



# OPERATION UPDATE

## Somalia| Complex Emergency

<b>Emergency appeal №: MDRSO025</b> <b>Emergency appeal launched: 02/10/2025</b> <b>Operational Strategy published: 03/11/2025</b>	<b>Glide</b> <b>DR-2025-000172-SOM</b>	<b>№:</b>
<b>Operation update #3</b> <b>Date of issue: 16/04/2026</b>	<b>Timeframe covered by this update:</b> From 9/10/2025 to January 31, 2026	
<b>Operation timeframe: 15 months</b> (02/10/2025 - 31/12/2026)	<b>Number of people being assisted: 450,000</b>	
<b>Funding requirements (CHF):</b> CHF 15 million through the IFRC Emergency Appeal CHF 25 million Federation-wide <sup>1</sup>	<b>DREF amount initially allocated:</b> CHF 981,311	

*To date, the Emergency Appeal targeting CHF 25,000,000 has received only CHF 2,297,433 (9%) of the required funding. Additional contributions are urgently needed to enable the Somali Red Crescent Society (SRCS) to scale up its response and reach the most vulnerable communities severely affected by the ongoing drought.*

## A. SITUATION ANALYSIS

### Description of the crisis

Somalia is facing one of its most severe droughts in decades following multiple successive failed rainy seasons, culminating in the near-total failure of the 2025 Deyr (October–December) rains.

Between February and March 2026, an estimated 6.5 million people in Somalia experienced severe acute food insecurity almost twice the number recorded in August 2025 for those classified under [IPC Acute Food Insecurity](#) (AFI) Phase 3 (Crisis) or worse. Of these, over 2 million people were in Phase 4 (Emergency). The scale and severity of needs required urgent humanitarian support to safeguard livelihoods, address food consumption gaps, and prevent further loss of life.

Drought conditions have intensified across Somalia, driven by successive multiple seasons of poor rainfall and extreme dry conditions, with impacts becoming increasingly evident as the Jilaal (January–March) dry season begins. According to authorities, 4.61 million people are affected nationwide, including more than 490,730 displaced persons.

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

Some examples of affected regions include Galgaduud and Mudug, where more than 1.1 million people are reportedly impacted; Togdheer, Sanaag, Awdal, Woqooyi Galbeed, Gedo and Bari, where over 1 million people are affected; and Bay, Bakool and Lower Shabelle, where more than 930,000 people are affected, according to the authorities. In Middle Shabelle region, sections of the Shabelle River have dried up, leaving more than 65 villages in Jowhar District without reliable water sources and forcing communities to rely on failing shallow wells and overstretched boreholes. Similarly, water levels along the Juba River have dropped sharply in Gedo Region, where authorities estimate that more than 200,000 people are facing water shortages.

According to the World Food Programme (WFP), food insecurity is projected to worsen significantly, with up to 6.5 million people expected to face Crisis or worse outcomes between January and March 2026, while 1.85 million children under five are at risk of severe acute malnutrition through mid-2026 (WFP, 2025). Current indicators mirror early warning signals observed ahead of the 2011 famine and the 2022 near-famine emergency (WFP, 2025; FSNAU-SWALIM, 2025).

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

While the Gu 2026 seasonal outlook indicates above-average rainfall across much of Somalia, this alone will not resolve the humanitarian emergency: even under a perfect rainfall scenario, households with depleted seed stocks and no fertilizer will be unable to plant without immediate agricultural input support. In addition, harvest cannot materialise until mid-July at the earliest. Structural factors, including collapsed livestock herds, severely malnourished children requiring immediate therapeutic feeding, and millions of displaced people whose return depends on livelihood recovery rather than rainfall. This means that humanitarian assistance must be sustained throughout 2026 and into 2027 before the affected population starts recovering from the emergency. With Deyr 2026 remaining highly uncertain, another failed season would push Somalia's famine risk from contingent to active.

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

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

The international response remains limited. The UN Central Emergency Response Fund allocated \$10 million for early drought action, aiming to assist over 600,000 people. However, Somalia's 2026 Humanitarian Needs and Response Plan (HNRP) is only [11.3%](#) funded (as of March), leaving critical gaps in food, water, and health support.

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

According to latest statement from the Chairman of the National Drought Response Committee the crisis stems from consecutive failed rainy seasons first the Gu' rains (April-June), followed by a complete absence of Deyr rainfall. This climatic failure has led to the drying of berkads, placed excessive pressure on the few operational boreholes, and triggered rising levels of drinking water scarcity and food insecurity. Pasture and rangeland resources have been severely depleted, forcing households and livestock into extreme stress. Water scarcity has compelled communities to travel long distances or rely on costly water trucking, while livestock health has sharply declined due to inadequate grazing and water access.

Agricultural production has collapsed, with widespread crop failures leaving farmers without food stocks or seeds for the next planting cycle. Collectively, these shocks have eroded household resilience and pushed large numbers of people into heightened vulnerability. An estimated 1,037,370 individuals (172,895 households) are currently facing crisis-level acute food insecurity (IPC Phase 3 and above).

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

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

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

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

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

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



*Community voices: Kurilaalo Village, Rako District, Bari Region Photo: SRCS*

*Hawo Ismail Abdulle, a resident of Kurilaalo village in Rako district, Bari region described the severe impact of prolonged drought on both people and livestock in the area. She noted that the environmental conditions are visibly harsh, with dust surrounding homes and grazing areas, and that families are taking extreme measures to keep their animals alive.*

*"To keep our animals alive, we mix fodder with water," she explained, adding that community members climb trees to cut branches for feed and, when food such as rice is available, share it between people and livestock.*

*To Hawo, the effects of the drought are widespread, with animals in varying states of distress, including malnutrition, extreme weakness, and death.*

*She emphasized that the entire community is affected in the same manner and expressed reliance on faith and external assistance, stating, "We are waiting for Allah's mercy and for the generosity that comes through others."*

*Hawo expressed gratitude for the water recently provided to the village and highlighted the continued need for additional support, particularly food assistance and access to pasture, to help families cope with the ongoing crisis.*

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

Furthermore, The Food Security and Nutrition Analysis Unit (FSNAU) and the Somalia Water and Land Information Management (SWALIM) released their Joint Alert on the current Drought in Somalia dates 8 Dec.

