

EMERGENCY APPEAL

OPERATIONAL STRATEGY

Somalia, Africa | Complex Emergency



In Somaliland and Puntland people walk an average of three hours for water that is barely potable. Photo: IFRC

Appeal No: MDRSO025	To be assisted: 450,000 people	Appeal launched: 02/10/2025
Glide No: DR-2025-000172-SOM	DREF allocated: 981,311 CHF	Disaster Categorization: Orange
Operation Start date: 02/10/2025	Operation End date: 31/12/2026	

IFRC Secretariat Funding requirement: 15 million CHF
Federation-wide funding requirement: 25 million CHF¹

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Somali Red Crescent Society (SRCS) in response to the emergency. It includes the SRCS's domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 10 million), as well as the funding requirements of the IFRC secretariat (CHF 15 million). This comprehensive approach ensures that all available resources are mobilized to address the urgent humanitarian needs of the affected communities.

TIMELINE

"Our only goal is to survive."

Haji Mohamed Malin, 66, a community leader in Xamxamaa village, describes how the drought has driven 70 displaced families to his community, adding to the strain on the already limited resources.

"We try to help, but we can barely provide one meal a day," he says.







Water is the most urgent need. All 50 berkads are dry and there's no borehole. A single truckload costs \$250, far beyond what families can afford.

"Ten to fifteen households share one delivery, waiting hours for water from forty-five kilometres away. It doesn't last a week," says Mohamed.

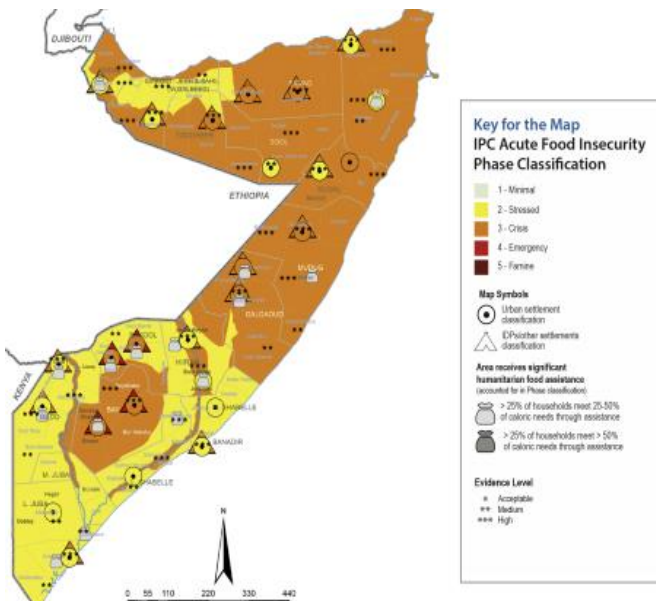
His biggest worry is his four-year-old daughter, Asma.

"She plays with the little water in our tank, watching grass grow around it. I don't know how to explain to her that we may not be able to refill it."



-  **January 2025:** Drought Early Action Protocols (EAPs), triggered in January 2025 (MDRSO019), which reached 30,000 people.
-  **April 2025:** Drought Disaster Response Emergency Fund (DREF) allocation from April 2025 (MDRSO022), which reached 34,800 people.
-  **August to September 2025:** Humanitarian Analysis prepared. The purpose of this analysis is to provide a comprehensive understanding of the evolving humanitarian situation across Puntland and Somaliland, with a focus on drought.
-  **October 2025:** DREF allocation in October 2025 (MRDSO025) to reinforce the Complex Emergency Appeal to reach 30,000 people.
-  **October 2025:** Emergency Appeal launched for CHF25m to reach 500,000 people.
-  **October 2025:** IFRC Surge Capacity alter for Operations Manager and Water Supply Rehabilitation ERU Team Leader.

DESCRIPTION OF THE EVENT



Latest IPC data with projections for Oct. to Dec (https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159740/?iso3=SOM. 2025.)

Escalating humanitarian crisis in Puntland and Somaliland: Somalia is facing a rapidly worsening humanitarian crisis in Puntland and Somaliland, where prolonged dry conditions have affected over 2.5 million people across 26 districts including 887,000 people in severely impacted areas. Rural communities are experiencing acute shortages of water and food, compounded by significant funding cuts that have severely weakened the humanitarian response.

This is not a seasonal shock, it is a systemic collapse driven by climate change, insecurity and the erosion of essential services. Years of recurrent drought, environmental degradation and collapsing essential services have left communities on the brink. The failure of the 2025 Gu rains, usually from March through April, has intensified an already dire situation. Communities now face the threat of another failed Deyr rainy season, from October through December.

To ensure that the voices of affected communities are accurately reflected, the Somali Red Crescent Society (SRCS), with support from IFRC and partners, conducted a detailed **Humanitarian Analysis of the Drought Situation in Somaliland and Puntland** between August and September 2025². This analysis draws on SRCS-led assessments carried out through ongoing emergency response

² https://go.ifrc.org/emergencies/7660/reports

operations and long-term resilience programmes, including Enhanced Vulnerability & Capacity Assessments (eVCA), which capture community perspectives.

The report also incorporates appeals from local authorities, from findings by the Inter-Agency Drought Assessment in Puntland and Somaliland, and from Integrated Food Security Phase Classification (IPC) projections for October through December 2025, published on 23 September³. Together these sources provide a comprehensive picture of the humanitarian situation and inform coordinated response planning.

Funding shortfalls and operational collapse: The crisis is being exacerbated by a sharp reduction in global funding. The operational environment has deteriorated significantly, with widespread funding cuts forcing the suspension of essential services, including targeted supplementary feeding programmes, immunization campaigns and basic health and education services. These are not temporary disruptions, they represent a structural weakening of humanitarian architecture. The result is a widening gap between escalating needs and shrinking response capacity, with women and children bearing the heaviest burden.

Community coping mechanisms and services at the breaking point: Community coping systems are woefully overtaxed. Communities have been sharing resources, relocating and activating traditional safety nets. But without urgent support, these coping systems are at risk of collapsing.

Without scaled-up assistance and anticipatory planning, communities already under strain may face a new wave of food insecurity, disease outbreaks and protection risks, compounding the crisis and pushing systems beyond their limits.

The humanitarian crisis in Somaliland and Puntland is driven by the convergence of long-standing vulnerabilities and compounding shocks. Years of poverty, environmental degradation, and chronic underinvestment in essential services have left communities highly exposed. Malnutrition and health risks are already widespread, with 1.8 million

³ https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159740/?iso3=SOM

children under five projected to require treatment for acute malnutrition across Somalia in 2025. The health system is collapsing due to funding cuts: more than 250 facilities in Somaliland and Puntland are non-functional due to shortages of staff, supplies, and financing, while over 200 water points are broken and urgently require rehabilitation.

The immediate trigger of the current crisis is the failure of the 2025 Gu rains in northern Somalia, marking yet another consecutive poor season. Authorities in both regions issued drought declarations, as conditions have quickly escalated into a multi-sectoral emergency. An estimated 2.5 million people in the north are facing moderate to severe drought impacts, with widespread IPC Phase 3 (Crisis) and Phase 4 (Emergency) classifications.

Severity of humanitarian conditions

The worsening humanitarian situation in Somaliland and Puntland is the result of both immediate shocks and long-term stressors. Recurrent droughts, erratic rainfall, and environmental degradation have eroded community resilience over time. The current crisis, marked by failed rains, widespread displacement, and loss of livelihoods, has pushed already vulnerable populations into deeper distress. The crisis is being exacerbated by a sharp reduction in global funding. The operational environment has deteriorated significantly, with widespread funding cuts forcing the suspension of essential services, including targeted supplementary feeding programmes, immunization campaigns and basic health and education services

This crisis is unfolding against a backdrop of compounding vulnerabilities, displacement, disease outbreaks, and climate-induced livelihood collapse, that continue to test the limits of available resources. Female-headed households, children under five, persons with disabilities, and displaced families are among the most affected. Traditional support systems are overwhelmed, and access to basic services is increasingly limited, signalling a breakdown of systems that sustain life, dignity, and recovery.

Livestock mortality has reached up to 80% in some communities, while collapsed water infrastructure forces households to walk three to five hours to access unsafe sources, fuelling acute watery diarrhoea and cholera outbreaks.

The crisis cuts across pastoral, agro-pastoral, and coastal areas, straining both host populations and displaced households. Traditional coping mechanisms are exhausted, nutrition sites disrupted, and livelihoods disrupted. While local authorities in Somaliland and Puntland have issued formal drought appeals and mobilized limited food and water distributions, the current response available is a drop in the ocean compared to the needs.

“I walked one hour to Tageer to get water and will walk another one hour back,” said Bile Katum, pastoralist. “We’re struggling with food and water, and our animals are dying from diseases”. His camel is already suffering from eye disease



Impact on accessibility, availability, quality, use and awareness of goods and services.

- 1. Water Access:** Water scarcity has reached critical levels due to repeated climate shocks and prolonged drought. Traditional sources are drying up or contaminated, and strategic boreholes are largely non-functional from overuse and poor maintenance. Many communities now rely entirely on costly and unsustainable water trucking. Women and girls are disproportionately affected, often walking 3–5 hours daily for unsafe water. Hygiene awareness is low, and water treatment is rare, increasing the risk of waterborne diseases like cholera and diarrhoea.
- 2. Health System Collapse:** Maternal and child health services are severely disrupted. Many facilities are closed or barely operational due to shortages in supplies, staff, and funding. Disease outbreaks including measles, diphtheria, and pertussis are rising, threatening vulnerable populations. In Puntland, only 30% of assessed

communities have access to functioning health facilities. Mobile health teams rarely reach remote areas, and malnutrition support is critically underfunded, especially for children and pregnant/lactating women. Supply chains for health and nutrition commodities are heavily disrupted. The collapse of essential health services also leaves a major gap in mental health and psychosocial support (MHPSS). Pregnant and lactating women, caregivers, and health workers are likely to face high levels of stress, grief, and exhaustion, with limited access to mental health care and/or psychosocial support.



Assessments carried out identifying high livestock losses. Photo: SRCS

- 3. Food Insecurity:** Food access is deteriorating rapidly. Between April and June 2025, 4.6 million people faced IPC Phase 3 or worse, including over 780,000 in Phase 4 (Emergency). Livestock losses exceed 80% in some districts, devastating pastoralist livelihoods and purchasing power. Several areas are nearing IPC Phase 4 (Emergency). In regions in agro-pastoral regions like Togdheer and Awdal, cereal production has collapsed after successive poor rainy seasons. In Odweyne, cereal output has remained consistently below national averages since 2020. Livestock losses, reaching up to 80% in some communities, have devastated income and dietary diversity. With local markets either dysfunctional or inaccessible, communities in remote villages such as Kalabayr and Ramaas rely entirely on humanitarian assistance or neighbour-to-neighbour support. Supply chains for nutrition and health commodities are severely disrupted by global funding cuts, and essential household items such as soap, bedding, and cooking utensils are unavailable to many displaced households. Acute malnutrition is surging—An estimated 1.8 million children under five require treatment for acute malnutrition, a number expected to rise with below-average *Deyr* rains.
- 4. Displacement and Migration:** Somalia continues to face one of the largest internal displacement crises in the world, with millions of people uprooted by conflict, insecurity, and recurrent climate shocks such as droughts and floods. Internally displaced persons (IDPs) often reside in overcrowded, informal settlements that lack access to essential services, including clean water, sanitation, healthcare, and education. Many IDP sites are situated in urban areas with limited livelihood opportunities, leaving families heavily reliant on humanitarian assistance. Protection concerns remain acute, with high risks of eviction, gender-based violence, and child exploitation. The protracted nature of displacement has deepened vulnerabilities and further strained already fragile local and national coping mechanisms. Presently, more than 600'000 people are internally displaced by a combination of natural and man-made crisis. In Puntland, recent conflict in the Bari region, resulted in heavy casualties and armed clashes. In Somaliland, violent clashes have escalated particularly in Sool and Sanaag regions, leading to significant displacement and civilian casualties. Rural-to-urban migration is accelerating as families seek water, food, and assistance. Pastoralists are relocating to

overcrowded settlements, increasing pressure on limited resources. The deteriorating situation continues to overwhelm available resources and response capacities. While many individuals and communities continue to show resilience, prolonged displacement, uncertainty, and exposure to violence may take a toll on people's mental health and wellbeing. Some experience heightened stress, fear, and exhaustion, particularly those who have lost homes or livelihoods.

- 5. Protection:** High-severity protection risks are escalating across multiple districts in Somalia, particularly affecting women, children, and vulnerable populations. The closure of GBV centers due to funding cuts has left thousands without essential services, increasing the risk of physical harm, emotional trauma, and social exclusion. Children face heightened risks of early marriage, while family separations during displacement leave many children lost or left behind, exposing them to exploitation and abuse. Forced evictions further compound insecurity, leaving families without shelter or access to basic services.

