

6 MONTH OPERATIONAL UPDATE

Somalia| Complex Emergency Appeal

Emergency appeal No: MDRSO025 Emergency appeal launched: 02/10/2025 Operational Strategy published: 03/11/2025	Glide No: DR-2025-000172-SOM
Operation update: 6-Month Date of issue: 08/05/2026	Timeframe covered by this update: From 02/10/2025 to 08/04/2026
Operation timeframe: 15 Months (02/10/2025 - 31/12/2026)	Number of people being assisted: 450,000
Funding requirements (CHF): CHF 15 million through the IFRC Emergency Appeal CHF 25 million Federation-wide	DREF amount initially allocated: CHF 981,311

To date, the Emergency Appeal targeting CHF 25,000,000 has received only CHF 2,954,179 (12%) 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 structural vulnerabilities, including drought, but also the current Gu rainy season.



The SRCS mobile health teams deliver health care services for most vulnerable people in Bali-mataan village under Maroodi-jeh region. Photo: SRCS

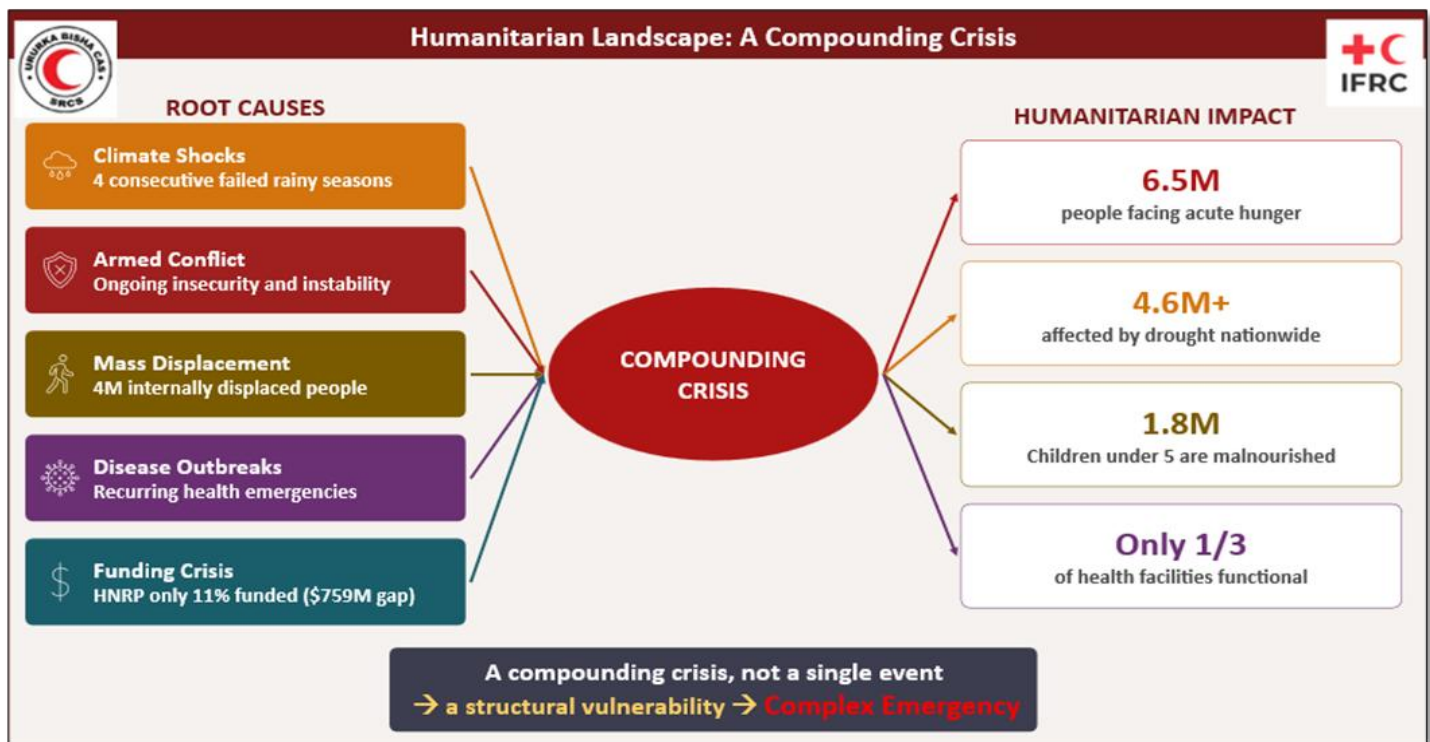
A. SITUATION ANALYSIS

Description of the crisis

The complex nature of the crisis

Somalia is consistently ranked among the world’s most fragile contexts, second in the Fund for Peace Fragile States Index, first in the OECD’s classification of extremely fragile contexts, and “Very High” on the INFORM Risk Index, the highest category among 192 countries.

Four consecutive failed rainy seasons, ongoing armed conflict, large-scale internal displacement, constant climate shocks (drought-flood-drought), and recurring disease outbreaks have combined to erode the foundations of community resilience. At the same time, the humanitarian fund for Somalia has been sharply decreasing over the last few years. The Somalia [HNRP funding has fallen from 91% in 2022 to only 11%](#) in 2026, even as requirements rose from USD 1.09 billion to a peak of USD 2.6 billion. This widening gap is not a temporary funding shortfall; it is a structural feature of the crisis, compounded by growing aid fatigue across protracted global emergencies. Together, these dynamics are accelerating severe food insecurity, the collapse of essential services, and deepening long-term vulnerability. This left at least 6.5 million people facing acute hunger, 1.8 million children under five are acutely malnourished, and only one in three health facilities remains functional. These are not symptoms of a single event but the visible manifestation of a system under sustained stress. Understanding and acknowledging this distinction is central to how the Appeal is positioned and resourced.



The Somalia Complex Emergency Appeal (MDRSO025) is a response to the cumulative outcome of structural vulnerabilities that have deepened over many years, converging into a state of [Protracted Crisis and Complex Emergency \(PCCE\)](#). The Emergency Appeal was launched to respond to a structural vulnerabilities that requires sustained, multi-dimensional, and forward-looking humanitarian action, while keeping the immediate life-saving humanitarian needs as the top priority.

Why above-average Gu 2026 rains (April-July) will not resolve the current humanitarian emergency

The character of the complex crisis in Somalia is perhaps most clearly illustrated by the climate dimension, where the structural vulnerability can be expressed through a cycle of “too much or too little water”. In this chronic hydrological instability, successive droughts are punctuated by destructive flooding, and neither extreme allows communities the time or resources to recover. This pattern is central to understanding the outlook for 2026. The latest Gu 2026 [rainfall forecast](#), issued by FAO-SWALIM and the Somalia Ministry of Environment and Climate Change (MoECC), on 5 May 2026, indicates above-average rainfall across most of the country. On the surface, this appears to offer relief from the acute drought conditions affecting Somalia. It will not resolve the humanitarian emergency, and in several respects, it introduces new risks.

After four consecutive failed rainy seasons, households across Somaliland and Puntland have exhausted their seed stocks, sold their productive assets, including livestock, and lost the financial capacity to purchase fertilizer and basic agricultural inputs. Without immediate livelihood support, they cannot plant, regardless of rainfall. Even where planting is possible, no meaningful harvest can materialise before mid-July at the earliest. This leaves a critical food insecurity gap of three to four months (April-July) during which cash and food assistance remain essential.

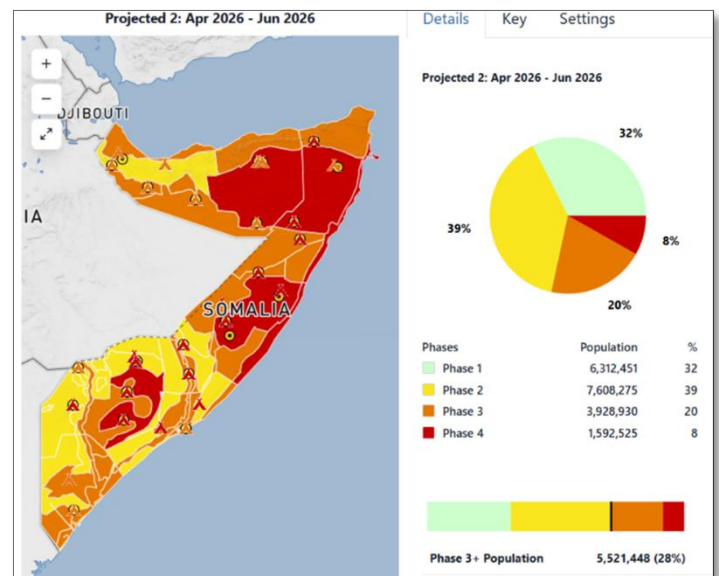


Figure 1: IPC Food Security projection map (April-June 2026)

Beyond the agricultural window, the structural drivers of need persist independently of rainfall. An estimated 483,000 children with MAM and SAM conditions will require at least six to eight weeks of intensive therapeutic feeding, and this cannot wait for the harvest. Over 3.3 million internally displaced people (IDPs) will not return to their homes with the rains, because displacement is primarily driven by livelihood collapse, insecurity, and the loss of productive assets, including livestock, not by weather. This typically takes multiple seasons to reverse.

In addition, above-average rainfall also raises the risk of localised flooding, especially in the Juba and Shabelle river basins, where floodwaters containing animal debris and solid waste are likely to contaminate surface water sources and trigger outbreaks of cholera and acute watery diarrhoea (AWD). This will add further pressure on an already weakened health system. With Deyr 2026 (October–December) remaining highly uncertain, a fifth consecutive failure would push Somalia’s famine risk from contingent to active. In this context, the April–September 2026 window is not a bridge to recovery provided by the rains; it is a window of opportunity during which sustained, multi-sectoral humanitarian action is required to prevent a catastrophic humanitarian deterioration and address the unresolved structural dynamics of the crisis.

Escalating humanitarian crisis in Puntland and Somaliland

The humanitarian analysis conducted by SRCS across Puntland and Somaliland documents how this systemic collapse is playing out in some of the most severely affected communities in Somalia, 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 food and water, compounded by significant funding cuts that have severely weakened the health system. The situation in Puntland and Somaliland 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. Communities now face the threat of another failed Deyr rainy season, from October through December 2025.

To ensure that the voices of affected communities are accurately reflected, the SRCS, with support from IFRC and partners, conducted a detailed humanitarian analysis between August and September 2025. This analysis draws on SRCS-led assessments carried out through ongoing emergency response operations and long-term resilience programmes, including Enhanced Vulnerability & Capacity Assessments (eVCA), which capture community perspectives.

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

As the situation continues to evolve beyond the period covered by the original analysis, the humanitarian analysis will be updated during the April–September 2026 scale-up period to capture evolving needs and inform operational adjustments. This will help to ensure assistance is precisely targeted to the most vulnerable groups and modalities are matched to their needs.

Funding shortfalls and the collapse of essential services

The crisis in Somalia is being exacerbated by a sharp reduction in global funding. The humanitarian funding for Somalia has dropped significantly since 2023 (the current UN drought response is only 12% funded). As a result of the overall funding cut, many United Nation agencies, international Non-Governmental Organizations (NGOs), and national organisations have either shut down or scaled back their operations. The widespread funding cuts are 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. This has placed additional pressure and responsibility on the Red Cross Red Crescent Movement, particularly on the Somali Red Crescent Society (SRCS), which continues to maintain its operations country-wide with limited resources.

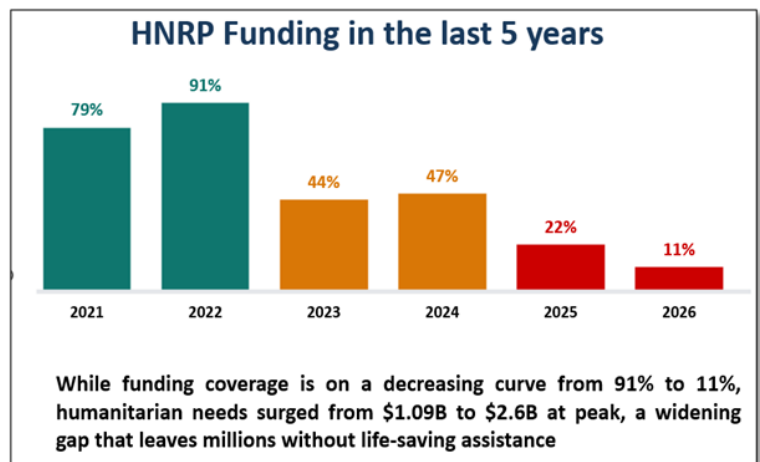


Figure 1: [Somalia HNRP funding trend 2021-2026](#)

Community coping mechanisms and services at the breaking point

Community coping systems are overextended. Communities have been sharing resources, relocating, and activating traditional safety nets. But without urgent support, these coping systems are at risk of 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. In some communities, livestock mortality has reached up to 80 per cent in some communities, eroding the primary asset base of pastoralist households.

The immediate trigger of the current crisis is the failure of the 2025 Gu rains, especially in northern Somalia, marking yet another consecutive poor season. In November 2025, authorities in both regions declared drought emergencies and appealed for urgent international assistance. In March 2026, 70 NGOs working in Somalia issued an open letter appealing to institutional and bilateral donors to extend their support for drought response. According to the [IPC analysis](#) published in January 2026, more than 6.5 million people in Somalia (33% of the analysed population) are classified in IPC Phase 3 (Crisis) or worse, including more than 2 million in IPC Phase 4 (Emergency). Pockets of households most affected by displacement and consecutive dry seasons are expected to face Catastrophe (IPC Phase 5). The nutrition crisis is equally severe: 1.84 million children under five are expected to suffer acute malnutrition

throughout 2026, including 483,000 SAM cases requiring urgent treatment. Even with anticipated above-average Gu rains, any improvement in food security or nutrition outcomes will be modest and insufficient to offset the structural drivers of hunger.

The crisis cuts across pastoral, agro-pastoral, and coastal areas, straining both host populations and displaced households. Traditional coping mechanisms are exhausted, nutrition sites closed, 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 is not sufficient to meet the severe needs on the ground.

The Middle East Conflict, Strait of Hormuz Disruption, and Their Impact on Somalia's Humanitarian Crisis

The escalation of the Middle East conflict in February 2026 and the effective closure of the Strait of Hormuz have added a measurable economic shock to Somalia's already critical humanitarian crisis. Somalia imports over 70% of its food, and its main source of income, which is livestock exports, goes almost entirely to Gulf markets that are now severely disrupted. Since February 2026, fuel prices in Somalia have [surged by 150%](#), essential commodity prices have [risen by at least 20%](#), and urea fertilizer prices have [spiked by 46%](#) month on month. This coincides with the Gu rainy season (which is also the critical window for planting) when households are attempting to restart agricultural activities after four consecutive failed seasons. Disruptions to global shipping routes have also [impacted the supply chain for Ready-to-Use Therapeutic Food \(RUTF\)](#), the primary treatment for 483,000 children with severe acute malnutrition. In short, the Middle East conflict is making this Operation more expensive to run and harder to fund at the same time.

