



Communities in Puntland and Somaliland continue to struggle for water amid a prolonged drought. In Awdal region, residents water their livestock from a newly rehabilitated, solar-powered shallow well supported by IFRC's drought DREF, after traditional catchments and open wells have nearly dried up. Photo: SRCS

<p>Emergency appeal №: MDRSO025 Emergency appeal launched: 02/10/2025 Operational Strategy published: 03/11/2025</p>	<p>Glide №: DR-2025-000172-SOM</p>
<p>Operation update #2 Date of issue: 19/12/2025</p>	<p>Timeframe covered by this update: From 9/10/2025 to 8/11/2025</p>
<p>Operation timeframe: 15 months (02/10/2025 - 31/12/2026)</p>	<p>Number of people being assisted: 450,000</p>
<p>Funding requirements (CHF): CHF 15 million through the IFRC Emergency Appeal</p>	<p>DREF amount initially allocated: CHF 981,311</p>

To date, the Emergency Appeal targeting CHF 25,000,000 has received only CHF 1,813,633 (11%) of the required funding. Additional contributions are urgently needed to enable the Somali Red Crescent Society (SRCS) to scale up its response and reach the most vulnerable communities severely affected by the ongoing drought.

A. SITUATION ANALYSIS

Description of the crisis

Somalia is currently facing one of its worst droughts in decades, following four consecutive failed rainy seasons. On November 10, 2025, the Federal Government declared a national drought emergency as conditions deteriorated across the country. An increasing number of households in many parts of Somalia are facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes and conditions are expected to further deteriorate in the coming months unless urgent and timely actions are taken. The World Food Programme warns that food insecurity could worsen, with up to 4.4 million people projected to be in crisis or worse between January and March 2026, while 1.85 million children under five are at risk of severe malnutrition through mid-2026.

The drought has devastated agriculture and livestock. Rainfall during the October–December “Deyr” season was less than 30% of normal in many areas, leaving crops to fail and pastures to wither. Livestock deaths are widespread, and rangelands have been severely degraded. Water sources have dried up or become contaminated, forcing communities to rely on expensive trucked water. Temperatures have soared to between 35°C and 40°C, worsening soil dryness and accelerating water scarcity.

Over 185,000 people have been displaced from northern regions such as Togdheer, Sool, and Sanaag, with thousands more leaving Bari, Mudug, and Nugaal in search of water and pasture. In Puntland alone, nearly one million people need assistance, including 130,000 in life-threatening situations. Emergency food aid has sharply declined from 1.1 million recipients in August to just 350,000 in November due to funding shortfalls. Health and nutrition services are also under strain, with hundreds of feeding and stabilization centers at risk of closure.

According to WFP Somalia is on the cusp of a major humanitarian breakdown. Consecutive rainfall failures, record-low river levels, and collapsing livelihoods mirror the same warning signals that preceded the 2011 famine and the near-famine emergency of 2022. This is not a routine seasonal shock, it marks the re-emergence of a well-documented trajectory toward catastrophe. Nearly one million Somalis are projected to face IPC Phase 4 (Emergency) within weeks, as acute malnutrition rises at an alarming pace. Global Acute Malnutrition (GAM) prevalence already exceeds 25% among internally displaced persons (IDPs) and agropastoral livelihood zones, echoing the early stages of the 2011 famine and the late 2021 crisis. The next deterioration is predictable, measurable, and preventable, but only if immediate and decisive action is taken.

The international response remains limited. The UN Central Emergency Response Fund allocated \$10 million for early drought action, aiming to assist over 600,000 people. However, Somalia’s 2025 Humanitarian Needs and Response Plan is only 23.7% funded, leaving critical gaps in food, water, and health support.

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*

The Northern Regions are partially badly hit. **Somaliland's** drought crisis continues to escalate, according to the latest statement from the Office of the Vice President (Chairman of the National Drought Response Committee) on 7 November 2025, and updates from NADFOR, humanitarian partners, and regional coordinators. Conditions are deteriorating rapidly across most parts of the country, with several regions now experiencing severe and widespread impacts.

According latest statement from the Chairman of the National Drought Response Committee the crisis stems from consecutive failed rainy seasons first the Gu' rains (April-June), followed by a complete absence of Deyr rainfall. This climatic failure has led to the drying of berkads, placed excessive pressure on the few operational boreholes, and triggered rising levels of food insecurity. Pasture and rangeland resources have been severely depleted, forcing households and livestock into extreme stress. Water scarcity has compelled communities to travel long distances or rely on costly water trucking, while livestock health has sharply declined due to inadequate grazing and water access. Agricultural production has collapsed, with widespread crop failures leaving farmers without food stocks or seeds for the next planting cycle. Collectively, these shocks have eroded household resilience and pushed large numbers of people into heightened vulnerability. An estimated 1,037,370 individuals (172,895 households) are currently facing crisis-level acute food insecurity (IPC Phase 3 and above).

The drought affects all Somaliland, however, the most critical impacts are reported in Togdheer, Sanaag, Maroodi-Jeex, and the wider Hawd pastoral zone, where water shortages, pasture loss, and livestock mortality are most severe. Awdal and Salel Regions continue to face significant challenges due to persistent drought conditions, reduced agricultural output, and acute water shortages across agro-pastoral and coastal communities. Other regions, including Sool and Sahil, are similarly experiencing severe drought-related disruptions and are in urgent need of humanitarian assistance.

UNHCR have also reported that the severe drought in **Somaliland** Togdheer, Sool and Sanaag Regions has triggered massive displacement and heightened protection risks. The regions of Togdheer, Sool, and Sanaag are facing severe and prolonged drought following the failure of the expected Deyr rains. Water sources have dried up, crop production has collapsed, and livestock the primary livelihood asset for pastoralist communities are dying due to lack of pasture and water. This has significantly worsened food insecurity among affected households.

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



SRCS and IFRC ERU/WSR teams test water quality at Ceel Xume village, Togdheer region. SRCS, with support from the Norwegian Red Cross, rehabilitated and solarized two shallow wells in the village, which remain insufficient to meet residents' water needs as drought persists, and water levels keep dropping. Photo: IFRC

An interagency drought field monitoring mission in **Puntland** from 27 November to 1 December found more than 70 percent of pastoral livelihoods have collapsed in Puntland, severely undermining household resilience. According to the FSNAU Post-Gu 2025 Food and Nutrition IPC analysis, over one million people in Puntland are facing Crisis (IPC Phase 3) or Emergency (IPC Phase 4) conditions representing nearly one-third of Somalia's total food-insecure population. Rising malnutrition, disease outbreaks, and secondary displacement into Garowe, Bossaso, and Qardho underscore the rapidly deteriorating humanitarian situation across the state.

Puntland continues to experience severe drought conditions following four consecutive seasons of failed or below-normal rainfall. The recently concluded 2025 Deyr rains were delayed, erratic, and ended prematurely, leaving most rural and pastoral communities without adequate pasture or water. This has worsened already fragile conditions caused by below-average 2024 Deyr rains. The drought has affected over 1.29 million people in Puntland, including 310,000 children under five suffering from acute malnutrition.

Field assessments indicate that livestock have migrated from across Puntland to rural areas of Ethiopia's Somali Region in search of water and pasture. This influx is placing heavy pressure on host communities, with further arrivals anticipated and some families reportedly moving onward toward Ethiopia. Agro-pastoral and pastoral communities remain the worst affected, with most rural settlements facing severe water shortages especially those reliant on Berkads. Water prices have surged from USD 8 to USD 13 per barrel and are likely to rise further if rains continue to fail.