Impact on physical health, mental health and psychosocial well being

- 1. Disease and Medical Access:** Outbreaks of vaccine-preventable diseases like diphtheria are increasing, driven by population movement and poor access to clean water. In Sheed Dheer, a family was poisoned after drinking from a contaminated source shared with animals. Emergency medical care is largely inaccessible, with referrals to urban hospitals often unaffordable due to long distances (up to 40km). Maternal health services are critically limited, forcing women to delay care or cross borders, often with fatal outcomes. Nutrition screening and treatment have declined due to funding cuts, and mobile health teams are overstretched.
- 2. Mental Health and Psychosocial Wellbeing:** Prolonged food insecurity, loss of livelihoods, and repeated displacement are taking a growing toll on people's mental health and psychosocial wellbeing. Widespread emotional suffering is reported, especially among women, caregivers, and elders. Feelings of hopelessness, grief, and fatigue are rising as families face hunger, displacement, and loss of livelihoods with little or no support. Parents are likely to struggle with feelings of helplessness as they are unable to meet their children's basic needs, while children may show signs of fear, withdrawal, or distress. Communities that have lost livestock and land (central to identity and social cohesion) face deep feelings of loss and uncertainty about the future. Despite these challenges, many continue to draw strength from faith, family, and mutual support within their communities. Expanding access to Mental Health and Psychosocial Support (MHPSS) within food security, health, and protection responses is essential to help people manage distress, maintain coping capacities, and foster hope and recovery.
- 3. Community capacity:** Communities in Somaliland and Puntland demonstrate important capacities that continue to underpin survival and collective resilience despite the erosion of traditional coping mechanisms.
 - **Traditional governance systems**, particularly the role of elders and religious leaders, remain central to local decision-making, conflict resolution, and mobilization of collective action. These structures are trusted conveners and play a critical role in disseminating early warning information and guiding community priorities, though their linkages to formal coordination systems could be strengthened.
 - **Local committees and networks also function as informal**, but effective coordination platforms. Water management committees, youth-led early warning groups, and women's associations provide basic psychosocial support, risk communication, and basic livelihood activities in several assessed locations. Informal trade networks, remittances, and solidarity mechanisms such as food sharing and faith-based support further help households withstand shocks. Communities have also shown initiative in adapting to environmental stress, such as small-scale vegetable gardening with harvested rainwater, though these innovations remain constrained by lack of inputs and technical support.

Despite these capacities, significant gaps persist. Many community initiatives are fragile, under-resourced, and disconnected from formal humanitarian systems. Infrastructure deficits, fragile water systems, poor roads, and under-resourced health and education facilities, lack of access to psychological and specialised mental health services, limit the sustainability of local coping mechanisms. Social and economic inequalities constrain participation, with women, youth, minority clans, and persons with disabilities often excluded from decision-making and left more exposed to shocks. Environmental degradation, including deforestation and overgrazing, is undermining natural resources and exacerbating competition for scarce pasture and water.

In terms of community-led response, solidarity remains a defining feature. Households continue to pool resources, support other vulnerable households, and rehabilitate minimal health or water infrastructure when external assistance is absent. However, these efforts are stretched thin in the face of recurrent droughts, mass displacement, and livelihood collapse. Coping mechanisms such as charcoal production or distress migration provide short-term relief but deepen long-term vulnerability. Communities themselves consistently highlight the need for better integration into formal coordination systems, investment in sustainable infrastructure, and support to amplify their own solutions.

Overall, while communities remain the first responders, their capacities are increasingly overwhelmed by the scale and complexity of the crisis. Building on existing leadership structures, social solidarity, and indigenous knowledge systems offers a critical entry point for strengthening response and recovery.

Risks & vulnerabilities

- 1. Compounding Crises:** In Somaliland and Puntland, water scarcity, livelihood collapse, displacement, and service breakdown are interlinked, amplifying humanitarian needs. The collapse of health and nutrition systems worsens food insecurity, while unsafe water sources drive outbreaks of acute watery diarrhoea (AWD) and cholera. The absence of protection and psychosocial support deepens the impact of displacement and loss, forcing families into harmful coping strategies—selling assets, pulling children from school, early marriage, or unsafe migration—further entrenching vulnerability.
- 2. Disproportionate Impact:** Pre-existing vulnerabilities shape who suffers most. Women and girls face increased violence as GBV services shut down and men migrate in search of pasture. Children are affected by malnutrition, disrupted education, and child labour. People with disabilities are often excluded from services. Displaced families live in overcrowded settlements with poor WASH access, while minority clans face systemic exclusion. Pastoralist households, having lost up to 80% of their livestock, are left with few resources to recover.
- 3. Collapse of Community Safety Nets:** Traditional support systems—food sharing, informal caregiving, and water sharing—are breaking down. Coping mechanisms like charcoal production are now unsustainable, worsening environmental degradation and social strain.
- 4. Intersecting Vulnerabilities:** Risks are not siloed. A displaced woman from a minority clan, with children and no access to health services, faces overlapping threats that compound one another. Without inclusive, integrated assistance, these intersecting vulnerabilities will deepen, pushing marginalized groups into prolonged cycles of crisis. In addition, persons with disabilities and those with pre-existing mental health conditions face additional barriers to accessing care, information, and support networks, increasing the risk of isolation and neglect.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

Core areas of operation	Staff and Volunteers	
<i>Community-based Health & Care (CBHC)</i> focuses on preventive, promotive and basic curative health services.	Number of staff:	1,118
<i>Disaster preparedness, response and recovery.</i>	Number of volunteers:	20,000
<i>Mobilize communities</i> for inclusive and peaceful environment promoting human dignity, protection, safer access, participation and safety.	Number of branches:	18
<i>National Society Development</i>	Number of sub-branches:	130

SRCS operates through 18 branches across Somalia, 6 in Somaliland, 3 in Puntland and 10 in South Central, with coordination offices in Mogadishu and Hargeisa. With over 1,000 staff and a strong network of 5,100 active and 20,000 community volunteers across 130 sub-branches, SRCS has deep local reach. Its long-standing presence and trusted networks enable SRCS to deliver lifesaving assistance in remote and high-risk areas often beyond the reach of other humanitarian actors.

SRCS has mobilized a multi-sectoral response to the ongoing crisis, leveraging its institutional footprint, community trust, and operational reach across Somaliland and Puntland where SRCS has remained at the forefront of the response.

Response and Anticipatory Actions by SRCS:

SRCS have been scaling up response to multi events throughout 2025. Drought Early Action Protocols (MDRSO019) were triggered in January 2025. As the situation deteriorated these were followed by a Drought DREF (MDRSO022) in April. During the same period SRCS continued a population movement response due to conflict (MDRSO020) and two outbreak DREFs - Leishmaniasis (MDRSO021) in March and Diphtheria (MDRSO024) in August. In coordination with this Complex Emergency Appeal a DREF grant allocation was made in October.

Title	Project Codes	Project duration	DREF Allocation	Sectors	Ppl reached	Location	
						Region	District
Drought EAP	MDRSO019	22/8/24-31/8/29	530,533	WASH, MPC, DRR	34,194	SL (Togdheer, Sool and Sanaag) and PL (Nugal, Mudug and Bari)	SL (Buraco, Ergavo and Iasanood) and PL (Garowe, Galkayo, Bosaso, Eyl, Galdogob, Qardh)
Population Movement DREF	MDRSO020	28/12/24-30/4/25	877,875	Shelter, WASH, Health, MPC	35,088	SL (Sanaag and Sool) and PL (Bari)	SL (Erigavo, El Afweyn, Garadag, Badhan, and Dhahar in Sanaag) and PL (Iskishiban, Bosaso, Qandala)
Leishmaniasis DREF	MDRSO021	15/3/25-31/6/25	328,505	Health	27,000	Sannag	Erigavo
Drought DREF	MDRSO022	23/4/25-31/10/25	984,393	Shelter, WASH, Health, MPC	34,000	SL (Awdal, Sahil, Marodi-jeh, Togdheer, Sool and Sanaag) and PL (Nugal, Mudug and Bari)	SL (Lughaya, Oodweyne, Hargeisa, Badhan, Sheikh, Baligubadle, Salaxlay, Burao, Erigabo, Talex, Zeila, Berbera, Baki, Borema, and Iasanood) and PL (Godobjiran, Burtinle, Jarriban, Galdogob)
Cholera sEAP	MDRSO023	22/7/25-31/8/27	219,804	Health, WASH	24,700	SL (Awdal and Togdheer) and PL Nugaal and Bari)	SL (Borama and Burao) and PL (Garowe and Bosaso)
Diphtheria DREF	MDRSO024	7/8/25-28/2/25	499,911	Health	590,000	SL (Togdheer ,Sanaag and Sanaag) and PL (Muduug, Bari)	SL (Ainabo, Taleeh, Bedhan and Ergavo) PL (Galkayo, Galdogob, Isikushuban, Rako)
Complex Emergency DREF	MDRSO025	3/10/25-30/4/26	981,311	WASH, Health, MPC	30,000	SL (Awdal, Sahil, Marodi-jeh, Togdheer, Sool and Sanaag) and PL (Nugal, Mudug and Bari)	SL (Hudun, Talex, Erigabo, Gar-adag, Zeila, Lughaya, Burao, Oeweyne, Ainabo, Sheikh, Gabiley, Faroweyne) and PL (Galkayo, Galdogob, Burtinle, Eyl, Alula, Iskishuban, Gumba, Bargal)

Institutional capacity: Governance and coordination structures remain active, with leadership directly engaged in strategic planning, policy development, and Movement-wide coordination. The activation of the Early Action Protocols (EAP) demonstrates readiness to act on forecast-based triggers. Investments have been made in strengthening internal systems, including a comprehensive CVA Preparedness Plan of Action and renewed agreements with financial service providers, laying the foundation for scaling up cash readiness across affected communities.

Coordination and partnerships: SRCS is actively engaged in national and regional platforms, including leadership of the Anticipatory Action Technical Working Group sub-group on trigger development. Close cooperation with NADFOR, MoHADM, and other authorities has ensured alignment with national response plans, while Movement coordination has been reinforced through joint planning with partners.

1.2 Capacity and response at national level

Authorities in Somaliland and Puntland have mobilized direct assistance in response to the ongoing drought, working through national coordination platforms and sectoral ministries to deliver food, water, and other essential services. These efforts reflect a commitment to addressing urgent needs, particularly in areas where humanitarian coverage is limited or delayed. While active steps have been taken to respond to the crisis, recent appeals indicate that there are increasing gaps in addressing the full scale of need, particularly in areas like infrastructure, technical expertise, and service delivery.

In Somaliland, following an appeal for humanitarian assistance, authorities have coordinated the delivery of food parcels to 6,200 households with over 1,000 truckloads through NADFOR, targeting communities in multiple regions. Bilateral support facilitated with other governments has further expanded coverage, with Djibouti and UAE contributing food assistance for 24,000 households. These distributions have already been delivered, and form part of the broader national response coordinated through the National Drought Response Committee. Gaps have been identified across access to water, food and health services.

In Puntland, the State Government formal appeal was issued to guide partner engagement. Ministries have been actively involved in mapping priority districts, identifying infrastructure needs, and coordinating with humanitarian actors. The Puntland Water Development Agency has reported that 158 boreholes require emergency rehabilitation and have emphasized the need for sustainable water access solutions over short-term trucking. Efforts to maintain continuity in health services are also underway, though it has been noted that more than 170 health centres are facing serious disruptions due to shortages in supplies and personnel.

Across both regions, these efforts have helped fill critical gaps in food and water access, but the scale and duration of these interventions remain limited. Most distributions appear to be one-off or short-term, and authorities have raised concerns about the sustainability of current programming. Funding disruptions have affected planned improvements in water infrastructure, and health systems continue to face pressure from rising communicable diseases and displacement.



SRCS longer term water rehabilitation projects: shallow well and solarization in Awdal region. Photo: SRCS

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

IFRC and its network of Red Cross and Red Crescent Partner National Societies (PNSs) play a critical role in complementing and scaling SRCS's interventions, providing technical, financial and operational support that enables SRCS to contribute to essential services and expand multi-sectoral interventions in affected areas.

The IFRC Nairobi Cluster Delegation, in collaboration with the IFRC Africa Regional Office, is providing direct technical support to SRCS and Partner National Societies (PNSs). This support includes active engagement with key partners such as the British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Icelandic Red Cross, Norwegian Red Cross, Qatar Red Crescent and Türk Kızılay. Each partner contributes to various aspects of emergency preparedness, emergency response and long-term programming. To ensure transparency and collective accountability, IFRC will lead Federation-wide reporting for the emergency response, showcasing the unified efforts of the IFRC membership in delivering humanitarian assistance to affected communities. Coordination efforts go beyond immediate relief, encompassing long-term resilience-building and National Society Development initiatives.