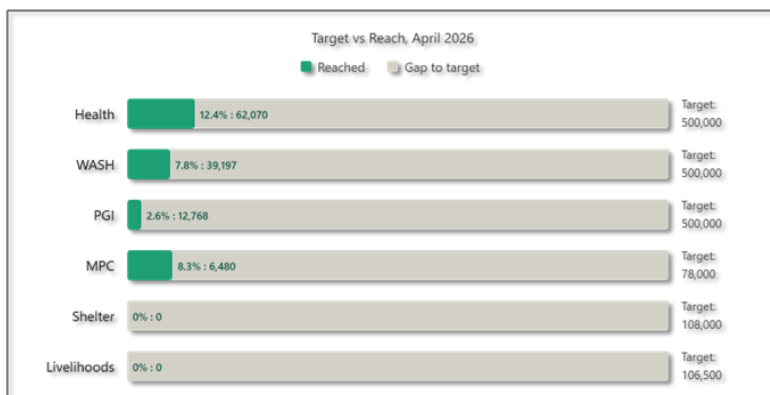
Summary of response

Overview of the host National Society and ongoing response

SRCS has mobilised staff and volunteers to carry out assessments and scale up the response. The initial activities to date are focused on the DREF grant allocation of CHF 981,311 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 a key partner in the government's humanitarian response, supporting disaster management through active participation in coordination meetings led by the Somaliland National Disaster Preparedness and Food Reserve Authority (NADFO)

in Somaliland and by the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) in Puntland. SRCS also engages with the Health Cluster, led by the Ministry of Health; the WASH Cluster, led by the Ministry of Water; and the Protection and Shelter Clusters, in collaboration with other NGOs, UN agencies, and key stakeholders. As of April 2026, SRCS managed to cover only 12% of the total target population (450,000) under this Appeal.





Somalia faces a complex emergency driven by climate shocks, four failed rainy seasons, armed conflict, mass displacement and recurring disease outbreaks. These pressures have eroded livelihoods and strained a health system where only one third of facilities function, leaving 6.5 million people in acute hunger and 1.8 million children malnourished. Severe funding gaps continue to limit the humanitarian response.

6.5 M people facing acute hunger	4.6 M+ people affected by drought	5.2 M people urgently need water	483 K children needing nutritional support	1.85 M children under 5 malnourished	1/3 health facilities are functional
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SEASONAL UPDATE: GU RAINS HAVE STARTED

The **Gu** rainy season (April–July) has just begun — the critical window for planting. However, the Gu rain alone will not solve the crisis.

- **No inputs = no planting**
Without seeds, fertilizer and tools, households cannot plant even with perfect rain
- **Harvest not before late July**
Even with perfect rain and proper planting, the harvest will not materialise before late July
- **SAM/MAM need 6–8 weeks care**
Severe and moderate acute malnutrition cases require at least 6–8 weeks of intensive therapeutic care to recover
- **IDPs unlikely to return**
Displaced people will not return without means to restart livelihoods; the primary driver of displacement was livelihood collapse, which takes multiple seasons

EMERGENCY APPEAL — MDRSO025

IFRC seeks **CHF 25 million** to support Somali Red Crescent Society (SRCS) in delivering life-saving assistance to 450,000 people across drought and flood-hit regions of Puntland and Somaliland.



RESPONSE TO DATE

- Water, Sanitation and Hygiene Services (WASH)**
 - 39,200 people reached through hygiene promotion
 - 280 water trucking trips completed
 - 20 water points rehabilitated (wells and berkadis)
- Cash Assistance**
 - 1,730 households (10,380 people) supported with multipurpose cash assistance (MPCA)
- Healthcare**
 - 72,380 people reached with essential health services (including Antenatal and postnatal care)
 - 15,000 children screened for MAM and SAM with referral pathways established
 - 12 mobile and 2 static clinics have been providing health services for the communities in Puntland and Somaliland
- Protection, Gender and Inclusion (PGI)**
 - 12,700 people reached through PGI programming, including PSEA awareness, safe SGBV and child protection referrals, and efforts promoting safeguarding, social inclusion, and cohesion

TOP PRIORITIES FOR APRIL–JULY 2026

- 1 Scale Up Livelihoods Support**
Seeds, fertilizer and tools for planting season; livestock health support; expanded cash assistance
- 2 Expand WASH Facility Rehabilitation**
Berkadis, shallow wells, earth dams and solar-powered systems for safe water access
- 3 Strengthen Health and Nutrition**
Expand mobile and static clinic coverage; secure consistent RUTF/RUSF supplies for therapeutic feeding

Red Cross Red Crescent Partner National Societies: American, British, Canadian, Danish, Finnish, Monaco, Netherlands, Norwegian, Japanese, Kuwaiti, Qatari, and Türk Kızılay.

Multipurpose Cash Assistance:

As part of the Complex Emergency Appeal in Somaliland, SRCS delivered multipurpose cash assistance to **6,480 people (1,080 households)** across six regions: Awdal, Maroodi-Jeh, Sahil, Togdheer, Sool, and Sanaag. Each household received a three-month cash transfer, with transfer values ranging from \$110 to \$160 depending on the region, based on the Somalia transfer value recommendations. The transfers were made via mobile money, supported by Telesom, with accountability ensured through a hotline and community verification mechanism. To assess the impact of cash assistance, one post-distribution monitoring (PDM) survey was conducted, providing valuable data on the effectiveness of the assistance and helping to inform future interventions.

On the other hand, in Puntland **3,900 people (650 households)** (1,911 M 1,989 F) were supported with multi-purpose cash grants across the 3 regions of Mudug, Nugal and Bari in Puntland due to their severity drought situation. Each household received 3 tranches of cash grants via mobile money through Golis telecommunication company as the contracted financial service provider. The transfer values differ in those regions as per the recommendation of the Somali Cash Working Group. Across the three regions in Puntland, the values range between USD100 – USD150 per household.

Health and Care:

The SRCS deployed five mobile health clinics across **Somaliland** from November 2025 – March 2026, and an additional five mobile health clinics for only March 2026. The mobile health teams provided outpatient consultation to **62,070 people**. The immunization services reached **16,266 children**. In **Puntland**, through the emergency appeal, 4 mobile clinics were deployed in February/March 2026 across the three regions in Puntland for 3-6 months due to the limited funding of the appeal to deliver health care services to the remote and underserved communities whose situation has worsened by the prolonged drought. A total of 10,312 direct beneficiaries (6,290 female and 4,022 male) received integrated primary health services from the four mobile clinics during the very short time they're deployed.

Water, Sanitation and Hygiene (WASH):

In **Somaliland**, the SRCS rehabilitated four shallow wells and equipped them with solar-powered pumping systems. It also constructed four animal water troughs and four small community water storage facilities alongside the shallow wells to improve access to water for households and livestock. Additionally, one elevated water tank was installed to enhance water storage and distribution. Furthermore, eight water points (berkeds) were rehabilitated, benefiting **7,829 people (4,227 females and 3,602 males)** and **21,980 livestock**. In addition, the Norwegian Red Cross deployed a Water Supply Rehabilitation (WSR) Emergency Response Unit (ERU) assessment team to assess water needs across four regions: Togdheer, Maroodi Jeeh, Awdal, and Sahil. The assessment identified non-functional water facilities in seven districts. The teams have rehabilitated five out of seven, while the remaining two are under work and are planned to be completed in the coming weeks, reaching around the 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. Briefly describe essential information about the host National Society, it's link/relationship with the government especially with regards to the disaster management. Include current response relative to the hazard/event of the emergency appeal.

Puntland

In summary, **7,395 households** are supported by SRCS in Puntland with water and hygiene activities. This reflects the activities delivered to the drought affected communities since the beginning of the emergency appeal.

In Puntland, SRCS delivered 601 water trucks since the beginning of the emergency appeal, reaching **5,195 households (31,170 people)**. Communities formed committees, and volunteers handled hygiene promotion. In addition, volunteers involved in the water trucking operation distributed Aqua Tabs to the communities served to ensure safe drinking water. There are 4 berkeds that have been rehabilitated for water conservation during the rainy season and to store water during emergency water trucking for the communities in Xamxamaa and Qorraxaad. The berkeds are providing water to 600 households in those villages. Xaabo borehole, which supports 1,600 households

in Xaabo town, was upgraded its capacity. The work upgraded to the borehole system includes solarization of the entire borehole, replacement of fittings, construction of one water kiosk, rehabilitation of four water troughs, and training for the borehole water committee, while equipping them with the essential mechanical toolkit. This time, communities are experiencing prolonged dry spells and failed rainy seasons; however, it's still beneficial for the communities to store their water trucks in the newly rehabilitated berkedes. The intervention reduced health risks and supported vulnerable groups.

Community Engagement and Accountability:

In Somaliland, SRCS mainstreamed Community Engagement and Accountability (CEA) across programme implementation, ensuring affected communities were informed about the response, available assistance, funding sources, exit strategies, and feedback channels. Community feedback desks were established and used throughout registrations, distributions, assessments, and outreach activities, complemented by continuous dissemination of information on SRCS feedback mechanisms, including the toll-free hotline (3240). Over 200 volunteers (51 female, 180 male) from six branches (Borama, Hargeisa, Berbera, Burao, Erigabo, and Lasanod) were trained on CEA through on-the-job training. About 36 community engagement meetings were conducted to share information on beneficiary selection criteria, cash grant entitlements, duration of assistance, and operational progress, while providing space for community feedback and dialogue. The hotline was activated and managed by designated volunteers in all six branches, with two dedicated feedback volunteers per branch assigned to handle and report on community complaints and feedback. Overall, close to 40,000 people were reached through CEA activities, including awareness campaigns, community meetings, and feedback sessions.

In Puntland, SRCS continued to integrate CEA into programme implementation, informing communities about the response, available support, funding sources, exit strategies, and feedback channels. Community feedback desks were operational during registration, distribution, assessment, and outreach activities, alongside promotion of the toll-free hotline (358). In total, 40 volunteers (24 female, 16 male) from Galkacyo, Garowe, and Bosaso branches were trained on CEA using an on-the-job training approach to enable practical application while engaging with communities.

Protection, Gender and Inclusion (PGI):

During the reporting period, both Somaliland and Puntland branches of SRCS made significant strides in integrating Protection, Gender, and Inclusion (PGI) principles into their operations. Somaliland provided refresher training to **231 volunteers (51 female, 180 male)** on PGI awareness, focusing on minimum PGI standards during emergencies such as; sexual and gender-based violence (SGBV), Dignity, Access, Participation and Safety (DAPS). IEC material was developed by SRCS, addressing issues such as the presence of an SRCS toll-free feedback hotline, SGBV, DAPS, and social accountability targeting vulnerable groups such as young girls and women, elderly persons, and persons with disability (PWD). The messaging on the IEC material reached 34,800 people.

In Puntland, SRCS trained 40 volunteers (16 male, 24 female) on PGI, established PGI focal points, and reached approximately **12,768 people** with IEC materials on SGBV, DAPS, and social accountability. Both regions briefed all staff and volunteers on the Code of Conduct, PSEAH, and safe referral pathways for SGBV and child protection cases. Additionally, Puntland carried out targeted distributions of Menstrual Hygiene Management (MHM) and dignity kits: 890 schoolgirls (mainly 15 – 19 years) received MHM kits across Galkacyo, Gumbax, and Taageer schools, while 350 drought-affected households (350 girls) in Qalwo and Qaarsoor villages received dignity kits. Safe and accessible distribution points, female volunteer involvement, and culturally sensitive awareness sessions on menstrual hygiene ensured privacy, dignity, and respect for beneficiaries.

Human Impact story

The community in Xaabo and the nearby pastoralists suffered from water shortages. The well fittings were in a bad condition, meaning that daily operations required fuel, making it very expensive. This made it very difficult for communities and livestock to access safe water. "Large communities in the town and within the surrounding areas rely on this well, but its efficiency has tremendously decreased, making it impossible to serve people and the livestock," said Yusuf Jama, one of the community elders.

SRCS upgraded the borehole and supported us with a solar system. Now we are using less fuel, and our water production has significantly increased. Additionally, our water technical personnel were trained and supported with tools. We appreciate that". Added Yusuf Jama.

Additionally, the community stated that they had to check the pipes every six months to avoid pump collapse, but now that quality materials were given by SRCS, there is no need to check the pipes anymore, at least for the first 3 years, as per the experts. The water is free for the people and livestock coming to the borehole site.



Figure 2: A water trough constructed for the livestock to access sufficient water

Federation-Wide Approach

The Emergency Appeal is a Federation-wide response, informed by the priorities of the SRCS and developed in consultation with all Federation members supporting the operation. The approach, reflected in the Operational Strategy, ensures linkages between response activities and will assist in leveraging the capacities of all members of the IFRC network in the country, as well as outside of the country, to maximize the collective humanitarian impact.

Below is an overview of current initiatives and partner support contributing to the Emergency Appeal, including in-country and external partners supporting the SRCS and its response activities.

Partner	Support
Bilateral	
Canadian Red Cross	Bilateral support for Emergency Health 5# mobile and 2# static health clinics – CAD 250,000
Danish Red Cross	Bilateral support, including additional nutrition supplies and USD 300K top-up to the Resilience project budget
German Red Cross	Bilateral support with 255K Euro for Multipurpose Cash
Multilateral	
Monaco Red Cross	Hard pledge: CHF 18,803.35 committed to the Appeal
Netherlands Red Cross	Hard pledge: EUR 372,750 committed to the Appeal
Japanese Red Cross	Hard pledge: Yen 5,000,000 committed to the Appeal
American Red Cross	Soft pledge - in Kind - Cover for the deployment of Ops Manager
British Red Cross	Hard pledge: GBP 150,000 – This includes support for WASH and Health programs and Operations Manager surge
Norwegian Red Cross	Hard pledge: WSR ERU Deployment – 5 million NOK (CHF158,000)
Finnish Red Cross	Hard Pledge for an amount EURO 500,000 – For Multi-Purpose Cash and Operation manager Surge support – In kind

The Appeal serves as the emergency delivery instrument of the [Somalia Unified Plan 2026–2028](#), which provides the longer-term programming framework within which emergency investments are anchored and sustained beyond the Appeal's lifetime. Together, they constitute the Federation-wide integrated response architecture for Somalia.

PNSs contribute bilaterally or multilaterally to this response, each bringing specific programming expertise that complements and extends the Appeal's reach. Within the framework of the Unified Plan, but bilaterally, **Finnish** Red Cross supports SRCS clinic operations, DRM and cash readiness, and disability inclusion programming. **Norwegian** Red Cross supports community-based surveillance (CBS) and static and mobile clinic operations. **Danish** Red Cross contributes nutrition, NCD, and community health programming. **German** Red Cross supports anticipatory action, WASH, and resilience-building programming. The **Canadian** and **Icelandic** Red Cross support health emergency preparedness programs. **British** Red Cross supports broader NSD initiatives. These bilateral investments are integrated into the operational design as complementary investments, ensuring the emergency response connects directly to existing longer-term programs rather than creating parallel systems that disappear when funding ends. Through the Movement Cooperation Agreement (MCA), SRCS, ICRC, and IFRC conduct regular coordination meetings, including dedicated discussions on the Appeal, to maximize Movement-wide impact in Somalia.