A community member prepares a meal in a makeshift kitchen outside her shelter in Budunbuuto village, where an influx of drought-displaced families is straining scarce water resources and worsening camp conditions amid disease outbreaks. Photo: SRCS

Community voices:

Budunbuuto village, Dangorayo District, Nugaal region: Budunbuuto is among the hottest areas in drought-stricken Puntland. The village has no reliable borehole or other natural water sources. It depends on 25 berkads, traditional water catchments, all of which have dried up. Water is currently trucked in, with 30 barrels costing about \$160 (one barrel which is about 119 litres costs approx. \$5). The village has a small health center that is insufficient to serve the health needs of 560 resident households and the 120 newly arrived drought-affected internally displaced persons (IDPs). The community reports that they have not received rainfall or additional humanitarian assistance in the past two years. The health committee reports an outbreak of diarrhea that is spreading among both residents and IDPs.

Khadra Abdi Warsame, a 44-year-old mother of five, was a pastoralist living near Tuur village (about 25kms away) now a newly arrived internally displaced person (IDP) at Budunbuuto village.

"We have been waiting for rain for more two years. During this long period, our livestock began to thin out, and without pasture or rain, they started dying one after another. Last month, we received community support to settle as internally displaced persons in Budunbuuto village. Without this support, we would not even have been able to reach here. Through host community support, we share what little we have. There are no jobs and no reliable resources we can depend on for the long term. My husband, Bashir, who is 60 years old, refused to come to the IDP camp. He moved the few livestock we had to Biyoccado village (about 100kms away), which has a natural water source but no pasture. He said, 'I will wait for rain there, near the water source, away from us.'"

The crisis in Puntland coincides with severe funding cuts that have forced humanitarian partners to scale back or suspend food and nutrition pipelines, further compounding community vulnerability. Initial appeals issued by MoHADM on 13 January 2025 were followed by another appeal from the Puntland Vice President on 11 November 2025, urging humanitarian partners to provide urgent assistance to drought-affected communities.

The **Food Security and Nutrition Analysis Unit (FSNAU) and the Somalia Water and Land Information Management (SWALIM)** released their Joint Alert on the current Drought in Somalia dated 8 Dec. Key highlights are

- Somalia is experiencing a rapidly worsening drought, with severe to extreme drought conditions nationwide following the failed October to December 2025 Deyr rains.
- Water sources are depleting, and livelihoods are collapsing as crop harvests fail, livestock weaken and die, and population displacements rise, and the January to March 2026 dry Jilaal season is expected to worsen impact.
- The worsening drought is expected to trigger widespread population displacement, hunger and malnutrition unless urgent and timely actions are taken

Looking ahead the Alert also projects that the Jilaal dry season (January to March 2026) is expected to be exceptionally harsh, accelerating livestock mortality and exhausting remaining water sources. Even if the 2026 Gu rainfall (April to June 2026) is favourable, recovery will be slow due to severe land degradation and depleted livestock herds. Severely degraded rangelands and soils will require multiple rainfall events before meaningful recovery occurs. Households that have already lost livestock or failed to harvest will face continued and substantial food deficits well into mid to late 2026.

The Alert recommends urgent action is needed to stabilise conditions. Humanitarian assistance must be urgently scaled up and sustained at least until mid-2026 to prevent extreme food security and nutrition outcomes. Immediate priorities include:

- Emergency water provision (borehole rehabilitation, water trucking, temporary water points)
- Livestock support (feed, supplements, veterinary services)
- Cash transfers to preserve household purchasing power and prevent asset loss
- Pre-emptive destocking and strategic herd concentration near viable water sources
- Preparations for 2026 Gu (desilting berkads and pans, rehabilitating shallow wells, distributing drought-tolerant seeds)
- Strengthened hydrometeorological monitoring for early rainfall onset tracking

Summary of response

Overview of the host National Society and ongoing response

SRCS has mobilised staff and volunteers to carry out assessment and scale up the response. The initial activities to date are focused on the DREF grant allocation of CHF981,311 to this Appeal. This initial part of the operation aims to deliver lifesaving support to 5,000 families (30,000 people) in IPC Phase 3+ areas over six months across Awdal, Maroodi-jeh, Sahil, Togdheer, Sool, and Sanaag in Somaliland, and Bari, Nugaal, and Mudug in Puntland. Targeted villages and communities are those not covered under the previous DREF (MDRSO022). The proposed interventions are recommended to address immediate humanitarian needs. SRCS is using an integrated approach of multipurpose cash assistance, health care, and WASH services, protection and community engagement. Details are held in Section C and a summary below:

- **Multipurpose Cash Assistance:** In Somaliland, SRCS delivered cash grants to 300 households across six regions, with two more rounds planned. Transfers were made via mobile money, supported by Telesom, and accountability was ensured through a hotline and community verification. In Puntland, 500 households in Bari, Nugaal, and Mudug received the first tranche of cash assistance, targeting communities most affected by drought and displacement. Additional tranches are scheduled for December and January.

- **Health and Care:** The Somali Red Crescent Society (SRCS) deployed five mobile health clinics across Somaliland, providing outpatient consultations to 5,894 patients in November 2025. Immunization services were delivered daily. Additionally, 774 pregnant women and 328 non-pregnant women were vaccinated against Tetanus-diphtheria to prevent neonatal tetanus. Midwives provided health education and counselling during antenatal and postnatal visits to ensure uptake of vaccines.
- **Water, Sanitation and Hygiene (WASH):** In Somaliland, the Norwegian Red Cross deployed a Water Supply Rehabilitation (WSR) Emergency Response Unit (ERU) team to assess water needs across four regions Togdheer, Maroodi Jeeh, Awdal, and Sahil. The assessment identified non-functional water facilities in seven districts and identified facilities for rehabilitation under the Complex Emergency DREF, with solar pump installations planned.
- **Protection, Gender, and Inclusion (PGI):** In Somaliland and Puntland refresher training have taken place. The training aims to strengthen inclusive and protective approaches in emergency response, ensuring that gender and protection considerations are integrated into all interventions.
- **Community Engagement and Accountability (CEA):** In Somaliland and Puntland volunteer refresher trainings in CEA have been conducted. A hotline was activated to collect feedback and ensure transparency.

Federation Wide Approach

The Emergency Appeal is part of a Federation-wide approach, based on the response priorities of the SRCS 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.

Below is a list of current initiatives from in country Partners supporting SRCS and their initiatives in this response.

Partner	Support
British Red Cross	Soft pledge for GBP 150,000 – this includes support for WASH and Health programs and Operations Manager surge.
Canadian Red Cross	Planning bilateral support for Emergency Health 5# mobile and 2# static health clinics – CAD250,000.
Finnish Red Cross	Exploring possibilities through ongoing programmes.
Netherland Red Cross	Confirmed support to the Appeal Eur372,750.
Norwegian Red Cross	In kind with WSR ERU and soft pledge for Nok2m (CHF158,000) – earmarked for 2025. Also supporting with technical coordination on Health.

