

SIMPLIFIED EARLY ACTION PROTOCOL ANNUAL REPORT

Somalia | Cholera

9 March 2026



Practical training for SRCS volunteers in Burao on ORP kit deployment covering ORS preparation, acute watery diarrhoea management, and referral systems to strengthen branch readiness. (Photo: SRCS).

EAP №: sEAP2025SO02	sEAP timeframe: 2 Years	Period covered by this annual report: 24/06/2025 to 31/12/2025
EAP approved: 24/06/2025	Operation №: MDRSO023	

Annual Budget: 135,957 CHF
EAP Budget: 219,904 CHF

SUMMARY OF THE SIMPLIFIED EARLY ACTION PROTOCOL

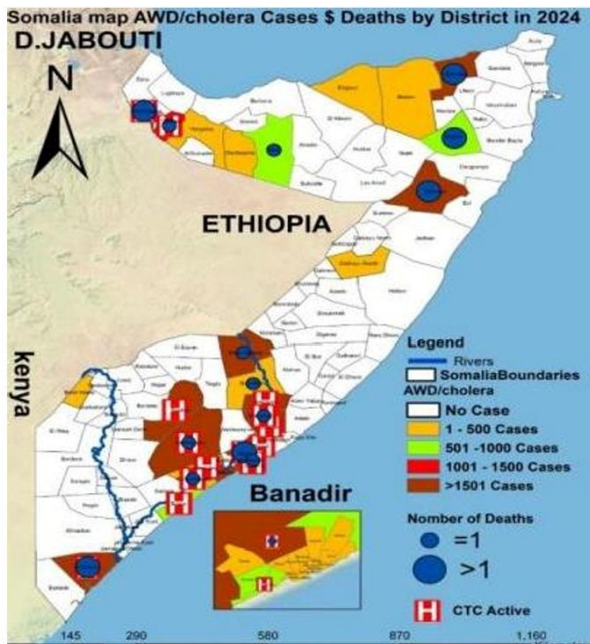


Figure 2: AWD/Cholera affected locations in Somalia 2024⁵⁴

The IFRC Disaster Response Emergency Fund (DREF) has allocated CHF - 219,904 for the implementation anticipatory actions to reduce and mitigate the impact of Cholera in Somalia. This simplified early action protocol includes an allocation of the CHF 135,958 to preposition stock and undertake annual readiness activities in order to implement early actions, if and when the trigger is reached. This EAP covers the four districts in Borama and Burao in Somaliland, and Garowe and Bosaso district in Puntland. The EAP is being implemented by the Somali Red Crescent Society (SRCS) with the technical support from IFRC and Norwegian Red Cross. The pre-identified early actions can reach up to 24,700 People in these four districts. The pre activation lead time for the Cholera is 10 days.

Cholera remains endemic in Somalia, with continuous transmission since 2016 and major outbreaks linked to droughts, floods, and rainy seasons (Gu and Deyr). In 2017, Somalia reported approximately 78,000 cases and 1,159 deaths (CFR 1.5%). In 2023, over 18,000 cases were reported, and by 2024 the disease had spread to more than 30 districts, with children under five accounting for nearly 60% of cases. The sEAP aims to reduce morbidity and mortality associated with Acute Watery Diarrhoea (AWD)/cholera by activating early actions based on environmental triggers (floods, drought, heavy rains, rising malnutrition) and surveillance data, including Community-Based Surveillance (CBS) alerts.

The prioritized impacts addressed include:

- Reducing cholera-related morbidity and mortality, particularly among children under five.
- Preventing large-scale outbreaks through early detection and rapid response.
- Reducing strain on fragile health systems.
- Improving access to safe water, sanitation, hygiene, and early treatment in high-risk communities.

Key early actions identified at community level include:


- **Risk Communication and Community Engagement (RCCE):** Community awareness, hygiene promotion, rumor management, and accountability mechanisms.
- **Enhanced Surveillance:** Strengthening Community-Based Surveillance (CBS) for early detection and alert reporting.
- **Community Case Management (CCM):**
 - Mobile outreach Oral Rehydration Therapy (ORT) at household/village level.
 - Establishment of static Oral Rehydration Points (ORPs) where case load increases.
 - Distribution of Oral Rehydration Salts (ORS) and Zinc for children under five.
- **Emergency WASH Interventions:**
 - Distribution of aqua tabs and hygiene kits.
 - Rehabilitation of water sources and sanitation facilities.
 - Latrine desludging and sanitation improvement in urban and IDP areas.
 - Disinfection of communal and household water sources.