At the strategic level, community-level activities under this Appeal are positioned as the foundation layer for longer-term investment beyond humanitarian funding. This includes climate finance instruments (GCF, the Adaptation Fund, and GEF) as well as the IFRC-AU Food and Nutrition Resilience Platform (FNRP), which connects the Appeal's food, nutrition, and livelihood investments to a longer-term regional food security architecture. Somalia's distinctive health security and Antimicrobial Resistance (AMR) investment case, anchored in the Somali Medicines Bill regulatory framework, SRCS's clinical data across its clinic network, and the CBS system, positions the Appeal's health programming for engagement with Fleming Fund, Wellcome Trust, and bilateral health security funding streams. These strategic linkages ensure that the emergency response contributes to durable solutions rather than entrenching dependency.

To ensure Federation-wide coordination and strategic coherence, the IFRC Nairobi Cluster has been actively strengthening partner engagement through multiple channels. Monthly consolidated operational updates to partners cover contextual changes, critical operational priorities, financial status, and resource mobilization pipelines. A dedicated SharePoint has been created where all documents related to this operation are accessible to all partners. Targeted bilateral engagement with PNSs has been conducted to build a shared understanding of the Appeal's strategic direction and to jointly develop advocacy and resource mobilization efforts. A funding gap infographic for the April–July 2026 priority period has been produced and disseminated to partners, with a request to profile the operation with their donors and supporters. A brief operational update is discussed monthly at the Somalia Operational Coordination Platform, in which SRCS, PNSs, ICRC, and IFRC participate.

Needs analysis

Six months into the operation, the Appeal remains critically underfunded at 10% of the CHF 25 million Federation-wide requirement. This leaves a funding gap of CHF 22.5 million. With the limited funding, IFRC/Somali Red Crescent has already provided immediate Multipurpose Cash (MPCA), WASH, Health, and Nutrition support to only 12% of the targeted population (approx. 57,000 people out of 450,000). The DREF allocation of CHF 981,311 is fully utilised. Approx. 74% of the Multilateral pledges have already been spent. In this situation, without the new funding within a month or two, planned livelihood, WASH, and health activities will not be possible to implement, while at least 6.5 million people need life-saving humanitarian assistance, including 1.85 million acutely malnourished children.

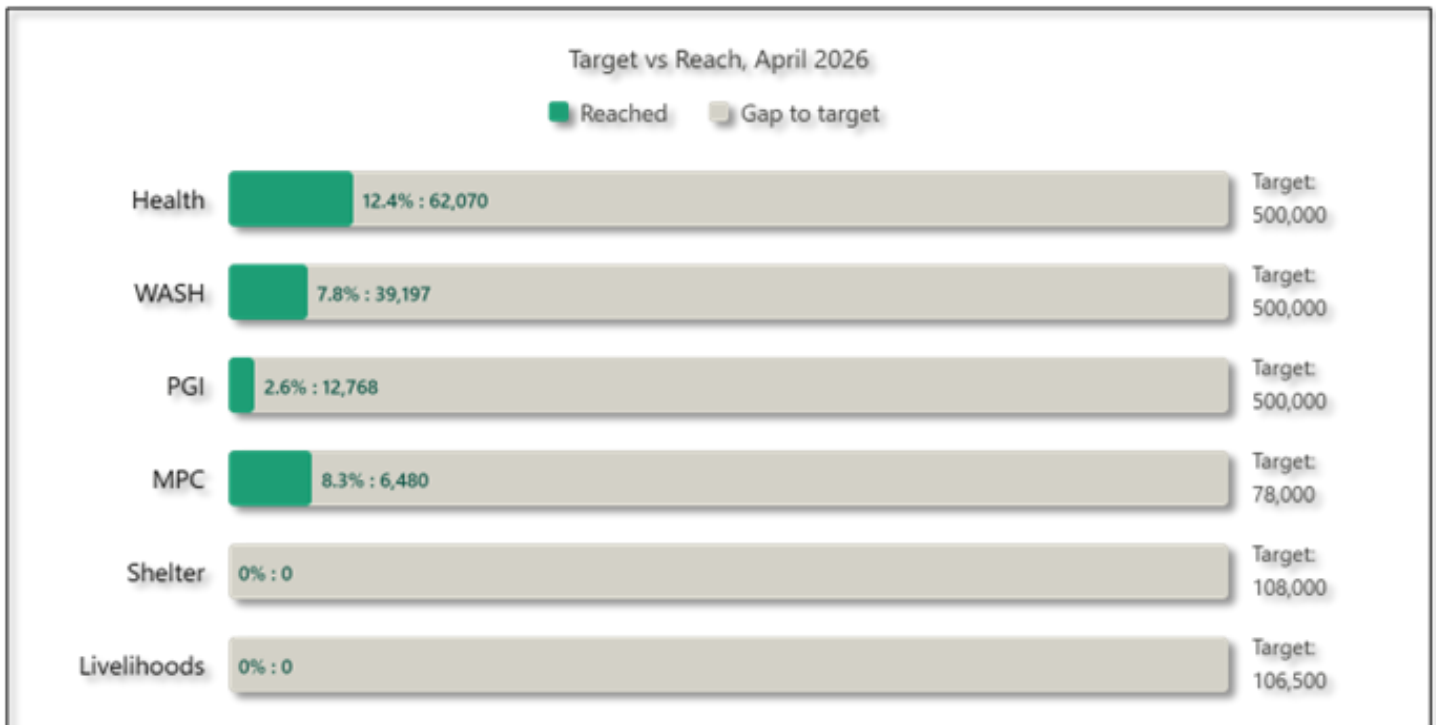
Despite widespread humanitarian mobilisation across Somaliland and Puntland, the current response is falling critically short of the full scale and complexity of needs. The current Gu season (April–September) 2026 window is the most consequential period of this operation. The Gu rainy season has just started, which is also the critical planting window that lasts only 4 months (April–July). 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 in November 2025 across five regions (four in Somaliland and one in Puntland), covering 11 districts and 21 villages. The findings underscore urgent priority needs, including:

- Support for agricultural inputs (seed, fertilizers, tools, MPCA)
- Prepositioning of Cholera/AWD response kits and items
- Reactivation of Community-Based Surveillance (CBS) network
- 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

In addition, above-average rainfall during the Gu season introduces new risks of localised flooding, contaminated water sources, and cholera outbreaks, which will place additional strain on a health system already at the point of collapse.

Many activities under the current response are being one-off or scheduled to end within weeks to months. This lack of continuity will severely undermine the investments and their stabilising impact and therefore risks leaving communities without support at the peak of further seasonal vulnerabilities. In this context, the current reorientation of the operational response is designed to ensure a smooth transition from the ongoing short-term emergency humanitarian response to a projected stabilization period that will lead to more durable solutions. Five critical needs define the response shortfall.



First, livelihood and agricultural support are absent at the scale required by the season. The Gu planting window opens in April and closes in May. Without immediate distribution of seeds, tools, and fertiliser to households that have exhausted their productive assets across four consecutive failed seasons, the rains will pass without a harvest. This is the most time-critical gap in the entire response. As of April, the Appeal could not implement any planned livelihood activities (hence did not reach any beneficiary) due to the shortage of funding.

Second, food assistance dominates the response but remains critically insufficient. The Food Security Cluster reached only 9.8 per cent of people in IPC Phase 3 or above in February. Caseloads have been cut by over 70 per cent due to funding shortfalls, leaving more than 1.5 million people in IPC Phase 4 without critical food assistance. Multipurpose cash (MPCA), the most flexible and dignified modality, remains underfunded. As of April, the Appeal reached only 8.3% of the targeted beneficiaries.

Third, WASH interventions remain limited to emergency water trucking and rehabilitation of some water points without a meaningful connection to climate-resilient and sustainable solutions. According to information from the FAO-SWALIM's [Somalia Water Sources Information Management System \(SWIMS\)](#), one in four boreholes is non-functional or abandoned. Besides the water for drinking, the availability of water for agriculture and cattle is of similar importance, as agriculture and cattle are the two main lifelines for people in Somalia. The main challenge around water in Somalia can be described as the phenomenon of “**too much or too little water**”. But this phenomenon could also be the biggest opportunity if the right strategies are employed with the right investment, including the investment in climate-resilient and multi-purpose water infrastructure, such as rainwater harvesting, upgrade and solarisation of the existing water points. As of April, the Appeal reached only 7.8% of the targeted beneficiaries.

Fourth, since early 2025, over 200 **health and nutrition** facilities have closed. WHO has warned that 618 more are at risk of closure in 2026. Around 79 TSFP sites have shut down, leaving entire districts without malnutrition screening or treatment. SAM and MAM cases are rising while the therapeutic feeding pipeline for RUTF and RUSF remains critically underfunded. In addition, cholera/AWD cases are also on the rise and projected to rise further with the projected above-average rainfall during the Gu season, as many water sources have been contaminated by animal debris. This situation demands **repositioning of Cholera response kits/items, activation of Cholera sEAP**, as well as **activation of the Community-Based Surveillance (CBS) network**. In addition, it also demands immediate scaling up of health services through static as well as Mobile health clinics, but at the same time strategic investment in both nutrition-specific interventions and nutrition-sensitive programming that tackles the broader structural determinants of food insecurity. As of April, the Appeal reached only 12.4% of the targeted beneficiaries.

Fifth, shelter, protection, and MHPSS remain the most underfunded and structurally neglected dimensions of the response. Drought displacement is sharply increasing the demand for emergency shelter. According to the latest IOM's DTM report, nearly 62,000 people have been displaced by drought since the beginning of the year, which is a 22% increase from last year. The report also projects that even if the Gu rainy season (April–June) brings normal to above-normal rainfall, nearly 125,000 more people are projected to be displaced by drought in the second quarter of 2026. The closure of over 44 protection desks and GBV facilities, and the layoff of more than 295 frontline protection staff, have left women and girls without essential services, according to OCHA [drought response update # 5](#). Mental health and psychosocial support (MHPSS) is systematically absent from integrated response packages. As of April, the Appeal could not implement any planned shelter activities (hence did not reach any beneficiary) due to the shortage of funding.

Below are the high-level findings:

Food Security and Livelihoods:

Food insecurity across Somaliland and Puntland reflects a structural collapse building across multiple failed seasons rather than a discrete event. According to the latest IPC analysis (January 2026) in Puntland, covering Bari, Nugaal, and Mudug, has 50-65% of its population in IPC P3+, escalating to P4, with only modest improvement projected for Apr–Jun due to the Gu rain. IDP populations in Bossaso and Galkacyo are escalating to P4 in the Apr–Jun IPC projection period. In Somaliland, covering Sanaag and Sool, recorded 65% population in IPC P3+, improving modestly to 55% with anticipated Gu rains. In Awdal, it's moving from 30% to 45% P3+ against the broader trend of modest Gu improvement. IDP populations in Hargeisa and Burco are projected at 30% at P3+ in Apr–Jun. Across the targeted areas under the Appeal, an estimated 1.5–2 million people are in IPC Phase 3 or worse, which is not improving uniformly with the rains. The pastoral zones of Puntland and the northern Somaliland borderlands remain at an emergency level regardless of the seasonal outlook.

Three immediate needs define this sector. **First**, agricultural inputs: seeds, tools, and fertiliser that need to reach farming and agro-pastoral households before the Gu planting window closes in May. Households that have exhausted their productive assets cannot plant regardless of rainfall. Missing this window means missing the season entirely. **Second**, MPCA needs to continue through the harvest gap even under perfect Gu rain conditions, as no harvest will materialise before late July at the earliest. **Third**, emergency food assistance must reach the most severely food-

insecure households, particularly IDP populations in Bossaso, Galkacyo, Hargeisa, and Burco, where P4 conditions are escalating or holding despite the seasonal rains.

Beyond the immediate needs before the Gu season, longer-term needs demand sustained investment in food security and livelihood as well as income diversification, especially prioritizing investments in food and nutrition-sensitive interventions aimed at addressing the broader determinants of food insecurity. This includes initiatives like investing in marketable vocational training, cash-for-work (CfW) programs, and support for climate-smart agriculture and local business development. CfW modalities, including conditional cash for environment activities linking income transfers to tree planting and soil erosion control, bridge between emergency cash programming and longer-term livelihood and ecosystem restoration. These longer-term needs connect to the IFRC–AU Food and Nutrition Resilience Platform (FNRP), aligned with the IFRC Pan-African Zero Hunger initiative. Through the Somalia Unified Plan, IFRC Network-wide support, including the Canadian Red Cross climate change adaptation programme for pastoralists and agropastoralists, the Danish Red Cross community resilience programming, and the German Red Cross climate change adaptation and anticipatory action work collectively reinforce this food security and livelihood trajectory, connecting the Appeal's emergency response to a funded, longer-term livelihoods recovery ecosystem.

Health:

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 communities only once a month. To continue providing essential health services to the affected population, these are the five specific and urgent needs to be addressed under the Appeal and beyond.

First, facility-level service continuity is failing faster than it is being restored. Somalia's health system is structurally dependent on external financing. External aid accounts for over half of all health expenditure. The suspension of USAID humanitarian aid has triggered a cascade of service collapses already evident before the current drought peaked. Measles vaccination, BCG coverage, and antenatal care visits are all declining sharply, the latter falling by 11% year-on-year at the national level, and by 33–39% at clinic and mobile unit level. In Puntland, 182 health facilities and 3 stabilization centres face severe staff and supply shortages. Families are travelling long distances, in some cases across borders to Djibouti, for emergency obstetric care. WHO has warned that 618 more facilities are at risk of closure in 2026 if funding is not restored. Across the Appeal's operational regions: Sanaag, Sool, Togdheer, Awdal, Bari, Nugaal, and Mudug, health facility coverage and people reached are among the lowest nationally, confirming that Somaliland and Puntland are severely underserved relative to the severity of need. As of April, the Appeal reached only 12.4% of the targeted 500,000 beneficiaries. The immediate priority is restoring minimum service packages across SRCS's static clinic network and scaling up mobile health teams to reach communities that have lost facility access entirely.