Needs analysis

While the overall analysis of needs is outlined in the [Operational Strategy](#), SRCS continues to conduct rapid and detailed assessments to inform response planning. A recent rapid assessment was carried out across five regions four in Somaliland and one in Puntland covering 11 districts and 21 villages. The findings underscore urgent priority needs, including:

- Reliable access to safe water, with water purification support
- Multi-purpose cash assistance (MPCA) to help households meet basic needs
- Strengthened health services to address critical gaps
- Emergency shelter support for displaced and highly vulnerable communities

Below are the high-level findings:

Livelihoods: Livelihoods have collapsed, pastoralist and farming communities have lost livestock and crops, leaving families unable to meet basic needs. Multi-purpose cash assistance is urgently needed to help households purchase food, water, and other essentials. Most community members are pastoralists whose livelihoods depend almost entirely on livestock. Current livestock conditions are extremely poor, leaving households unable to rely on animals

for milk or meat. Many herds have migrated in search of pasture and water, but the situation remains critical. As a result, household livelihoods have sharply deteriorated, and families are increasingly unable to meet their basic food needs. Coping mechanisms are under severe strain. Traditional community support systems have weakened as households that previously provided assistance are now equally affected by the drought. Local shops that once offered credit have largely shut down, with an estimated 70% closed due to reduced purchasing power. Communities are resorting to negative or unsustainable coping strategies, including migration (e.g., Dacarre village), distress sales of livestock at very low prices (Dacarre and Qarxis villages), and resource sharing among households (Qarxis and Tuur villages). These measures underscore the rapid erosion of household resilience and the deepening impact of the crisis on food security and livelihoods.

Health: Health services are under immense strain, with shortages of essential medicines and rising disease outbreaks further compounding vulnerability. SRCS-supported clinics in Qarxis and Kalabayr villages remain operational but face significant constraints, particularly due to under-equipped laboratory units. Likewise, government-supported health facilities in Dacarre and Tuur villages are struggling with shortages of essential medical supplies, inadequate equipment, and limited human resources factors that severely restrict their ability to deliver basic health services.

Water Access: Access to safe drinking water is critically limited. Consecutive failed rainy seasons have left most water sources dry, forcing communities to rely on costly water trucking. The primary water sources in the assessed areas are berkads, supplemented by a few earth dams, shallow wells, and boreholes. Findings indicate that over 70% of berkads are empty, and nearly all earth dams typically capable of storing water for 6 to 9 months, are completely dry. Boreholes and shallow wells are producing minimal water, further limiting access. In some locations, such as Kalabayr and Dacarre villages in Garowe District, berkads have become the main source for water trucking, despite being designed for local use rather than as substitutes for boreholes. Water trucking is now the predominant method of water supply across most regions. Access to safe drinking water is further constrained by the absence of treatment and purification facilities in most assessed villages, combined with high salinity levels in existing sources. These conditions underscore critical gaps in the availability of reliable and safe water for affected communities.

Shelter: Many displaced households are currently living in open areas without adequate shelter and are exposed to harsh weather conditions. Alos recent conflict escalations in Bari Region have triggered new waves of displacement over the past two weeks. Communities from settlements around the Al-Miskat Mountains have fled to safer areas, including Bosaso, Ufeyn, Iskushuban, Balidhidin, Carmo, and Waciye, placing additional strain on host communities already impacted by drought and previous displacements.



Focused group discussions in Kuwayt village, Bursalah district, Mudug region, conducted to gather insights on new arrivals of internally displaced persons (IDPs) due to the ongoing drought.

Most Vulnerable Groups: The most vulnerable groups include internally displaced persons, who face acute needs for shelter, food, and protection. Children under five are at highest risk of malnutrition and disease-related mortality, while pregnant and lactating women face heightened maternal health risks. Pastoralists and agro-pastoralists have seen their livelihoods decimated, with over 70% of pastoral systems collapsed, forcing distress livestock sales and migration. Other highly vulnerable groups include female-headed households, the elderly, and persons with

disabilities, who have limited access to services and coping mechanisms. Communities affected by ongoing conflict are also experiencing fresh displacement, increasing their need for protection and emergency assistance.

The latest appeal from the Government of Somaliland dated 23 November 2025 stated that the people of Somaliland are facing a severe humanitarian emergency that demands urgent and collective action. The Government requested the following:

1. Emergency Water Access:
 - Large-scale emergency water trucking to critically affect rural and peri urban communities
 - Rehabilitation and maintenance for overstretched and non-functional boreholes
 - Installation of temporary water storage tanks and strengthening of water quality treatment and testing.
2. Emergency Food Assistance:
 - Immediate distribution of life-saving food assistance to the most vulnerable households.
 - Emergency cash assistance for areas with functional markets to preserve household purchasing power
 - Support stable household food consumption, including protection of minimum dietary needs.
3. Rising Malnutrition Among Women, Children and Elderly People:
 - The expansion of targeted supplementary feeding and community-based nutrition programmes is necessary.
 - Essential nutrition services for pregnant and lactating women, including micronutrient support.
4. Livestock Distress and Livelihood Losses:
 - Emergency fodder and feed distribution to protect remaining core breeding herds.
 - Veterinary treatment, vaccination, and disease-control campaigns to reduce livestock mortality.
5. Agricultural Production Collapse
 - Provision of drought-tolerant seeds, tools, and inputs for the next planting season.
 - Early recovery packages to help farmers restore basic agricultural production.
6. Early Recovery and Long-Term Resilience:
 - Investment in climate-resilient water systems includes solarized boreholes and sustainable groundwater extraction.
 - Programmes for rangeland restoration, soil conservation, and pasture recovery is also being implemented.
 - Livelihood diversification initiatives for drought-affected households to strengthen long-term resilience.



During the assessment in Somaliland and Puntland, teams visited various water facilities including berkedes, shallow wells, earth dams, and ponds. Photo: SRCS

The next six months are likely to see worsening drought, severe food insecurity, and increasing humanitarian needs unless substantial interventions are undertaken. The latest outlooks indicate:

- **Jilaal dry season (Jan–Mar 2026):** This is typically Somalia's harshest dry period. Forecasts indicate unusually dry conditions, further worsening pasture and water availability, especially in pastoral zones.
- **Gu season (Apr–Jun 2026):** Early indications suggest ongoing rainfall uncertainty, with a risk of below-normal rains in some areas, although detailed Gu 2026 forecasts are not yet available. Historically, consecutive poor seasons increase drought impacts.

This overlapping crisis underscores the urgency of scaling up humanitarian response. Immediate priorities include food and nutrition support, safe water and sanitation, health services, cash assistance, and emergency shelter, alongside protection interventions for the most at-risk populations.



Abdullahi Ciise Yusuf draws water from one of the few remaining shallow wells in Dhinowada Qorayo-Wayan village. Most wells have turned saline, forcing residents to rely on costly water trucking from Cawascado, 40 km away. Photo: SRCS

Community voices: Dhinowada Qorayo-Wayan Village, Jariiban District, Mudug Region

Quotes: Abdullahi Ciise Yusuf, 28 years old, a father of three, and a resident of Dhinowada Qorayo-Wayan village.

He said: "We are facing challenges caused by climate change. Our land is slowly turning into desert, and we have not received any rain for the past four consecutive years. Our village is home to 200 resident households, along with another 200 households from the pastoralist community."

"Our shallow wells have become saline and difficult to drink from. We rely on water trucking from Cawascado village, 40 kilometers away, at a cost of 150 dollars for 40 barrels (one barrel which about 119 litres costs approx. \$4). Additionally, mothers and expectant women have no access to hospitals, and our health center is buried under the desert sand. Vaccination campaigns are scarce; we have not been able to vaccinate our children in the last three months."

"There are no businesses or work opportunities here due to a lack of equipment and resources, and people are mostly seeking loans to survive on. Many houses in the village are buried under the sand, forcing us to live in makeshift shelters, which are not dignified. With no rain, poor health services, and inadequate education, we are being forced to displace, even though we do not know where we will go to."

