to exceed the capacity of the operation as the drought situation deteriorated, particularly during a period when humanitarian assistance was constrained by significant funding shortfalls.	SRCS advocated for more humanitarian assistance as necessary to partner organizations to meet the unmet needs. During coordination meetings, SRCS also advocated for other partners to fill existing gaps.
Negative perceptions of relief efforts may arise due to unmet expectation or perceived inequities	Maintained open communication channels with communities to ensure continuous feedback and transparency. Conducted regular satisfaction surveys to assess the effectiveness and quality of assistance. Implemented accessible and inclusive community grievance redress mechanisms to address concerns and complaints in a timely manner.

Please indicate any security and safety concerns for this operation:

To reduce the risk of Red Cross and Red Crescent (RCRC) personnel being affected by conflict, crime, health-related threats, and road hazards, comprehensive risk mitigation measures were adopted throughout the operation. Security orientations and pre-deployment briefings were conducted for all teams to help ensure the safety and security of personnel operating in affected areas.
Standard security protocols covering general security procedures, cultural sensitivity, and the Code of Conduct were established and enforced. Minimum security requirements were maintained throughout the operation, and all personnel were provided with appropriate insurance coverage. Essential security equipment included functional satellite phones, communication devices, advanced first-aid kits, personal protective equipment (PPE), hibernation kits, safe accommodation arrangements, and suitable vehicles for field operations.
Field movements were undertaken only after road and security assessments had been completed. All National Society (NS) and IFRC personnel actively involved in the operation successfully completed the required IFRC security e-learning courses prior to deployment, including Level 1 (Fundamentals), Level 2 (Personal and Volunteer Security), and Level 3 (Security for Managers), as applicable.
IFRC security plans were applied to all IFRC personnel throughout the operation. In addition, area-specific risk assessments were conducted for all operational locations where IFRC personnel were deployed, and appropriate risk management and mitigation measures were identified and implemented to address the prevailing security context.

Has the child safeguarding risk analysis assessment been completed?	No

Implementation

Multi Purpose Cash

Budget: CHF 300,917
Targeted Persons: 4,800
Assisted Persons: 4,800
Targeted Male: 1,200
Targeted Female: 3,600

Indicators

Title	Target	Actual
# of people who received one per months over three months.	4,800	4,800
#of post distribution surveys conducted.	6	6

Narrative description of achievements

The Somali Red Crescent Society (SRCS) provided multi-purpose cash (MPC) grant to drought-affected households in Somaliland and Puntland, reaching 800 families (4,800 people) for the period of the three months to enable targeted household to meet immediate basic needs following the prolonged and severe drought. The response focused on the most vulnerable areas, particularly internally displaced persons (IDP) sites and remote rural locations. Targeting was guided by established vulnerability criteria, prioritizing persons with disabilities, female-headed households, older persons, malnourished individuals, minority clan groups, newly displaced families, and households living in poor shelter conditions. Recipients used the cash grants to purchase food, access essential services such as healthcare, and cover education-related expenses. SRCS's capacity to deliver unconditional cash transfers remained strong, supported by active participation in the Food Security Cluster and Cash Working Group, and by applying region-specific transfer values recommended by the Somali Cash Working Group, ensuring alignment with market prices and operational consistency. Cash transfers were delivered through SRCS's existing agreements with Telesom (Somaliland) and Golis (Puntland), both of which have a longstanding record of effective

collaboration with SRCS on emergency appeal and food security operations. To support implementation, SRCS conducted refresher training for volunteers on cash distribution management, leveraging its extensive experience in cash-based interventions. A hotline and feedback mechanism were maintained throughout the operation, enabling communities to seek clarification, report concerns, and provide feedback, thereby strengthening accountability to affected populations.

Information, Education, and Communication (IEC) materials, including posters, brochures, and banners, were produced and disseminated to inform communities about the assistance package, eligibility criteria, duration of the operation, and the hotline for enquiries. These measures enhanced transparency, promoted informed participation, and ensured beneficiaries clearly understood the support provided.

Post- distribution Monitoring (PDM):
Post-distribution monitoring was conducted for 80% of beneficiaries. The key findings were as follows
Timeliness of Assistance:
a) 100% of respondents confirmed that they received the cash assistance on time, indicating strong operational efficiency in the implementation process.