Second, three concurrent disease outbreaks are escalating simultaneously, and the current Gu rain will make this worse. According to the [Somalia Health Cluster Bulletin](#), January 2026, in 2025, Somalia recorded 3,655 diphtheria cases and 143 deaths across 65 districts. AWD and cholera recorded 8,915 suspected cases in 2025, with 323 new cases in Jan 2026. Measles reported 3,216 suspected cases in 2025 and 1,665 in Jan 2026. These figures reflect the pre-Gu baseline. Above-average Gu 2026 rains are projected to drive a sharp escalation in cholera and AWD cases. The pattern is not theoretical, as during the Gu 2025 season, AWD and cholera surged specifically in flood-affected areas, with 60% of cases being children under five. Above-average Gu 2026 rains are projected to repeat and amplify this pattern. Floodwaters carrying animal carcasses, solid waste, and agricultural runoff will contaminate already degraded surface water sources across Somaliland and Puntland. These are the same communities already facing facility closures, mobile clinic gaps, and the highest disease outbreak risk from the Gu flooding. It is a predictable and preventable deterioration that requires urgent action, including pre-positioning of cholera/AWD kits in high-risk areas, activation of rapid response mechanisms, including Cholera sEAP, targeted water point chlorination and rehabilitation ahead of the rains, and intensified community-based surveillance to detect and contain outbreaks before they spread. The window to act on these preparedness actions is April to June 2026.

Third, the therapeutic feeding pipeline is critically underfunded. Around 79 Targeted Supplementary Feeding Programme (TSFP) sites have closed, contributing to a total of 113 nutrition site closures nationally following major donor funding cuts in 2025. RUTF and RUSF supplies are insufficient to cover identified SAM and MAM cases. The gap between identified cases and available treatment is widening at precisely the moment acute malnutrition is surging. The Jan 2026 IPC report projected that 1.85 million children under five may suffer acute malnutrition in 2026, including 430,000 SAM cases. This situation demands rapid actions on restoring the RUTF and RUSF chain, urgent interventions such as Cash for Nutrition (CfN), and strengthening the MAM and SAM screening and referral mechanism.

Fourth, MHPSS is systematically absent from integrated health packages. Pregnant and lactating women, caregivers, and frontline health workers are experiencing elevated stress, grief, and exhaustion. Children affected by malnutrition or displacement show distress and behavioral changes. Embedding MHPSS within health service delivery, through psychological first aid, supportive communication, and referral pathways to specialized care, is a prerequisite for functional service delivery in a protracted crisis context.

Fifth, the transition from emergency health delivery to health system strengthening requires deliberate investment. The January 2026 Health Cluster Bulletin confirms that Somalia's Parliament has recently enacted the Somali Medicines Bill, establishing a regulated medicines market and a national Medicines Quality Control Laboratory. This addresses two upstream drivers of antimicrobial resistance: substandard medicines and unregulated antibiotic availability. It also creates the regulatory foundation within which community-level AMR programming can operate effectively. SRCS is uniquely positioned to anchor this programming. It is the only organization running a Community-Based Surveillance (CBS) system in Somalia. It deploys ALMANACH, generating longitudinal clinical data that no other actor in Somalia holds. Together, these assets and the new regulatory framework create a coherent AMR programming architecture that Somalia has never had before.

Currently, the Finnish Red Cross, Norwegian Red Cross, Canadian and Icelandic Red Cross, and Danish Red Cross are already investing in clinic operations, CBS, health preparedness, and non-communicable disease programming across Somaliland and Puntland. These investments are contributing to the Somalia Unified Plan 2026-2028 but run in parallel. The Appeal provides the platform for all the partners supporting health programming to establish a dedicated health coordination mechanism, co-designing complementary projects that eliminate duplication, fill geographic and thematic gaps, and present a coherent IFRC network health portfolio to institutional donors. Joint resource mobilization targeting non-traditional health security funders and bilateral health security programmes would unlock financing that no single partner can access alone. This will collectively bridge the gap between the Appeal's emergency health delivery and a more resilient, integrated health system beyond the Appeal's lifetime, guided by the Somalia Unified Plan 2026-2028.

Water Access:

Across Somaliland and Puntland, lack of access to adequate WASH services is an active driver of disease, malnutrition, and displacement. Four consecutive failed rainy seasons have depleted groundwater, dried up water sources, including shallow wells and berkads, and pushed pastoral and agropastoral communities onto unsafe surface water sources. The projected above-average Gu 2026 rains will make this surface water contamination risk worse. Critical gaps in the WASH sector include:

First, water infrastructure in the Appeal's target regions is inadequate. As documented in the [FAO-SWALIM SWIMS data](#), one in four water sources nationally is non-functional, with the highest concentration of failures in the northern and northeastern pastoral zones. In Puntland, 158 boreholes require emergency rehabilitation. In Somaliland, salinity intrusion and dried-up wells have forced large pastoral populations, particularly in Sanaag, Sool, and Awdal, onto contaminated surface water sources. Water trucking is expensive, unsustainable, and already unaffordable for the poorest households. The immediate priority is emergency rehabilitation of non-functional boreholes and water points in priority districts before the Gu rains begin, targeting communities that have lost access entirely. Beyond the immediate emergency, rehabilitation must be designed for climate resilience from the outset,

incorporating rainwater harvesting, solarisation of pumping systems, and multi-purpose water infrastructure that serves drinking, agricultural, and livestock needs simultaneously.

Second, the Gu 2026 rains will worsen water quality and trigger disease surges. During Gu 2025, AWD and cholera surged specifically in flood-affected areas across northern Somalia, with 60% of cases being children under five. Floodwaters carrying animal carcasses, agricultural runoff, and solid waste contaminated surface water sources across Somaliland and Puntland, the same sources that communities are now entirely dependent on. Above-average Gu 2026 rains will repeat and amplify this pattern. Pre-positioning of water purification supplies and AWD/cholera kits in high-risk districts, targeted chlorination of water points, and activation of the Cholera sEAP before the rains peak are critical preparedness actions that need to start now. In addition, the CBS volunteer network across Somaliland and Puntland needs to be equipped with necessary refresher training, equipment, etc. This will help in the early detection of cholera/AWD suspected cases faster and enable SRCS to act faster.



During the assessment in Somaliland and Puntland, teams visited various water facilities including berkedes.

Third, WASH conditions in health facilities across Somaliland and Puntland are inadequate. A functional WASH facility is a prerequisite for infection prevention and control (IPC) in any health facility. Across the Appeal's operational areas, many SRCS-supported clinics operate without a reliable water supply, functional latrines, or handwashing stations. This creates conditions in which health facilities themselves become vectors for disease transmission. This becomes particularly dangerous in the context of outbreaks of disease such as diphtheria, AWD/cholera, and measles. Maternal and newborn care is particularly affected as it requires clean water, sterile conditions, and functional sanitation. WASH rehabilitation in SRCS-supported health facilities to be considered as an integral component of health programming under this Appeal, but also beyond it.

Fourth, sanitation conditions in IDP settlements across Somaliland and Puntland are creating outbreak conditions. Bosasso, Garowe, Galkacyo, Hargeisa, and Burao host large and growing IDP populations living in overcrowded settlements without functional latrines, handwashing facilities, or waste management. Open defecation rates in these settlements are high, creating direct faecal-oral transmission pathways for cholera, AWD, and diphtheria. The same IDP settlements with the worst WASH conditions (Bosasso IDPs, Bari) and (Garowe IDPs, Nugaal) record the highest acute malnutrition prevalence at GAM 20.3% and 17.3% respectively. This requires a WASH-nutrition nexus integrated programming within the Appeal and beyond. In this context, the Somalia Unified Plan should be used to streamline this nexus approach programming.

Shelter:

Displacement is accelerating across Somaliland and Puntland as pastoral and agropastoral families move into already overcrowded urban IDP settlements with few possessions and no social networks. [According to UNICEF](#), nationally, there are an estimated 3.5 million IDPs, with 62,000 newly displaced in Q1 2026 alone and a further 125,000 projected for Q2. Drought is the primary driver, accounting for 52% of new displacements (rural-to-urban migration) concentrated in the northern and northeastern pastoral zones of Sanaag, Sool, Bari, and Nugaal. Three critical gaps define the shelter shortfall in the Appeal's operational areas.

First, the shelter and NFI response in Somaliland and Puntland is reaching only a fraction of those in need. Eighty-eight per cent of IDPs across Somalia live in buuls (improvised structures with domed thatched roofs traditionally assembled using twigs and fabric). This offers minimal protection from extreme heat, rain, flooding, and cold nights in northern Somalia's climate. Newly displaced pastoral families arriving in Bosasso, Garowe, Galkacyo, Hargeisa, Burao, and Ceerigaabo join existing settlements with no functional WASH facilities. Women and girls face

acute privacy and protection risks in densely packed settlements. According to the [IOM DTM-DRC Multi-Hazard Displacement Projections](#), April–June 2026, Bossaso is projected to receive 10,160 new displacements, and Burco (Burao) is projected to receive 11,754 new displacements in Q2 2026, mainly driven by a combination of drought and flooding. In Puntland, the IDP caseload in Qardho district alone is projected to increase by 54% between April and June 2026. Above-average Gu 2026 rainfall will accelerate this trend. Flood risk during Gu 2026 will further damage existing buul structures and trigger secondary displacement among families who have already moved multiple times. Emergency shelter kits and weatherproofing materials for the most exposed households are to be pre-positioned and distributed before the Gu rains peak.

Second, there is no coordinated NFI response at the scale needed to meet the needs of newly displaced families in Somaliland and Puntland. Pastoral households that have lost their livestock arrive at IDP settlements having lost their primary asset, income source, and food source in a single shock. Bedding, cooking utensils, water containers, and hygiene products are largely unavailable. The absence of basic cooking equipment prevents households from preparing food even when assistance is available. The absence of hygiene products, particularly for women and girls, undermines both protection outcomes and hygiene promotion. A coordinated NFI package, including women's dignity kits, distributed alongside MPCA, is the most efficient response mechanism. This will enable households to prioritise their most urgent needs without diverting MPCA toward basic hygiene items.

Third, the absence of durable solutions in the response design. Climate shocks that destroy livelihood and economic opportunities (the push factor) are the primary reason for displacement in Somalia. The push factor is the destruction of pastoral and agricultural livelihoods across four consecutive failed rainy seasons. Families have lost their herds, their farmland has failed, and there is nothing economically productive in their original location. The pull factor is the concentration of humanitarian assistance in urban and peri-urban areas. Families in hard-to-reach rural areas migrate to informal settlements in Bosasso, Garowe, and Hargeisa precisely because that is where humanitarian assistance is relatively more available than in the rural areas. As long as the push factor remains unaddressed, the pull factor will grow stronger, accelerating rural-to-urban migration, expanding informal settlements, overwhelming urban infrastructure, and increasing the long-term caseload for both humanitarian organisations and public authorities. By 2026, Somalia's urban population is expected to overtake its rural population for the first time. This trajectory will not reverse without deliberate investment in rural economic recovery. Durable solutions, therefore, require action on two fronts simultaneously. The **first is eliminating the push factor**, including creating income diversification through livelihood, economic opportunities, access to microfinance, investing in marketable skill development, restoring water availability for agriculture and livestock through climate-resilient multi-purpose water infrastructure. Directly addressing the economic dimension of the push factor will reduce the incentive to migrate. The **second front is managing the pull factor** through promoting social cohesion and economic integration support in displacement locations for families who have no realistic prospect of return. The Somalia Unified Plan connecting the FNRP initiative, the climate-resilient WASH infrastructure investment case, and SRCS's climate-smart livelihood roadmap should explicitly address both fronts. PNS with experience in livelihoods, skills development, and urban integration should be engaged to co-design a durable solution pathway that begins within the Appeal's lifetime and extends well beyond it.



SRCS staff and volunteers in Galkacyo branch along with MOHAMD staff in Mudug province in Puntland having a community engagement session discussing on the drought influx in Mudug

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 the 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 sales of livestock 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 appeals issued by Somaliland on 23 November 2025 and by Puntland on 11 November 2025 highlight that communities in both regions are facing a severe humanitarian emergency requiring urgent and collective action. The Governments requested the following:

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.

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.

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.

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.

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

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.

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:

- Jilal 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.

While the Gu 2026 outlook projects above-average rainfall across much of Somalia, this also raises the risk of localised flooding, particularly in the Juba-Shabelle River basins, where degraded soils and low absorption capacity mean that heavy rainfall can rapidly translate into surface runoff and flash flooding. Floodwaters are likely to carry animal carcasses and other organic debris accumulated during the prolonged drought into surface water sources, significantly increasing the risk of water contamination and the outbreak of waterborne diseases, including cholera and acute watery diarrhoea. Furthermore, the sudden availability of water after prolonged drought may pose additional health risks to already severely weakened livestock, potentially leading to further animal losses at the onset of the season. These combined conditions would place additional strain on an already severely depleted health system

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.

Operational risk assessment

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

B. OPERATIONAL STRATEGY

Update on the strategy

There aren't changes to the overall strategy published here [Operational Strategy](#) (OS) at the time of compiling this report. However, the operational context has shifted significantly since the Appeal launched in October 2025. The original response was primarily built to respond to a crisis around successive drought failures and their immediate consequences, including food insecurity, water scarcity, and displacement driven by the collapse of pastoral livelihoods. Those conditions remain valid, but that alone is no longer sufficient to describe the full operational challenge. The 2026 Gu rainy season (which is also the planting season) has now started, and the arrival of above-average rainfall has changed the nature of the operational challenge without reducing its urgency. Rain does not resolve the crisis; it reframes it. The same communities that were at risk from drought are now at risk from flooding, cholera and AWD outbreaks, road inaccessibility, and peak malnutrition. Agricultural inputs such as seeds, fertilizer, and tools, alongside MPCA to be distributed before the planting window closes in May. Cholera kits and response items are to be pre-positioned before floodwaters contaminate water sources. The CBS Volunteer Network must be reactivated before the disease surges at a peak. The discussion around the potential activation of Cholera sEAP should start now. The revised operational response reflects this shift from a drought emergency to a complex, multi-hazard window requiring time-sequenced, multi-sectoral action under the overall framework of the Somalia Unified Plan 2026-2028.

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:

Livelihood support: Given the current Gu rainy season (which is also the planting season), the affected households need support such as seeds, fertilizer, tools, and cash (MPCA) to restart the agricultural activities. The MPCA will help to restart the agricultural activities but also support the HHs to sustain their basic needs until the new harvest is available by late July to early August 2026.

Preparedness for potential Cholera/AWD: The current Gu rain will bring the risk of raising waterborne diseases, including Cholera and AWD. This demands preparedness activities, including prepositioning of Cholera/AWD response kits/items, but also equipping and reactivation of the CBS Volunteer Network. This discussion of activation of Cholera sEAP should take place now to prepare for possible activation.

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.

PGI and CEA: The prolonged drought is increasing PGI vulnerabilities and protection risks while creating a greater need for strong CEA approaches to keep communities informed, engaged, and able to provide feedback. Prioritisation of response actions will also be aligned with the seasonal calendar because rainfall and dry periods dictate the timing of critical needs.