Operational risk assessment

The operational risks remained the same as highlighted in the [Operational Strategy](#).

B. OPERATIONAL STRATEGY

Update on the strategy

There are currently no changes to the overall strategy published here [Operational Strategy \(OS\)](#) at the time of compiling this report.

Prioritization

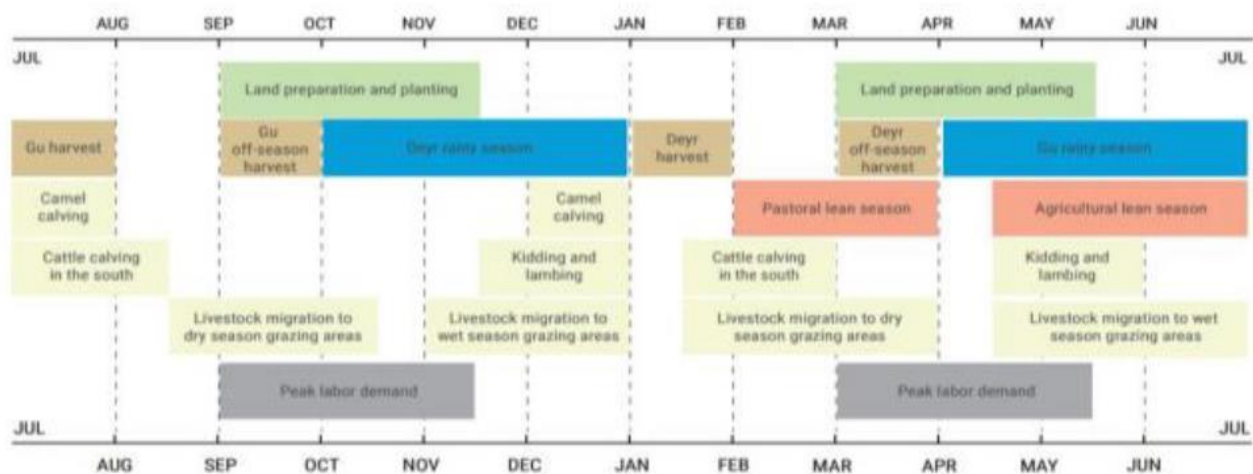
The current implementation plan prioritizes emergency lifesaving needs. The existing DREF grant allocation, as well as any new income to the Appeal, is mainly directed towards emergency WASH, multipurpose cash grants, and emergency health. This plan aims to deliver immediate response assistance to 5,000 families (around 30,000 people), focusing on rural and pastoral communities in remote, underserved areas, especially those classified as IPC Phase 3+ and at risk of worsening to IPC Phase 4+. Current activities include providing safe water through the rehabilitation of berkads and shallow wells, water trucking, and aqua tabs; cash grants to cover essential needs; and mobile health clinic services to address urgent healthcare gaps.

As part of the DREF allocation, assessments were carried out in 21 villages across 11 districts and 5 regions (4 in Somaliland and 1 in Puntland). The following urgent humanitarian needs were identified:

- Clean Water: Most affected people depend on unsafe water sources, emphasizing the urgent need for a clean and safe water supply.
- Food Assistance: Many families fled without food, and displacement sites face severe food insecurity, necessitating an immediate food response.
- Health Services: There is a pressing need for mobile health clinics, first aid, trauma care, and essential medicines, especially for vulnerable individuals with pre-existing conditions.
- Emergency Shelter: Some displaced families are living in open areas, while others are accommodated in rural villages lacking adequate shelter or basic services. Providing emergency shelter support remains one of the immediate priorities.

The ongoing WSR ERU assessments are also used to guide prioritization for water and other sectors.

Prioritisation of response actions will also be aligned with the seasonal calendar because rainfall and dry periods dictate the timing of critical needs. - below.




Seasonal Calendar (Source: FEWSNET, 2025)

Somalia's two main rainy seasons (Gu and Deyr) and two dry seasons (Jilaal and Haggaa) influence water availability, crop cycles, and livestock health. Acting before the severe Jilaal dry season can prevent livestock deaths and displacement, while the timely distribution of seeds and inputs before planting periods supports food production.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Shelter, Housing and Settlements		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	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		
	% of targeted displaced households provided with emergency or transitional shelter solutions that meet minimum safety, dignity, and adequacy standards	0	85%
	Output 1.1: Emergency and transitional shelter materials (e.g., tarpaulins, shelter kits) and essential household items are distributed to targeted displaced households		
	# of displaced people receiving emergency shelter materials and/or essential household items	0	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		
	# of individuals trained or reached with shelter construction and site planning guidance	0	18,000
# of the SRCS Train SRCS staff and volunteers on shelter construction to support vulnerable people in setting up shelters	0	240	
Activities to do date			
<p>In addition to the ongoing drought situation in Puntland, recent fighting in the Al-Maskits mountains between government forces and non-state actors has triggered a wave of displacement to safer locations, including Bosaso, Ufeyn, Iskushuban, Balidhidin, Carmo, and Waciye. This sudden influx of displaced people is placing additional strain on already overstretched host communities. Newly arrived families have fled areas affected by both conflict and drought. In total, approximately 80,000 Individuals have been displaced and urgently require shelter assistance. The plan is to reach these displaced populations through shelter interventions as soon as resources are mobilized under the Somalia complex emergency appeal – MDRSO025. Shelter activities are yet to start owing to resource constraints.</p>			



Livelihoods

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

	Indicator	Actual	Target
Key indicators:	Outcome 2: Livelihoods are protected, restored, and diversified through anticipatory action, emergency assistance, and recovery support, reducing reliance on negative coping strategies and enhancing household resilience		
	% of targeted households reporting improved livelihood security and reduced use of negative coping strategies (e.g., selling productive assets, reducing meals, child labour)	0	80%
	Output 2.1 Improved agricultural and fishing practices: Distribution of inputs, training in climate-smart and sustainable practices, and upgraded market infrastructure		
	# of households reached with essential on-farm and off-farm inputs/materials/tools for agricultural/food production	0	17,700 (7,500 PL, 10,250 SL)
	# of beneficiaries received fishing input tools (small boats, fishing gears and tools)	0	85 (55 PL, 30 SL)
	# of households provided with livestock through restocking	0	2,500 (1,250 SL, 1,250 PL)
	# of households with access to emergency feed and water supply for livestock	0	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		
	# 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	0	15,000 (7,500 PL, 7,500 SL)
	# of households supported to start or improve their income generation activities	0	2,500 (1,250 PL, 1,250 SL)

Activities to do date

Planning is ongoing and activities will be reported in the next update.



Multi-purpose Cash

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
Key indicators:	Indicator	Actual	Target
	Outcome 3: Crisis-affected households meet their immediate basic needs and strengthen their resilience through access to Multi-purpose Cash (MPC) and complementary services		
	% 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	0	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		
	# of people provided with unconditional cash assistance	4,800 (1,800 SL 3,000 PL)	78,000 (39,000 PL, 39,000 SL)
	% of households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket).	0	85%
% of beneficiaries satisfied with the overall cash assistance process	0	90%	

Activities to do date

Somaliland

Through the Somalia Drought DREF operation, 1,800 people (300 households) identified as the most affected and disadvantaged received multipurpose cash grants in the first round, with two additional rounds scheduled over the next two months. The households were distributed equally across six regions of Somaliland; Awdal, Sahil, Maroodi Jeeh, Togdheer, Sanaag, and Sool (50 households per region).