Key highlights are;

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

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

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

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

## Summary of response

### Overview of the host National Society and ongoing response

SRCS has mobilised staff and volunteers to carry out assessment and scale up the response. The initial activities to date are focused on the DREF grant allocation of 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-jeex, Sahil, Togdheer, Sool, and Sanaag in Somaliland, and Bari, Nugaal, and Mudug in Puntland. Targeted villages and communities are those not covered under the previous DREF (MDRSO022). The proposed interventions are recommended to address immediate humanitarian needs. SRCS is using an integrated approach of multipurpose cash assistance, health care, and WASH services, protection and community engagement. Details are held in Section C and a summary below:

#### Multipurpose Cash Assistance:

In Somaliland, SRCS delivered cash grants to 300 households across six regions (Awdal, Maroodi-jeh, Sahil, Togdheer, Sool and Sanaag) over a three-month period. Transfers were made via mobile money, supported by Telesom, with accountability ensured through a hotline and community verification mechanisms. In Puntland, 500 households in

Bari, Nugaal, and Mudug received cash assistance over three completed tranches, targeting communities most affected by drought and displacement. The three-month cash support cycle has now been fully completed.

#### Health and Care:

SRCS deployed five mobile health clinics across Somaliland, providing outpatient consultations to 18,694 (9,984 females, 8,710 males) from November 2025 – January 2026. Immunization services were delivered daily. Additionally, 3,984 women who included 2,886 pregnant women were vaccinated against Tetanus-diphtheria to prevent neonatal tetanus. Midwives provided health education and counselling during antenatal and postnatal visits to ensure uptake of vaccines.

#### Water, Sanitation and Hygiene (WASH):

In Somaliland, the 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) team to assess water needs across four regions: Togdheer, Maroodi-Jeex, 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.

In Puntland, SRCS delivered 280 water trucks reaching 1,680 households (10,080 people). Communities formed committees, and volunteers handled hygiene promotion. On top of that, the volunteers involved in the water trucking operation were also distributing aqua tabs to the communities supported with the water trucking to enable safe drinking water. There are 4 berkeds which are rehabilitated for water conservation during the rainy season and to store water during emergency water trucking for the communities in Xamxamaa and Qorraxaad. Xaabo borehole, which supports 3000 households in Xaabo town, is under upgrade capacity work. SRCS handed over the work to the supplier and 50% of the upgrade work is completed. This time, communities are experiencing prolonged dry spells and failed rainy season however it's still beneficial for the communities to store their water trucks in the newly rehabilitated berkeds. The intervention reduced health risks and supported vulnerable groups. Challenges included long distances, drought severity, and poor roads. Recommendations called for expanding support and training committees on water safety.

#### Protection, Gender, and Inclusion (PGI):

In Somaliland and Puntland, PGI refresher training has taken place. The training aimed at strengthening inclusive and protective approaches in emergency response, ensuring that gender and protection considerations are integrated into all interventions.

#### Community Engagement and Accountability (CEA):

In Somaliland and Puntland volunteer refresher trainings in CEA have been conducted. A hotline was activated to collect feedback and ensure transparency.

### **Federation Wide Approach**

The Emergency Appeal is part of a Federation-wide approach, based on the response priorities of the SRCS in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded

domestically) and will assist to leverage the capacities of all members of the IFRC network in the country, to maximize the collective humanitarian impact.

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

Partner	Support
British Red Cross	Hard pledge: GBP 150,000 – This includes support for WASH and Health programs and Operations Manager surge.
Canadian Red Cross	Bilateral support for Emergency Health 5# mobile and 2# static health clinics – CAD 250,000.
Finnish Red Cross	Hard Pledge for an amount EURO 500,000 – For Multi-Purpose Cash and Operation manger Surge support – In kind
American Red Cross	Soft pledge - in Kind - Cover for the deployment of Ops Manager
Netherland Red Cross	Hard pledge: EUR 372,750 committed to the Appeal.
Japan Red Cross	Hard pledge: Yen 5,000,000 committed to the Appeal.
Monaco Red Cros	Hard pledge: CHF 18,803.35 committed to the Appeal.
Norwegian Red Cross	Hard pledge: WSR ERU Deployment – 5 million NOK (CHF158,000)
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

## Needs analysis

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

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

Below are the high-level findings:

### Livelihoods:

Livelihoods have collapsed, pastoralist and farming communities have lost livestock and crops, leaving families unable to meet basic needs. Multi-purpose cash assistance is urgently needed to help households purchase food, water, and other essentials. Most community members are pastoralists whose livelihoods depend almost entirely on livestock. Current livestock conditions are extremely poor, leaving households unable to rely on animals for milk or meat. Many herds have migrated in search of pasture and water, but the situation remains critical. As a result, household livelihoods have sharply deteriorated, and families are increasingly unable to meet their basic food needs. Coping mechanisms are under severe strain. Traditional community support systems have weakened as households that previously aided are now equally affected by the drought. Local shops that once offered credit have largely shut down, with an estimated 70% closed due to reduced purchasing power. Communities are resorting to negative or unsustainable coping strategies, including migration (e.g., Dacarre village), distress sales of livestock at very low prices (Dacarre and Qarxis villages), and resource sharing among households (Qarxis and Tuur villages). These measures

underscore the rapid erosion of household resilience and the deepening impact of the crisis on food security and livelihoods.