The IFRC network's collaborative 'Way of Working' is reflected in regular coordination with both in-country and remote PNSs during strategic planning, multi-year operations and emergency responses. SRCS leadership reinforces this approach by promoting inclusive consultations that support harmonized response and development efforts. Membership coordination is maintained through monthly and ad hoc meetings, fostering shared leadership and strategic alignment. This approach is further strengthened by the National Society Investment Framework (NSIF), which prioritizes targeted support through the NSIF Dashboard. The framework enhances strategic coordination and ensures coherent engagement across the IFRC membership.

SRCS, with support from Movement partners, is implementing a wide range of long-term programs that contribute to recovery and resilience. While all the programmes are not directly responding to the current escalating situation, they form a critical part of the recovery landscape and offer entry points for strengthening community-led systems. See below:

Partner	Thematic Areas Supported
Norwegian RC	<ul style="list-style-type: none"> - Health (static clinics, CBS and health promotion, fistula clinical management, pandemic preparedness and response) - NSD (financial development)
Finnish RC	<ul style="list-style-type: none"> - Health - NSD (communications and safer access framework) - CVA preparedness
Danish RC	<ul style="list-style-type: none"> - Health (focused on Non communicable diseases [NCD] prevention and treatment, and basic psychosocial support including trainings in psychological first aid (PFA) for all staff and volunteers) - Nutrition programming - Community Resilience (DRR and AA) - Emergency response: multisectoral based on needs - NSD (Construction of Hargeisa coordination office), Logistics, Project management
German RC	<ul style="list-style-type: none"> - Community Resilience (DRR, WASH, and AA) - NSD (Preparedness for effective response)
Turkish RC	<ul style="list-style-type: none"> - Protection & Inclusion (vocational training for female detainees)
Qatari RC	<ul style="list-style-type: none"> - Water and Infrastructure (rehabilitation of boreholes and shallow wells) - Health (support to clinics) - Food security and livelihoods
British RC	<ul style="list-style-type: none"> - NSD (Institutional Support, financial systems, coordination support)
Canadian RC/ Icelandic RC	<ul style="list-style-type: none"> - NSD (Institutional) - Epidemic Preparedness and Response - PGI
IFRC	<ul style="list-style-type: none"> - Community Resilience (DRR, WASH, livelihoods, health) - NSD (Emergency Operations Centre, Preparedness for Effective Response) - Membership Coordination

International Committee of the Red Cross

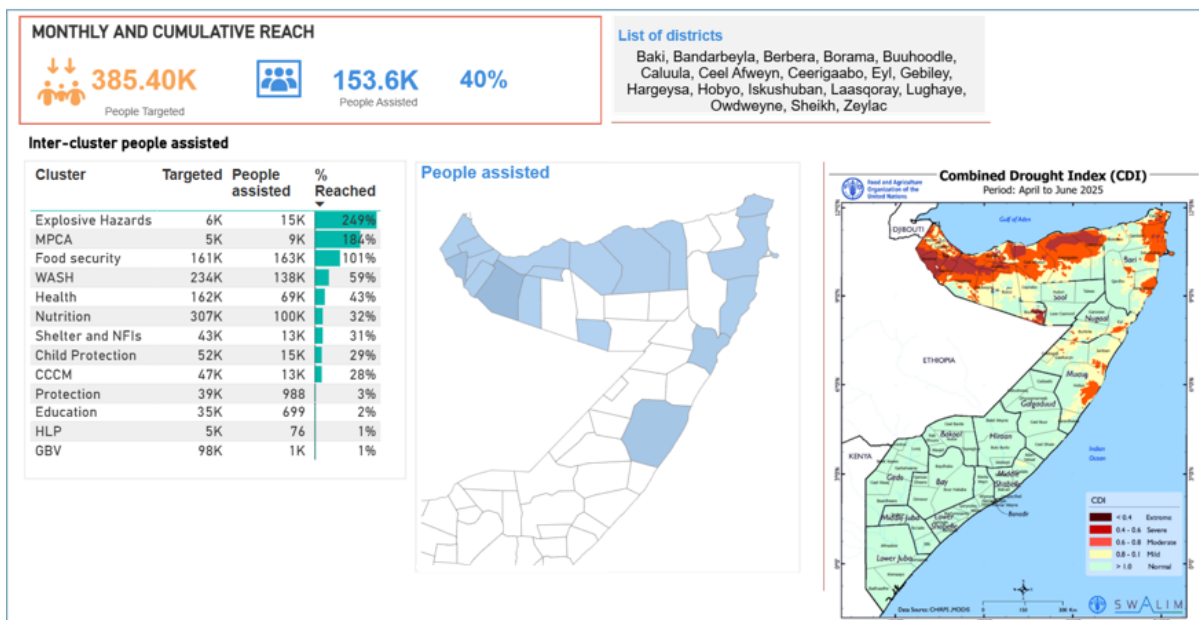
A Movement Coordination Agreement has been in place since April 2025, providing a framework for collaboration among SRCS, IFRC, ICRC and most Red Cross and Red Crescent partners. ICRC has had a permanent presence in Somalia since 1977 and operates in the country through a network of 12 offices across the country. It is active in the field of Protection (including detention) and assistance in the areas most affected by conflict and violence, both along and across frontlines, near the population. The ICRC team consists of 361 staff, including 49 internationals. ICRC works in close partnership with SRCS and other components of the RCRC Movement. It engages all parties to the conflict, in collaboration with SRCS. Key thematic areas supported by ICRC are: Hospital and primary health care; Water infrastructure; Food Security & Livelihoods; Protection & detention; and Physical Rehabilitation. In response to the drought affecting Somaliland and Puntland, ICRC will only intervene in areas affected by conflict/violence.

2.2 International Humanitarian Stakeholder capacity and response

Humanitarian organizations operating in Somaliland and Puntland have mobilized a range of sectoral responses to the current crisis, including food assistance, WASH interventions, health support, and education services. Their presence is critical in areas where the capacity of authorities is limited or overstretched. However, recent appeals and coordination meetings reveal that actors are facing significant operational constraints, and their ability to scale up is increasingly challenged by funding disruptions and logistical barriers. Humanitarian organizations have long-term presence supporting affected communities and complementing efforts led by local authorities. For the current drought, several organizations have focused on repurposing already planned programme activities due to funding constraints.

The reported interventions across both regions reflect a wide but uneven humanitarian footprint. In Somaliland, activities span all drought-affected regions, with concentrations in Awdal, Sanaag, Sool, and urban centres such as Hargeisa and Berbera. UN agencies and NGOs have mobilized targeted support (one-off in some instances), including water trucking, cash assistance, school-based food and water provision, and rehabilitation of boreholes. However, it was noted that reprioritization decisions, informed by post-Deyr IPC analysis and early Gu' projections, did not anticipate the scale of needs⁴. This has resulted in a reduced response, alongside the fact that most actors operate within sectoral boundaries, and so integrated delivery remains limited.

Drought Regions Response Gap Analysis: January – June 2025



OCHA cluster response gap analysis (Source: Inter-Agency Drought Mission – Somaliland and Puntland)

In Puntland, the operational footprint is more granular and village specific. Islamic Relief Somalia has reached over 2,000 households across 15 villages in Sanaag with food distributions and borehole rehabilitation. WFP maintains a sustained food pipeline across 12 districts, reaching over 30,000 households. Save the Children

⁴ OCHA Inter-Agency/ Sector Drought Mission

provides mobile health services in remote areas of Bari, while Action Against Hunger delivers cash assistance and cash-for-work programs in Nugaal. The presence of planned activities like borehole rehabilitation and water trucking suggests forward-looking programming, though many interventions remain short-term and localized.

Across both regions, food assistance dominates, with WFP and Islamic Relief leading large-scale distributions, especially in Puntland. WASH interventions are present but uneven, with borehole rehabilitation and water trucking concentrated in specific districts. Health services are more visible in Puntland, where a limited number of mobile clinics and disease response activities are underway, while Somaliland shows limited health sector engagement. Cash assistance is present in both regions but remains modest in scale and coverage.

5. Gaps in the response

Despite widespread humanitarian mobilization across Somaliland and Puntland, the current response is falling short of addressing the full scale and complexity of needs. Much of the ongoing assistance, particularly food distributions, water trucking, and mobile health outreach, remains short-term, with many activities being one-off or scheduled to end within weeks. This lack of continuity severely undermines their stabilizing impact and risks leaving communities without support at the peak of further seasonal vulnerabilities. Reduction of global resources and funding cuts have had severe impacts in Somalia, disrupting essential WASH, health, and nutrition programming and mainstreaming/integration of MHPSS (halving life-saving interventions in some regions).

Food assistance dominates the footprint but is largely insufficient. WASH interventions remain uneven, health services are limited, and protection and nutrition services as well as mental health and psychosocial support are critically underfunded. Disruptions such as the closure of nutrition sites and health facilities have left entire districts without essential services. GBV-specific services and referral pathways are severely affected, heightening risks for women and girls. Many interventions are siloed within sectoral boundaries. Few examples exist of coordinated, multi-sectoral packages that combine food, WASH, health, protection and MHPSS in the same location. This reduces the efficiency and impact of humanitarian investments, particularly in areas facing compounding risks such as displacement, disease outbreaks, and livelihood collapse

Needs as per sector:

Food security: Immediate food security needs in northern Somalia revolve around life-saving interventions to address the acute crisis caused by poor rainfall, prolonged drought, and widespread crop and livestock losses. Nutrition support is urgently needed in areas where acute malnutrition exceeds 13%, including therapeutic feeding for children and vulnerable groups. Cash transfers and market support are also vital to help households access food and reduce reliance on harmful coping strategies. Longer-term food security needs focus on building resilience and restoring livelihoods to prevent future crises. This includes restocking livestock, providing agricultural inputs, and training to help communities recover their productive capacity. Investments in climate adaptation—such as drought-resistant crops and sustainable water systems—are necessary to mitigate the impact of future shocks.

Poor rainfall and prolonged drought in northern Somalia have led to widespread crop failure and livestock losses. Between October and December 2025, food insecurity is expected to worsen due to below-average *Deyr* rains, high food prices, ongoing conflict, and localized flooding. An estimated 4.4 million people (23% of the population) are projected to face IPC Phase 3 (Crisis) or worse levels of acute food insecurity. The ongoing drought in the northern regions has severely impacted 2.5 million people across 26 districts, with 887,000 living in the most affected areas. Several sources confirm crop failure rates ranging from 70% to near-total losses in the hardest-hit districts of Bari (Puntland), Togdheer, and Sanaag (Somaliland) due to prolonged dry spells and flash floods.

Pastoralist households are losing purchasing power as water sources dry up, pasture remains scarce, and livestock conditions deteriorate, especially in coastal and Golis range areas. Livelihoods have been devastated, with some communities reporting up to 80% livestock mortality, triggering displacement, distress sales, and harmful coping strategies. Acute malnutrition rates exceed 13% in some districts, and in Mudug, families report eating once a day or not at all. Market access is constrained by inflation, poor infrastructure, and non-functional local markets, forcing many to rely on humanitarian aid or neighbor's for survival.

Health: Immediate health and nutrition needs in northern Somalia include restoring essential maternal and child health services, which are currently either closed or severely under-resourced due to funding gaps, staff shortages, and lack of medical supplies. Emergency support is needed to reopen and equip health facilities, stabilize mobile clinic operations, and respond to outbreaks of diphtheria, measles, pertussis, cholera, and acute watery diarrhoea. Longer-term needs focus on rebuilding a resilient and inclusive health system that integrates maternal, child, and mental health services. This includes sustained investment in health infrastructure, supply chains, and workforce development to ensure consistent service delivery.

Integrating Mental Health and Psychosocial Support (MHPSS) across hospitals, primary health care, and non-communicable (NCD) services as well as within maternal and child health programs—is critical to ensure a holistic approach to wellbeing. Embedding MHPSS within health systems enables early identification of distress, reduces stigma, and provides ongoing psychosocial care alongside physical treatment. Strengthening the capacity of health workers to deliver basic psychological first aid, supportive communication, and referral to specialized care can significantly improve recovery, resilience, and the overall quality of health outcomes for affected communities.

Many maternal and child health facilities are either closed or operating at minimal capacity due to shortages in medical supplies, staff salaries, and funding for outpatient therapeutic programs. Mobile clinics, where available, visit some villages only once a month. In Puntland, 182 health facilities and three stabilization centres are facing severe staff and supply shortages or are non-operational due to funding gaps. Outbreaks of diphtheria, measles, and pertussis have been reported across regions, with rising cases of cholera and acute watery diarrhoea in areas where health services have collapsed. Malnutrition is surging, especially among children under five and pregnant or lactating women.

Maternal health services are critically lacking, forcing families to travel long distances—sometimes across borders to places like Djibouti—for emergency care. The collapse of maternal and child health services has also created serious mental health and psychosocial needs. Pregnant and lactating women, caregivers, and health workers are likely to experience higher levels of stress, anxiety, and emotional exhaustion as they face prolonged uncertainty, loss, and limited access to care. Children affected by malnutrition or displacement may show distress, fear, or behavioural changes.