- **Branch Transmission Intervention Teams (BORT/CATI):** Rapid outbreak response to break transmission routes in collaboration with health authorities.

Readiness activities include strengthening SRCS volunteer capacity, scaling up CBS coverage in hotspot districts (including Borama, Burao, Garowe, and Bosaso), improving coordination with Ministries of Health, and repositioning essential WASH and health supplies.

The lead time from epidemiological trigger activation to implementation of early actions is approximately 10 days. A phased trigger mechanism allows activation of low-cost preparedness measures first, followed by full-scale early response actions when surveillance thresholds are exceeded. Through timely anticipatory action, strengthened surveillance, and targeted WASH and health interventions, the cholera sEAP aims to prevent outbreak escalation, reduce deaths, and protect the most vulnerable populations in high-risk districts of Somalia.

SUMMARY OF ANNUAL PROGRESS BY PLANNED OPERATION

 Health & Care	57,378.85 CHF preposition budget:	CHF preposition actual: 0
	(only complete if applicable)	(only complete if applicable)
	25,512.72 CHF readiness budget:	CHF readiness actual: 25,553
	(include annual readiness budget)	(include annual readiness actual)

Narrative description of plan vs achievements

In 2025, the SRCS, with the support of IFRC, completed its planned readiness activities under the Cholera sEAP.

In Somaliland

Readiness Activities

Train volunteers on Oral Rehydration Points deployment



Figure 1 Practical training of ORPs deployment in Burao district

SRCS trained 37 (23 male, 14 female) frontline staff and volunteers from Burao and Borama branches on establishment and management of Oral Rehydration Points (ORPs). The training enhanced technical capacity in ORS preparation, acute watery diarrhea case management, referral systems, WASH integration, data recording and reporting, supervision, and community engagement. Volunteers gained practical experience using available ORP kits, including equipment set up, supply organization, and patient management procedures. Many participants were experienced responders who had previously supported cholera operations, enriching the training with practical field insights and peer learning.

Conduct refresher training for NS and MoH staff and volunteers RCCE and IPC

SRCS with technical support from the ministry of health development trained 70 (49 male, 21 female) staff and volunteers on refresher training and orientation on Cholera intervention. The training aimed to strengthen cholera preparedness and response capacity by updating participants on epidemiology, case detection, surveillance and reporting (including IDSR and Nyss platforms), infection prevention and control (IPC), community-based risk communication, referral systems, and volunteer protection and ethics.



Figure 2 and 3 above: SRCS, with technical support from the Ministry of Health Development, is conducting training on cholera orientation and interventions in Burao and Borama.

Training of volunteers and staff on Cholera IPC and CBS refresher

A total 90 (62 male, 28 females) staff and volunteers were trained on Cholera Infection Prevention and Control (IPC) and Community-Based Surveillance (CBS). The training strengthened participants' technical skills in IPC, early case detection, reporting, and community engagement while reinforcing coordination with branch teams and local stakeholders. Practical exercises, role-plays, and experience-sharing enhanced real-world readiness. Participants gained knowledge in cholera outbreak surveillance, strengthened collaborations and promoted community hygiene practices.

Conduct Health promotion (Awareness) campaigns against Cholera including RCCE

SRCS trained volunteers conducted door-to-door cholera awareness campaigns in Burao and Borama districts, focusing on IDP sites and high-risk communities. During outreach, volunteers educated households on key cholera prevention measures, early symptoms, and the importance of hygiene and safe water practices. The campaign aimed to strengthen community preparedness and reduce the risk of outbreaks while reaching thousands of vulnerable people. In total, 29,675 people were reached through targeted outreach and community engagement activities.



Figure 4 SRCS Conducts Cholera infection prevention and control, and community-based surveillance in Borama district

Preposition Stock

The procurement process for pre-positioning stock is underway.

In Puntland

EPiC and Community-Based Surveillance (CBS):

A total of 41 volunteers participated, including 28 females and 13 males. In Garowe Branch, 21 volunteers attended, made up of 14 females and 7 males. In Bosaso Branch, 20 volunteers attended, made up of 14 females and 6 males. This training is useful for volunteers to be ready to be deployed as active case finding at ORP sites or hotspots after declaration of outbreak of cholera.