#### Health:

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

#### Water Access:

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

#### Shelter:

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

#### Most Vulnerable Groups:

The most vulnerable groups include internally displaced persons, who face acute needs for shelter, food, and protection. Children under five are at highest risk of malnutrition and disease-related mortality, while pregnant and lactating women face heightened maternal health risks. Pastoralists and agro-pastoralists have seen their livelihoods decimated, with over 70% of pastoral systems collapsed, forcing distress to livestock sales and migration. Other highly vulnerable groups include female-headed households, the elderly, and persons with disabilities, who have limited access to services and coping mechanisms. Communities affected by ongoing conflict are also experiencing fresh displacement, increasing their need for protection and emergency assistance.

The latest appeals issued by Somaliland on 23 November 2025 and by the Puntland on 11 November 2025 highlight that communities in both regions are facing a severe humanitarian emergency that requires 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:

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



*Community voices: Karkar Village, Xuunbays District, Bari Region. Photo: SRCS*

*Abdulkadir Jama Said, a 67-year-old resident of the Karkar village in Xuunbays district, Bari region, described the severe impact of prolonged drought on households and livelihoods, noting that the crisis has devastated both people and livestock and led to widespread hunger.*

*“This crisis is not only here, it is everywhere,” he said, emphasizing that the suffering extends far beyond his community.*

*He reported significant livestock losses, explaining, “I had 120 animals, now only 48,” while noting that other families have experienced similar declines.*

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

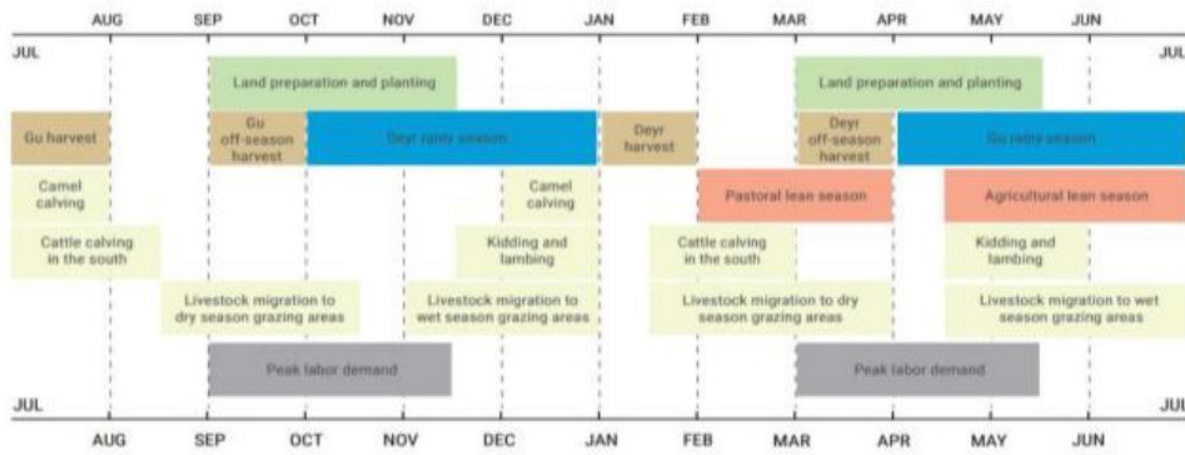
#### Prioritization

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

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

- **Clean Water:** Most affected people depend on unsafe water sources, emphasizing the urgent need for a clean and safe water supply.
- **Food Assistance:** Many families fled without food, and displacement sites face severe food insecurity, necessitating an immediate food response.
- **Health Services:** There is a pressing need for mobile health clinics, first aid, trauma care, and essential medicines, especially for vulnerable individuals with pre-existing conditions.
- **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. - below.




Seasonal Calendar (Source: FEWSNET, 2025)

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

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

	<b>Shelter, Housing and Settlements</b>	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
<b>Objective:</b>	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<b><i>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</i></b>		
	% of targeted households reporting that the shelter support received meets minimum standards for safety, privacy (dignity), and appropriateness to their needs	0	85%
<b>Output 1.1: Emergency and transitional shelter materials (e.g., tarpaulins, shelter kits) and essential household items are distributed to targeted displaced households</b>			

# of displaced people receiving emergency shelter materials and/or essential household items	0	108,000 (48,000 PL, 60,000 SL)
<b>Output 1.2: Technical support and guidance on safe shelter construction and site planning are provided to affected communities</b>		
# of individuals trained or reached with shelter construction and site planning guidance	0	18,000
# of SRCS staff and volunteers trained on shelter support	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 government and non-state actors.



*People on the move in search of water and pasture in Puntland. Photo: SRCS*



## Livelihoods

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

### Objective:

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

	Indicator	Actual	Target
<b>Key indicators:</b>	<b>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</b>		
	% 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%
	<b>Output 2.1 Improved agricultural and fishing practices: Distribution of inputs, training in climate-smart and sustainable practices</b>		
	# 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)
	<b>Output 2.2 - Enhanced livelihood diversification and income opportunities: Vocational training, small business support, and promotion of alternative income sources</b>		
	# of people provided or supported with formal or informal technical, vocational or professional education or training opportunities - in climate-smart agriculture, pest control, post-harvest handling, ploughing hours, and sustainable land use practices	0	15,000 (7,500 PL, 7,500 SL)
	# of households supported to start or improve their income generation activities	0	2,500 (1,250 PL, 1,250 SL)

### Activities to do date

No activities had been undertaken owing to funding shortfalls. exacerbated by the ongoing drought, restricted the ability to initiate new programme interventions.