Seasonal calendars for a typical year: Somalia

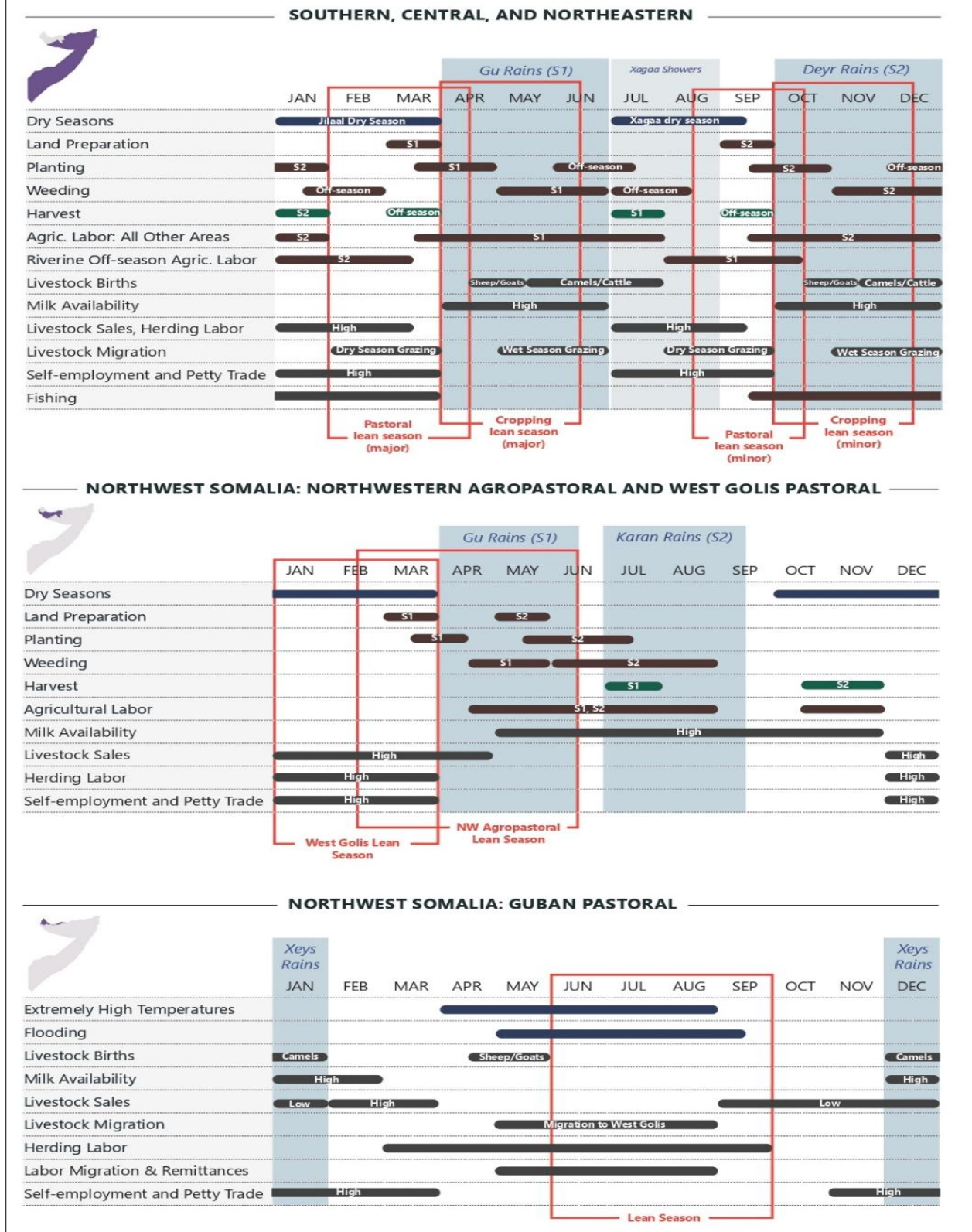



Figure 3: Source: FEWSNET

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 during the planting period supports food production.

Finally, addressing these needs requires more than emergency response. It requires an operational strategy supported by the IFRC Network, structured across three phases: Phase 1 (April–June) scales up the emergency response; Phase 2 (May–September) allocates resources for a transition to a stabilisation period; and Phase 3 (September onwards) links this to a pathway for durable solutions beyond the Appeal lifetime. The Somalia Unified Plan 2026–2028 sets the broader framework within which this Appeal (MDRSO025) operates. The total 2026 IFRC network funding requirement for Somalia is CHF 37 million, of which MDRSO025 (the current Appeal) represents the primary emergency response instrument. The longer-term programming is the IFRC network's longer-term appeal for Somalia (MAASO001), which covers health, resilience, protection, and NSD beyond the emergency response. The current reorientation of the operational response is designed as a delivery vehicle to contribute to the Somalia Unified Plan 2026–2028, linking all ongoing as well as pipeline supports of the IFRC Network active in Somalia.


C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Shelter, Housing and Settlements		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
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

In addition to the ongoing drought situation in Puntland, recent fighting in the Al-Miskat Mountains between government forces and non-state actors triggered significant displacement to safer locations, including Bosaso, Ufeyn, Iskushuban, Balidhidin, Carmo, and Waciye. This sudden influx of displaced populations placed additional strain on already overstretched host communities. Newly arrived families fled areas affected by both conflict and drought. In total, approximately 80,000 individuals were displaced and required urgent shelter assistance. Plans were made to reach these populations through shelter interventions once resources were mobilized under the Somalia Complex Emergency Appeal (MDRSO025). Shelter activities had not commenced due to resource constraints, which were further exacerbated by the ongoing drought in Somalia. Limited funding was prioritized for immediate life-saving needs such as water, food, and health support. Displaced households were affected by both the drought and the conflict between the government and non-state actors.

 Livelihoods		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
Objective:	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		
Key indicators:	Indicator	Actual	Target
	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	0	15,000 (7,500 PL, 7,500 SL)	

opportunities - in climate-smart agriculture, pest control, post-harvest handline, ploughing hours, and sustainable land use practices		
# of households supported to start or improve their income generation activities	0	2,500 (1,250 PL, 1,250 SL)

No activities were undertaken due to funding shortfalls, which compounded by the ongoing drought; limited the capacity to initiate new programme interventions.

 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	10,380 (6,480 - SL 3900 - PL) (SL - 1,080 HHs, PL - 650 HHs)	78,000 (39,000 PL, 39,000 SL)
% of households report being able to meet their households' basic needs, according to their priorities (minimum expenditure basket).	78.33 %	70%	
% of beneficiaries satisfied with the overall cash assistance process	98.7%	90%	

Somaliland

Multipurpose Cash Assistance

The Somali Red Crescent Society (SRCS) implemented a structured and community-driven approach to deliver multipurpose cash assistance to **6,480 vulnerable individuals (1,080 households)** affected by the emergency across six regions: Awdal, Sahil, Maroodi Jeeh, Togdheer, Sanaag, and Sool. Beneficiary identification was carried out through a transparent process involving community mobilization, registration, and verification, guided by selection criteria approved by a joint community selection committee. SRCS volunteers and staff conducted awareness sessions to ensure communities clearly understood the purpose and process of the assistance.

To enhance accountability and accuracy, SRCS conducted house-to-house verification for 50% of selected beneficiaries in close collaboration with the National Disaster Preparedness and Food Reserve Authority (NADFOR), confirming eligibility and prioritizing the most vulnerable households.

Cash assistance was distributed in three rounds using mobile money transfers, a fast and widely accessible method in Somalia. Most beneficiaries were able to receive funds through their existing mobile phones, while those without SIM cards were supported by Telesom, which provided free SIM cards registered in beneficiaries' names. The use of an existing Financial Service Provider (FSP) arrangement enables efficient and timely disbursement. This approach builds on SRCS's experience since the 2017 drought response and continues to prove effective in addressing ongoing humanitarian needs.

To promote transparency and community engagement, SRCS established a hotline and feedback mechanism managed by trained volunteers. Beneficiaries could raise concerns, seek clarification, and provide feedback free of charge, supported by the distribution of informational leaflets containing toll-free contact details.

SRCS trained 165 volunteers on Cash and Voucher Assistance (CVA), including 114 males and 51 females, to support the implementation of cash and voucher assistance activities.

In addition, SRCS actively participated in the national Cash Working Group (CWG), collaborating with humanitarian partners to coordinate Cash and Voucher Assistance (CVA). This platform facilitated alignment on key issues such as transfer values, targeting strategies, delivery mechanisms, and the development of Minimum Expenditure Baskets (MEB), ensuring a harmonized, accountable, and effective cash response across Somalia.

Target Locations of the Multipurpose Cash Grants

Region	District	Village	No Household	First tranche	Second tranche	Third tranche	Amount Per HHs	Remarks
Awdal	Zeila	Daba-dilaac	50	50	50	50	\$110	Completed
	Lughaya	Hul-dhudhunle	80	80	80			Ongoing
		Magalo-xoog	50	50	50			
Maroodi-jeh	Darasalam	Ilinta-dhexe	50	50	50	50	\$130	Completed
	Faroweyne	Cara madow	70	70	70			Ongoing
	Gunburaha	Jabaaqe	60	60	60			
Sahil	Berbera	Laasciile	50	50	50	50	\$130	Completed
	Sheikh	Cagaaray	70	70	70			Ongoing
		Gidhays	60	60	60			
Togdheer	Burao	Booraamo	50	50	50	50	\$140	Completed
		Candho-dhexe	40	40	40			Ongoing
	Odweyne	Qaloocato	40	40	40			
	Ainabo	Gadhka	50	50	50			
Sool	Hudun	Bilcil	50	50	50	50	\$160	Completed
	Lasanod	Samakab	130	130	130			Ongoing
Sanaag	Erigavo	Cudud	50	50	50	50	\$140	Completed

		Booca	130	130	130		Ongoing
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Transparency and accountability in the SRCS CVA process, with a focus on community engagement, community mobilisation, and beneficiary verification, alongside complaint and feedback mechanisms, hotline access, and IEC materials across the Togdheer region.

Cash Post-Distribution Monitoring Findings

After three rounds of multipurpose cash grants to the most vulnerable people, SRCS conducted a comprehensive PDM. The key findings of the PDM are as follows

- a. 100% of respondents received cash on time, confirming strong operational efficiency.
- b. Before cash assistance, 86% of households reported relying on negative coping strategies:
 - ✚ 60% borrowed money
 - ✚ 26% reduced food consumption
 - ✚ 14% sold productive assets
 - ✚ Additionally, 75% had outstanding debts, indicating prolonged economic stress.
- c. Cash utilization was prioritized as follows: 37.9% of households reported spending the cash received on food, 23.8% on water, and 15.7% on health. Overall, more than 61% of expenditure went to food and water, confirming acute humanitarian needs.
- d. 98.7% of beneficiaries reported being satisfied with the overall CVA process.
- e. 90% of households reported knowing how to use Feedback and Complaints Response Mechanisms (FCRM).

- f. 93% of beneficiaries stated that they received clear information about the cash programme prior to distribution.
- g. 78.33% of respondents reported that the cash received from SRCS was sufficient to meet the basic needs of their households, while 20.84% reported that the cash was partially sufficient, and 0.83% stated that the cash was not sufficient to meet their basic needs.



Post-distribution monitoring (PDM) activities in Awdal and Togdheer regions.

Voice from the Community (Success Story)

The drought led to the loss of 41-Year-old, Amina Farah's livestock, forcing her and her eight children to move from the remote areas of Zeila district to Dabo-dilaac village under Zeila district. Her husband stayed behind to take care of the few animals that survived the harsh weather conditions. Before receiving cash assistance, her family relied on donations from relatives and neighbors, which proved insufficient to meet their basic needs.

She sometimes took out small loans from her relatives, but could not repay, create debts and prevent her from getting help from them. Amina has been receiving USD 110 a month for over three months. With this money, she can now buy food for her family. "I'm glad my children and I now have access to good-quality food, and we now eat three times a day" Amina Thanks to this cash transfer support, Amina is now debt free as she used some of the money to pay the previous money which she owed. The drought has affected the livelihoods of thousands of people in the country. Amina's story is an example of how SRCS, with the funding support from the IFRC, through the, emergency appeal has assisted in mitigating the consequences of drought.



41-year-old, Amina Farah, during cash voucher assistance in Dabo-Dilaac village, Awdal region

Bilateral Support from the German Red Cross

As part of the Complex Emergency Appeal, the German Red Cross, through bilateral assistance with the Somalia Red Crescent Society, is providing one-off multi-purpose cash grants to **4,800 people (800 households)** across six regions of Somaliland. Currently, SRCS staff and volunteers are actively deployed in the field, conducting beneficiary mobilization, registration, and verification processes in preparation for the cash distribution.

Puntland

During the reporting period, **650 households (3,900 people)** received multi-purpose of cash transfers across three regions. In the Bari Region, 300 households were supported, with 100 households each reached in Mudiye, Gumbax, and Taageer villages. In Nugaal Region, 200 households received assistance in Xamxamaa and Dangoroyo host and IDPs and Farxamur, while in the Mudug Region, support was provided to 150 households in Isqambuus, Shilinxarare and Qoorgooye villages. These locations were selected based on the SRCS complex emergency assessment, which identified them as among the most affected by water scarcity, food shortages, and limited humanitarian access due to their remoteness

SRCS branches in Puntland integrated PGI and community engagement across its interventions by conducting regular sensitization meetings with targeted communities during the implementation to ensure participation, inclusiveness, and accountability, while also undertaking a joint rapid protection needs assessment in February 2026 across Galkayo, Galdogob, and Jariban districts in collaboration with MoWDAFA to identify key protection risks, service gaps, and priority needs among vulnerable populations; the assessment, which engaged 601 respondents across 32 settlements, highlighted significant concerns including gender-based violence, limited access to GBV services, and gaps in basic services, informing the design and delivery of safer, more inclusive, and needs-based interventions. Following the protection assessment findings highlighting high GBV risks, SRCS Galkayo branch integrated GBV awareness into ongoing community engagement activities in Mudug region. During cash distributions and water trucking in Shilinxaraare Jariban district, volunteers conducted sensitization sessions on GBV risks, prevention, and available support services, reaching the same targeted communities assisted through the intervention (approximately 500 households). At the same time, SRCS together with MoWDAFA and local actors mapped available GBV service

providers and referral options within the intervention areas. Volunteers were oriented towards safe and confidential referral procedures to ensure appropriate, survivor-centred support.

Regularly, SRCS branches together with their trained volunteers, conduct the registration process through mobile data collection tools such as Kobo, which were installed in tablets to ensure efficient and transparent data collection. The registration process focuses on vulnerable households affected by drought through the set forth selection criteria.

The priorities of the registration process include households that have met the basic vulnerability criteria, such as drought-displaced households, poor households, households with many dependents, female-headed households, and households with specific needs such as the elderly and people with disabilities. The data collected from the registration process guides the planning and implementation of the cash plan to help the affected households meet their urgent needs and improve their living conditions.

The registration activity targeted the settlements where internally displaced families had settled and arrived in search of basic livelihood opportunities and humanitarian assistance. The settlements were identified in close coordination and consultation with the authorities, community leaders, and representatives of the affected communities.