SRCS staff and volunteers conducting beneficiary mobilization on the MPC in Dabo-Dillac and Lasciidle villages in Awdal and Sahil region. Photo: SRCS

SRCS acted swiftly to deliver life-saving assistance through a structured process that included beneficiary identification, community mobilization, registration, and verification, ensuring support reached the most in need. Beneficiaries were registered based on selection criteria approved by a joint community selection committee. SRCS volunteers and branch staff conducted awareness sessions to explain the process and purpose of the assistance. The joint selection committee, comprising community representatives, actively participated in identifying eligible households. To strengthen accountability, SRCS carried out house-to-house verification for 50% of selected beneficiaries in close collaboration with the National Disaster Preparedness and Food Reserve Authority (NADFOR) to confirm eligibility.

In Somalia, most beneficiaries have access to mobile phones or SIM cards, enabling aid delivery through mobile money transfers a fast, efficient, and widely preferred method. For those without SIM cards, Telesom facilitated the process by providing new SIM cards free of charge, registered in beneficiaries' names immediately after eligibility confirmation. Cash transfers were expedited by activating the existing Financial Service Provider (FSP) contract with Telesom, with verified beneficiary lists shared directly for disbursement. SRCS has successfully used this approach since the 2017 drought and continues to find it highly effective in responding to ongoing drought conditions.



SRCS volunteers and NADFOR staff conducting beneficiary verification during house-to-house visits in Ilinta Dhexe village in the Maroodi-Jeh region. Photo: SRCS

Establishment of the Hotline and Feedback Mechanism: SRCS established a hotline and feedback system to enable beneficiaries to raise concerns, provide feedback, and seek clarification regarding the cash transfer process. This transparent approach enhanced accountability and ensured the intervention remained responsive to the needs of affected communities.

Dedicated volunteers were deployed in the field to manage the hotline and feedback system. Additionally, SRCS

distributed leaflets and brochures containing the toll-free number, allowing beneficiaries to call during working hours at no cost.

CVA Coordination: SRCS actively engaged in the Cash Working Group (CWG) in Somalia, which served as a platform for coordinating Cash and Voucher Assistance (CVA) among humanitarian actors. SRCS also convened regular meetings with in-country Movement partners. These coordination efforts addressed key aspects such as transfer values, targeting approaches, delivery mechanisms, development of Minimum Expenditure Baskets (MEB), and harmonization of tools and guidance. SRCS's participation in the national CWG underscored its commitment to formal cash coordination mechanisms, ensuring strategic considerations were met and accountability strengthened.

Refresher Training of the Volunteers on Cash Voucher Assistance (CVA): SRCS mobilized staff and volunteers to support Multi-Purpose Cash Assistance (MPCA) activities. The table below provides an overview of the number of SRCS volunteers involved in the CVA response. In line with Movement coordination mechanisms for CVA, these figures encompass all related activities.



SRCS volunteers registering beneficiaries verified to be eligible for the multipurpose cash grants in Togdheer region. Photo: SRCS

No	Branch Name	Number of Volunteers
1	Borama branch	15
2	Hargeisa branch	17
3	Berbera branch	15
4	Burco branch	18
5	Erigavo branch	17
6	Lascanod branch	16
Total		98

Volunteer training distribution across SRCS branches in Somaliland

Puntland

Through this operation, 500 households received the first tranche of cash transfers across three regions:

- Bari Region: 300 households supported (100 households each in Mudiye, Gumbax, and Taageer villages).
- Nugaal Region: 100 households assisted in Xamxamaa village.
- Mudug Region: 100 households reached in Isqambuus village.

The targeted sites were identified during the SRCS complex emergency assessment as among the most affected by water scarcity, food shortages, and limited humanitarian access due to their remote locations. In Mudug, Isqambuus village had experienced a significant influx of migrants from Nugaal, Eastern and Southern Mudug, Bari, Sanag, and Galgaduud. SRCS Galkayo Branch, in collaboration with the Mudug regional administration, MoHADM, and

humanitarian partners, appealed for urgent support to displaced households. Consequently, SRCS registered and assisted 100 households out of 7,500 newly arrived households in Galdogob, Bursalah, and Harfo districts.

Community Engagement and Registration: Following household registration, SRCS community-based volunteers, together with local authorities, organized community meetings to:

- Explain the purpose of the intervention.
- Clarify the selection criteria.
- Emphasize the importance of community review and validation prior to registration.

After registration, SRCS volunteers and staff conducted a verification process to correct potential human errors and prevent misallocations, such as wrongful payments to unregistered mobile accounts. Once validated, the beneficiary list was shared with community leaders, the SRCS branch, the PMERL department, and the Financial Service Provider (FSP) for payment processing.

Cash Disbursement Timeline

- **First tranche:** Disbursed on 30 November 2025 by the FSP to all registered households across the three branches.
- **Second tranche:** Scheduled for 30 December 2025.
- **Third tranche:** Planned for 30 January 2026 under the complex DREF operation.

For activities that are yet to start, an update on them will be provided in the next operational update.



Community engagement session and beneficiary registration sessions facilitated by SRCS volunteers in Mudug region and Taageer village in Bari province respectively Photo: SRCS



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18: **5,598**

Female < 18:

Male > 18: **7,90**

Male < 18:

Objective:

Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening

Key indicators:

Indicator

Actual

Target

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

% of targeted population in underserved areas accessing essential health, maternal and child healthcare, and nutrition services on a regular basis

0

80%

Output 4.1 Mental Health and psychosocial support - Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
# of people in the targeted population provided with psychosocial support services	0	2,000 (500 PL, 1500 SL)
# of RCRC volunteers and staff provided with psychosocial support services	0	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		
# of vulnerable individuals reached by mobile health teams with integrated health and nutrition services in targeted regions of Somaliland and Puntland	6,388 6,388 – SL 0 - PL	500,000 (200,000 PL, 300,000 SL)
# of mobile health service units functional to provide quality primary health care	5 (5 – SL 0 – PL)	17 (5 PL, 12 SL)
# of people reached with health promotion as a response to an emergency by community-based volunteers	6,388 6,388 - SL 0 - PL	500,000 (200,000 PL, 300,000 SL)
# of people reached, assisted by the National Society, with immunization through routine services	1,504 1,504 – SL 0 - PL	25,500 (7,500 PL, 18,000 SL)
# of people supported with safe motherhood services (Ante-Natal Care, Delivery, and Post-Natal Care)	2,065 – SL 0 - PL	TBC
# of OPD kits procured and distributed to clinics	0	30
Output 4.2: Affected communities, particularly in underserved areas, have sustained access to essential nutritional support		
% of cases of acute malnutrition identified through volunteer screenings referred for treatment	0	20%
# of children screened for malnutrition status	349 349 – SL 0 - PL	TBC

Activities to do date

Somaliland

Deployment of the mobile health teams through Canadian Red Cross Bilateral support to SRCS in operationalizing the following Humanitarian Health Services (HHS) components for a duration of 5-6 months, ensuring timely and effective assistance to affected communities.

- I. Operations of 5 mobile clinics for a period of 5 months (January to May 2026)
- II. Operations of 2 static clinics for a period of 6 months (January to June 2026)

Geographic locations of the clinics (as requested by SRCS):

- Togdheer Region: One mobile clinic in Ainabo District.
- Sool Region: One mobile clinic serving Hudun and Taleeh.
- Saahil Region: One mobile clinic.
- Sanaag Region: Two mobile clinics in Erigavo and Ceelafwayn.
- Awdal Region: One fixed clinic in Qalooc under Barama rural areas.
- Maroodi-Jeeh Region: One fixed clinic in Geedabeer in Hargeisa.