### Multi-purpose Cash

Female > 18: 2,496

Female < 18:

Male > 18: 2,304

Male < 18:

**Objective:** *Households are provided with unconditional/multipurpose cash grants to address their basic needs*

	Indicator	Actual	Target
Key indicators:	<b>Outcome 3: Crisis-affected households meet their immediate basic needs and strengthen their resilience through access to Multi-purpose Cash (MPC) and complementary services</b>		
	% 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%
	<b>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</b>		
	# of people provided with unconditional cash assistance	4,800 (1,800 SL 3,000 PL)	78,000 (39,000 PL, 39,000 SL)
	% of households reporting use of MPC to meet at least two essential needs (food, water, healthcare, shelter - minimum expenditure basket)	800- 300 SL and 500 PL	4800(1800 SL and 3000 PL)
	% of households reporting that the MPC received is sufficient to meet their basic needs	0	90%

### Activities to do date

**Somaliland**

**Multipurpose Cash Assistance**

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

Through the Somalia Drought DREF operation, 1,800 people (300 households) identified as the most affected and disadvantaged received multipurpose cash grants **distributed over three rounds**. The households were equally

distributed across six regions of Somaliland, Awdal, Sahil, Maroodi Jeeh, Togdheer, Sanaag, and Sool with **50 households supported in each region.**



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



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

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

**Establishment of the Hotline and Feedback Mechanism:**

SRCS established a hotline and feedback system to enable beneficiaries to raise concerns, provide feedback, and seek clarification regarding the cash transfer process. This transparent approach enhanced accountability and ensured the intervention remained responsive to the needs of affected communities. Dedicated volunteers were deployed in the field to manage the hotline and feedback system. Additionally, SRCS distributed leaflets and brochures containing the toll-free number, allowing beneficiaries to call during working hours at no cost.

**CVA Coordination:**

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



*SRCS volunteers registering beneficiaries verified to be eligible for the multipurpose cash grants in Awdal and Maroodi-jeex regions. Photo: SRCS*

**Refresher Training of the Volunteers on Cash Voucher Assistance (CVA):**

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

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

*Volunteers training distribution across SRCS branches in Somaliland*



*Community voices: Dabo-dilaac village, Zeila district, Awdal Region. Photo: SRCS*

*Amina Farah is a 41-year-old visually impaired mother of eight from Zeila District. Severe drought claimed most of her livestock, forcing her and her children to move from remote areas to Dabo-dilaac village. Her husband stayed behind to care for the few surviving animals.*

*Before receiving assistance, Amina's family relied on limited support from relatives and neighbors and accumulated debts through small loans. As a newly displaced household, she has been receiving USD 110 per month for over three months, enabling her to buy food regularly. Her family now eats three meals a day, compared to just one previously.*

*"I am glad that my children and I now have access to good-quality food and can eat three times a day," said Amina.*

*The cash assistance also allowed Amina to repay her debts. Her story shows how the SRCS, with funding from the IFRC through the Complex Emergency Appeal, is helping vulnerable families cope with the impacts of drought.*



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

## **Puntland**

### **Multipurpose Cash Assistance**

During the reporting period, 500 households (3,000 people) received all three tranches / November 2025 – January 2026/ 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, 100 households received assistance in Xamxamaa village, while in the Mudug Region, support was provided to 100 households in Isqambuus village. 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. In Mudug, Isqambuus village experienced a significant influx of migrants arriving from Nugaal, Eastern and Southern Mudug, Bari, Sanag, and Galgaduud. In response, the SRCS Galkayo Branch, together with the Mudug regional administration, MoHADM, and humanitarian partners, appealed for urgent assistance for displaced families. Consequently, SRCS registered and supported 100 households out of the 7,500 newly arrived households across Galdogob, Bursalah, and Harfo districts.

### **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.

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

	<b>Health &amp; Care</b> (Mental Health and psychosocial support / Community Health / Medical Services)	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
<b>Objective:</b>	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<b>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</b>		
	% of targeted population in underserved areas accessing essential health, maternal and child healthcare, and nutrition services on a regular basis	0	80%
	<b>Output 4.1 Mental Health and psychosocial support - Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>		
	# 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)
	<b>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</b>		
# of vulnerable individuals reached by mobile health teams with integrated health and nutrition services in targeted regions of Somaliland and Puntland	18,694 (9,984 females, 8,710 males) – SL	500,000 (200,000 PL, 300,000 SL)	

		0 - PL	
	# of mobile health service and static clinics units functional to provide quality primary health care	12 (12 - SL 0 - PL)	17 (5 PL, 12 SL)
	# of people reached with health promotion as a response to an emergency by community-based volunteers	24,066 24,066 - SL 0 - PL	500,000 (200,000 PL, 300,000 SL)
	# of people reached, assisted by the National Society, with immunization through routine services	8,303 8,303 - SL 0 - PL	25,500 (7,500 PL, 18,000 SL)
	# of people supported with safe motherhood services (Ante-Natal Care, Delivery, and Post-Natal Care)	6,546 6,546 - SL 0 - PL	TBC
	# of OPD kits procured and distributed to clinics	0	30
<b>Output 4.2: Affected communities, particularly in underserved areas, have sustained access to essential nutritional support</b>			
	% of cases of acute malnutrition identified through volunteer screenings referred for treatment	0	20%
	# of children screened for malnutrition status	8,050 8,050 - SL 0 - PL	TBC

## Activities to do date

### Somaliland

#### Deployment of 5 Mobile Clinic – Complex EA DREF

#### Key achievements

#### Morbidity data (Consultations):

SRCS 5 mobile clinics out-patient department data consultation from November 2025 to January 2026. Around 18,694 (9,984 females, 8,710 males) were treated in the mobile clinics from different health problems. The majority of the patients were women and children which equivalent to 13,694 (73.2%) of the total beneficiaries. The children under five years of age were treated according to the Integrated Management of Childhood Illnesses (IMCI) guidelines when it comes to assessing for dangerous signs such as cough and pneumonia, diarrhoea, measles, fever, malaria, acute ear infection, malnutrition, immunization, and feeding of the children.

**Table 1: Morbidity data from November 2025 – January 2026**

	Under 5 years		Over five yrs		Total OPD
	<5Yrs Female	<5Yrs Male	>5 Yrs Female	> 5 Yrs Male	
Berbera	627	484	1,654	1,390	4,155
Lughaye	994	1,010	882	649	3,535
Zeila	780	704	929	915	3,328
Odweine	752	695	1,443	987	3,877
Hawad	818	816	1,105	1,060	3,799
<b>Total</b>	<b>3,971</b>	<b>3,709</b>	<b>6,013</b>	<b>5,001</b>	<b>18,694</b>

**Expended Programme of Immunization (EPI), immunization November 2025:**

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

During this reporting period:

- BCG vaccine: 804 children (417 female, 387 male) were immunized.
- Pentavalent (3rd dose): 1,351 children (656 female, 695 male) received the vaccine.
- Oral Polio (3rd dose): 1,351 children (656 female, 695 male) received the vaccine.
- Measles vaccine: 813 children (369 female, 444 male) were immunized.