Nutrition: Nutrition services must be scaled up to address surging malnutrition among children under five and pregnant or lactating women. Between July 2025 and June 2026, an estimated 1.85 million children aged 6–59 months are expected to suffer from acute malnutrition and require urgent treatment. This includes 421,000 cases of Severe Acute Malnutrition (SAM) and 1.43 million cases of Moderate Acute Malnutrition (MAM)—with 65% of the burden concentrated in southern Somalia. Compared to the same period last year, this reflects a 12% increase in Global Acute Malnutrition (GAM) and 5% in SAM.

Nutrition services are insufficient to meet rising needs, with admissions to therapeutic feeding programs, screenings and treatment for malnutrition being unavailable, delayed or unaffordable. In Lughaya (Somaliland), only 5 of 13 health facilities provide nutrition services, and none offer basic health care. In Puntland, critical shortages in health, nutrition, and protection services are worsening as drought conditions intensify. Admissions to therapeutic feeding programs have declined due to funding cuts and facility closures. Around 79 Targeted Supplementary Feeding Program (TSFP) sites have shut down, leaving many areas without screening or treatment services. Referrals are often delayed or unaffordable, and maternal and child nutrition services are unable to meet growing needs.

Water, sanitation: Immediate WASH needs in Somalia include emergency rehabilitation of critical water infrastructure, to restore access to safe drinking water. Rapid deployment of water purification systems, hygiene kits, and temporary sanitation facilities is essential to curb the spread of waterborne diseases like cholera, acute watery diarrhoea, and diphtheria. Hygiene promotion campaigns and the installation of handwashing stations are urgently needed, especially in displacement camps and rural communities relying on unsafe water sources. Longer-term WASH needs focus on building resilient and equitable water and sanitation systems that can withstand climate shocks and conflict-related disruptions.

Somalia's Water, Sanitation, and Hygiene (WASH) conditions remain dire, driven by prolonged conflict displacement, and climate shocks. Damaged water infrastructure and reduced groundwater availability are accelerating crops deterioration and spreading disease. Access to safe drinking water is extremely limited, especially in rural areas where most communities rely on unsafe or surface water sources. Sanitation coverage is also poor, with widespread open defecation and non-functional facilities—even in urban areas with relatively better infrastructure. Infrastructure gaps are acute: 158 boreholes in Puntland require emergency rehabilitation, while saline or dried-up wells in Somaliland have left vast populations without safe water.

Poor hygiene practices and lack of handwashing facilities continue to fuel outbreaks of waterborne diseases, including cholera, acute watery diarrhoea (AWD), and diphtheria—as seen in early 2024 across Somaliland and Puntland. Flooding has further damaged or contaminated water points and sanitation systems, increasing reliance on unsafe sources and elevating health risks. Insecurity, logistical challenges, and funding shortfalls severely limit the scale and effectiveness of these interventions, highlighting the urgent need for sustained investment in safe and equitable WASH services.

Shelter: The shelter need among displaced pastoralist and migrant families is urgent and multifaceted. Many households are living in makeshift structures built from plastic sheets, sticks, or salvaged materials, which offer minimal protection against harsh weather conditions and lack basic security and privacy. There is a rural-to-urban migration as families seek water, food, and assistance. Pastoralists are relocating to overcrowded settlements, increasing pressure on limited resources. These people migrating, especially pastoralist communities, due to lack of water, food, and assistance are often in extremely vulnerable situations. Their needs are both immediate and long-term, and addressing them requires a coordinated humanitarian and development response. Many households reside in makeshift structures constructed from plastic sheets, sticks, or salvaged materials. These shelters offer minimal protection from the elements and lack privacy, particularly for women and girls. Essential household items like bedding, cooking utensils, and hygiene products are largely unavailable. Displaced families often arrive with few possessions and rely on overstretched host communities.

Environmental degradation: There is an urgent need for integrated interventions that promote sustainable land and water use, restore ecosystems, regulate resource exploitation, and build community resilience to climate shocks. Somalia faces environmental challenges that threaten both its ecosystems and the livelihoods of its people. Recurrent droughts, erratic rainfall, and desertification have severely degraded land and water resources, making agriculture and pastoralism, the backbone of Somalia's economy, highly vulnerable. Large-scale deforestation driven by charcoal production and overgrazing has accelerated soil erosion and loss of biodiversity. In coastal areas, overfishing and climate change are further straining marine resources. Then complexity of the context has made it difficult to manage natural resources sustainably. As a result, Somalia remains highly exposed to the impacts of climate change, with environmental degradation worsening food insecurity, displacement, and poverty.

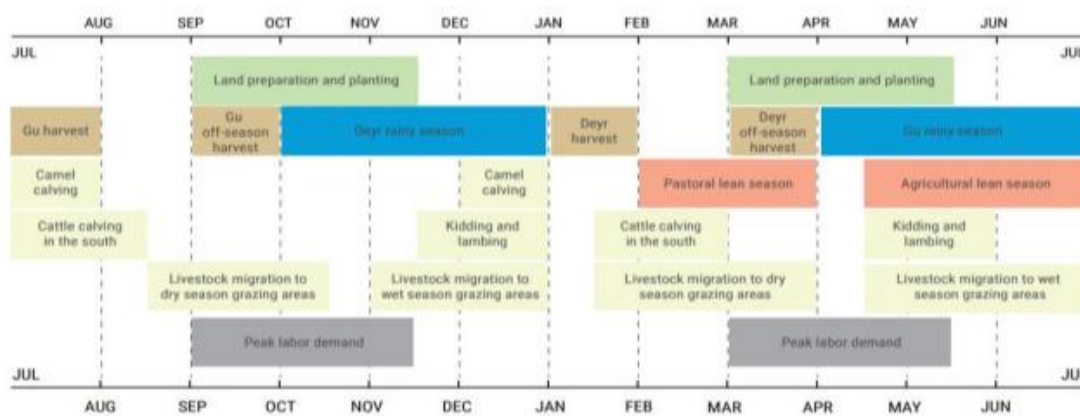
Protection, gender and inclusion: Based on the compounding effects of the protracted crisis in Somalia, like insecurity, access to water, and access to food, women, girls, boys and men are affected differently. For instance, women and girls must walk long distances in search of food and water while boys and men have to equally walk long distances in search of pasture and water for livestock use. Physiological vulnerability (elderly, people with disabilities) is also vulnerable since it is more difficult for them to access these basic services. Persons with pre-existing mental health conditions also face significant barriers to care and support, often compounded by stigma, displacement, and the breakdown of health and social systems. The intervention will seek to engage all at risk groups, ensuring equitable and inclusive access to humanitarian assistance that address both physical and psychosocial needs, as well as stigma and protection concerns.

Community engagement and accountability: During disasters like drought, vulnerable communities often lack access to timely, reliable information—making timely communication and feedback very important. Community Engagement and Accountability (CEA) is essential to ensure people are informed, involved, and able to influence key humanitarian activities, including food security, WASH, health, and protection. Affected populations need clear information on available support, how to access it, and how to stay safe and healthy. Equally important is providing channels for communities to express their needs, providing feedback, and reporting concerns. In this context, inclusiveness, transparency, and responsiveness are critical. The Somali Red Crescent Society (SRCS),

aligned with Movement standards, is committed to delivering assistance that respects the dignity, preferences, and voices of affected communities—while coordinating closely with partners to ensure cohesive and effective interventions.

Caring for staff and volunteers: The prolonged and high-pressure response environment is also taking a toll on the staff and volunteers working at the frontline of a response. Many are working under extreme stress, witnessing widespread suffering while facing the same economic, environmental, and security challenges as the communities they serve. Exposure to distressing situations, long working hours, and limited rest or psychosocial support can lead to fatigue, burnout, and emotional strain. Prioritizing staff and volunteer wellbeing is essential to sustain the humanitarian response.

Crisis Outlook: The humanitarian situation in Puntland and Somaliland is expected to further deteriorate in the coming months as growing difficulties accessing food, water, and protection services, combined with a dramatic decline in humanitarian funding and persistent political and security instability across multiple districts—drive heightened needs and disrupt essential assistance. According to WFP, less than 1 in 10 Somalis will receive life-saving aid by November. Consequently, several sectorial issues will be exacerbated and reach critical levels, particularly food insecurity, WASH, nutrition, communicable diseases and sexual and gender-based violence. The *Deyr* rainy season (which follows the *Gu'*), which will take place from October to December, is expected to have below normal rainfall which will further exacerbate the ongoing dry spells. In terms of acute malnutrition, IPC projections estimate that around 1.85 million children aged 6–59 months are expected to suffer acute malnutrition (GAM) between August 2025 and July 2026.



Seasonal Calendar (Source: FEWSNET, 2025)

OPERATIONAL CONSTRAINTS

Humanitarian operations in Somaliland and Puntland are heavily shaped by overlapping structural and systemic challenges that continue to undermine scale, timeliness, and sustainability of response.

- The most immediate barrier is financial: the suspension and reduction of donor funding has triggered the closure of health and nutrition facilities, disrupted WASH programmes, and reduced the scope of life-saving interventions. This dependence on short-term, external financing leaves operations highly vulnerable to sudden shifts, limiting continuity and longer-term planning. SRCS's adoption of EAPs for drought and the development of cash readiness systems are important steps toward mitigation but require sustained investment to be fully institutionalized.
- Logistical barriers further constrain delivery. Poor road infrastructure and seasonal flooding make many rural and pastoralist areas inaccessible, delaying transport of supplies and staff. In Puntland, over 150 boreholes require rehabilitation, yet reaching them at scale is limited by access and cost, adding further delays to early action and emergency programming. To mitigate these barriers, actors have relied on localized procurement, pre-positioning, and community-based contractors, though these efforts remain uneven.
- The supply chain will also advance the Operational Strategy by strengthening procurement and sourcing through framework agreements, enhancing warehouse capacity and stock prepositioning for rapid response, and streamlining customs clearance.

- Technical and institutional constraints also limit effectiveness. Coordination between authorities and humanitarian partners is often fragmented, with weak data systems and inconsistent reporting reducing efficiency. Gaps in disaggregated data obscure the needs of vulnerable groups, and early warning systems are not yet consistently linked to anticipatory action. Efforts to strengthen SRCS's Emergency Operations Centre, standardize emergency SOPs, and expand community feedback mechanisms are underway and will support the wider context. Human resources remain overstretched. Mobile health teams are carrying increasing burdens as fixed facilities have reduced capacity.
- Security dynamics present additional operational risks: While access in many areas remains relatively stable, localized insecurity, including inter-clan tensions, criminal activity, and sporadic armed incidents, can disrupt movement, delay programming, and pose risks to staff and volunteers. In some locations, humanitarian actors must navigate complex local power structures and negotiate access, which can impact operational delivery. These dynamics require careful coordination, conflict sensitivity, and contingency planning to ensure safe and sustained delivery of assistance

Overall, these constraints reveal a fragile operating environment where humanitarian actors are compelled to balance immediate life-saving action against systemic limitations. The steps already underway, including anticipatory action and community-led resilience strengthening offer a foundation, but without scaling, they remain insufficient to meet the accelerating pace of needs.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist to leverage the capacities of all members of the IFRC network in the country, to maximize the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

OPERATIONAL STRATEGY

Vision

Through this Appeal, SRCS seeks to deliver urgent humanitarian assistance to the most vulnerable communities in Somaliland and Puntland—particularly those affected by drought, food insecurity, disease outbreaks, and service disruptions, all intensified by declining global humanitarian funding. Targeting 450,000 people, primarily from rural and pastoralist areas, the Appeal not only addresses immediate life-saving needs but also invests in durable, resilient solutions that reduce long-term vulnerability and strengthen communities' capacity to withstand future shocks.

Anticipated climate-related risks and adjustments in operation

Somaliland and Puntland face increasing climate volatility, with recurrent droughts, erratic rainfall, and flash floods posing major short- and medium-term risks. Forecasts suggest another poor *Deyr* season (October–December), likely worsening crop failure, pasture loss, and water scarcity. Meanwhile, localized flooding continues to damage infrastructure and displace families. Climate change is intensifying these overlapping hazards, trapping communities between drought-driven livelihood collapse and flood-related displacement. These conditions strain humanitarian operations by limiting access, disrupting water systems, and fuelling disease outbreaks. Environmental degradation—such as deforestation and overgrazing—further weakens pastoralist resilience.

To respond, SRCS will embed anticipatory action and early warning systems across all phases. Climate-resilient WASH interventions, drought-resistant livelihoods, and flood-proof infrastructure will be prioritized. Emergency

stocks and mobile teams will be pre-positioned to overcome seasonal access challenges, while recovery efforts will promote diversification and climate-smart practices. Through these adjustments, the Appeal aims to prevent operations from reinforcing fragility, instead contributing to risk reduction, durable community systems, and strengthened resilience in the face of a changing climate.