Many of the families in the targeted areas are pastoralists who were forced to change their traditional livelihoods due to the high losses they suffered. However, since their arrival in those settlements, the families have had difficulty in accessing basic livelihoods, which has increased their vulnerability.

Community Engagement and Registration process:

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.

Post distribution monitoring report

The Post Distribution Monitoring assessment confirmed that the multipurpose cash assistance provided through the Complex Emergency DREF intervention played a critical role in supporting vulnerable households affected by severe drought in Bari, Nugal, and Mudug regions. The assistance enabled families to meet their immediate survival needs, particularly food and water, during a period of extreme environmental and economic stress.

Although the cash support did not significantly improve dietary diversity or long-term resilience, it served as an essential safety net that helped households maintain basic consumption levels and avoid more severe coping strategies. Overall satisfaction increased from 94.2% in PDM 1 to 97.6% in PDM 2, reflecting a 3.4% improvement. The high levels of beneficiary satisfaction, strong compliance with accountability standards, and the absence of reported registration fees demonstrate that the intervention was implemented transparently and effectively.

Case studies

Between Thirst and Hope: Fatima's Fight for Water, Food, and Her Children's Education

In Xamxamaa village, 45-year-old Fatima faced the brutal reality of a drought that has forced many families to spend 78% of their resources on food. For Fatima, however, the most desperate need wasn't just a meal, it was water. The drought had made water so scarce and expensive that she had to prioritize it above all else to keep her family alive. Upon receiving her cash assistance, she immediately used \$100 to secure a water supply, as the lack of it had become an emergency that overshadowed every other concern. Only after this critical need was met did she use the remaining funds for food and to keep her children in school. This is a rare feat in a region where education spending has dropped by 4.5% because families simply cannot afford it. By providing this relief, the assistance ensured that Fatima didn't have to choose between her family's thirst and her children's future.

A Lifeline in Drought: Fadumo's Story of Survival and Dignity.

In Muudiye village, the prolonged drought has made everyday life a constant struggle for survival. Fadumo, an elderly woman living alone, has been among those hardest hits by the crisis. Without close family support and with very limited resources, she often found herself unable to meet even her most basic needs.

The cash assistance provided by SRCS became a critical lifeline for her during this difficult time. With the support, Fadumo was able to buy food and other essential items that she could not previously afford. More importantly, the assistance gave her a sense of relief and dignity, knowing that someone cared about her situation.

Fadumo's story reflects the reality faced by many households in the affected communities. Due to the ongoing drought, families are forced to spend most of their resources on food just to survive. Recent data shows that up to 78% of household spending is now directed toward food, often leaving little for other essential needs.

For vulnerable individuals like Fadumo, this assistance does more than meet immediate needs. It helps ensure that even during a severe crisis, the most vulnerable members of the community can maintain their basic well-being and continue to cope with the challenges brought by the drought.



50 drought displaced households in the Qoorgooye camp have been registered by the SRCS. They are receiving support through unconditional cash assistance and water trucking as part of the IFRC emergency appeal



Health & Care

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

Female > 18: 19216

Female < 18:
14,728

Male > 18: 13,735

Male < 18:
14391

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

90%

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

72,382
(62,070 - SL 10,312 - PL)

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

of mobile health service and static clinics units functional to provide quality primary health care

17
(17 - SL
4 - PL)

17 (5 PL, 12
SL)

of people reached with health promotion as a response to an emergency by community-based volunteer

51,084
(51,084 - SL
0 - PL)

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

of people reached, assisted by the National Society, with immunization through routine services

17,745(16,266 - SL
1,479 - PL)

25,500 (7,500
PL, 18,000 SL)

# of people supported with safe motherhood services (Ante-Natal Care, Delivery, and Post-Natal Care)	20,622 (19,686 - SL 936 - PL)	TBC
# of OPD kits procured and distributed to clinics	14 (14 - SL)	30
Output 4.2: Affected communities, particularly in underserved areas, have sustained access to essential nutritional support		
% of cases of acute malnutrition identified through screenings referred for treatment	0	20%
# of children screened for malnutrition status	28,390 (26,859 - SL 1,531 - PL)	TBC

Morbidity data (Consultations):

SRCS mobile clinics out-patient department data consultation from November 2025 to March 2026. Around **40,271 (23,045 female, 17,226 male)** were treated in the mobile clinics from different health problems. The majority of the patients were women and children which was equivalent to **30,902 (76.7%)** 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.

During this period, SRCS deployed 10 mobile health teams, of which five teams operated throughout the full five months, while the remaining five teams were deployed for one month only.

Table 1: Morbidity data from November 2025 – March 2026

Mobile Name	Under 5 years		Over five yrs		Total OPD
	<5Yrs Female	<5Yrs Male	>5 Yrs Female	> 5 Yrs Male	
Berbera	1056	768	2711	2152	6687
Lughaye	1498	1661	1403	1081	5643
Zeila	1196	1060	1746	1693	5695
Odweine	1317	1230	2490	1684	6721
Hawad	1311	1323	1747	1602	5983
Erigavo	396	328	429	331	1484
El-Afweine	356	487	612	374	1829
Badhan	247	283	296	255	1081
Hudun	435	409	1739	95	2678
Taleex	383	308	1677	102	2470
Total	8,195	7,857	14,850	9,369	40,271

Expanded Programme on Immunization (EPI) activities from November 2025 to March 2026.

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 during reporting period:

- ✚ **BCG vaccine:** 2,779 children (1,407 female, 1,372 male) were immunized.
- ✚ **Pentavalent (3rd dose):** 2,653 children (1,305 female, 1,348 male) received the vaccine.
- ✚ **Oral Polio (3rd dose):** 2,653 children (1,305 female, 1,348 male) received the vaccine.
- ✚ **Measles vaccine:** **2,813** children (1,439 female, 1,374 male) were immunized.

Based on the estimated target population of 2,323 children under one year, coverage rates were:

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

4,530 women who included **3,736** pregnant women were vaccinated against Tetanus-diphtheria, respectively. About 95 % of these women received Td2 vaccine doses for neonatal tetanus prevention. The midwife at the f 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 foetus throughout pregnancy. A total of **10,269** ANC visits were conducted for pregnant women at the mobile health clinics. Of these, **2,900** pregnant women received their first ANC visit. Additionally, **2,394** 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, **6,047** pregnant women received ferrous sulphate with folate supplementation.

Table 2: ANC services from November 2025 – March 2026

	1 st visit	2 nd visit	3 rd visit	4 th visit	Total ANC	Referred ANC	HIV	ANC Hb<10	Iron/folic	MMN	Total
Berbera	318	286	279	254	1173	9	1021	42	994	161	1155
Lughaye	618	476	409	511	2014	0	2131	210	1280	0	1280
Zeila	521	514	483	501	2019	0	2219	144	1000	0	1000
Odweine	556	596	563	471	2186	17	2258	1199	919	0	919
Hawad	422	399	335	360	1615	00	1613	81	1291	0	1291
Erigavo	185	63	52	180	480	00	502	150	150	352	502
El-Afweine	210	200	70	25	505	00	00	310	310	00	310
Badhan	70	48	20	42	180	00	180	21	21	63	84
Hudun	00	00	7	12	19	00	00	45	36	00	36
Taleex	00	00	40	38	78	35	31	47	46	30	76
Total					10,269		9924				6653

Deliveries and PNC:

A total of **657** 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: 1160 Postnatal care (PNC)

During the reporting period, postnatal services continued to be provided for **1,160** women's though the mobile health clinics, offering essential care for mothers and newborns from immediately after delivery up to six weeks postpartum. These services focus on early detection and management of complications, supporting maternal recovery, and promoting the health and well-being of both mother and baby. Midwives conducted routine monitoring, including checking maternal vital signs (blood pressure, pulse, and temperature) and assessing the newborn's umbilical cord. They also monitored for signs of infection, postpartum haemorrhage, and any redness or abnormalities around the umbilical cord. In addition, midwives assessed uterine involution to ensure the uterus was returning to its normal size and inspected perineal wounds to evaluate healing and identify any signs of infection or delayed recovery.

Table 4: Number of the postnatal women received postnatal care service from November 2025 – March 2026

	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	36	261	185	32	30	420	415	835
Lughaye	420	294	214	174	88	381	93	474
Zeila	279	316	475	176	136	267	192	459
Odweine	161	206	323	24	280	271	350	621
Hawad	166	418	323	9	50	562	604	1166
Erigavo	35	5	0	35	12	12	40	52
El-Afweine	40	15	60	40	315	315	210	525
Badhan	23	33	56	23	14	14	56	70
Hudun	00	00	00	00	00	00	00	0
Taleex	0	00	00	00	0	00	00	0
Total	1,160	1,548	1,636	513	925	2,242	1,960	

Nutrition Screening

Around **15,707 (8,130 females, 7,577 male)** of under five children underwent nutritional screening while 999 (559 females, 440 males) children were classified as severely malnourished children, while 2,379 (1,279 female, 1,100 male) children were identified Moderate malnutrition and enrolled for OTP and Therapeutic Supplementary Feeding Programme (TSFP) respectively. In this reporting period, 2,868 (1,397 female, 1,471 male) children under the age of 5 years were given Vitamin A to prevent night blindness, while 3,270 (1,471 female, 1,799 male) children were given zinc with Oral Rehydration Therapy (ORT) for the treatment of acute watery diarrhoea,

Table 5: Shows number of children received Basic Nutrition Package for November 2025 – March 2026

Location	Oedema	Severe	Moderate	Normal	Growth M. Total	Vita A	Zinc	Deworming
Berbera	0	85	268	1290	1644	189	160	219
Lughaye	0	174	484	3177	3835	112	737	390
Zeila	0	168	414	1095	1674	785	375	395
Odweine	0	380	599	2484	3463	362	931	1190

Hawad	0	4	47	2583	2634	676	565	895
Erigavo	0	14	215	581	810	560	47	430
El-Afweine	0	27	336	577	940	110	89	57
Badhan	0	16	1616	498	530	74	74	72
Hudun	0	58	00	19	77	00	187	27
Taleex	0	73	00	27	100	00	105	27
Total	0							

Drug and medical supplies kits:

The SRCS mobile health clinics received medical supply kits from pre-positioned stock monthly for the treatment of patients with common ailments and, by extension, for safe motherhood activities. Under this appeal, IFRC procured and replenished 14 OPD kits.

Health education:

SRCS mobile health 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 monthly. In total, SRCS mobile health teams reached 38,194 people (27,866 females and 10,328 males), as illustrated in the table below.

Table 6: Number of people reached in Health Education education Clinic November 2025 – January 2026

Location	Topics	Female	Male	Total
12 Mobile Health teams	Complimentary Breast feeding and IYCF	7594	254	7,848
	Prevention of vaccine-preventable diseases	4578	2368	4,578
	How to prepare ORS at Home	2689	1,943	2,689
	Diarrhoea disease Prevention	3456	2429	3,456
	Environmental hygiene and sanitation	2871	2792	3,871
	FGM/PGI activities	6678	542	7,220
Total		27,866	10,328	38,194





SRCS mobile health teams deliver essential health services across Sanaag, Awdal, Maroodi-jeex, and Togdheer regions

Bilateral Support from the Canadian Red Cross

The Canadian Red Cross, through its bilateral support to SRCS, enabled the deployment of mobile health teams to operationalize key Humanitarian Health Services components over a six-month period from January to June 2026. This included five mobile health teams and two static clinics.

These services are positioned in priority locations identified by SRCS. The mobile clinics serve Odweine District in Togdheer, Hudun and Taleeh in Sool, one location in Saahil, and two additional sites in Erigavo and Ceelafwayn in Sanaag. The two static clinics are based in Qalooq, in the rural areas of Borama in Awdal Region, and in Geedabeer, Hargeisa, within Maroodi-Jeex Region, expanding access to essential health services for drought-affected communities.

During the reporting period, the following achievements were recorded:

- a) **Morbidity data (consultations):** A total of **21,799 patients (13,067 females and 8,732 males)** were treated at the mobile clinics for various health conditions.
- b) **Expanded Programme on Immunization (EPI):**
 - ✚ **BCG vaccine:** 1,452 children (817 females and 635 males) were immunized.
 - ✚ **Pentavalent (3rd dose):** 1,416 children (783 females and 633 males) were immunized.
 - ✚ **Oral Polio Vaccine (3rd dose):** 1,416 children (783 females and 633 males) were immunized.
 - ✚ **Measles vaccine:** 1,084 children (605 females and 479 males) were immunized.
- c) **Antenatal Care (ANC):** A total of **6,496** pregnant women received their first ANC visit.
- d) **Deliveries:** A total of **518** deliveries were assisted by midwives and traditional birth attendants (TBAs).
- e) **Postnatal Care (PNC):** A total of **586** postnatal services were provided to women through health services, offering essential care for mothers and newborns.
- f) **Nutrition Screening:** A total of **11,152** children under five years (6,035 females and 5,117 males) were screened. Of these, 862 children (486 females and 376 males) were identified as severely malnourished, and 2,280 (1,247 females and 1,033 males) as moderately malnourished.
- g) **Health Education:** Health promotion activities reached 12,890 individuals (7,614 females and 5,276 males).

Bilateral Support from the Danish Red Cross

Malnutrition remains a serious challenge in Somaliland, especially among children under five, driven by drought, food insecurity, limited healthcare access, and poor feeding practices. Children aged 6–59 months are particularly vulnerable to Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), which can lead to illness, long-term developmental issues, or death if left untreated.

Through its contribution to the Complex Emergency Appeal, the Danish Red Cross provided bilateral support to SRCS by supplying essential nutrition supplements. In total, **5,744 cartons** of Ready-to-Use Therapeutic Food (RUTF) for SAM and 11,466 cartons for MAM amounting to approximately 72 metric tons were distributed across six regions. This support strengthened access to essential nutrition services in all SRCS static and mobile clinics.

Sn#	Regions	RUFT-SAM	RUFT-MAM	Unit	Box	Stand KG	Kgs	Tons
1	Awdal	1,600	3,200	Cartoons	636	15	9540	9.54
2	Maroodi-Jeex	1,416	2,748	Cartoons	786	15	11790	11.79
3	Sahil	1,130	2,248	Cartoons	565	15	8475	8.47
4	Togdheer	928	1,885	Cartoons	1,241	15	18615	8.88
5	Sool	490	1,055	Cartoons	1035	15	15525	15.52
6	Sanaag	180	330	Cartoons	510	15	7650	17.79
Total		5,744	11,466		4,773	90	71,595	71.99



SRCS team off-loading nutritional supplement of RUFT-SAM, and RUFT-MAM in Allay-Badey health clinics in Maroodi-jeex regions

Puntland

A total of **10,312 direct beneficiaries (6290 female and 4022 male)** received integrated primary health services from the four mobile clinics.

1.1 OPD services

A total of 4250 individuals (2,468 females and 1,782 were males) received OPD services, including treatment of ailments and health promotion awareness, at the four mobile clinics.