Based on the estimated target population of 970 children under one year, coverage rates were:

- BCG: 83%
- Pentavalent (3rd dose): 100%
- Measles: 84%
- Polio (3rd dose): 100%

3,984 women who included 2,886 pregnant women were vaccinated against Tetanus-diphtheria, respectively. About 77.8% of these women received Td2 vaccine doses for neonatal tetanus prevention. The midwife at the five mobile health centres continued to provide health education and counselling to pregnant women regarding the Td vaccines during antenatal visits and health education sessions. The Td2 vaccine was administered to mothers during antenatal care (ANC) and postnatal care (PNC) sessions to prevent missed opportunities.



SRCS Mobile Health Teams providing essential healthcare service to the vulnerable people in remote areas in Hargeisa and Togdheer regions. Photo: SRCS

**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 **5,505** ANC visits were conducted for pregnant women at the five mobile clinics. Of these, **1,455** pregnant women received their first ANC visit. Additionally, **1,267 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, **2,785 pregnant women** received ferrous sulphate with folate supplementation.

**Table 2: ANC services from November 2025 – January 2026**

	1st visit	2nd visit	3rd visit	4th visit	Total ANC	Referred ANC	HIV	ANC Hb<10	Iron/folic	MMN	Total
Berbera	203	187	183	203	776	6	679	28	718	0	718
Lughaye	376	276	224	313	1189	0	1189	210	622	0	622
Zeila	256	286	286	294	1122	0	1122	144	392	0	392
Odweine	317	368	339	241	1265	8	1265	646	366	0	366
Hawad	303	280	219	216	1018	0	1009	59	687	0	687
<b>Total</b>										<b>0</b>	

**Deliveries and PNC:**

A total of **336** 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



*SRCS Mobile Health Teams providing essential healthcare service to the vulnerable people in remote areas in Hargeisa and Togdheer regions. Photo: SRCS*

### **Postnatal care services: 705 postnatal care (PNC)**

During the reporting period, postnatal services continued to be provided through the five mobile 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 – January 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	22	190	135	20	15	313	287	600
Lughaye	268	186	129	88	56	253	93	346
Zeila	191	204	315	129	136	169	192	361
Odweine	74	111	223	13	165	156	104	361
Hawad	115	165	154	9	36	344	230	574
<b>Total</b>	<b>670</b>	<b>856</b>	<b>956</b>	<b>259</b>	<b>408</b>	<b>1,235</b>	<b>906</b>	<b>2,242</b>

**Nutrition Screening**

Around **8,050 (4,148 females, 3,902 male) of under five children** underwent nutritional screening while **442 (202 females, 240 males)** children were classified as severely malnourished children, while **933 (533 female, 400 male)** children were identified Moderate malnutrition and enrolled for OTP and Therapeutic Supplementary Feeding Programme (TSFP) respectively. In this reporting period, 1,230 (536 female, 694 male) children under the age of 5 years were given Vitamin A to prevent night blindness, while 1511 (743 female, 768 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 – January 2026**

Location	Oedema	Severe	Moderate	Normal	Growth M. Total	Vita A	Zinc	Deworming
Berbera	0	36	157	807	1000	118	104	147
Lughaye	0	126	290	1960	2332	56	540	302
Zeila	0	146	217	539	902	519	301	337
Odweine	0	130	232	1820	2182	113	152	178
Hawad	0	4	37	1593	1634	424	141	591
<b>Total</b>	<b>0</b>	<b>442</b>	<b>933</b>	<b>6,518</b>	<b>7,893</b>	<b>1,230</b>	<b>1,511</b>	<b>1,555</b>

**Drug and medical supplies kits:**

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

**Health education:**

SRCS 5 Mobile teams delivered health and nutrition promotion sessions within their respective communities. The primary aim was to improve community health by increasing knowledge, encouraging positive practices, and influencing attitudes toward disease prevention. Pre-defined health education topics were selected and conducted on a monthly basis. In total, SRCS 5 Mobile reached **24,066 individuals**, 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
5 Mobile	Complimentary Breast feeding and IYCF	4,297	127	4,424
	Prevention of vaccine-preventable diseases	4,352	221	4,573
	How to prepare ORS at Home	3,214	102	3,316
	Diarrhoea disease Prevention	3,215	110	3,325
	Environmental hygiene and sanitation	3,487	231	3,718
	FGM/PGI activities	4,339	371	4,710
<b>Total</b>		<b>22,904</b>	<b>1162</b>	<b>24,066</b>

### Bilateral Support from the Canadian Red Cross

During the reporting period, 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 5–6-month period, including five mobile clinics operating from January to May 2026 and two static clinics operating from January to June 2026. These services are positioned in priority locations identified by SRCS, with mobile clinics serving Odweine District in Togdheer, Hudun and Taleeh in Sool, one clinic in Saahil, and two additional units in Erigavo and Ceelafwayn in Sanaag. The two static clinics are based in Qalooq under the Borama rural areas of Awdal Region and in Geedabeer, Hargeisa, within Maroodi-Jeeh Region, expanding access to essential health services for drought-affected communities.