Other deployments of mobile health teams

Morbidity data (Consultations): SRCS 5 mobile clinics out-patient department data consultation from November 2025. Around 5,894 (3,222 females, and 2,683 males) were treated in the mobile clinics from different health problems. The majority of the patients were women and children which equivalent to 4,353 (73.8%) of the total beneficiaries. The children under five years of age were treated according to the Integrated Management of Childhood Illnesses (IMCI) guidelines when it comes to assessing for dangerous signs such as cough and pneumonia, diarrhoea, measles, fever, malaria, acute ear infection, malnutrition, immunization, and feeding of the children.

Table 1: Morbidity data for Month November 2025

	Under 5 years		Over five yrs		Total OPD
	<5Yrs Female	<5Yrs Male	>5 Yrs Female	> 5 Yrs Male	
Berbera	196	181	570	449	1396
Lughaye	321	305	321	208	1155
Zeila	220	180	409	311	1120
Odweine	209	201	333	207	950
Hawad	254	275	378	366	1273
Total	1,200	1,142	2,011	1,541	5,894

Expended Programme of Immunization (EPI), immunization November 2025: Mobile clinics continued to provide daily immunization services for children under five years of age, with a particular focus on those under one year. Health workers have worked consistently to improve coverage in the catchment areas. The immunization services provided were a continuation from the Drought DREF.

During this reporting period:

- BCG vaccine: 382 children (210 female, 172 male) were immunized.
- Pentavalent (3rd dose): 386 children (216 female, 170 male) received the vaccine.
- Oral Polio (3rd dose): 402 children (208 female, 194 male) were vaccinated.
- Measles vaccine: 239 children (109 female, 130 male) were immunized.

Based on the estimated target population of 313 children under one year, coverage rates were:

- BCG: 100%
- Pentavalent (3rd dose): 100%
- Measles: 76.3%
- Polio (3rd dose): 100%

1,102 women who included **774 pregnant women** were vaccinated against Tetanus-diphtheria, respectively. About 75% of these women received Td2 vaccine doses for neonatal tetanus prevention. The midwife at the five mobile health centres continued to provide health education and counselling to pregnant women regarding the Td vaccines during antenatal visits and health education sessions. The Td vaccine was administered to mothers during antenatal care (ANC) and postnatal care (PNC) sessions to prevent missed opportunities.

Safe motherhood: In contributing to reducing the Maternal Mortality Rate (MMR) of Somaliland, reproductive health services are provided as a key intervention at health facilities. Antenatal and postnatal care services are routinely offered to pregnant and lactating mothers, respectively, through five mobile clinics. Antenatal care is preventive health care aimed at providing regular check-ups with midwives to prevent and address potential health issues for both mother and



SRCS mobile health teams providing essential healthcare services to vulnerable people in remote areas in Gargaara-Baki village Awdal region and Xidhinta village in Maroodi-jehe region. Photo: SRCS

foetus throughout pregnancy. A total of **1,672 ANC visits** were conducted for pregnant women at the five mobile clinics. Of these, 400 pregnant women received their first ANC visit. Additionally, **455 pregnant women** in the catchment areas attended their fourth or subsequent ANC visits. The coverage for fourth plus visits in mobile clinics was 100%, which is quite good; therefore, midwives should maintain this level of service and focus on increasing ANC visit uptake in mobile catchment areas. Furthermore, **1,069 pregnant women** received ferrous sulphate with folic acid supplementation.

Table 2: ANC services for the month of November 2025

	1st visit	2nd visit	3rd visit	4th visit	Total ANC	Referred ANC	HIV	ANC Hb<10	Iron/folic	MMN	Total
Berbera	65	74	52	79	270	2	261	8	258	0	258
Lughaye	126	93	75	106	400	0	400	0	210	0	210
Zeila	79	116	77	71	343	0	343	0	119	0	119
Odweine	60	106	101	97	364	0	364	178	178	0	178
Hawad	70	71	70	102	304	0	304	13	304	0	304
Total	400	460	375	455	1,681	2	1,672	199	1,069	0	1,069

Deliveries and PNC: A total of **150 deliveries** were assisted by both midwives and traditional birth attendants (TBAs). When TBAs conduct home deliveries, they promptly report the outcomes to midwives, who then record the details in the Delivery Register

Postnatal care services: 243 Postnatal care (PNC) services at five mobile clinics are the care and support provided to the mother and her newborn immediately after birth and during the following weeks typically up to six weeks (42 days) after delivery. These services are essential for detecting and managing complications, supporting recovery, and promoting the health of both mother and baby. Midwives conduct regular monitoring of both maternal and newborn health. This includes:

- Checking vital signs such as blood pressure, pulse, and temperature and umbilical cord of the baby
- Monitoring for signs of complications like infection, haemorrhage, and any redness around the umbilical cord and assessing uterine involution, ensuring the uterus is returning to its normal size postpartum and do inspecting perineal wounds to evaluate healing and detect any signs of infection or delayed recovery.



Table 4: Number of the postnatal women received postnatal care service November 2025

	1st PNC Visit within 2 days	1st PNC visit after 2 days	No with 2+ PNC visits	Initiation Breast feeding	Hb<10	Iron/folic	Vit A-PNC	Total supplements
Berbera	7	62	45	7	4	102	98	7
Lughaye	143	80	50	72	67	72	72	143
Zeila	73	81	66	89	59	89	89	73
Odweine	3	24	103	3	54	54	65	3
Hawad	17	75	43	0	8	169	17	17
Total	243	322	307	171	192	486	341	243

Around **243 of under five children** underwent nutritional screening while 151 children were classified as severely malnourished children, while 92 children were identified Moderate malnutrition and enrolled for OTP and Therapeutic Supplementary Feeding Programme (TSFP) respectively. In this reporting period, 207 children under the age of 5 years were given Vitamin A to prevent night blindness, while 614 children were given zinc with Oral Rehydration Therapy (ORT) for the treatment of acute watery diarrhoea. There was a shortage of Zinc in the SRCS store.

Table 5: Shows number of children received Basic Nutrition Package for November 2025

Location	Oedema	Severe	Moderate	Normal	Growth M. Total	Vita A	Zinc	Deworming
Berbera	0	14	49	261	324	43	39	47
Lughaye	0	50	90	626	766	0	211	151
Zeila	0	53	85	150	288	0	56	37
Odweine	0	31	108	744	883	43	70	45
Hawad	0	3	17	509	529	121	238	257
Total	0	151	349	2290	2790	207	614	537

Drug and medical supplies kits: The 5 mobile health clinics received medical supplies kits from pre-positioned stock on a monthly basis for the treatment of patients for common ailments and by extension for safe motherhood activities.

Health education: SRCS 5 Mobile teams delivered health and nutrition promotion sessions within their respective communities. The primary aim was to improve community health by increasing knowledge, encouraging positive

practices, and influencing attitudes toward disease prevention. Pre-defined health education topics were selected and conducted on a monthly basis. In total, SRCS 5 Mobile reached **6,388 individuals**, as illustrated in the table below.