Household Coping Strategies Prior to Assistance:
b) Before receiving cash assistance, 86% of households were relying on negative coping mechanisms, including:
- 60% borrowing money
- 26% reducing food consumption
- 14% selling productive assets

In addition, 75% of households reported having outstanding debts, reflecting prolonged economic hardship and financial stress.
CVA utilization:
c) Cash assistance was primarily used to meet basic needs. Reported expenditures were as follows:
37.9% on food
23.8% on water
15.7% on health

Overall, more than 61% of total expenditures were directed toward food and water, confirming severe and immediate humanitarian needs among beneficiaries

Beneficiary Satisfaction:
d) A very high level of satisfaction was recorded, with 98.7% of beneficiaries reporting satisfaction with the overall Cash and Voucher Assistance (CVA) process.

Awareness of Feedback Mechanisms:
e) 90% of households reported awareness of the Feedback and Complaints Response Mechanism (FCRM), indicating strong but still improvable communication and accountability coverage.
The assessment also examined perceptions of fairness in the cash distribution process. Findings indicated that 98% of respondents perceived the cash distribution process as fair. No cases of corruption or misuse were reported by beneficiaries, indicating that SRCS selection and targeting processes were transparent and accountable.
Regarding safety at cash withdrawal points, 100% of respondents reported feeling completely safe. This was further corroborated by a focus group discussion (FGD) with elderly participants conducted alongside household interviews, which confirmed that no security incidents were reported related to the use of mobile money (Zaad and Golis). The confidentiality of the mobile money modality enabled beneficiaries to access and utilize their cash safely and discreetly within their communities.

Lessons Learnt

1. Effective coordination with the government and other implementing humanitarian partners is essential to prevent duplication and ensure equitable distribution of relief items and services.

2. The use of a structured approach to identify and prioritize the most vulnerable households through community engagement and collaboration with local leaders ensured that cash assistance reached those who needed it the most.

3. The utilization of trained SRCS volunteers and digital platforms KOBO (KOBO Toolbox) for data collection has significantly reduced the time required for beneficiary registration and data management while increasing accuracy and accountability in cash assistance programs.

Challenges

No challenges were documented.

Health

Budget: CHF 139,924
Targeted Persons: 30,000
Assisted Persons: 40,271
Targeted Male: 17,226
Targeted Female: 23,045

Indicators

Title	Target	Actual
#of mobile clinics mobilized	5	10
#of individuals reached with integrated health and nutrition services (immunization, antenatal care, postnatal care, delivery support, and nutrition screening) by mobile health teams	30,000	40,271
# of OPD kits procured	14	14
#of SRCS Volunteers Trained and Deployed for Health Promotion Activities	150	210
% of people reporting improved health knowledge or practices following health promotion and community awareness activities	80	85

Narrative description of achievements

To address the urgent health needs of drought-affected communities, SRCS deployed five mobile health teams for a period of five months across Somaliland. One mobile health team was deployed to Lughaya District and one to Zeila District in the Awdal Region; one team was deployed to Odweine District in the Togdheer Region; one to Berbera District in the Sahil Region; and one to Hawd District in the Maroodi Jeh Region.
In addition, SRCS deployed five more mobile health teams for one month to serve hard-to-reach communities in the Sanaag and Sool regions. These teams were deployed to El Afweyn and Badhan districts in the Sanaag Region, and Hudun and Taleex districts in the Sool Region, with one additional mobile health team providing services across the targeted hard-to-reach area.
These teams delivered comprehensive health and nutrition services to children, women, and the wider population.
Prior to deployment, all mobile health team staff received refresher training on immunization procedures, health education, community engagement and accountability, disease screening and maternal and child health. The teams reached 40,271 individuals (23,045 female and 17,226 male) through outpatient consultations, immunization services, antenatal care, and nutritional screening.
• Volunteers were also deployed to provide community health promotion activities. The overachievement against the initial target of 30,000 beneficiaries, reaching 40,271 was mainly due to the limited availability of health facilities supported by other humanitarian partners, as many static and mobile health services were discontinued following funding cuts. In addition, SRCS mobile health teams provided services in areas where communities had migrated in search of water and pasture. The mobile health teams played a critical role in reaching displaced and hard-to-access populations with essential health services.
• In addition, 14 OPD kits were procured internationally. SRCS mobile health teams utilized prepositioned stock available in warehouses, and OPD kits were replenished. SRCS also procured chairs and tables for use during service delivery, as well as uniforms and register books in line with Ministry of Health guidelines.
SRCS health teams worked closely with the Ministry of Health and other humanitarian partners and conducted regular monitoring of mobile health team activities.
• 210 SRCS Volunteers were trained trained and deployed to support health promotion activities.
• SRCS conducted a survey among communities that were served by the health team. 85% of the respondents indicated to having improved knowledge and health practices.