### Puntland

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



## Water, Sanitation and Hygiene

Female > 18: 7,877    Female < 18: 8,534

Male > 18: 7,271    Male < 18: 7,877

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

Indicator	Actual	Target
<b>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</b>		
<b>Key indicators:</b> % of households in targeted communities with sustained access to safe drinking water, improved sanitation facilities, and practicing key hygiene behaviours (e.g., handwashing with soap at critical times)	0	80%
# of people provided with improved access to safe and sustainable water sources (disaggregated by sex, age, disability, and location)	7,829 (4,227 females, 3,602 males) -	500,000 (230,000 PL 270,000 SL)

		SL	
# of safe and accessible water infrastructure, water points for cooking and drinking water which are culturally appropriate, constructed or rehabilitated, including earth dams		13- 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)
<b>Output 5.2 Vulnerable households receive hygiene and dignity kits, while community-led hygiene promotion campaigns strengthen positive sanitation and hygiene behaviours to reduce disease risks</b>			
# of people reached with hygiene promotion activities		31,560 (17,358 females, 14,202 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
<b>Output 5.3: Support schools with water and sanitation facilities</b>			
# of sanitation facilities constructed or rehabilitated		0	320 (250 PL, 70 SL)
# of gender-segregated community latrines		0	320
# of menstrual hygiene packages distributed in schools		0	600

## Activities to do date

### Somaliland

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

Through the surge mechanism, the Norwegian Red Cross deployed a WSR ERU Team Leader to support emergency water supply interventions in Somaliland. Between 9–15 November 2025, the WSR ERU team—including the ERU Team Leader, IFRC WASH/Ops Coordinator, SRCS WASH Engineer, IFRC Operations Officer, SRCS DM Directors, and SRCS volunteers—conducted an assessment across four regions: Togdheer, Maroodi Jeex, Awdal, and Sahil. The mission identified 101 non-functional water facilities across seven districts, including three in Sahil, one in Togdheer, one in Maroodi Jeex, and two in Awdal. In parallel, under the Complex Emergency DREF, branch DM officers and the WASH team carried out a broader WASH assessment in Awdal, Maroodi Jeex, Sahil, Sanaag, Sool,

and Togdheer, which identified 12 water facilities requiring urgent rehabilitation, comprising eight berkedes and four shallow wells.

During the reporting period, rehabilitation work has been ongoing on two berkedes in the Sahil region, with proper monitoring and supervision in place to ensure quality and timely implementation. In addition, the baseline survey for the WASH intervention has been completed.

### 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 (Berkedes).

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).

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 period, both community members and livestock are using rehabilitated and newly constructed water facilities on a daily basis. 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.





*Households and livestock accessing water from SRCS-rehabilitated shallow wells with solar pump installations and berkads.  
Photo: SRCS*

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 14,780 people, alongside practical demonstrations on correct use, safe water storage, and treatment procedures.

In addition, house-to-house hygiene promotion awareness sessions reached about 31,560 (17,358 females, 14,202 male) people, 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.



*SRCS volunteers are conducting house-to-house hygiene promotion awareness sessions in Sanaag and Sahil regions. Photo:  
SRCS*

## Puntland

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

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



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

### Complex Emergency Appeal

- The WASH team, led by the WASH Engineer, conducted a thorough WASH assessment focusing on identifying water facilities requiring rehabilitation under the Complex Emergency DREF in Bari and Nugaal regions. As a result, 5 water facilities 4 - berkeds and 1- borehole have been identified. The engineering team has prepared the Bill of Quantities and submitted them to the suppliers.
- Logistics requisitions were raised and approved for 5 water facilities rehabilitation, mainly 4 berkeds and 1 borehole upgrade capacity in Nugal and Bari regions of Puntland.
- Logistics requisition for water trucking was raised and approved, enabling 280 water trucks to be delivered to the affected communities.



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

### Water trucking achievements

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. Recommendations called for expanding support and training committees on water safety.

- Muudiya - this village received 100 water trucks, equal to 5,000 barrels of water, benefiting approximately 600 households, totaling 3,600 people.
- Geed-Xagar - SRCS delivered 40 water trucks (2,000 barrels), reaching 240 households and supporting 1,440 people.
- Conqora - this village received 50 water trucks, equivalent to 2,500 barrels, assisting 300 households and 1,800 people.
- Dibir - this community of Dibir benefited from 40 water trucks (2,000 barrels), supporting 240 households and 1,440 people.
- Gumbax - this community received 15 water trucks, with 750 barrels of water, reaching 90 households and 540 people.
- Liqanlay - this village received 20 water trucks (1,000 barrels), serving 120 households and 720 people.
- Milxa - this community also benefited from 15 water trucks, providing 750 barrels of water for 90 households and 540 people.

Across these seven communities, the intervention delivered a total of 280 water trucks carrying 14,000 barrels of clean water, reaching 1,680 households and 10,080 people in need.

The SRCS volunteers who were involved in the water trucking were also distributing aqua tabs to the supported communities/households of the water trucking while hygiene promotion was also provided to enable safe water drinking.

On the other hand, the 4 berkedes are now fully rehabilitated for water conservation during the rainy season and to store water during emergency water trucking for the communities in Xamxamaa and Qoraxaad villages in Nugal

and Bari provinces respectively. Xaabo borehole, which supports 3000 households in Xaabo town, is under upgrade capacity work. SRCS handed over the work to the supplier and 50% of the upgrade work is completed. This time, communities are experiencing prolonged dry spells and failed rainy season however it's still beneficial for the communities to store their water trucks in the newly rehabilitated berkedes.



*Emergency Water trucking to the drought affected people in Muudiye, Conqora, Gumbax, Milxa, Liqanley, Dibir, Xagar, Gumbax, Milxa and Liqanlay villages.*

Protection concerns were addressed: -

- In the emergency of water trucking to communities impacted by drought, giving special attention to women's and children's needs to reduce the hazards of dehydration, disease outbreaks.
- The long distances to water sources put women and girls at risk for health problems and lack of protection. Waterborne diseases are a major risk for children under five. Pregnant and lactating women need more water for their health and cleanliness.
- Water trucking brings water closer to homes, saving women hours of daily labor. Reduces risks of gender-based violence often faced during long walks to distant or unsafe water sources. Promotes equity by ensuring vulnerable groups are not left behind.
- During water trucking SRCS distribution for IEC material for protection Gender inclusion.