1.2 EPI services

- To ensure that infants, children, and mothers have access to routinely recommended vaccines, 179 children received the BCG vaccine, and 343 children were vaccinated against measles. Additionally, 326, 312, and 319 children received doses of the pentavalent vaccine (Penta I, Penta II, and Penta III, respectively).
- A total of 347 women received the Td1 tetanus vaccine, with 213 being pregnant and lactating women (PLW) and 134 women of childbearing age (WCBA), while 562 women received the Td2+ dose, with 238 PLW and 324 WCBA.

1.3 Nutrition services

The mobile clinics conducted nutrition screening to assess the growth and nutritional status of children under 5 years old. A total of 1,531 children under five were screened for malnutrition, with 25 identified as severely malnourished and 209 as moderately malnourished. Additionally, 331 children received Vitamin A supplements, and 226 were given deworming treatment.

1.4 Safe motherhood

- The four mobile clinics provide safe motherhood services, including antenatal care, delivery, and postnatal care to pregnant and lactating mothers. Major activities included maternal and newborn assessments, health promotion, care provision, treatment, IYCF, follow-up, and referrals. A total of 517 mothers received antenatal services, with 185 having their first visit and 72 their fourth.

- During this period, the facilities assisted with 133 deliveries. Additionally, 157 women received postnatal care, and 129 mothers were supported in initiating exclusive breastfeeding within one hour of delivery.



Nugaal SRSC health clinics have been offering motherhood services, which include antenatal care, delivery, and postnatal care for pregnant and lactating mothers in local communities. Additionally, mobile teams conducted routine vaccinations and raised community awareness both indoors and outdoors



Water, Sanitation and Hygiene

Female > 18:
10,599

Female < 18:
9,783

Male > 18: 9,784

Male < 18: 9,031

Objective:	<i>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</i>		
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 behaviour (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)	10,649 (5,693 females, 4,956 males) - SL	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	18- SL	126 (40 PL, 86 SL)
	% of target population whose state are satisfied with their access to water and sanitation facilities	85%	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 behaviour to reduce disease risks		
# of people covered with hygiene promotion activities	39,197 (20,654 females, 18,543 male) - SL	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

Construction and Rehabilitation of the Water Infrastructure

The SRCS has carried out vital water supply initiatives in drought-affected regions of Somaliland through the rehabilitation and construction of essential water infrastructure. These initiatives included refurbishing four shallow wells fitted with solar-powered pumping systems, constructing four animal watering points, creating four small community water storage facilities, and installing one elevated water tank to enhance water storage and distribution. Additionally, the SRCS rehabilitated 8 waterpoints (Berkads).

The rehabilitated and constructed water facilities are distributed across six regions of Somaliland and cover the following locations:

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







Construction of an elevated water tank, the rehabilitation of shallow wells with solar pump installations, and water points (berkeds) where the community is fetching water and watering their livestock due to the current severe drought situation

All construction and rehabilitation works have been completed and formally handed over to community water committees to ensure sustainability. SRCS provided training to **36 WASH Committee members (12 females and 24 males)** on the operation and maintenance of the water facilities. It is estimated that approximately **7,829 (4,227 females, 3,602 males)** people and 21,980 livestock are benefiting from these interventions. During the current drought, both community members and livestock are using rehabilitated and newly constructed water facilities daily. The interventions have significantly reduced water shortages, improved livestock survival, and enhanced overall community resilience.

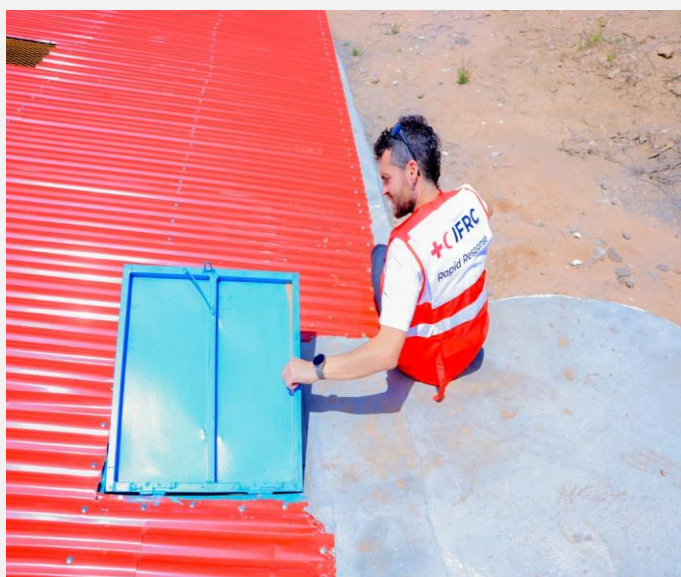
Additionally, the availability of nearby water sources has reduced the time spent fetching water, lowered risks faced by women and girls, and contributed to a reduction in resource-based conflicts within the communities.

SRCS volunteers carried out hygiene promotion and household water treatment activities to reduce the risk of waterborne diseases in drought-affected and displaced communities. Aquatabs were distributed to households, reaching approximately **24,567 people (13,583 female, 10,984 male)**, alongside practical demonstrations on correct use, safe water storage, and treatment procedures. In addition, house-to-house hygiene promotion awareness sessions reached about **39,197 people (20,654 female, 18,543 male)**, with a strong focus on populations displaced by

drought. Key messages included handwashing at critical times, safe water handling, sanitation, and environmental hygiene. These activities contributed to improved hygiene practices, reduced disease risks, and enhanced health outcomes among vulnerable and displaced communities.

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

Through the surge mechanism, the Norwegian Red Cross deployed a WSR ERU Team Leader, a WSR ERU WASH Delegate, and a Finance and Administration Delegate to support emergency water supply interventions in Somaliland. The WSR-ERU conducted assessments in both Somaliland and Puntland. The mission identified 101 non-functional water facilities across seven districts. Based on the assessment findings and available budget, the ERU team decided to rehabilitate seven water points (berkeds), including five in the Maroodi-Jeex region and two in the Sahil region. During the reporting period, rehabilitation work on five water points has been completed, while work on the remaining two berkeds in Maroodi-Jeex is ongoing. In addition, the baseline survey for the WASH intervention has been completed. Through this intervention, an additional 2,820 (1,466 female, 1,354 male) people (470 households) have been reached.



The Rehabilitated waterpoint (Berkeds) in Gadhka-warsame xaad village under the Maroodijieh

Software:

- a) A water committee has been reactivated at each of the four locations where infrastructure has been rehabilitated; each committee consists of approximately seven people.
- b) An action plan (PoA) has been developed that includes training on the operation and maintenance of water infrastructure, complemented by hygiene promotion activities related to safe water management and hygiene management weaknesses identified in the baseline assessment.
- c) Specific IEC materials have been developed to support the implementation of the proposed activities
- d) A five-day training TOT session titled “Integrated Safe Water and Hygiene Promotion” was held, with a total of 11 participants in Hargeisa, covering topics such as water quality measurements, treatment methods for improving water quality, safe storage, and how to integrate these into the PHAST methodology used by the national society

Puntland

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

- a) 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.
- b) The assessment identified 107 non-functional water facilities across 4 districts: 3 in Sahil, all in Nugaal region of Puntland.

Complex Emergency Appeal

- c) The WASH team, led by the WASH Engineer, conducted a thorough WASH assessment focusing on identifying water facilities requiring rehabilitation under the Complex Emergency appeal in Mudug, Bari, and Nugaal regions. As a result, 10 water facilities 6 - berkeds and 4- boreholes have been identified. The engineering team has prepared the Bill of Quantities and submitted them to the suppliers for upgrading and rehabilitation works
- d) 1 borehole in Xaabo village and 4 other berkeds are upgraded to their capacity and rehabilitated however 5 other WASH facilities are under upgrading work.
- e) SRCS has implemented emergency water trucking intervention and targeted the drought affected villages located within Rako and Humbays district of Bari region, and Jariban District of Mudug region to respond to the ongoing drought crisis. The operation focused on delivering safe and adequate drinking water to communities as the traditional Berkads had dried up due to the prolonged drought. Alongside the distribution of emergency water trucking, the SRCS volunteers also conducted hygiene promotion and community awareness, and basic hygiene practice on proper water consumption, storage, handling and water treatment using aqua tabs to help prevent further outbreaks of waterborne diseases and protect vulnerable groups including children and PLW.

Boreholes and Berkeds

SRCS upgraded the Xabo borehole, which is the sole water source to provide water for a larger community in Xabo village and surrounding areas. The interventions include installation of a solar system with a capacity of 29.7KW, replacement of borehole fitting (Pump, Pipes and cables), rehabilitation of four animal troughs, and construction of one water kiosk. This has restored the system's efficiency and improved water access for both community and livestock. This significantly reduced the fuel consumption as the solar system covers during sunny hours. Now the pastoralists and village residents are using the borehole whereby the consumption rate has increased both for human and livestock. An estimated 1,600 households are benefiting from this borehole. Additionally, Two Berkads in Qoraxaad villages were rehabilitated in time where the village is expecting Gu' rains. These berkads will tremendously improve the community water storage from trucking and for the expected rains. Around 600 households are benefiting from these berkeds when they conserve rainy water. During the site visit, the SRCS team engaged with the local government and community members informing them of the completion of the deliverable and made the final check with them. When all project deliverables were ensured completed, they were handed over to the community and the SRCS team urged them to ensure the long-term sustainability of the upgraded facilities. The community appreciated the SRCS response during this drought period and promised the safeguard of the facility.

SRCS is currently upgrading one borehole in Shilin Xarare village, under Jariban District, with an elevated water tank, a solar system, animal troughs, water kiosks, and a caretaker, and has progressed to more than 30% completion. This borehole will support 500 households in Shilin Xarare without water access and large communities in the surroundings. Additionally, SRCS has planned the rehabilitation of two boreholes and two berkads in Garowe and Dangorayo Districts of the Nugal region, which is currently at the tendering stage.

Water Trucking

- 171 trucks were distributed in 10 villages under Rako district in Bari province (Duud-hooyo Village, Kala-foge, Kor-ilaalo, Adin-gari, Liqaan, Cambaar hoose, Qaararsoor, Uur-jire, Dhaganow and Far-Moqor) which has reached 2,565 households. SRCS volunteers ensure safe drinking water by adding the correct Aqua tabs doses to every household.
- In Xumbeys district under Bari province another 100 trucks were distributed in 5 villages (Xumbabays town, Qodax, Dabra, Sarmaan and Ceellahelay villages) where 450 households were reached. Distribution of aqua tabs and hygiene promotion were part of the water trucking package with the support of the SRCS volunteers.
- In Mudug province, particularly Jarriban district received 50 water trucks where the 6 villages (Hayaanle, Shilim-xaraare, Qoorgooye, Caracaso, Kabaal and Koobalay) were targeted due to their severe situation of the drought. The 50 trucks reached 1500 households along with the volunteers' hygiene promotion to ensure safe drinking water by adding the correct Aqua tabs doses to every household.
- SRCS delivered 280 water trucks reaching 1,680 households (10,080 people). Communities formed committees, and volunteers handled hygiene promotion. The intervention reduced health risks and supported vulnerable groups.


Challenges included long distances, drought severity, and poor roads.

Across those targeted communities, 7,395 households are supported by SRCS in Puntland with water and hygiene activities. This reflects the activities delivered to the drought affected communities since the beginning of emergency appeal.





Rehabilitated berkeds in Qorraxaad village in Bari province, Puntland, Solarization of a borehole in Xaabo village in Bari province; Puntland, Water trucking in Rako and Xuunbays in Bari province

 Protection, Gender and Inclusion	Female > 18: 3,187	Female < 18: 3,452	
	Male > 18: 2,942	Male < 18: 3,187	
Objective:	<i>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</i>		
Key indicators:	Indicator	Actual	Target
	% of community-led initiatives or mechanisms that actively include and address the needs of vulnerable, disadvantaged, and marginalized groups	0%	80%
	# of people reached by protection, gender and inclusion programming	12,768	500,000 (200,00 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	271 (231 SL, 40 PL)	300 (120 PL, 180 SL)
# of people who received dignity Kits which GBV awareness sessions and MHM (In collaboration with WASH)	890 - PL	7,000 (3,000 PL, 4,000 SL)
% of volunteers and staff trained on PSEAH and SGBV awareness and survivor-centered response, including receiving and managing sensitive SGBV (including safeguarding)-related disclosures	100%	100%

Somaliland

- ✚ During the reporting period, SRCS trained A total of **231 volunteers (51 females, 180 males)** Refresher training Volunteers on PGI awareness Raising on Issues of Violence, Discrimination and Exclusion. This initiative aims to equip them with necessary knowledge and skills to ensure that PGI principles are effectively integrated into all aspects of the operation.
- ✚ SRCS developed and distributed IEC materials to promote social cohesion and inclusion between displaced and host communities, reaching **34,800 people** (19,140 female and 15,660 male).
- ✚ All staff and volunteers were also briefed on the Code of Conduct and were made to sign it, the prevention of sexual exploitation and abuse (PSEA), and safe referral pathways for SGBV cases, including child protection concerns, ensuring adherence to safeguarding standards throughout the operation. Existing reporting mechanisms in place include; SRCS toll-free hotline that facilitates for anonymous reporting.

Puntland

Branches in Puntland **trained 40 SRCS volunteers (16 male, 24 female)** on Protection, Gender, and Inclusion. These trainings aim to strengthen inclusive and protective approaches in emergency response.

SRCS established PGI focal points to support the operation.

- IEC materials on PGI were developed and distributed sexual and gender-based violence (SGBV), Dignity, Access, Participation and Safety (DAPS), reaching approximately **12,768 people (7,523 females and 5,245 males)**.

- **40 SRCS volunteers (16 male, 24 female)** were also briefed on the Code of Conduct, the prevention of sexual exploitation and abuse (PSEAH), and safe referral pathways for SGBV cases, including child protection concerns, ensuring adherence to safeguarding standards throughout the operation.
- Bosaso and Galkacyo branches, with support from the (IFRC), carried out a distribution of Menstrual Hygiene Management (MHM) Kits to School Girls in Galkacyo (Salama, Jexdin and Halabokhad IDPs), Gumbax and Taageer schools.
 - 120 from Gumbax schools age above 12 years.
 - 270 girls from the Taageer schools age above 12 years.
 - 150 schoolgirls in Galkacyo schools.
- 350 dignity kits were distributed to girls in the drought affected community in Qalwo and Qaarsoor villages. The intervention was part of the water trucking for the ongoing the Complex Emergency Appeal aimed at addressing the urgent humanitarian needs arising from the prolonging drought conditions in the region. Women and girls are among the most vulnerable groups that affected by water scarcity and limited access to essential hygiene materials. Women and girls were supported with dignity kits for purposes of safeguarding their dignity and improving their overall well-being. A total of 350 girls were supported (175 from Qaarsoor and 175 from Qalwo village). **890 girls** in total were supported with dignity kits.
- Safe and accessible distribution points were established to allow girls to receive assistance without fear of discrimination or harm. SRCS Rako Sub-Branch Female volunteers were actively involved the distribution process to create a comfortable environment and encourage open communication. In addition the SRCS team conducted awareness sessions on menstrual hygiene Management in a culturally sensitive manner, promoting privacy, dignity and respect.