Health interventions were not implemented in Puntland as per the original plan. However, the Complex Emergency Appeal does support health interventions in Puntland.

Lessons Learnt

1- Delays in OPD kit procurement initially constrained mobile clinic deployment. Prepositioning essential medical supplies before scale-up significantly improved readiness and continuity of services. Future epidemic responses should include prepositioning as part of preparedness planning.
2 - The integration of mental health and psychosocial support into medical outreaches enabled SRCS to reach community members affected by stress and loss of livelihoods.

Challenges

1 - Stockout of critical medical supplies at link health facilities, particularly essential drugs and nutrition commodities, which affected health service delivery.
2 - The increased number of children identified with severe and moderate acute malnutrition as a result of the drought placed additional strain on outreach teams.

Water, Sanitation And Hygiene

Budget: CHF 302,079
Targeted Persons: 30,000
Assisted Persons: 59,280
Targeted Male: 27,269
Targeted Female: 32,011

Indicators

Title	Target	Actual
# of people reached through proviso of safe water	30,000	59,280
#of people reached with hygiene promotion activities	10,000	41,640
# of people reached with hygiene kits	2,340	2,340

Narrative description of achievements

Coordination and Response Planning
Prior to implementation, SRCS coordinated with government line ministries like Ministy of Water, and other WASH actors operating in the affected areas of Somaliland and Puntland to align on target group needs and avoid duplication of response efforts. This coordination informed the detailed assessment of community water points, which shaped the design, prioritization, and procurement decisions for the selected intervention sites. Through this collaborative approach, SRCS was able to identify underserved areas including locations later affected by displacement and pastoralist movement and adjust its response to reach populations with the greatest need, contributing to the significant overachievement against the original beneficiary target.
In addition, SRCS deployed 210 volunteers (154 male, 56 females) across both Somaliland and Puntland to carry out house-to-house hygiene promotion and to distribute Aqua tabs for household water treatment.
SRCS volunteers who had been trained in water quality monitoring conducted regular water quality testing, with technical support from staff of the Ministry of Health. In addition, SRCS staff were further capacitated through the support of the Water and Sanitation Response Emergency Response Unit (WSR-ERU) team deployed under the Emergency Appeal, strengthening their technical capacity to implement and monitor WASH interventions.

in Somaliland
The Somali Red Crescent Society (SRCS) conducted a detailed assessment of community water points in the most affected areas of

Somaliland and Puntland to identify priority WASH needs and improve access to safe and clean water for vulnerable populations. Based on the findings, the design, prioritization, and procurement processes for the selected sites were completed. As a result, SRCS supported the rehabilitation of 8 berkeds (water reservoirs) and 4 shallow wells with solar-powered pumps, as well as the construction of 4 animal watering points, 4 small community water storage facilities, and one elevated water tank across Awdal, Maroodi-jeh, Sahil, Togdheer, Sool, and Sanaag regions. All works were completed and formally handed over to community water committees to ensure sustainability. In addition, SRCS promoted the adaptation of green energy solutions by solarizing all the shallow-wells. This transition significantly reduced operational and maintenance cost compared to system previously depending on the generator and fuel resulting in notable cost saving at the community level.
SRCS also trained 36 WASH committee members (12 women and 24 men) on the operation and maintenance of the facilities. These interventions are benefiting approximately 7,829 people (4,227 females and 3,602 males) and 21,980 livestock. During the ongoing drought, both communities and livestock rely daily on these improved water sources, significantly reducing water shortages, improving livestock survival, and strengthening community resilience. In parallel, SRCS implemented hygiene promotion and household water treatment activities to prevent waterborne diseases. Aquatabs were distributed to households, reaching about 14,780 people, along with practical demonstrations on proper usage, safe storage, and water treatment.
Additionally, house-to-house hygiene awareness sessions reached approximately 31,560 people (17,358 females and 14,202 males), particularly targeting drought-displaced populations. Key messages included handwashing at critical times, safe water handling, sanitation, and environmental hygiene. These efforts contributed to improved hygiene practices, reduced disease risks, and better health outcomes among vulnerable communities.