RCCE and IPC:

A total of 48 participants took part in the training, including 31 females and 17 males. In the Garowe Branch, 32 volunteers and staff attended, made up of 21 females and 11 males. In the Bosaso Branch, 16 volunteers attended, including 10 females and 6 males. The training helped volunteers strengthen their skills in disease prevention,

community engagement, and delivering appropriate awareness messages. It also equipped them with knowledge on how to protect themselves from disease risks while carrying out their response activities.

Training on Oral Rehydration point deployment:

A total of 39 volunteers participated, including 23 females and 16 males. In Garowe Branch, 21 volunteers attended, made up of 14 females and 7 males. In Bosaso Branch, 18 volunteers attended, made up of 9 females and 9 males. This training is useful for the volunteers to be ready to deploy assigned ORP sites in the affected areas after cholera outbreak is declared.

Engage and sensitization on AWD/Cholera prevention and control

Engage and sensitization of local community leaders and community health committees on AWD/Cholera prevention and control in Gardho, Bosaso and Garowe. The purpose of this sensitization is to bring on board communities to hotspot areas and create link between volunteers and communities before the activation of cholera response and communities will know who they will reach in any cholera related concerns in their communities.

Preposition Stock

The procurement process for pre-positioning stock is underway.



Figure 5 SRCS Conducts Training on Volunteers on Epic and CBS in Hot Spot Areas



Water, Sanitation and Hygiene

8,498.74 CHF preposition budget:

CHF preposition actual: 3,030

(only complete if applicable)

(only complete if applicable)

19,716.24 CHF readiness budget:

CHF readiness actual: 23,390

(include annual readiness budget)

(include annual readiness actual)

Narrative description of plan vs achievements

In Somaliland

Readiness Activities

BORT and CATI:



Figure 6 SRCS conducts training BORT and CATI Training in Borama district.

As part of NS readiness, SRCS trained 90 volunteers (67 male, 23 female) from the Borama and Burao branches on Branch Outbreak Response Teams (BORT) and Case-Area Targeted Interventions (CATI).

The training equipped these experienced volunteers and staff with practical skills in outbreak coordination, rapid household-level interventions, surveillance integration, and response documentation, using interactive methods such as simulations and case studies.

Participants improved their readiness and standardised response procedures, forming a strong pool of first responders capable of leading localised cholera interventions and cascading knowledge within their communities. This training enhanced SRCS branch-level readiness and strengthened its capacity to respond quickly to a cholera emergency if the threshold is met.

Printing of IEC materials on Key WASH Message

Based on cholera readiness activities, SRCS procured and printed key IEC materials on WASH messages, including information on proper handwashing, safe water handling, latrine use, and hygiene practices to prevent cholera. These materials were distributed by trained volunteers during community outreach activities, reaching a total of 12,402 people. The initiative aimed to strengthen public knowledge on safe water, sanitation, and hygiene, contributing to improved preparedness and early prevention of cholera outbreaks at the community level.

Preposition Stock

As prepositioned stock, the National Society (NS) has procured locally sourced environmental cleaning tools. This prepositioned stock aims to ensure readiness for a rapid response to cholera outbreaks if the activation threshold is met. The list of procured items is as follows:

No	Description	Quantity
1	Heavy Duty Gloves	470 Pcs
2	Rakes	45 Pcs
3	Shovels	45 Pcs
4	Wheelbarrow	45 Pcs

In Puntland

Health awareness raising and Hygiene Promotion:

A total of 36 volunteers participated, including 26 females and 10 males. In Garowe Branch, 21 volunteers attended, made up of 14 females and 7 males. In Bosaso Branch, 15 volunteers attended, made up of 12 females and 3 males.

BORT and CATI:

A total of 31 volunteers participated, including 21 females and 10 males. In Garowe Branch, 21 volunteers attended, made up of 14 females and 7 males. In Bosaso Branch, 10 volunteers attended, made up of 7 females and 3 males. The training aimed to equip volunteers with the knowledge and skills needed to support community engagement, identify and report alerts early, and facilitate timely household-level response actions to reduce the risk of cholera transmission through hygiene promotion, disinfection, safe water treatment, and distribution of essential WASH items.

Printing of IEC materials on Key WASH Message

IEC materials were developed and distributed, including cholera prevention and control, proper handwashing practices, and the correct use of water purification and treatment. These IEC materials are translated into Somali, which will assist volunteers and healthcare workers in having harmonized, context-based materials for raising awareness and guidance during the response.

Preposition Stock

The procurement process for pre-positioning stock is underway.