Targeting

3. People to be assisted

The Emergency Appeal targets six regions of Somaliland and three areas of Puntland. SRCS is operational in these regions through nine branches – three in Puntland under the Mogadishu Coordination Office and six in Somaliland under Hargeisa Coordination Office. SRCS will take a three-tiered approach to identifying and prioritizing people in need, focusing on tackling the root causes of this humanitarian crisis, ensuring that the response has a durable and resilience-focused impact:

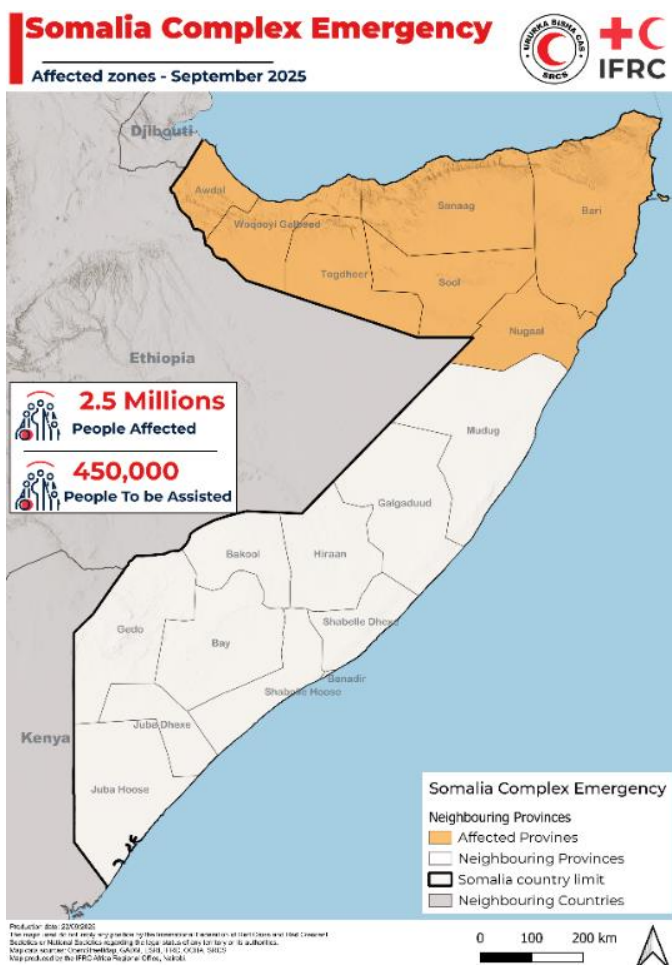
1. **Immediate response:** strengthen coping mechanisms of families in survival mode through targeted emergency assistance; assist those already affected or at risk of worsening conditions, prioritizing households without access to basic services, based on recent assessments and community input.
2. **Durable solutions:** prioritize early recovery and durable solutions in access to water, food and health services; all sectoral interventions will be designed and implemented with a focus on durable solutions that strengthen the long-term resilience, self-reliance and well-being of the most affected and vulnerable communities.
3. **Anticipatory action:** targeting communities at risk of imminent shocks such as drought or disease outbreaks, to reduce impact through early interventions; establish early warning mechanisms and foster anticipatory planning.

This should not be seen as merely short-term action but as part of the same, simultaneously triggered set of interventions in addressing community needs with immediate and lasting impact. The selection of target areas, communities and households will be guided by existing needs assessment data, IPC classifications and community-led verification processes.

The following criteria will be used to identify most affected communities and households:

- Districts identified as being in IPC phase 3 or 4
- Communities located in remote or hard-to-reach areas with limited or no access to humanitarian assistance
- Communities without functional health posts or healthcare services including MHPSS
- Communities dependent on unsafe water sources or reliant on expensive water trucking
- Areas experiencing severe depletion of pasture, where households are at risk of displacement
- Host communities affected by influx of large numbers of displaced households, especially where resources are overstretched
- Displaced persons living in camps, settlements, or informal sites

Within targeted communities, SRCS will prioritise households with any of the following vulnerability criteria:



- Households with no or severely reduced income sources, particularly due to livestock loss or displacement
- Households relying on negative coping strategies such as reducing meals, borrowing, selling assets, or withdrawing children from school
- Female-headed households, especially those without a source of income or with children under five
- Households with malnourished children or with pregnant and lactating women at risk of malnutrition
- Elderly-headed households, particularly those with limited mobility, food insecurity, or inability to relocate
- Households with persons with disabilities including mental health conditions, especially where disability limits access to water, health or other essential services
- Child-headed households
- Pastoralist households that have lost most or all their livestock

1. Prioritization of activities

Immediate response

This operation builds upon the previously launched Drought Early Action Protocol (EAP), triggered in January 2025 (MDRSO019), which reached 30,000 people through early warning messages, advisory services, cash grants, and water supply interventions. It also leverages the Drought DREF allocation from April 2025 (MDRSO022), which provided integrated assistance to 34,800 individuals, including multipurpose cash, healthcare, shelter, and WASH services. In addition, SRCS responded to disease outbreaks during the same period, including Leishmaniasis (MDRSO021) in March and Diphtheria (MDRSO024) in August, further demonstrating the organization's capacity to manage multiple concurrent emergencies.

Further support was mobilized through an additional DREF grant allocation in October 2025 (MDRSO025) to reinforce the Complex Emergency Appeal. This latest allocation focuses on delivering immediate response assistance to 5,000 families (approximately 30,000 people), prioritizing rural and pastoralist communities in remote, underserved areas—particularly those classified as IPC Phase 3+ and at risk of deteriorating to IPC Phase 4+. Current interventions include the provision of safe water through rehabilitation of berkads and shallow wells, water trucking, and aqua tabs; cash grants to meet essential needs; and mobile health clinic services to address urgent healthcare gaps.

Looking ahead, prioritization will be guided by ongoing detailed assessments and close coordination with partners to ensure that community needs are accurately mapped against existing support and remaining gaps. While addressing immediate needs, all sectoral interventions will be designed with a focus on durable solutions that enhance long-term resilience, self-reliance, and well-being of the most affected and vulnerable populations. To ensure sustainability and a robust exit strategy upon completion of the Appeal, the Somali Red Crescent Society (SRCS) and the IFRC will align the objectives of this Emergency Appeal with the Unified Plan, which supports a range of initiatives implemented by SRCS.

2. Considerations for protection, gender and inclusion (PGI) and community engagement and accountability (CEA)

Community engagement is embedded throughout SRCS's operations. SRCS mobilizes a strong network of community-based volunteers, maintains toll-free hotlines and feedback desks, and applies inclusive targeting mechanisms. Targeting for interventions is participatory and transparent, with active involvement of elders, women, and youth. SRCS prioritises PGI, with referral pathways established in collaboration with local actors, though scale and consistency remain areas for further investment.

At a time when many actors have scaled back due to funding and access constraints, SRCS has remained embedded in the community. Its trusted presence and continuity of service mean that affected households increasingly turn to SRCS as their first point of support. This reliance underscores the urgency of scaling up: with strengthened resources, SRCS will build on its deep-rooted networks to deliver a wider, faster, and more sustained response to the escalating humanitarian crisis.

In planning, all sectoral teams will include measures to address vulnerabilities specific to gender and diversity factors (including persons with disabilities). All communities and families will be targeted following IFRC PGI minimum standards in emergencies and specific in-country cluster and SRCS procedures.



Community Engagement and Accountability activities for drought response CVA project - Gargaara-bari village under the Awdal region (SRCS photo)

PLANNED OPERATIONS

With support from IFRC and its membership, SRCS will lead a coordinated, multi-sectoral response built around the three pillars below, with cross-cutting activities, for immediate response, durable solutions and anticipatory actions. All activities will be community-led and implemented in coordination with local authorities and humanitarian partners. The operational design intentionally overlaps phases of intervention, enabling a seamless transition from anticipatory action to emergency response and early recovery. Activities will be implemented in close coordination with other humanitarian partners, guided by community-led targeting and feedback mechanisms to ensure inclusivity and accountability.

Pillar 1 Integrated assistance:

Emergency assistance and strengthening livelihoods, empowering communities to build sustainable income.

Pillar 2 Community health and nutrition:

Improving access to quality health services and promoting community well-being.

Pillar 3 WASH:

Ensuring safe water access and improved hygiene practices for healthier communities.

Protection and Prevention:

Protection, Gender & Inclusion (PGI); Community Engagement & Accountability (CEA); Disaster Risk Reduction (DRR); Environmental Sustainability

Enabling Approach:

National Society Strengthening. Coordination & Partnerships and Secretariat Services

PILLAR 1: INTEGRATED ASSISTANCE (Multipurpose cash grants, livelihoods strengthening and emergency shelter)

	Multi-purpose Cash	Female > 18: 18,150	Female < 18: 19,350	4,479,000 CHF
		Male > 18: 10,650	Male < 18: 11,850	Target: 60,000 people

Objective: To enable vulnerable households to meet their immediate needs with dignity and flexibility

Priority Actions:

To meet immediate needs, SRCS will deliver Multi-purpose Cash (MPC) transfers, enabling households to access food, water, healthcare and shelter while preserving dignity and promoting self-reliance. These cash transfers will complement other interventions, including health and nutrition support, water and sanitation services, practical training, access to tools and strengthened links to essential services and community safety nets. While addressing immediate needs, the cash grants also aim to build household resilience and support pathways to durable solutions.


The Cash Working Group in Somalia remains active and supports the Food Security and Livelihoods (FSL) Cluster through regular price monitoring and by providing updated transfer values for each region. SRCS has also established agreements with Financial Service Providers (FSPs) to guarantee the secure and timely delivery of cash assistance.

Immediate basic needs support through multi-purpose cash grants

- Carry out needs assessment in the affected communities to collect community priorities along with mapping the active stakeholders.
- Provide multi-purpose cash assistance to households identified through community-led targeting, prioritizing those facing compounding vulnerabilities. Each of these households will receive unconditional cash assistance for a duration of three months on the basis of the recommendation of the Somalia Cash Working Group transfer values which vary from province to another.
- Link cash assistance to complementary services to ensure multisectoral integrated support for food security, health & nutrition, and WASH
- Monitor market conditions in affected areas to ensure cash remains feasible, especially where access to goods is constrained.
- Conduct post-distribution monitoring to ensure the quality of distribution and impact across communities.

Response Modality

- Unconditional cash assistance is the preferred response to modality, enabling households to meet their most urgent needs with dignity and flexibility. In contexts where cash delivery is not feasible, in-kind assistance may be provided by National Societies with the necessary capacity. Multipurpose cash for basic needs is complemented by targeted sectoral support for food security, health & nutrition, and WASH. SRCS will maintain a risk register and ensure mitigation measures are in place for this.

	Livelihoods	Female > 18: 28,530	Female < 18: 18,028	6,254,000 CHF
		Male > 31,522	Male < 18: 11,920	Target: 90,000 people

Objective: To protect, restore and diversify livelihoods through anticipatory action, emergency support, and recovery support that reduces reliance on negative coping strategies

Priority Actions:

SRCS will support farming, fishing, and pastoralist communities through integrated, climate-smart interventions that protect household incomes and promote environmental sustainability. Activities include distributing agricultural inputs, providing training in sustainable practices, and equipping fishing communities

with tools and upgraded market infrastructure. Livelihood diversification will be promoted through vocational training and small business support. For pastoralists, SRCS will facilitate livestock restocking, emergency feed and water access, and rehabilitate nearby water facilities. All interventions will be monitored at the community level to ensure impact and sustainability.

Immediate livestock management support

- Facilitate livestock restocking for pastoralist households.
- Enable access to emergency feed and water supply for livestock.
- Ensure rehabilitation of water facilities in proximity to pastoralist communities.

Durable solutions for farming, fishing and pastoralist communities

- Distribute agricultural inputs including drought resistant seeds, hand tools and organic fertilizers to farming households ahead of planting seasons
- Provide training in climate-smart agriculture, pest control, post-harvest handling, ploughing hours, and sustainable land use practices
- Providing small fishing boats, nets, hooks and lines for fishing communities
- Enhance infrastructure capacity of the existing fishing markets including solarization, roofing, cold chains, etc.
- Promote livelihood diversification through market-based approaches, vocational training, and support for small-scale businesses
- Implement environmentally friendly practices to protect farms and reduce land degradation
- Monitoring and supervising the livelihood activities at the community level

	Shelter	Female > 18: 42,010	Female < 18: 22,790	787,000 CHF
		Male > 18: 28,451	Male < 18: 14,749	Target: 108,000 people

Objective:	Provide safe, dignified and appropriate shelter solutions for displaced households or affected by the complexity of the situation
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Indicators	Target
# of people reached with shelter support.	108,000 (48,000 PL, 60,000 SL)


Priority Actions:

SRCS will provide basic shelter support to people on the move, ensuring safe, dignified and appropriate solutions for displaced households particularly pastoralists seeking shelter, water, seeking livestock fodder and healthcare, or those fleeing conflict.