In Puntland:
SRCS conducted an integrated WASH response in Bari, Nugal, and Mudug regions. In Xaabo village, one borehole was upgraded with solarization, replacement of fittings, construction of one water kiosk, rehabilitation of four water troughs, and training for the borehole water committee, while equipping them with the essential mechanical toolkit, targeting a population of 1,600 households. Two berkads in Xamxamaa village and two berkads in Qoraxaad village were rehabilitated in time for the expected Gu' rain, benefiting 350 households and 600 households respectively. On the other hand, 280 emergency water trucking deliveries along with aqua tabs were distributed in Muudiya, Geed-Xagar, Conqoro, Dibir, Gumbax, Liqanlay, and Milxa villages in the Ras-asayr region, benefiting around 1,680 households. on WASH health facilities were rehabilitated
To promote the sustainability of the rehabilitated water infrastructure, SRCS trained six (6) water management committees on the operation and maintenance of water facilities. A total of 17 committee members (11 men and 6 women) received training, strengthening their capacity to manage and maintain the water systems effectively.

SRCS volunteers conducted hygiene promotion, and instruction on how to use aqua tabs was given to the community for safe consumption, handling, and storing of water. Hygiene promotion reached 10,080 people (4,837 M, 5,243 F). Additionally, menstrual hygiene management (MHM) kits were distributed to 390 households in Gumbax and Taageer villages under the Bari region in Puntland. This initiative has enhanced menstrual hygiene, promoted dignity, and supported adolescent girls in continuing their education without disruption.
In summary, 4,620 households were supported with WASH interventions in Puntland.

The overachievement of the WASH intervention, from the initial target of 30,000 beneficiaries to 59,280, was mainly driven by the movement of people and pastoralist communities toward areas where SRCS implemented and rehabilitated WASH facilities, including boreholes, shallow wells, and berkads, in search of reliable access to water. Due to prolonged drought conditions and water shortages in surrounding areas, many households temporarily relocated to settlements where these water sources were available. In addition, a significant number of people also benefited from locations where SRCS conducted water trucking activities, enabling vulnerable communities to access safe and clean water for domestic use and livestock consumption.

Lessons Learnt

a) Conducting detailed assessments of community water points enabled SRCS to prioritize the most critical sites and direct resources where needs were required by the community members.
b) Training water committees and community water management structures on basic operation and maintenance helped strengthen ownership and ensured faster response to minor breakdowns.
c) Integrating hygiene promotion alongside water interventions improved community awareness on water treatment, sanitation, menstrual hygiene management, waste disposal and disease prevention.

Challenges

a) The drought situation in the country resulted in depletion of water points, putting a strain on the existing strategic points
b) Insufficient funding constrained the scale of the intervention, limiting the number of boreholes, berkeds, and Shallow-wells and water reservoirs that could be rehabilitated despite high community needs.

Protection, Gender And Inclusion

Budget: CHF 8,381
Targeted Persons: 10,000
Assisted Persons: 34,800
Targeted Male: 15,660
Targeted Female: 19,140

Indicators

Title	Target	Actual
# of people reached through protection, gender and inclusion services	10,000	34,800
#of volunteers trained in protection, gender and inclusion.	150	271
# of the SRCS volunteers trained on sensitive feedback, MHPSS and survivor centred approach	200	271

Narrative description of achievements

As part of the Drought DREF response, the Somali Red Crescent Society (SRCS) provided refresher training to 271 volunteers (75 females and 196 males) on Protection, Gender and Inclusion (PGI), strengthening their capacity to raise community awareness on issues of violence, discrimination, and exclusion. Of the trained volunteers, 65 were from Puntland and 206 from Somaliland. The same volunteers also received refresher training on sensitive feedback mechanisms, Mental Health and Psychosocial Support (MHPSS), and the survivor-centred approach, further enhancing their ability to provide safe, inclusive, and appropriate support to affected communities.