Justification for the overspend

The **CHF 3,673.76** overspend resulted from AP code errors that require to be corrected in the next reporting period.

CEA



Community Engagement and Accountability

CHF preposition budget:

(only complete if applicable)

CHF preposition actual:

(only complete if applicable)

CHF readiness budget:

(include annual readiness budget)

CHF readiness actual:

(include annual readiness actual)

Narrative description of plan vs achievements

Enabling approaches



Coordination and Partnerships

CHF preposition budget:

(only complete if applicable)

CHF preposition actual:

(only complete if applicable)

CHF readiness budget:


(include annual readiness budget)

CHF readiness actual:

(include annual readiness actual)


Narrative description of plan vs achievements

There were no planned readiness and pre-position activities, which is why activities were not implemented in year 1 for this sector

 <p>Secretariat Services</p>	CHF preposition budget:	CHF preposition actual:
	(only complete if applicable)	(only complete if applicable)
	CHF readiness budget:	CHF readiness actual:
	(include annual readiness budget)	(include annual readiness actual)

Narrative description of plan vs achievements

IFRC delegation has continuously supported the management and reporting of this sEAP. More activities will be provided in the next update.

 <p>National Society Strengthening</p>	CHF preposition budget:	CHF preposition actual:
	(only complete if applicable)	(only complete if applicable)
	CHF readiness budget:	CHF readiness actual:
	(include annual readiness budget)	(include annual readiness actual)

Narrative description of plan vs achievements

Monitoring and supervision of the sEAP activities have continuously been done by both IFRC delegation and the NS. More detailed activities will be provided in the next update.

CHALLENGES, LESSONS LEARNED, PROPOSED AJUSTMENTS

A dedicated lesson-learned workshop for this specific EAP has not been conducted thus far. Nevertheless, here is the key challenges for the operations.

- **Supply readiness gaps:** Some critical medical supplies (e.g., ORP kits) were not immediately available, limiting rapid operationalization of trained teams if the threshold is met

Lesson Learned

- **Experienced volunteers strengthen learning:** Participants with prior outbreak experience enhanced peer learning and practical insights.
- **Strong partnerships matter:** Collaboration with health authorities improved technical quality, alignment with national systems, and coordination readiness.
- **Community outreach is essential:** Door-to-door awareness campaigns demonstrated the importance of community-level prevention in reducing outbreak risk.
- **Need for continuous capacity building:** Regular refresher training, mentorship, and standardized tools are essential to sustain preparedness and response quality.

FINANCIAL REPORT

FBAF Early Actions Interim FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/6-2025/12	Operation	Pso527
Budget Timeframe	2025/1-2027/12	Budget	APPROVED

Prepared on 11/Mar/2026

All figures are in Swiss Francs (CHF)

MDRSO023 - Somalia - Cholera sEAP / *

Early Actions Timeframe: 25 Jun 2025 to 30 Jun 2027

I. Summary

Opening Balance	0
Funds & Other Income	219,904
DREF Anticipatory Pillar	219,904
Expenditure	-52,543
Closing Balance	167,361

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	13,421		13,421
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	115,393	25,553	89,840
AOF5 - Water, sanitation and hygiene	59,320	26,420	32,900
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	188,134	51,973	136,161
SFI1 - Strengthen National Societies	7,921		7,921
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners	3,300		3,300
SFI4 - Ensure a strong IFRC	20,546	571	19,975
Strategy for implementation Total	31,767	571	31,197
Grand Total	219,901	52,543	167,358

The total of the EAP was CHF 219,901, however for year one the budget was CHF 135,957, of which CHF 52,543 was expended, resulting in an CHF 83,414 balance. Expenditure is expected to increase as implementation accelerates, particularly for CEA and related enabling functions. SRCS were able to implement readiness activities through local procurement; however, there were delays in the international procurement of ORP kits, ORS, Zinc, etc. hence the low funds burn rate.

The disaster risk reduction component did not have an allocated budget; the CHF 13,421 reflected in the financial report which is attributed to PSSR-coded expenses incorrectly captured due to WBS coding errors. Alignments will be reflected in the next update.

Contact information

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

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- And Mahad Yusuf, Director of Primary Healthcare, mahad.jama@srcs-bishacas.org

In the IFRC

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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- **IFRC Regional Office for Africa** Beatrice Okeyo, Regional Head of PMER & QA, beatrice.okeyo@ifrc.org, Phone: +254 732 404022

Reference



Click here for:

- [Simplified EAP Summary](#)