SRCS team conducting community engagement sessions preceding dignity kits distribution in Gumbax village; Bari province



SCRS volunteers distributing dignity kits in Gumbax village; Bari province



Community Engagement and Accountability

Objective:

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

Key indicators:

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

<i>% of people surveyed who feel the National Society's services meet their most important needs and provide useful support</i>	85%	80%
<i># of staff, and volunteers trained on community engagement and accountability</i>	271 (231 – SL 40 – PL)	500 (300 SL, 200 PL)
<i># of people reached through methods that enable communities to participate in the planning and management of services, programmes, and operations</i>	0 39,760 - SL	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		
<i>% of operational feedback received and responded to by the National Society</i>	96%	80%
<i>The National Society has a functioning feedback mechanism in place for the whole organization</i>	2 (1 – SL 1 – PL)	2
<i># 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</i>	4 (2 – SL 2 – PL)	4

Somaliland

SRCS is committed to mainstreaming Community Engagement and Accountability (CEA) throughout programme implementation by ensuring the active participation of affected community members and closing the feedback loop. Community members were informed about SRCS responses, available support, exit strategies, funding sources, and the channels through which they could share feedback. SRCS continued to ensure the establishment and effective use of community feedback desks during registrations, distributions, assessments, and outreach activities. The National Society also consistently disseminated information on SRCS feedback mechanisms, including the toll-free hotline (3240).

- **Volunteers trained to meet minimum CEA standards:** A total of **231 volunteers** (51 females, 180 males) 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 36 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.
- Each of the six branches was allocated to two dedicated volunteers responsible for handling community complaints and feedback mechanisms and reporting accordingly.
- Through CEA activities such as awareness campaigns, community meetings, and feedback sessions, a total of **39,760 individuals** were reached

Feedback received from the communities via hotline free calls and other channels including direct engagement during the field visit, mobile health teams' interaction, and community leaders was systematically documented by the trained NS volunteers and shared with relevant departments for an action. The feedback including the request for the information such as mobile health team schedules, operational issues like lost SIM cards, and request for additional support including water trucking, Shelter and NFI assistance due to the mobility, livestock treatment, and seeds, farming tools as the GU rainy season started in some location. In response the NS shared the health team schedules with community elders to improve preparedness and mobile the community, coordinated with financial service providers to replace lost SIM cards. All the feedback received through channels was addressed and resolved in a timely manner, and NO Sensitive complaints were reported.

Any sensitive feedback received through the reporting lines was treated with strict confidentiality and immediately referred to the dedicated, trained volunteers responsible for recording and documenting sensitive cases received through the hotline and other feedback mechanisms. The National Society ensured that all cases were appropriately registered, securely documented, and included in monthly reporting processes in accordance with organizational safeguarding and protection procedures. Where required, appropriate follow-up and referral actions were undertaken to safeguard the safety, dignity, and privacy of the complainant. To date, no sensitive feedback had been received.

Puntland

SRCS is committed to mainstreaming Community Engagement and Accountability (CEA) throughout programme implementation by ensuring the active participation of affected community members and closing feedback gaps. Community members were informed about SRCS responses, available support, exit strategies, funding sources, and channels for sharing feedback. SRCS continued to ensure the establishment and effective use of community feedback desks during registration, distribution, assessment, and outreach activities. The National Society also consistently disseminated information on SRCS feedback mechanisms, including the toll-free hotline (358).

A total of **40 volunteers** (24 females, 16 males) from the Galkacyo, Garowe, and Bosaso branches received training in community engagement and accountability. This was carried out through on-the-job training, allowing volunteers to apply what they learned as they actively engaged with communities.



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
Key indicators:	Outcome 8: Vulnerability to climate-induced shocks is reduced and long-term community resilience is strengthened through proactive, adaptive, and recovery-oriented interventions.		
	% 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: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

Objective:	<i>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</i>		
	Indicator	Actual	Target
Key indicators:	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 targeted communities demonstrating improved environmental sustainability through ecosystem restoration, protection of natural resources, and adoption of sustainable practices	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

The Water Supply Rehabilitation Emergency Response Unit (WSR-ERU) undertook an assessment of water supply infrastructure to inform solarization efforts. Below is a summary from the assessment:

The IFRC emergency appeal was launched in response to the severe and protracted drought affecting Somaliland and Puntland. Field assessments confirmed widespread and critical water shortages, with significant impacts on household water access, livestock viability, agricultural production, and public health outcomes. These pressures had directly contributed to increased malnutrition, population displacement, and erosion of basic living standards. An assessment of 207 water points revealed that 77 per cent consisted of berkads, many of which were either non-functional or in urgent need of rehabilitation due to prolonged dryness and inadequate maintenance. Functionality gaps were more pronounced in Puntland, where institutional capacity and water governance structures were extremely limited. Water quality risks were prevalent across both regions, driven by insufficient filtration, testing, and source protection.

Cost-benefit and feasibility analysis identified rehabilitation of existing water storage infrastructure—specifically berkads and earth dams—as the most effective intervention. Borehole drilling was deemed unviable due to high costs, depth limitations, and elevated failure risks. Somaliland demonstrated relatively stronger community management capacity, providing a more sustainable enabling environment for emergency rehabilitation investments.

The assessment therefore recommended deployment of the WSR - ERU to Somaliland, where a focused, area-based approach would maximize operational efficiency, enhance quality assurance, and optimize use of limited resources. This intervention was expected to deliver immediate life-saving outcomes while strengthening local WASH systems and community resilience to future climate shocks.

Enabling approaches



National Society Strengthening

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i>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 recognized</i>		
	<i>The National Society is part of government-led emergency coordination platforms</i>		Yes
	<i>The National Society is part of the country, interagency, and international community's official emergency response coordination platforms</i>		Yes

# of branches with enhanced disaster and crisis response capabilities	9	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%

Somaliland

- (a) The operation supported 210 volunteers who received training through an integrated multi-thematic approach. This included the IFRC minimum standards for PGI in emergencies and was incorporated across all sectors (Livelihoods, Multipurpose Cash, WASH, and Protection). Training was provided to those involved in each thematic sector of the appeal operation and implementation process.
- (b) The operation supported the salaries of core staff at both Coordination Office and branch levels, including roles in DRM, CEA, Procurement, Administration, Finance and Youth and Volunteers
- (c) The operation supported joint monitoring and supervision activities with the authorities and SRCS.
- (d) The operation covered fuel, electricity, stationery, and other office expenses.
- (e) The IFRC Nairobi Cluster Office provided adequate coordination and technical support for both multilateral and bilateral components to the National Society.
- (f) One vehicle was rented for the WSR-ERU delegates to successfully implement project activities under the WSR-ERU deployment.
- (g) All volunteers deployed for the operation were insured.

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>		
	Indicator	Actual	Target
Key indicators:	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	1	2
	# of Donors meetings to brief on the Appeal	1	2
	# of Movement Coordination meetings in line with the MCA	1	Monthly

Activities to do date

- Coordination with Movement partners: the coordination took place mainly through 3 channels:
 - The existing monthly operational coordination platform meeting, where updates on the operation have been shared regularly.
 - Shared monthly operational updates (last one was on 22 April) to all partners, including key changes in the operational context, critical areas for immediate attention, and updates on financial outlook and resource mobilization efforts. h
- A specific update on the operation was shared in the Movement Cooperation Meeting on 25th of March. Six-monthly scale-up plan developed and disseminated: A comprehensive six-monthly scale-up plan (April-Sept) was jointly developed (IFRC and SRCS), setting out five strategic objectives and a practical way forward to promote visibility, resource mobilization, and joint advocacy.
- Outreach communication to PNS: A tailored outreach email, together with an infographic, has been sent to two PNS streams: (1) non-contributing PNS that have historically supported Fed-wide Appeals but not yet supported the MDRSO025, requesting contribution, and (2) existing multi-lateral contributors, with a request for a top-up to the existing pledge.



Secretariat Services

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
	Indicator	Actual	Target
Key indicators:	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	1	1
	The communications strategy has been developed	1	1
	% of financial reports compliant with IFRC procedures	100%	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	3	3	

Activities to do date
IFRC Nairobi Cluster

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

The Nairobi CCD on-boarded an operations manager from the Finnish Red Cross on a staff on-loan (SoL) basis to support the Somali Red Crescent in resource mobilization.

Communications resource support: IFRC supported SRCS in developing an Emergency Appeal Communications Strategy aimed at increasing the visibility of the humanitarian crisis, raising public awareness, amplifying community voices, and mobilizing support for positioning and fundraising efforts.

Communications resource support: IFRC supported SRCS in developing an Emergency Appeal Communications Strategy aimed at increasing the visibility of the humanitarian crisis, raising public awareness, amplifying community voices, and mobilizing support for positioning and fundraising efforts.

Partners Coordination and Engagement: In parallel with the operational response, the IFRC Nairobi Cluster has been actively strengthening Movement-wide coordination and partner engagement to increase the visibility of the operation and mobilize additional resources. A strategic plan has been developed around three interdependent priorities:

- (i) enhancing the visibility of the operation to drive resource mobilization
- (ii) strengthening partner coordination and collective advocacy
- (iii) developing a transition framework linking the emergency response to stabilization and durable solutions.

Building on this strategic plan, a six-month scale-up plan for April–September 2026 has been developed and shared with the Somali Red Crescent Society (SRCS) for endorsement. The plan outlines a practical pathway from a common operational narrative to joint resource mobilization and advocacy, and ultimately to the scale-up of critical interventions across Livelihood, cash assistance, WASH, health, and nutrition. In support of this scale-up plan, a Joint Resource Mobilization and Advocacy Task Team has been proposed to be established, bringing together SRCS, IFRC, and Partners to co-create messaging, share information, and coordinate outreach to potential donors and partners. A one-page infographic capturing the operational status, the funding gap, and priority needs for April–July 2026 has been produced and is being shared with Movement partners and external audiences. A separate bilateral outreach is being initiated with 13 targeted PNS that have not yet contributed to the Appeal, while direct engagement with existing contributors is ongoing to provide financial accountability updates and explore additional top-up pledges. Additional communications materials, including human-interest stories and short video content, will be produced soon to promote the operation across Movement and external platforms.

Deployment of Surge Personnel

Upon completion of the Water Supply Rehabilitation Emergency Response Unit (WSR - ERU) assessment of water supply systems in Somaliland and Puntland, a team comprising three was deployed: the team leader, WASH Engineer, and a finance and admin delegate for a period of two months.

The IFRC Cluster Office has now an Operations Manager (SoL from the Finnish Red Cross for 6 months) to support operations, with a focus on resource mobilization, partner coordination, and engagement. In addition, the IFRC has also received an Operations Manager (SoL from the American Red Cross for 3 months).

Resource Mobilization Strategy

Given the low Appeal coverage (10%) resource mobilisation is the precondition for the operation to continue. Without new contributions, planned scale-up activities across health, WASH, nutrition, livelihoods, and shelter cannot proceed. A resource mobilisation strategy has been developed specifically for the Appeal and will be circulated soon for technical review and adoption. The resource mobilization effort is structured under the framework of a Stakeholder Engagement Plan targeting 15 key stakeholders grouped into five streams: (1) Partner National Society outreach, (2) institutional donor and humanitarian diplomacy, (3) internal IFRC Secretariat and SRCS alignment, (4)

public authority and humanitarian system coordination, and (5) strategic non-humanitarian funding positioning. The strategy has been sequenced into four phases: Relaunch/Reengagement (April–May), Stabilise (May–July), Transition (August–September), and Sustain (October 2026–March 2027). Communications and advocacy content, including human-interest stories, short videos, and funding gap briefs, will be produced to support and amplify the Appeal’s visibility and trigger donor conversations.

The following specific resource mobilisation efforts have already been initiated:

- **Outreach to non-contributing Partner National Societies:** A tailored communication has been sent to 9 PNSs that have historically contributed to Fe-wide Appeals but have not yet contributed to MDRSO025. Two positive indications have been received to date. The Italian Red Cross agreed to reach out to the Italian Embassy in Nairobi and explore a potential joint meeting to present the Appeal. The Icelandic Red Cross indicated that it will actively look for available funds and respond as soon as possible. Engagement with the remaining non-contributing PNSs is ongoing.
- **Top-up outreach to existing multilateral contributors:** A separate communication has been sent to seven existing multilateral contributors (American, Monaco, Japanese, Netherlands, Finnish, Norwegian, and British Red Cross), presenting the current funding gap, expenditure against existing pledges, and a specific ask for top-up contributions. Informal conversations are ongoing with multiple PNSs, though no formal commitment has been made at this stage. Engagement with the remaining contributors is ongoing, with formal follow-up meetings planned soon.
- **Strategic positioning for longer-term and non-humanitarian funding:** Active engagement has been initiated on two non-humanitarian funding tracks. For the regional initiative of “Zero Hunger”, Somalia has been identified as one of the target countries under the IFRC-AU Food and Nutrition Resilience Platform (FNRP). In collaboration with the FNRP coordinator, contributions to the design of the Platform are ongoing to formally position the Appeal’s food, nutrition, and livelihood investments within the FNRP. This will connect Appeal’s emergency delivery to a longer-term, food security programme across the Horn of Africa. In addition, on health security and Antimicrobial Resistance (AMR), a primary scoping conversation has been completed with the IFRC Regional Health Team on Somalia’s distinctive AMR investment case. A preliminary list of potential donors has been identified, with targeted outreach planned in the next few weeks.

D. FUNDING

To date, the appeal has achieved 10% coverage, with CHF 1.3 million mobilized and CHF 981,000 DREF allocation toward the CHF 25 million Federation-wide goal. This total reflects the combined multilateral and bilateral funding requirements.

Summary	Income
Bilateral Funding Ask: CHF 10M	
Canadian Red Cross	143,447
Danish Red Cross	233,010
German Red Cross	228,650
IFRC Secretariat Funding Ask: CHF 15M	
Japan Red Cross	26,151
Finnish Red Cross	465,200
Monaco Red Cross	18,600
British Red Cross	156,968
Netherlands Red Cross	347,813
Norwegian Red Cross	158,254
American Red Cross	194,775
DREF Grant Allocation	981,311
Total multilateral hard pledges + in-kind + soft pledges	2,349,072
Total income including DREF	2,954,179 (12 %)

Contact information

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

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- **Global Logistics Services:** Filipe Louraco, Head Global Humanitarian Services and Supply Chain Management, filipe.louraco@ifrc.org
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- **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:

- [Emergency Appeal](#)
- [Operational Strategy](#)
- [Operational Update 1](#)
- [Operational Update 2](#)
- [Operational Update 3](#)

How we work

All IFRC assistance seeks to adhere 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.