The training covered protection mainstreaming, gender and diversity, prevention of sexual exploitation and abuse (PSEA), child protection, and safeguarding. The training also emphasized the importance of the "Do No Harm" approach, confidentiality, equitable access to services, and the integration of PGI measures across Health, WASH, Livelihoods, and emergency response interventions.
This initiative aimed to equip them with necessary knowledge and skills to ensure that PGI principles are effectively integrated into all aspects of the operation.
The reason for the overachievement in the number of trained participants was the availability of sufficient budget, as well as the high level of interest and commitment among volunteers who were willing to learn and actively participate in the training sessions.
SRCS developed and distributed IEC materials to promote social cohesion and inclusion between displaced and host communities, reaching 34,800 people (19,140 female and 15,660 male) including 12,360 people in Puntland and 22,440 people in Somaliland.
These efforts were further supported through collaboration with local leaders and community representatives. In addition, SRCS facilitated referral services in areas served by mobile clinics, established referral systems, and mapped available referral pathways to strengthen protection support mechanisms. Staff and volunteers were also briefed on the Code of Conduct, the prevention of sexual exploitation and abuse (PSEA), and safe referral pathways for SGBV cases, including child protection concerns, ensuring adherence to safeguarding standards throughout the operation.•

Lessons Learnt

a) IEC materials tailored to the cultural context and linguistic needs (Somali language) improved message retention and accessibility.

Challenges

a) No challenges were documented during this operation

Community Engagement And Accountability

Budget: CHF 8,540
Targeted Persons: 30,000
Assisted Persons: 39,760
Targeted Male: 15,904
Targeted Female: 23,856

Indicators

Title	Target	Actual
# of volunteers orientated on CEA	150	271
% of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	95	98
%of community members who feel the aid provided by the operation currently covers their most important needs	90	97
# of and type of methods established to share information with communities about what is happening in the operation, including selection criteria if these are being used.	2	2
#of opportunities for community participation in managing and guiding the operation (e.g., number of community committee meetings, focus group discussions, town hall meetings	10	36
% of operation complaints and feedback received and responded to by the National Society	95	99

Narrative description of achievements

SRCS trained 271 volunteers (75 females and 196 males) across 9 branches on Community Engagement and Accountability (CEA) through on-the-job training to strengthen their capacity to effectively engage with communities and promote accountability in humanitarian programming. The training focused on key CEA principles within the Red Cross and Red Crescent Movement, including effective communication with communities, participation and inclusion, accountability to affected populations, and establishing trust with community members. Volunteers learned how to collect, document, and respond to community feedback and complaints, support two-way communication, and ensure that humanitarian assistance reflects the priorities and needs of affected populations. The training also covered approaches for engaging vulnerable groups, promoting community participation in decision-making processes, and addressing misinformation and rumors during humanitarian responses. Through practical field-based learning, volunteers enhanced their skills in conducting community awareness sessions, facilitating feedback mechanisms, and strengthening community trust and acceptance of SRCS interventions.

A total of 36 community meetings were conducted to raise awareness about operations, beneficiary selection criteria, entitlements, and grant implementation, while encouraging community feedback and participation. After the meetings, 98% of community members, including marginalized and at-risk groups, reported knowing how to provide feedback or make a complaint about the operation.

To strengthen accountability, SRCS activated a hotline and assigned two volunteers per branch to manage complaints and feedback. Through awareness campaigns, meetings, and feedback sessions, 39,760 people were reached. Community feedback received through hotlines, field visits, mobile health teams, and local leaders included requests for health team schedules, SIM card replacement, water trucking, shelter and NFI support, livestock treatment, and farming inputs. All feedback was documented, shared with relevant departments, and addressed in a timely manner, with no sensitive complaints reported. Part of the feedback received indicated 97% of community members who feel the aid provided by the operation currently covers their most important needs.

Post distribution monitoring were conducted, and the findings of the PDM were presented in the Multi-purpose Cash section.