### Community Feedback and Success stories:

The communities in the target village expressed their appreciation for the water trucking support provided by the SRCS Bossaso Branch with support from the IFRC. After experiencing three consecutive years of failed rainy seasons, the village faced severe water shortages that forced many families to temporarily leave their homes in search of water. When SRCS initiated water trucking to the area, many community members returned to their villages.

The community noted that the intervention arrived at a critical moment, easing their hardships and helping stabilize daily life. Access to clean and safe water has contributed to improved health outcomes, particularly by reducing the risk of waterborne diseases among vulnerable groups such as children and older people. Despite this progress, the community emphasized their continued vulnerability, explaining that extreme poverty and loss of livelihoods prevent them from purchasing water independently.

Community members appealed for continued and expanded support, noting that their situation remains dire. They requested more frequent water deliveries and advocated for long-term solutions, including the rehabilitation or construction of local water sources. They also expressed interest in participating in the planning and monitoring of future water distribution activities to ensure transparency and fairness.

One of the community beneficiaries, Ms. Sowdo from Mudiya village, shared her experience. *She said "I warmly welcomed the SRCS team to our village. I received safe drinking water and in November I also benefited from the Multi-Purpose Cash Grant distributed by SRCS. We received first month 130 USD every household. This support has greatly helped my family during this difficult time. I sincerely thank SRCS and request them to continue supporting our community".*

	<b>Environmental Sustainability</b>	Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
<b>Objective:</b>	<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>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<b>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</b>		
	% 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)
<b>Activities to do date</b>		
<ul style="list-style-type: none"> <li>Assessments are underway by the WSR ERU to utilize solarization for the water supply infrastructure.</li> </ul>		



## Community Engagement and Accountability

<b>Objective:</b>	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<b>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</b>		
	% of people surveyed who feel the National Society's services meet their most important needs and provide useful support	0	80%
	# of staff, and volunteers trained on community engagement and accountability	257 231 - SL 26 - PL	500 (300 SL, 200 PL)
	# of people reached through methods that enable communities to participate in the planning and management of services, programmes, and operations	0	500,000 (200,000 PL, 300,000 SL)
	<b>Output 7.1: Feedback Mechanisms Number and type of methods established to collect feedback from the community</b>		
	% of operational feedback received and responded to by the National Society	On going	80%
	The National Society has a functioning feedback mechanism in place for the whole organization	2 1 - SL 1 - PL	2

# of methods established to communicate with communities on what is happening in the organization, programme, and operation, including selection criteria if these are being used	2 PI	4
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## Activities to do date

### 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 257 volunteers (51 females, 180 males) from Borama, Hargeisa, Berbera, Burco, Erigavo, and Lascanod branches received training on community engagement and accountability. This was carried out through on-the-job training, allowing volunteers to apply what they learned while actively engaging with communities.
- Community Engagement Meetings: a total of 16 meetings were held at various locations to inform communities about the operations, including key aspects such as the selection criteria for beneficiaries of multi-purpose cash grants, entitlements, the duration of the grants, and the overall progress of the operations. These meetings offered a platform for open dialogue, allowing community members to ask questions, voice concerns, and provide feedback. This approach helped ensure transparency, build community trust, and promote active participation in the implementation of the operations.
- SRCS Activated the hotline to receive feedback from the community, and designated volunteers in all the 6 branches have been assigned to handle and manage it. Only authorized personnel trained in safeguarding, protection, or investigations have access to sensitive feedback. Personal details are shared strictly on a need-to-know basis to protect confidentiality.
- 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 23,860 individuals were reached.

### Puntland

- A total of 40 volunteers have been trained on community engagement and accountability ahead of the community engagement sessions and registration of targeted families by Bossaso, Garowe and Galkayo branches (14, 14 and 12 volunteers in Galkayo, Garowe and Bossaso) respectively to support complex emergency DREF interventions.
- SRCS has used two methods to reach the affected population. Primarily, SRCS organized a kick-off meeting with authorities to board them and disclose the available humanitarian aid of the drought affected population and the need to carry out an assessment ahead of the registration and water source rehabilitation. The second method was to sit with the targeted communities to initiate their acceptance and participation of the DREF operation.
- SRCS activated the hotline for the purpose of receiving feedback from the community.



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



## Protection, Gender and Inclusion

Female > 18:  
3,187

Female < 18:  
3,452

Male > 18:  
2,942

Male < 18:  
3,187

### Objective:

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

### Key indicators:

Indicator	Actual	Target
<b>Outcome 6: Communities are empowered to identify and respond to the distinct needs of the most vulnerable, including disadvantaged and marginalized groups, through inclusive and protective approaches that promote dignity, equity, and safety</b>		
% of community-led initiatives or mechanisms that actively include and address the needs of vulnerable, disadvantaged, and marginalized groups	0	80%
<b>Output 6.1: Protection, gender, and inclusion are systematically integrated across all program interventions to safeguard the dignity, safety, and rights of affected populations and ensure that no one is left behind</b>		
# of people reached by protection, gender and inclusion programming	12,768	500,000 (200,000 PL, 300,000 SL)

# of staff and volunteers trained to apply the PGI Minimum Standards in emergency and development programming, disaggregated by sex, age, and disability	0	300 (120 PL 180 SL)
# of people who received dignity Kits which GBV awareness sessions and MHM (In collaboration with WASH)	0	7,000 (3,000 PL, 4,000 SL)
<b>Output 6.2 PSEA - Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children</b>		
% of volunteers and staff trained on PSEAH and SGBV awareness and survivor-centered response, including receiving and managing sensitive SGBV (including safeguarding)-related disclosures	0	100%

### Activities to do date

#### Somaliland

- Refresher training on Protection, Gender, and Inclusion focusing on violence, discrimination and exclusion. The training equipped them with the necessary knowledge and skills to ensure that PGI principles are effectively integrated into all aspects of the operation. 300 volunteers across all regions of Somaliland, with 50 volunteers trained per region participated.
- Preparations for the implementation of project activities are underway.
- Information, Education, and Communication (IEC) materials on PGI have been printed for distribution

#### Puntland

- Galkacyo branch trained 14 SRCS volunteers (6 male, 8 female) on Protection, Gender, and Inclusion, while Bosaso branch trained 12 volunteers (8 female, 4 male) on the same. These trainings aim to strengthen inclusive and protective approaches in emergency response.
- SRCS established PGI focal points to support the operation.
- IEC materials on PGI were developed and distributed, reaching approximately 12,768 people (7,523 females and 5,245 males). During the reporting period focusing on issues of violence, discrimination, and exclusion.
- All staff and volunteers 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.