Table 6: Number of people reached in Clinic (November 2025)

Location	Topics	Female	Male	Total
5 Mobile	Complimentary Breast feeding and IYCF	831	159	990
	Prevention of vaccine-preventable diseases	1031	123	1154
	How to prepare ORS at Home	961	119	1080
	Diarrhoea disease Prevention	801	132	933
	Environmental hygiene and sanitation	1101	131	1232
	FGM/PGI activities	873	126	999
Total		5,598	7,90	6,388

Puntland

Health activities in Puntland had not started as at the time of compiling this operational update.



Water, Sanitation and Hygiene

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

Key indicators:

Indicator

Actual

Target

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

% 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)

0

80%

of people provided with improved access to safe and sustainable water sources (disaggregated by sex, age, and location)

0

500,000
(230,000 PL
270,000 SL)

of safe and accessible water infrastructure, water points for cooking and drinking water which are culturally appropriate, constructed or rehabilitated, including earth dams

0

126 (40 PL, 86
SL)

% of target population whose state are satisfied with their access to water and sanitation facilities

0

80%

# of water pumps or other infrastructure using solar power or other renewable energy for agriculture/irrigation purposes	0	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		
# of people covered with hygiene promotion activities	0	500,000 (230,000 PL 270,000 SL)
# of families supported with WASH NFIs	0	5,000
# of family hygiene kits distributed	0	600
Output 5.3: Support schools with water and sanitation facilities		
# of sanitation facilities constructed or rehabilitated	0	320 (250 PL, 70 SL)
# of gender-segregated community latrines	0	350
# of menstrual hygiene packages distributed in schools	0	600

Activities to do date

Somaliland

Water Supply Rehabilitation (WSR) Emergency Response Unit (ERU) Deployment, surge deployment:

- Through the surge mechanism, the Norwegian Red Cross deployed a WSR ERU Team Leader to support emergency water supply interventions.
- Assessment Mission (9–15 November 2025): The WSR ERU team comprising the ERU Team Leader, IFRC WASH/Ops Coordinator, SRCS WASH Engineer, IFRC Operations Officer, SRCS DM Directors, and SRCS Volunteers conducted an assessment across four regions of Somaliland: Togdheer, Maroodi Jeex, Awdal, and Sahil.
- **Findings:**
 - 101 non-functional water facilities were identified across seven districts:
 - Sahil: 3 districts
 - Togdheer: 1 district
 - Maroodi Jeex: 1 district
 - Awdal: 2 districts
- **Detailed WASH Assessment:** Led by branch DM officers, the WASH team carried out a comprehensive assessment under the Complex Emergency DREF in Awdal, Maroodi Jeex, Sahil, Sanaag, Sool, and Togdheer regions. **Outcome:**
 - 12 water facilities requiring urgent rehabilitation were identified:
 - 8 berkedes
 - 4 shallow wells
- **Logistics and Rehabilitation Plan:**
 - The engineering team has finalized the Bill of Quantities, and the procurement process is currently underway.
 - Logistics requisitions have been raised and approved for the rehabilitation of the 12 water facilities.

- The plan includes installation of solar pumps across all regions of Somaliland (two facilities per region).

Puntland

Water Supply Rehabilitation (WSR) Emergency Response Unit (ERU) Deployment, surge deployment:

- The WSR ERU team composed of the WSR ERU Team Leader, IFRC WASH/Ops Coordinator, SRCS WASH Engineer, IFRC Operations Officer (based in Garowe), conducted an assessment from November 19–23, 2025 to determine the condition of the water supply needs in Nugaal region of Puntland.
- The assessment identified 107 non-functional water facilities across 4 districts: 3 in Sahil, all in Nugaal region of Puntland.



SRCS WASH Engineer carrying out an assessment in Bari and Nugaal regions. Photo: SRCS

Outside of the ERU:

- The WASH team, led by the WASH Engineer, conducted a thorough WASH assessment focusing on identifying water facilities requiring rehabilitation under the Complex Emergency DREF in Bari and Nugaal regions. As a result, 5 water facilities 4 - berkeds and 1- borehole have been identified. The engineering team has prepared the Bill of Quantities, and the procurement process is now underway.
- Logistics requisitions were raised and approved for 5 water facilities rehabilitation, mainly 4 berkeds and 1 Bore hole rehabilitation in Garowe region of Puntland.
- Logistics requisition for water trucking was raised and approved, enabling 2,08 trips to deliver safe water to affected communities.



The IFRC ERU/WSR (Water Supply Rehabilitation Emergency Response Unit) with support from the Norwegian Red Cross conducted a water systems and facilities assessment in Somaliland and Puntland. Photo: SRCS



Protection, Gender and Inclusion

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs

Indicator

Actual

Target

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

% of community-led initiatives or mechanisms that actively include and address the needs of vulnerable, disadvantaged, and marginalized groups

0

80%

Key indicators:

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

of people reached by protection, gender and inclusion programming

0

500,000
(200,000 PL,
300,000 SL)

of staff and volunteers trained to apply the PGI Minimum Standards in emergency and development programming, disaggregated by sex, age, and disability

300 – SL
26 - PL

300 (120 PL
180 SL)

of people who received dignity Kits which GBV awareness sessions and MHM

0

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			
	% of volunteers and staff trained on PSEA and basic SGBV awareness and survivor-centered response, including receiving and managing sensitive SGBV (including safeguarding)-related disclosures	0	100%


Activities to do date

Somaliland

- Refresher training on Protection, Gender, and Inclusion has been completed for 300 volunteers across all regions of Somaliland, with 50 volunteers trained in each region.
- Preparations for the implementation of project activities are underway.
- Information, Education, and Communication (IEC) materials on PGI have been printed for distribution.

Puntland

- Galkacyo branch trained 14 SRCS volunteers (6 male, 8 female) on Protection, Gender, and Inclusion, while Bosaso branch trained 12 volunteers (8 female, 4 male) on the same. These trainings aim to strengthen inclusive and protective approaches in emergency response.

	Risk Reduction, climate adaptation and Recovery	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
	Indicator	Actual	Target
	Outcome 8: Vulnerability to climate-induced shocks is reduced and long-term community resilience is strengthened through proactive, adaptive, and recovery-oriented interventions.		
Key indicators:	% of targeted households reporting improved capacity to anticipate, absorb, and recover from climate-induced shocks	0	60%
	# of people reached with disaster risk reduction	0	500,000 (200,000 PL, 300,000 SL)
	# of community disaster response teams (CDRT) trained	0	9 (3 PL, 6 SL)

Activities to do date

Somaliland and Puntland

- Through the Early Warning for All grant, volunteers will be mobilized to carry out our early warning actions as per previous investment in the NS's capacity in early warning, early actions.



Environmental Sustainability

Female > 18:

Female < 18:

Male > 18:

Male < 18:

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

Indicator	Actual	Target
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		
% of response interventions that integrate environmental sustainability and natural resource protection measures.	0	60%
# of trees planted for climate change adaptation, mitigation and/or to reduce disaster risk.	0	9,000 (3,000 PL, 6,000 SL)
# of soil erosion control and water retention structures constructed.	0	9 (3 PL, 6 SL)
# of people reached by public campaigns involving clean-up, recycling or urban greening.	0	18 (6 PL, 12 SL)

Activities to do date

- Assessments are underway by the WSR ERU to utilize solarization for the water supply infrastructure.