More than 320 feedback cases were collected, mainly related to requests for additional support in health services, cash assistance (CASH), and water, sanitation, and hygiene (WASH). Some displaced communities reported challenges after moving from their original locations in search of water and pasture, including limited access to health services. SRCS responded by redirecting mobile health teams to areas where affected communities had relocated.
Three beneficiaries reported losing their SIM cards. SRCS coordinated with the Financial Service Provider (FSP) to facilitate free replacement SIM cards and restore access to services.
Key gaps identified in feedback management included high operational costs, limited resources, and insufficient incentives for volunteers involved in feedback collection and follow-up. Despite these challenges, SRCS continued to manage feedback through referrals, coordination with service providers, and adaptation of programme responses based on community needs.

Lessons Learnt

a) Proactive communication on response objectives, eligibility criteria, funding sources, exit strategies, and feedback channels enabled affected communities to better understand the intervention

Challenges

There were no significant challenges worth reporting.

Secretariat Services

Budget: CHF 70,372
Targeted Persons: 8
Assisted Persons: 8
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of IFRC monitoring missions	4	4
# of IFRC staff supporting the operation	4	5

Narrative description of achievements

The operation commenced with an inception meeting involving key stakeholders, including Movement partners, SRCS branch leadership, and volunteers, to introduce the scope, objectives, and implementation modalities of the intervention. The IFRC supported SRCS through the Country Cluster Delegation based in Nairobi, which covered Somalia and Kenya, and provided continuous assistance in operational oversight, response coordination, and resource mobilization. Throughout the response period, technical and operational support was provided by IFRC WASH and Security Delegates, as well as two Operations Officers based in Hargeisa and Garowe. Additional support was delivered by IFRC Finance, PMER, Logistics, and Procurement teams, ensuring compliance with DREF requirements and effective implementation across all sectors.
The Operations Officers regularly conducted monitoring missions to oversee WASH infrastructure interventions, including the rehabilitation of boreholes, shallow wells with solar pump installations, and berkads. They also monitored Cash and Voucher Assistance (CVA) activities, the deployment of mobile health teams to hard-to-reach areas, and the implementation of other activities under the operation
By the end of the operation, six (6) coordination meetings had been convened, and key outcomes and action points were shared with Movement partners, contributing to a harmonized and well-coordinated response.
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This DREF operation closed on 31st March 2026 as it transitioned to a complex emergency appeal and therefore activities continued under the EA (MDRSO025).

Lessons Learnt

• The IFRC technical support staff for their support in response and resource mobilization is essential.

Challenges

There were no significant challenges reported during the operation except the limitation of the IFRC international staff to travel in some areas due to the security issue

National Society Strengthening

Budget: CHF 91,207
Targeted Persons: 158
Assisted Persons: 232
Targeted Male: 175
Targeted Female: 57

Indicators

Title	Target	Actual
# of trained volunteers mobilized	150	210
# of lessons learnt workshops conducted	2	2
# of staff mobilized	8	22

Narrative description of achievements

During the Drought DREF Response, the Somali Red Crescent Society (SRCS) successfully carried out several key operational activities, including the mobilization and deployment of branches and volunteers. A total of 210 volunteers were mobilised across the 9 drought-affected regions . All volunteers were insured under the IFRC Volunteer Accident Insurance scheme. The deployed volunteers actively participated in multi-purpose cash distribution, WASH/NFI distribution, mobile health teams, CEA and PGI and other activities under the Operations.

SRCS also conducted joint monitoring and supervision visits with government line ministries during the operation in both Puntland & Somaliland, covering the distribution of multipurpose cash grants, WASH/NFI items, rehabilitation of water points, and post-distribution monitoring to ensure that all activities were carried out as planned.

Under this operation, SRCS procured printers, scanners, tablets, furniture, and chairs for the branch to ensure smooth and efficient operations.

Duty of Care

i. The operation's technical, operational, and supervision teams received briefings on the intervention requirements and planning.

ii. Branding items were procured and made available to 210 volunteers, 6 key staff from coordination offices, and 16 staff from the respective branches engaged in the operation.

iii. All 210 volunteers engaged in this operation were insured.