## Enabling approaches



### National Society Strengthening

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
	Indicator	Actual	Target
<b>Key indicators:</b>	<b>Outcome 9: National Societies are prepared to effectively respond to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognised</b>		
	The National Society is part of government-led emergency coordination platforms		Yes
	The National Society is part of the country, interagency, and international community's official emergency response coordination platforms		Yes
	# of branches with enhanced disaster and crisis response capabilities	0	9
	# of branches supported to be ready to respond to disasters	0	9
	% of volunteers provided with equipment for protection, safety and support appropriate to the emergency	0	85%
	% of digitalization and digital transformation achieved for Information Management (IM) and Information Technology (IT) systems between headquarters and branches	0	100%
<b>Activities carried out</b>			
Planning is ongoing and activities will be reported in the next update.			



## Coordination and Partnerships

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

	Indicator	Actual	Target
<b>Key indicators:</b>	<b>Outcome 8: Technical and operational complementarity among the IFRC's membership and with the ICRC is enhanced through cooperation with external partners</b>		
	# of regular coordination mechanisms with all Movement partners	0	2
	# of Partners meeting to brief on the Appeal	0	2
	# of Donors meetings to brief on the Appeal	1	2
	# of Movement Coordination meetings in line with the MCA	0	Monthly

### Activities to do date

- A field-level kick-off meeting was held on October 27, 2025.
- An ambassador briefing took place on 6 February 2026 to inform diplomatic partners about the humanitarian and operational realities in Somalia, drawing on first-hand insights from the IFRC Regional Director and Head of Delegation's visit to Puntland and Somaliland.
- Instigated regular operations coordination meeting and reporting.

#### Somaliland

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

#### Puntland

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



Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<b>Outcome 10: IFRC Secretariat Services Effective and coordinated disaster response is confirmed</b>		
	<b>Output 10.1: Agility and Accountability the IFRC strengthens its effectiveness, credibility, and accountability</b>		
	The resource mobilization strategy has been developed	0	1
	The communications strategy has been developed	1	1
	% of financial reports compliant with IFRC procedures	0	100%
	% of PNS reporting within a Federation Wide PMER structure	0	100%
	The National Society has a risk management framework in place	0	1
	% of financial reports compliant with IFRC financial procedures and standards	0	100%
	# of technical and monitoring visits conducted	0	12
# of surge profiles deployed	1	3	

**Activities to do date**

**IFRC Nairobi Country Cluster Delegation**

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

The Nairobi CCD on-boarded an operations manager from the Finnish Red Cross on the 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.

**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 covering 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 establish, 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

Surge requests have been submitted for two key roles: Operations Manager and Water Supply Restoration (WSR) ERU Team Leader. The Norwegian Red Cross has appointed the WSR ERU Team Leader for a two-month assignment. The IFRC Cluster Office has now recruited an Operations Manager position (SoL from the Finnish Red Cross for 6 months) to support the operations, specifically focusing on resource mobilization and partners coordination and engagement. In addition, IFRC also received an operations manager (SoL from the American Red Cross for 3 months).

### Communications Strategy

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

### Resource Mobilization Strategy

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

## D. FUNDING

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

Current fundraising coverage is at CHF 2,297,433 (9.1%) raised against Federation-wide funding requirements of CHF 25m. This includes the DREF grant allocation of CHF 981,311.

	Income CHF	% coverage
<b>Bilateral funding ask CHF10m</b>		
Planning bilateral support for Emergency Health 5# mobile and 2# static health clinics – CAD250,000.	143,374.70	
<b>Total bilateral hard pledges + in kind + soft pledges</b>	<b>143,447</b>	<b>1%</b>
<b>IFRC Secretariat funding ask CHF15m</b>		
DREF grant allocation (ECHO DREF replenishment – CHF250,000)	981,311	
Japan Red Cross – Yen 5m soft pledge.	26,221	
Finish Red Cross – EURO 500,000	457,739	
Norwegian Red Cross – Nok 2m soft pledge as part of ERU deployment.	143,374	
British Red Cross	158,243	
Netherlands Red Cross	347,857	
<b>Total multilateral hard pledges + in kind + soft pledges</b>	<b>2,133,550</b>	<b>14%</b>
<b>Grand total income including DREF grant against</b>	<b>2,297,433</b>	<b>9%</b>

Working closely with the Somali Red Crescent Society and its Movement partners, stakeholder and partner engagement has been ongoing. This active approach included a diplomatic engagement event held in September and targeted interactions with Red Cross partners in October and ongoing. Highlighting the global dimension, the IFRC Secretary General visited Somaliland in June 2025. Simultaneously, the team is actively supporting the SRCS partnerships and resource mobilization strategy while exploring new avenues for resource mobilization, including innovative and Islamic philanthropy.

## Contact information

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

### In the Somali Red Crescent Society

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

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- **IFRC Country Cluster:** Naemi Heita, Head of Cluster Delegation, email [naemi.heita@ifrc.org](mailto:naemi.heita@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

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

### For In-Kind donations and Mobilization table support:

- **Senior officer, procurement, Supply Chain management unit for Africa:** Caren Ouma Oyayo, [email:carren.oyayo@ifrc.org](mailto:carren.oyayo@ifrc.org)+254 72 176 5416

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

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

### Reference documents



Click here for:

- [Operational Strategy](#)
- [Emergency Appeal](#)
- [2<sup>nd</sup> Operational Update](#)

## How we work

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