Community Engagement and Accountability

Objective:

Communities in high-risk areas are prepared for and able to respond to disaster

Indicator	Actual	Target
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 transparent, inclusive, and accountable engagement mechanisms		
% of people surveyed who feel the National Society's services meet their most important needs and provide useful support	0	80%
# of staff, and volunteers trained on community engagement and accountability	26 PL, 240 SL	500 (300 SL, 200 PL)

# of people reached through methods that enable communities to participate in the planning and management of services, programmes, and operations	0	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		
% of operational feedback received and responded to by the National Society.	On going	80%
The National Society has a functioning feedback mechanism in place for the whole organization.	1 PL, 1 SL,	2
# of methods established to communicate with communities on what is happening in the organization, programme, and operation, including selection criteria if these are being used.	2 PI	4

Activities to do date

Somaliland

DREF activities supported the following:

- **Volunteers trained to meet minimum CEA standards:** A total of **266 volunteers (26 PL, 240 SL)** from Borama, Hargeisa, Berbera, Burao, Erigabo, and Lasanod branches received training on community engagement and accountability. This was carried out through on-the-job training, allowing volunteers to apply what they learned while actively engaging with communities.
- **Community Engagement Meetings:** a total of 16 meetings were held at various locations to inform communities about the operations, including key aspects such as the selection criteria for beneficiaries of multi-purpose cash grants, entitlements, the duration of the grants, and the overall progress of the operations. These meetings offered a platform for open dialogue, allowing community members to ask questions, voice concerns, and provide feedback. This approach helped ensure transparency, build community trust, and promote active participation in the implementation of the operations.
- SRCS Activated the hotline to receive feedback from the community, and designated volunteers in all the 6 branches have been assigned to handle and manage it.

Puntland

- A total of 26 volunteers have been trained on community engagement and accountability ahead of the community engagement sessions and registration of targeted families by Bosaso and Galkayo branches (14 in Galkayo and 12 in Bosaso) to support complex emergency DREF interventions.
- SRCS has used two methods to reach the affected population. Primarily SRCS organized a kick-off meeting with authorities to board them and disclose the available humanitarian aid of the drought affected population and the need of carrying out an assessment ahead of the registration and water source rehabilitation. The second method was to sit with the targeted communities to initiate their acceptance and participation of the DREF operation.
- SRCS activated the hotline for the purpose of receiving feedback from the community.



Community Engagement and Accountability (CEA) training workshop in Garowe, Puntland. Photo: SRCS

Enabling approaches



National Society Strengthening

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
	Indicator	Actual	Target
Key indicators:	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
	The National Society is part of the country, interagency, and international community's official emergency response coordination platforms		Yes
	# of branches with enhanced disaster and crisis response capabilities	0	9
	# of branches supported to be ready to respond to disasters	0	9
	% of volunteers provided with equipment for protection, safety and support appropriate to the emergency	0	85%
	% of digitalization and digital transformation achieved for Information Management (IM) and Information Technology (IT) systems between headquarters and branches	0	100%

Activities carried out

Planning is ongoing and activities will be reported in the next update.



Coordination and Partnerships

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	Outcome 8: Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners		
	# of regular coordination mechanisms with all Movement partners	0	2
	# of Partners meeting to brief on the Appeal	0	2
	# of Donors meetings to brief on the Appeal	0	2
	# of Movement Coordination meetings in line with the MCA	0	Monthly

Activities to do date

- A field-level kick-off meeting was held on October 27, 2025.
- Instigated regular operations coordination meeting and reporting

Somaliland

- NADFOR continued to advocate for humanitarian assistance during monthly Coordination meetings, emphasising the urgent needs of communities severely affected by the drought, particularly in Awdal, Togdheer, and Sahil regions.

Puntland

- Communication with stakeholders regarding the site selection for the intervention has been ongoing.
- On Monday, 3 November, the IFRC Head of Cluster Delegation met with the Minister of Humanitarian Affairs and Disaster Management (MOHADM) for Puntland State, Somalia. The current and escalating situation was discussed.



Secretariat Services

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	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 mobilization strategy has been developed	0	1
The communications strategy has been developed	1	1
% of financial reports compliant with IFRC procedures	0	100%
% of PNS reporting within a Federation Wide PMER structure	0	100%
The National Society has a risk management framework in place	0	1
% of financial reports compliant with IFRC financial procedures and standards	0	100%
# of technical and monitoring visits conducted	0	12
# of surge profiles deployed	1	3

Activities to do date

IFRC Nairobi Cluster

The Nairobi Cluster has mobilized its WASH/Operations Coordinator at the duty station in Hargeisa to lead the initial implementation of the operations. Additionally, mobilization from Nairobi includes Communication and PMER Officers to support ongoing assessments, profile the needs on the ground, report the voices of the communities, and also document the actions of the SRCS and partners.

Deployment of Surge Personnel

Surge requests have been submitted for two key roles: Operations Manager and Water Supply Restoration (WSR) ERU Team Leader. The Norwegian Red Cross has appointed the WSR ERU Team Leader for a two-month assignment. Meanwhile, the IFRC is currently assessing applications for the Operations Manager position. The IFRC Cluster is actively collaborating with the British Red Cross to explore a potential partnership, which may include financial support to help cover human resource costs.

Communications Strategy

The Nairobi CCD assisted the Somalia Red Crescent Society (SRCS) in creating a communications strategy aimed at boosting the organisation’s visibility and credibility, raising awareness of the humanitarian crisis, amplifying community voices, and mobilizing support for advocacy, positioning, and fundraising efforts.

Resource Mobilization Strategy

A resource mobilization strategy was developed, and it outlines how funds and partnerships will be secured to support the humanitarian response in Somalia effectively and sustainably. - exploring innovative finance, working with the private sector and the diaspora.

D. FUNDING

The Federation-wide funding requirement covers all financial support allocated 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 needs of the IFRC secretariat (CHF 15 million). This comprehensive approach ensures mobilisation of all available resources to meet the urgent humanitarian needs of the affected communities.

Current fundraising coverage is at 11%, with CHF 1,813,633 raised against Federation-wide funding requirements of CHF 25m. This includes the DREF grant allocation of CHF 981,311.

	Income CHF	% coverage
Bilateral funding ask CHF10m		
Planning bilateral support for Emergency Health 5# mobile and 2# static health clinics – CAD250,000.	143,447	
Total bilateral hard pledges + in kind + soft pledges	143,447	1%
IFRC Secretariat funding ask CHF15m		
DREF grant allocation (ECHO DREF replenishment – CHF250,000)	981,000	
Japan Red Cross – Yen 5m soft pledge.	26,151	
Norwegian Red Cross – Nok2m soft pledge as part of ERU deployment.	158,254	
British Red Cross	156,968	
Netherlands Red Cross	347,813	
Total multilateral hard pledges + in kind + soft pledges	1,670,186	11%
Grand total income including DREF grant against	1,813,633	7%

Working closely with the Somali Red Crescent Society and its Movement partners, stakeholder and partner engagement has been ongoing. This active approach included a diplomatic engagement event held in September and targeted interactions with Red Cross partners in October and ongoing. Highlighting the global dimension, the IFRC Secretary General visited Somalia in July. Simultaneously, the team is actively supporting the SRCS partnerships and resource mobilization strategy while exploring new avenues for resource mobilization, including innovative and Islamic philanthropy.

Contact information

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

In the Somali Red Crescent Society

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In the IFRC

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- **IFRC Country Cluster:** Naemi Heita, Head of Cluster Delegation, email naemi.heita@ifrc.org

For IFRC Resource Mobilization and 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:

- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER, and Quality Assurance; email: beatrice.okeyo@ifrc.org, phone: +254 721 486 953

Reference documents



Click here for:

- [Operational Strategy](#)
- [Emergency Appeal](#)
- [1st Operational Update](#)

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.