Immediate basic shelter and essential household items support

- Distribute shelter kits and EHIs such as tarpaulins, sleeping mats, blankets, kitchen sets and jerry cans to households displaced by drought, food insecurity, or disease outbreaks.

PILLAR 2: HEALTH & NUTRITION

	Health & Care	Female > 18: 265,200	Female < 18: 142,800	1,517,000 CHF
		Male > 18: 37,679	Male < 18: 64,321	Target: 510,000 people

Objective:	To ensure access to essential health services for affected communities, with a focus on maternal and childcare, as well as nutrition services in underserved areas
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Priority Actions:

SRCS will scale up access to essential health services in underserved and crisis-affected areas through the deployment of 17 integrated mobile clinics—12 in Somaliland and 5 in Puntland. These mobile and static clinics will deliver a comprehensive package of services including preventive care, treatment, health education, nutrition screening, immunizations, antenatal and postnatal care, and mental health and psychosocial support (MHPSS) all integrated into community health systems, while also building long-term capacity to strengthen community resilience against future health shocks.

Special focus will be placed on pregnant and lactating women, children under five, and vulnerable adults. Community-based screening and referral systems will be reinforced to support children affected by malnutrition, with follow-up and defaulter tracing to ensure continuity of care. Health and hygiene promotion activities aim to prevent childhood illnesses and disease outbreaks, particularly in areas where malnutrition and infectious diseases are closely linked. SRCS will also collaborate with partners to ensure access to nutritional supplements and strengthen the capacity of health staff and volunteers for effective case management. These integrated health and nutrition interventions will anchor a community-driven, preventive approach—reducing vulnerability and building long-term resilience across targeted regions.

Mental Health and psychosocial support

- Conduct training in psychological first aid and supportive communications for volunteers, health and community workers as well as first line responders/disaster response
- Provide basic PSS to affected people
- Develop effective collaboration between mental health and psychosocial actors, community members, and other stakeholders
- Integrate MHPSS and staff & volunteer care measures, including regular peer support, buddy-systems, supervision, psychological first aid (PFA) training, and opportunities for rest and reflection.

Immediate community and primary health care

- Deploy mobile health clinics to remote and underserved communities, focusing on immunization, antenatal/ postnatal care, treatment of minor ailments, and nutrition screening. Coordinate with health authorities and other actors to align mobile services with overall health priorities and ensure coverage in high-risk areas. Procure OPD kits for the integrated mobile clinics.
- Support safe motherhood (Ante-Natal Care, Delivery, and Post-Natal Care) with the provision of services including consultation, vaccination, supplements, and referral of complicated cases to the hospitals.
- Promote community health education and awareness on hygiene, nutrition, and disease prevention, with focus on strengthening community resilience through effective risk communication and community engagement (RCCE).
- Enhance health education on prevention and early health seeking behaviours for diarrheal disease in children, while raising awareness on opportunities offered by the MPC to increase access to prevention, curative, and delivery services across the life course, thus reducing the health risk of complicated SAM and obstetric emergencies etc.
- Strengthen referral and follow up mechanism within mobile health outreach interventions to ensure that all the identified cases including malnutrition, maternal health concerns, and other medical needs receive timely and appropriate prevention, curative specialized care.

Immediate nutrition support

- Conduct mother-let MUAC screening campaigns to detect malnutrition early and promote community ownership of health monitoring. Provide referral support for severe cases of malnutrition and illness to nearby health facilities
- Alongside the screening for signs of acute malnutrition at community level, conduct the search of unvaccinated children including zero dose children and referral for immunization services
- Provide nutritional education and promote Infant and Young Child Feeding practices to mothers and caregivers. Promotion of exclusive breastfeeding up to 6 months and appropriate complementary feeding for up to 2 years, to monitor their growth.

Durable solutions for health services

- Enhanced early detection and community resilience to climate-related health risks through a strengthened community-based climate and disease surveillance system
- Improve environmental sustainability of operations and infrastructure by promoting green response practices.
- Healthcare professionals will be equipped with the necessary skills to prepare for, prevent, and intervene in health issues arising from climate change and extreme weather events.
- Resilient communities are engaged and prepared to cope with climate change - organizing workshops, meetings, and campaigns to raise awareness about climate-related health risks and the importance of preparedness.

PILLAR 3: WATER, SANITATION AND HYGIENE (WASH)

	Water, Sanitation and Hygiene	Female > 18: 187,651	Female < 18: 112,349	6,221,000 CHF
		Male > 18: 124,513	Male < 18: 75,487	Target: 500,000 people

Objective: To improve access to safe water and sanitation, reduce disease risks, and promote hygiene practices in affected communities

Priority Actions:

SRCS will deliver a comprehensive WASH response to meet urgent needs and build long-term resilience in underserved and high-risk communities. Interventions will focus on IDPs, schools, and rural populations, improving access to safe water through the construction and rehabilitation of berkedes, shallow wells, and sand dams—integrated with solar-powered systems where feasible. Hygiene and dignity kits will be distributed, and community-led hygiene promotion campaigns will help reduce disease risks and improve sanitation practices. These efforts aim to ensure sustained access to clean water, improved sanitation, and strengthened hygiene behaviours for healthier, more resilient communities.

Immediate safe water and hygiene promotion support

- Distribute hygiene kits to households and schools, including soap, jerry cans, and dignity kits.
- Conduct community-led hygiene promotion campaigns, using culturally appropriate messaging and communication channels.
- Distribute, train, and sensitize communities on the use of water treatment chemicals, and monitor their utilization.
- Provide water trucking where no alternatives exist.


Durable solutions for community water infrastructure


- Rehabilitate and construct water infrastructure including berkedes, shallow wells, sand dams, with solar-powered pumps where feasible
- Ensure water points are equipped with fencing and drainage systems to prevent contamination and protect infrastructure
- Installation of irrigation systems – linked with strengthening livelihoods
- Construct water preservation – rainwater harvesting systems.

Durable solutions for schools


- Roll out a WASH campaigns in schools.
- Distribute hygiene kits, dignity kits and jerry cans in schools.
- Train female schoolteachers on the safe use of MHM kits to cascade to schoolgirls
- Support vulnerable communities and their schools with latrines to reduce open defecation. Including gender-segregated community latrines

PROTECTION AND PREVENTION (Protection, Gender & Inclusion (PGI); Community Engagement & Accountability (CEA); Disaster Risk Reduction (DRR); Environmental Sustainability)

	Protection, Gender and Inclusion	Female > 18: 187,651	Female < 18: 112,349	352,000 CHF
		Male > 18: 124,513	Male < 18: 75,487	Target: 500,000 People
Objective:		To ensure equitable access to assistance and safeguard the dignity, safety, and rights of vulnerable groups, including women, children, and persons with disability		
Priority Actions:				
<p>PGI will be mainstreamed across all response activities to ensure dignity, access, participation, and safety for all, with a particular focus on vulnerable and marginalized groups. The approach aligns with the IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies and contributes to a safe, inclusive, and accountable response.</p> <ul style="list-style-type: none"> • Ensure emergency response activities are inclusive, non-discriminatory, and accessible to all, especially those most at risk. • Conduct Gender Analysis to inform the response. • Prevent and respond to gender-based violence (GBV), child protection concerns, and other forms of violence or exploitation. • Establish and strengthen referral pathways for survivors of violence and those in need of specialized services. Conduct awareness sessions on GBV services available and reporting mechanisms. • Distribute Dignity Kits tailored to the needs of women and girls • Strengthen the capacity of staff and volunteers to identify and address protection risks and survivor centred approach. • Integrate safeguarding measures to prevent sexual exploitation, abuse, and harassment (PSEAH) across all operations. Dissemination sessions, IEC materials developed on safeguarding. CoC and PSEA signature and Briefing to all staff and volunteers in the operation and Training on sensitive feedback. 				

	Community Engagement and Accountability	Female > 18: 187,651	Female < 18: 112,349	107,000 CHF
		Male > 18: 124,513	Male < 18: 75,487	Target: 500,000 people
Objective:		To ensure transparency, inclusivity, and community ownership throughout the operational process.		
Planned Actions:				
<p>CEA will be embedded across all response activities to ensure affected communities actively shape and strengthen the response. SRCS will promote inclusive participation, transparent communication, and responsive feedback mechanisms. Staff and volunteers will be equipped with tools and training to engage effectively, while regular community surveys will guide service delivery and adaptation. These efforts will foster community ownership, improve accountability, and support long-term resilience.</p> <ul style="list-style-type: none"> • Train SRCS staff and volunteers on key CEA principles like respectful communication, listening skills, and accountability standards. • Use existing context analysis to leverage community structures, groups, power dynamics, capacities, social and cultural values, vulnerabilities and needs. 				

- Strengthen community feedback mechanisms, including help desks, toll-free hotlines, and mobile feedback teams. Ensure feedback is systematically collected, analyzed, and used to adapt programming and improve service delivery.
- Conduct regular sensitization meetings to engage communities in targeting, verification, and implementation process.
- Use preferred communication channels to disseminate early warning messages and updates on services.
- Encourage and support community-driven solutions to challenges, providing resources and technical assistance where needed, while validating and incorporating traditional knowledge and practices into the operation.

	Risk Reduction, climate adaptation and Recovery	Female > 18: 187,651	Female < 18: 112,349	1,624,000 CHF
		Male > 18: 124,513	Male < 18: 75,487	Target: 500,000

Objective: To reduce vulnerability to climate-induced shocks and support long-term resilience through proactive and recovery-oriented interventions.


Priority Actions:

This operation will contribute to the disaster preparedness of communities through community-based disaster risk reduction activities that will be carried out by leveraging findings from existing risk assessments and community action plans. Training community members in first aid, disaster preparedness and response, and strengthening multi-hazard early warning systems will contribute to reducing risks and enhancing their preparedness. Institutional preparedness of the SRCS for preparedness and responding to disasters will be an essential element in reducing risks in vulnerable regions. As such, the operation will ensure that the SRCS's national and branch disaster response teams strengthen their skills and leverage their respective preparedness and contingency plans.

- Use existing EVCA data to guide preparedness planning and seasonal contingency planning.
- Activate and train community-based disaster response teams, equipping them with basic tools and knowledge for early action.
- Link recovery efforts to long-term programming in health, WASH, livelihoods, and DRR to ensure continuity and sustainability.

Anticipatory action:

- Target communities at risk of imminent shocks such as drought or disease outbreaks, to reduce impact through early interventions
- Establish early warning mechanisms and foster anticipatory planning.
- Disseminate early warning messages aligned with seasonal forecasts, starting with current forecast for below-average OND Deyr rains, using trusted community channels.
- Trigger available Early Action Protocols where such as drought and cholera.

	Environmental Sustainability	Female > 18: 17,891	Female < 18: 15,109	1,534,000 CHF
		Male > 18: 18,541	Male < 18: 8,459	Target: 60,000 People

Objective: To enhance environmental sustainability by protecting natural resources, restoring degraded ecosystems and embedding sustainability into all sectors of the response, to contribute to long-term climate adaptation

Priority Actions:

SRCS will promote climate-conscious practices across all sectors and will support community-led natural resource management to build long-term resilience. Activities include tree planting, soil erosion control through gabions and terraces, and sustainable land and water use integrated into livelihoods and WASH programming. Infrastructure projects will be designed to minimize environmental impact and enhance climate adaptation. Communities will be actively engaged in environmental stewardship, linking recovery to durable solutions.

- Implement tree planting campaigns, especially in areas affected by deforestation and land degradation.
- Construct gabions and terraces to prevent soil erosion and improve water retention.
- Promote sustainable land and water use practices within livelihoods and WASH programming.
- Promote climate-smart agriculture, including crop diversification, soil conservation, and water-efficient practices.
- Implement ecosystem restoration activities, such as reforestation and sustainable grazing management.
- Ensure infrastructure projects (e.g., water points) are designed to minimize environmental impact and enhance resilience to future climate shocks.
- Engage communities in environmental awareness and stewardship, linking recovery to long-term adaptation goals.

ENABLING APPROACHES (National Society Strengthening, Coordination & Partnerships and Secretariat Services)

	National Society Strengthening	Female > 18: 5,940	Female < 18: 5,940	1,259,000 CHF
		Male > 18: 5060	Male < 18: 5060	Target: 22,000 people

Objective: To enhance SRCS's institutional and operational capacity for effective humanitarian response and long-term resilience

Priority Actions:

The approach to National Society strengthening under this Emergency Appeal is twofold: a) To ensure that the necessary capacities are in place to implement response and preparedness activities through reinforced National Society branches; and b) To contribute to the longer-term National Society Development Plan. To strengthen the effectiveness and resilience of the Somali Red Crescent Society (SRCS), a comprehensive approach is being undertaken across digital systems, human resource development, and disaster preparedness. This approach is further strengthened by the National Society Investment Framework (NSIF), which prioritizes targeted support through the NSIF Dashboard. The framework enhances strategic coordination and ensures coherent engagement across the IFRC membership.