As part of the DREF operation, a two-lesson-learned workshops were conducted in Hargeisa and Garoowe to review key insights, challenges, and best practices, with the aim of fostering continual improvement for future interventions. The key lessons learned from the DREF operation include:

a) Mobilizing 210 trained SRCS volunteers across the drought-affected regions strengthened field-level implementation during assessment, registrations and distributions.

b) Close collaboration with National Drought Management Authority and respective regional authorities improved alignment between

humanitarian response activities and government-led drought management frameworks.
c) Prepositioning of OPD kits is essential to enable timely and effective response during emergencies.

Lessons Learnt

1) Conducting the Lessons Learned Workshop helped identify challenges, recommendations, and the way forward for future operations.
2) Improved internal coordination and reporting structures should be maintained as standard practice for future DREF operations.

Challenges

- No significant challenges were experienced.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 26 Sep 2025 to 30 Jun 2026

MDRSO025 - Somalia - Complex Emergency

Operating timeframe: *Start date: 26-Sep-2025 End date: 31-Mar-2027*

Appeal launch date: *02-Oct-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**981,311**
DREF Response Pillar	981,311
Expenditure	-980,570
Closing Balance	**741**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash	300,917	327,684	-26,767
PO04 - Health	139,922	150,435	-10,513
PO05 - Water, Sanitation & Hygiene	302,079	320,627	-18,548
PO06 - Protection, Gender and Inclusion	8,381	9,044	-663
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	59,892	1,012	58,880
PO10 - Community Engagement and Accountability	8,540	8,558	-18
PO11 - Environmental Sustainability			
Planned Operations Total	**819,731**	**817,360**	**2,371**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	70,372	66,150	4,222
EA03 - National Society Strengthening	91,207	97,060	-5,853
Planned Operations Total	**161,580**	**163,210**	**-1,631**
Total	**981,311**	**980,570**	**740**

III. Expenditure by budget category & group

Prepared on 17-Jul-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

During the migration from the Business Object (old system) to ERP, all PSSR budget lines were consolidated and imported under a single budget line. As a result, the individual budget lines reflected in the ERP exclude their respective PSSR allocations, while one consolidated budget line contains the total PSSR budget for the entire project. Consequently, variances observed at the individual budget-line level are attributable to the budget migration and allocation methodology rather than actual overspending or underspending.
Overall, PSSR was coded under DRR hence the 98% variance. The balance of CHF 741 will be returned to the DREF pot.

Contact Information

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

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National Societies' Integrity Focal Point: Mohamed Aden Sharmake, SRCS PMERL Director, sharmakeaden92@gmail.com, +252634809583

National Society Hotline: 358 or 3240

Click here for reference

DREF Operation
Final Report (CHF)

Date from: 26 Sep 2025 to 30 Jun 2026

MDRSO025 - Somalia - Complex Emergency

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III. Expenditure by budget category & group

DREF Operation
Final Report (CHF)

Date from: 26 Sep 2025 to 30 Jun 2026

Description	Budget	Expenditure	Variance
Stock variation accounts		0	0
Drugs items	0		0
Medical Renewable Items items		30,279	-30,279
Services items		-1,483	1,483
Relief items, Construction, Supplies	**0**	**28,796**	**-28,796**
Distribution & Monitoring	0	21,411	-21,411
Transport & Vehicles Costs		7	-7
Logistics Services		8,000	-8,000
Logistics, Transport & Storage	**0**	**29,418**	**-29,418**
International Staff	27,675	20,985	6,690
National Staff	0	10,913	-10,913
Personnel	**27,675**	**31,897**	**-4,223**
Professional Fees	0	323	-323
Consultants & Professional Fees	**0**	**323**	**-323**
Travel	9,884	10,962	-1,078
Information & Public Relations	0		0
Communications	17,000	54	16,946
Financial Charges	15,814	9,581	6,233
General Expenditure	**42,698**	**20,597**	**22,101**
National Society Expenditure	851,046	803,201	47,845
Contributions & Transfers	**851,046**	**803,201**	**47,845**
Programme & Services Support Recovery	59,892	59,798	94
Indirect Costs	**59,892**	**59,798**	**94**
Pledge Reporting Fees		800	-800
Pledge Specific Costs		**800**	**-800**
Shared Office and Services Costs		5,739	-5,739
SOSC Allocations		**5,739**	**-5,739**
Total	**981,311**	**980,570**	**741**