Strengthen National Society disaster management capacity

- Upgrade branch-level infrastructure, including office facilities, vehicle fleets, and warehouses.
- Reinforce disaster preparedness systems at both national and branch levels through contingency planning, simulation exercises, and regular reviews.
- Maintain and expand disaster preparedness stocks to ensure timely and effective response.
- Enhance the capacity of SRCS National Disaster Response Teams (NDRTs) through specialized training and deployment exercises.
- Provide targeted training for selected branches on the structure, roles, and functioning of Emergency Operations Centres (EOCs).

Volunteer, Youth and Staff Development

- Strengthen volunteer support structures, including training, equipment, and psychosocial support.
- Strengthen the National Society's youth structures and promote their integration in the operation
- Provide staff training in emergency response, coordination, PGI, CEA, and technical sectors.

Digital transformation

- Invest in information management systems, including data collection, analysis, and reporting tools to support evidence-based decision-making.
- Enhance digitalisation and digital transformation for IM and IT between headquarters and branches.
- Upgrade digital tools and strengthen reporting, financial, procurement, and warehouse systems, including procuring additional licenses if required.
- Enhance mobile data collection capacity for community feedback, rumour tracking, assessments, and operational monitoring to improve real-time decision-making and information sharing.

PMER/MEAL and information management

- Support the National Society in producing analysis and evaluations that inform advocacy resource mobilization and programming.
- Streamline data collection and reporting processes to ensure timely and accurate data
- Facilitate branch-level, after-action reviews and lessons learned workshops to institutionalize response knowledge and strengthen future preparedness.



Coordination and Partnerships

Objective:

To ensure harmonized, efficient, and inclusive humanitarian action through strategic collaboration with Movement partners, local authorities, and other humanitarian actors

Priority Actions:

Effective coordination and collaboration are central to the success of the SRCS-led response. Through strong membership coordination, IFRC, and in-country Partner National Societies (PNSs) provide tailored technical, financial, and in-kind support based on their expertise and capacity, aligned under the Ways of Working approach. In parallel, SRCS actively engages with external partners—including government ministries, humanitarian clusters, and UN agencies—to ensure interventions are harmonized with national priorities, avoid duplication, and reflect community needs. Movement cooperation is reinforced through regular operational coordination guided by the Movement Coordination Agreement and the Seville Agreement 2.0, ensuring a unified and effective response across all partners.

Membership Coordination

- The, IFRC, and in-country PNSs (British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Icelandic Red Cross, Norwegian Red Cross, Qatar Red Crescent and Türk Kızılay) support the SRCS based on their area of expertise and available capacity, including technical, financial, and in-kind support.
- Ways of Working approach: Engage with IFRC Network members with a presence in the country contributing to the operation to ensure a unified response, using existing Membership Coordination platforms established at the country level under the leadership of the National Society.
- Facilitate information sharing and joint operational and financial planning to complement efforts.

Engagement with external partners

- Collaborate with local authorities, including Ministries of Health, Agriculture, Water, and Disaster Management, to align interventions with national and regional priorities
- Engage with humanitarian clusters, inter-agency coordination platforms, and sectoral working groups to avoid duplication, promote complementarity, and leverage technical expertise.

- Proactively engage with key stakeholders to build or reinforce partnerships that can mobilise resources and expertise, including outreach to the private sector and non-traditional donors for financial contributions and in-kind support.
- Participate in joint assessments, information sharing, and response planning with UN agencies, NGOs, and local coordinating authorities.
- Advocate for the needs and priorities of affected communities in external coordination forums, ensuring community perspectives are well represented.

Movement Cooperation

- SRCS ensures regular operational coordination with IFRC, ICRC, and participating National Societies, for the alignment of support and action among Movement partners. This is guided by the Movement Coordination Agreement signed by partners, and in line with the Seville Agreement 2.0



**IFRC Secretariat
Services**

866,000 CHF

Objective: To ensure an effective and coordinated international response

Priority Actions:

To ensure a coordinated, accountable, and impactful response, the IFRC and SRCS are implementing a range of strategic and operational support measures. These include strengthening partnerships and resource mobilization efforts to secure financial and technical backing, while maintaining transparent donor engagement. Risk management systems are being reinforced to safeguard operations and ensure business continuity. Logistics support is being scaled up to streamline procurement, supply chain coordination, and in-kind mobilization. Human resource development is prioritized to enhance the capacity of both IFRC and SRCS teams. Communications efforts are being expanded to raise visibility, manage reputational risks, and recognize partner contributions. Information management and data systems are being upgraded to enable real-time analysis and informed decision-making. Finally, robust PMER frameworks are being applied to monitor progress, evaluate impact, and ensure accountability across all levels of the response.

This will include:

Strategic Partnerships & Resource Mobilization (SPRM)

- **SPRM Coordination:** IFRC will support the Emergency Appeal by coordinating with Movement partners, governments, and donors, including pledge registration and management.
- **Resource Mobilization:** Leverage existing and new relationships to secure financial and technical support, including Islamic philanthropy/financing and diaspora support. **Proposal Development:** Prepare high-quality proposals in the priority thematic areas that clearly outline the situation, needs, and potential impact of donor support.
- **Donor Engagement:** Maintain regular communication and updates to donors and partners to ensure continued engagement and accountability.
- **Partnerships:** Organize partner calls, field visits, and donor meetings—both locally and at Geneva/regional levels—and engage with key government donor missions.

Risk management

- IFRC will support SRCS in the implementation of a coordinated approach to accountability (including Safeguarding), risk management and reporting.
- IFRC Secretariat will support SRCS business continuity plan, including the ongoing strengthening of the National Society human resources and infrastructure.
- Continually track already identified and emerging risks, ensuring continuous operational implementation.
- Put in place effective action plans to address these with mitigating measures.

Logistics

- **Mobilization Coordination:** Update the mobilization table in close collaboration with SRCS to secure in-kind donations aligned with operational needs.

- Supply Chain Support: Provide hands-on support to the SRCS Logistics Team to coordinate the supply chain and ensure timely delivery of relief items to affected areas.
- Procurement Assistance: Support both international and local procurement processes as needed.
- Capacity Building: Strengthen SRCS logistics capacity through targeted training for staff and volunteers.
- Bilateral In-kind Operations: Assist in coordinating bilateral logistics, including warehouse rentals and onward mobilization to target locations.

Human resources – surge deployments

IFRC Team Capacity Strengthening: Enhance the in-country IFRC team's ability to effectively support SRCS operations.

- Human Resource Development: Promote the use and development of human resources across Partner National Societies (PNSs) through the Federation-wide Appeal, building on initial contributions to humanitarian analysis and expanding as operations scale up.
- Surge deployments: Recognising the current in-country capacity of the National Society, IFRC Delegation, and PNSs, mobilise complementary global and regional surge personnel, including technical specialists and support staff, to reinforce the SRCSs capacity for the response and overall coordination.

Communications

- Public Communications & Visibility: Scale up global communications to ensure accurate, timely visibility of IFRC and SRCS operations—supporting fundraising and positioning efforts through enhanced social media and media engagement.
- Reputation Management: Proactively anticipate, mitigate, and respond to reputational risks in the public domain.
- Partner & SRCS Recognition: Elevate SRCS's profile as a key local humanitarian actor and ensure all supporting partners are acknowledged and well-positioned.

IM and data analysis

- Scale Up Information Management: Enhance disaster management data systems through the NS Emergency Operations Centre, improving analysis and decision-making.
- Real-Time Community Insights: Coordinate visualization of community data and trends to identify gaps and needs and inform response through feedback systems like call centres.
- Information Management Capacity Building: Support SRCS in strengthening data management and developing digital tools to improve the speed, quality, reach, and impact of humanitarian services.

Planning, Monitoring, Evaluation & Reporting (PMER)

- Support Federation-wide PMER: Strengthen planning, monitoring, evaluation, and reporting systems across the Federation and National Society, contributing to long-term capacity building and donor accountability.
- Monitoring & Evaluation: Conduct regular monitoring, post-distribution assessments, and a midterm evaluation to track progress and guide future programming.
- Final Evaluation & Follow-up: Lead the end-of-operation evaluation and establish mechanisms to implement key recommendations.
- Data Collection & Analysis: Set up structured quantitative and qualitative monitoring systems to track reach and impact.
- Ongoing Planning & Reporting Support: Ensure consistent and effective support for planning and reporting processes.

Security:

- A security delegate is in place with duty station Hargeisa, Somaliland.
- The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Level 1-3. Insurance of volunteers involved in the operation should be ensured.

Risk management

IFRC is taking a proactive approach to risk management, applying structured controls to enhance operational efficiency and effectiveness. Guided by the IFRC Risk Management Policy and Framework, the plan includes clear procedures for risk identification, reporting, and mitigation, with defined roles and responsibilities across the Emergency Appeal.

Operational teams, supported by risk champions and managers, will maintain a country-level risk register, reviewed monthly by the regional risk coordinator. Security measures are also prioritized, with a Security Risk Assessment completed and mitigation strategies in place. All IFRC personnel must comply with Minimum Security Requirements and are encouraged to complete Stay Safe e-learning courses.

Risk	Likelihood	Impact	Mitigating actions
Escalation of conflict or inter-clan tensions in affected areas may disrupt operations	High	High	<ul style="list-style-type: none"> Conduct regular context analysis Maintain flexible operational and contingency plans IFRC Regional and Global Security Units will coordinate with IFRC HoD to identify and support additional safety and security needs.
Secondary displacement due to another failed rainy season or unmet needs increases pressure on host communities and services	High	High	<ul style="list-style-type: none"> Monitor displacement trends and integrate mobility data into planning Coordinate with local actors to adjust coverage as needed
Uneven branch coverage could affect delivery speed and quality	Medium	Medium	<ul style="list-style-type: none"> Invest in branch capacity strengthening Prioritize high-need areas based on operational feasibility
Staff shortages and safety concerns in remote areas delay implementation	Medium	Medium	<ul style="list-style-type: none"> Ensure safety protocols and support Use mobile teams to reach underserved areas
Exclusion of vulnerable groups due to targeting issues or social bias	Low	High	<ul style="list-style-type: none"> Use intersectional vulnerability analysis and community feedback to refine targeting and delivery modalities
Protection risks, especially for women, children, and persons with disabilities	Medium	High	<ul style="list-style-type: none"> Integrate protection across activities Train staff and volunteers on key principles for PGI Coordinate with protection actors working in the communities
Modality mismatch (e.g. CVA in non-functional markets) reduces impact and creates frustration	Low	High	<ul style="list-style-type: none"> Use market functionality and community preferences to guide delivery modality selection Monitor and adapt delivery models.
Community distrust or negative media coverage undermines credibility and access	Medium	High	<ul style="list-style-type: none"> Maintain transparent communication and engagement with communities Respond swiftly to any concerns or complaints raised
Perceived inequity in targeting leads to tensions or disengagement	Low	High	<ul style="list-style-type: none"> Ensure inclusive/ community-led targeting and transparent delivery Use feedback mechanisms to adjust and explain decisions
Risk of SEA or harassment	High	High	<ul style="list-style-type: none"> Train staff and volunteers on safeguarding Ensure people are aware of reporting and response mechanisms

			<ul style="list-style-type: none"> • Signature of CoC and PSEA Policy for all staff and volunteers • Mandatory briefing on safeguarding to all staff and volunteers • Gender and disability Reporting channels established
Lack of awareness or reporting channels prevents timely response to safeguarding violations	Medium	High	<ul style="list-style-type: none"> • Raise awareness of reporting channels through community outreach • Ensure safe and accessible reporting pathways
Failure to align with donor expectations, National Society priorities, or community needs may jeopardize funding, partnerships or relationships with communities	Low	High	<ul style="list-style-type: none"> • Ensure strategic coherence through regular stakeholder engagement and alignment with national and donor frameworks, as well as community needs

Quality and accountability

To ensure transparency and collective accountability, IFRC will lead Federation-wide reporting for the emergency response, showcasing the unified efforts of the IFRC membership in delivering humanitarian assistance to affected communities. The IFRC will facilitate a Federation-wide approach to strengthen the SRCS PMER unit, providing support and training in data quality, ethics, management, planning, monitoring, and reporting. Various reporting tools, including situation reports and operational updates, will be consistently used to promote transparency, document actions, inform decision-making, engage affected communities, and ensure accountability to donors and partners. Documentation, including reports and photographs, will serve as evidence of aid distribution and community feedback, supporting monitoring, evaluation, legal compliance, and advocacy efforts.

Working alongside National Societies, the IFRC will conduct continuous monitoring at the country level, including regular updates on the operational risk register, ensuring timely adaptation of the operation and consistent reporting on progress. Indicators are based on the IFRC network Indicator Bank, a live repository of standardized indicators for use by the IFRC and 191 Red Cross Red Crescent-National Societies.

Outcome/output	Indicators	Target
Integrated Assistance		
Shelter		
Outcome 1: Displaced households and those affected by the complexity of the situation are supported with safe, dignified, and context-appropriate shelter solutions that meet their immediate needs.	Percentage of targeted displaced households provided with emergency or transitional shelter solutions that meet minimum safety, dignity, and adequacy standards.	85%
Output 1.1: Emergency and transitional shelter materials (e.g., tarpaulins, shelter kits) and essential household items are distributed to targeted displaced households.	Number of displaced people receiving emergency shelter materials and or essential household items.	108,000 (48,000 PL, 60,000 SL)
Output 1.2: Technical support and guidance on safe shelter construction and site planning are provided to affected communities.	Number of individuals trained or reached with shelter construction and site planning guidance.	18,000
	Number of the SRCS Train SRCS staff and volunteers on shelter construction to support vulnerable people in setting up shelters.	240
Food security		
Outcome 2: Livelihoods are protected, restored, and diversified through anticipatory action, emergency assistance, and recovery support,	Percentage of targeted households reporting improved livelihood security and reduced use of negative coping	80%

reducing reliance on negative coping strategies and enhancing household resilience.	strategies (e.g., selling productive assets, reducing meals, child labour).	
Output 2.1 Improved agricultural and fishing practices: Distribution of inputs, training in climate-smart and sustainable practices, and upgraded market infrastructure.	Number of households reached with essential on-farm and off-farm inputs/materials/tools for agricultural/food production.	17,700 (7,500 PL, 10,250 SL)
	Number of beneficiaries received fishing input tools (small boats, fishing gears and tools)	85 (55 PL, 30 SL)
	Number of households provided with livestock through restocking,	2,500 (1,250 SL, 1,250 PL)
	Number of households with access to emergency feed and water supply for livestock.	2,500 (1,250 SL, 1,250 PL)
Output 2.2 - Enhanced livelihood diversification and income opportunities: Vocational training, small business support, and promotion of alternative income sources	Number of people provided or supported with formal or informal technical, vocational or professional education or training opportunities - in climate-smart agriculture, pest control, post-harvest handling, ploughing hours, and sustainable land use practices.	15,000 (7,500 PL, 7,500 SL)
	Number of households supported to start or improve their income generation activities.	2,500 (1,250 PL, 1,250 SL)
CVA		
Outcome 3: Crisis-affected households meet their immediate basic needs and strengthen their resilience through access to Multi-purpose Cash (MPC) and complementary services	Percentage of targeted crisis-affected households that meet their basic needs through Multi-purpose Cash (MPC) assistance and report improved coping capacity due to access to complementary services.	80%
Output 3.1: Targeted vulnerable households receive timely and adequate Multi-purpose Cash (MPC) transfers to meet essential needs such as food, water, healthcare, and shelter.	Number of people provided with unconditional cash assistance.	78,000 (39,000 PL, 39,000 SL)
	Percentage of households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket).	85%
	Percentage of beneficiaries satisfied with the overall cash assistance process	90%
Health and Care and Nutrition		
Outcome 4: Affected communities, particularly in underserved areas, have sustained access to essential health services, with a strong focus on maternal and child healthcare as well as nutrition support.	Percentage of targeted population in underserved areas accessing essential health, maternal and child healthcare, and nutrition services on a regular basis.	80%
Output 4.1 Mental Health and psychosocial support - Psychosocial support provided to the target population as well as to RCRC volunteers and staff.	Number of people in the targeted population provided with psychosocial support services.	2,000 (500 PL, 1500 SL)
	Number of RCRC volunteers and staff provided with psychosocial support services	300 (100 PL, 200 SL)
Output 4.2 Community and Primary Health care - Mobile health teams deliver comprehensive, integrated health and nutrition services, to vulnerable groups in targeted regions of Somaliland and Puntland.	Number of vulnerable individuals reached by mobile health teams with integrated health and nutrition services in targeted regions of Somaliland and Puntland.	500,000 (200,000 PL, 300,000 SL)
	Number of mobile health service units functional to provide quality primary health care.	17 (5 PL, 12 SL)
	Number of people reached with health promotion as a response to an emergency by community-based volunteers.	500,000 (200,000 PL, 300,000 SL)
	Number of people reached, assisted by the National Society, with immunisation through routine services.	25,500 (7,500 PL, 18,000 SL)
	Number of people supported with safe motherhood services (Ante-Natal Care, Delivery, and Post-Natal Care).	TBC
	Number of OPD kits procured and distributed to clinics	30

Output 4.2: Affected communities, particularly in underserved areas, have sustained access to essential nutrition support.	Percentage of cases of acute malnutrition identified through volunteer screenings referred for treatment.	20%
	Number of children screened for malnutrition status	TBC
WASH		
Outcome 5: Access to safe water, improved sanitation, and hygiene practices is enhanced in affected communities, contributing to reduced disease risks and improved public health outcomes.	Percentage of households in targeted communities with sustained access to safe drinking water, improved sanitation facilities, and practicing key hygiene behaviours (e.g., handwashing with soap at critical times).	80%
Output 5.1 Vulnerable and hard-to-reach communities have improved and sustainable access to safe water through the construction or rehabilitation of boreholes, berkedes, shallow wells, and sand dams, integrated with solar-powered systems.	Number of people provided with improved access to safe and sustainable water sources (disaggregated by sex, age, and location).	500,000 (230,000 PL 270,000 SL)
	Number of safe and accessible water infrastructure, water points for cooking and drinking water which are culturally appropriate, constructed or rehabilitated, including earth dams.	126 (40 PL, 86 SL)
	Percentage of target population whose state are satisfied with their access to water and sanitation facilities	80%
	Number of water pumps or other infrastructure using solar power or other renewable energy for agriculture/irrigation purposes.	55 (15 PL, 40SL)
Output 5.2 Vulnerable households receive hygiene and dignity kits, while community-led hygiene promotion campaigns strengthen positive sanitation and hygiene behaviours to reduce disease risks	Number of people covered with hygiene promotion activities.	500,000 (230,000 PL 270,000 SL)
	Number of families supported with WASH NFIs	5,000
	Number of family hygiene kits distributed	600
Output 5.3: Support schools with water and sanitation facilities.	Number of sanitation facilities constructed or rehabilitated.	320 (250 PL, 70 SL)
	Number of gender-segregated community latrines	350
	Number of menstrual hygiene packages distributed in schools	600
Protection and Prevention		
PGI		
Outcome 6: Communities are empowered to identify and respond to the distinct needs of the most vulnerable, including disadvantaged and marginalized groups, through inclusive and protective approaches that promote dignity, equity, and safety.	Percentage of community-led initiatives or mechanisms that actively include and address the needs of vulnerable, disadvantaged, and marginalized groups.	80%
Output 6.1: Protection, gender, and inclusion are systematically integrated across all program interventions to safeguard the dignity, safety, and rights of affected populations and ensure that no one is left behind.	Number of people reached by protection, gender and inclusion programming.	500,000 (200,000 PL, 300,000 SL)
	Number of staff and volunteers trained to apply the PGI Minimum Standards in emergency and development programming, disaggregated by sex, age, and disability	300 (120 PL 180 SL)
	Number of people who received dignity Kits which GBV awareness sessions and MHM	7,000 (3,000 PL, 4,000 SL)
Output 6.2 PSEA - Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children	Percentage of volunteers and staff trained on PSEA and basic SGBV awareness and survivor-centred response, including receiving and managing sensitive SGBV (including safeguarding)-related disclosures	100%
CEA		
Outcome 7: People and vulnerable communities affected by the complex situation are empowered to meaningfully participate in decisions that impact their lives and trust the IFRC network to act in their best interests through	Percentage of people surveyed who feel the National Society's services meet their most important needs and provide useful support	80%
	Number of staff, and volunteers trained on community engagement and accountability	500 (300 SL, 200 PL)

transparent, inclusive, and accountable engagement mechanisms.	Number of people reached through methods that enable communities to participate in the planning and management of services, programmes, and operations	500,000 (200,000 PL, 300,000 SL)
Output 7.1: Feedback Mechanisms Number and type of methods established to collect feedback from the community.	Percentage of operational feedback received and responded to by the National Society.	80%
	The National Society has a functioning feedback mechanism in place for the whole organisation	2
	Number of methods established to communicate with communities on what is happening in the organisation, programme, and operation, including selection criteria if these are being used.	4
Risk Reduction, climate adaptation and Recovery		
Outcome 8. Vulnerability to climate-induced shocks is reduced and long-term community resilience is strengthened through proactive, adaptive, and recovery-oriented interventions.	Percentage of targeted households reporting improved capacity to anticipate, absorb, and recover from climate-induced shocks.	60%
	Number of people reached with disaster risk reduction.	500,000 (200,000 PL, 300,000 SL)
	Number of community disaster response teams (CDRT) trained.	9 (3 PL, 6 SL)
Environmental Sustainability		
Outcome: Environmental sustainability is enhanced through the protection of natural resources, restoration of degraded ecosystems, and integration of sustainable practices across all sectors of the response, contributing to long-term climate adaptation.	Percentage of response interventions that integrate environmental sustainability and natural resource protection measures.	60%
	Number of trees planted for climate change adaptation, mitigation and/or to reduce disaster risk.	9,000 (3,000 PL, 6,000 SL)
	Number of soil erosion control and water retention structures constructed.	9 (3 PL, 6 SL)
	Number of people reached by public campaigns involving clean-up, recycling or urban greening.	18 (6 PL, 12 SL)
Enabling Approaches		
Partnerships and Coordination		
Outcome 8: Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners.	Number of regular coordination mechanisms with all Movement partners	2
	Number of Partners meeting to brief on the Appeal	2
	Number of Donors meeting to brief on the Appeal	2
	Number of Movement Coordination meetings in line with the MCA	Monthly
National Society Development		
Outcome 9: National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised	The National Society is part of government-led emergency coordination platforms	Yes
Output 9.1: National Society is engaged in structured preparedness and capacity building processes.	The National Society is part of the country, interagency, and international community's official emergency response coordination platforms	Yes
	Number of branches with enhanced disaster and crisis response capabilities	9
	Number of branches supported to be ready to respond to disasters.	9
	Percentage of volunteers provided with equipment for protection, safety and support appropriate to the emergency	85%
	Percentage of digitalisation and digital transformation achieved for Information Management (IM) and	100%

	Information Technology (IT) systems between headquarters and branches	
Secretariate Services		
Outcome 10: IFRC Secretariat Services Effective and coordinated disaster response is confirmed.		
Output 10.1: Agility and Accountability the IFRC strengthens its effectiveness, credibility, and accountability.	The resource mobilisation strategy has been developed	1
	The communications strategy has been developed	1
	Percentage of financial reports compliant with IFRC procedures	100%
	Percentage of PNS reporting within a Federation Wide PMER structure	100%
	The National Society has a risk management framework in place	1
	Percentage of financial reports compliant with IFRC financial procedures and standards	100%
	Number of technical and monitoring visits conducted	12
	Number of surges profiles deployed	3

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement 25 million CHF	IFRC Secretarian Funding Requirement in support of the Federation Wide funding ask 15 million CHF
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*For more information on Federation-Wide funding requirement, refer to section: Federation-wide Approach



OPERATIONAL STRATEGY

MDRSO25 - Somali Red Crescent Society (SRCS) Somalia Complex Emergency

FUNDING REQUIREMENTS

Planned Operations	22,875,000
Shelter and Basic Household Items	787,000
Livelihoods	6,254,000
Multi-purpose Cash	4,479,000
Health	1,517,000
Water, Sanitation & Hygiene	6,221,000
Protection, Gender and Inclusion	352,000
Risk Reduction, Climate Adaptation and Recovery	1,624,000
Community Engagement and Accountability	107,000
Environmental Sustainability	1,534,000
Enabling Approaches	2,125,000
Coordination and Partnerships	0
Secretariat Services	866,000
National Society Strengthening	1,259,000
TOTAL FUNDING REQUIREMENTS	25,000,000

all amounts in Swiss Francs (CHF)

Contact information

For further information please contact:

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- **President:** Yusuf Hassan Mohamed, email yusuf.hassan@srcs-bishacas.org, phone +254 722144284

At IFRC

- **IFRC Regional Office for Africa DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, email: rui.oliveira@ifrc.org, phone: +254 780 422276
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For IFRC Resource Mobilization & Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Partnerships & Resource Management, email louise.daintrey@ifrc.org, phone +254 110 843 978

For in-kind donations and mobilization table support:

- **Logistics Coordinator:** Allan Kilaka Masavah, Manager, Global Humanitarian Services & Supply Chain Management, email allan.masavah@ifrc.org

For PMER (Planning, Monitoring, Evaluation, and Reporting) support:

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Reference



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