DREF Operation

Somalia - Diphtheria Out Break - 2025

Photo taken by SRCS staffs while collecting sample

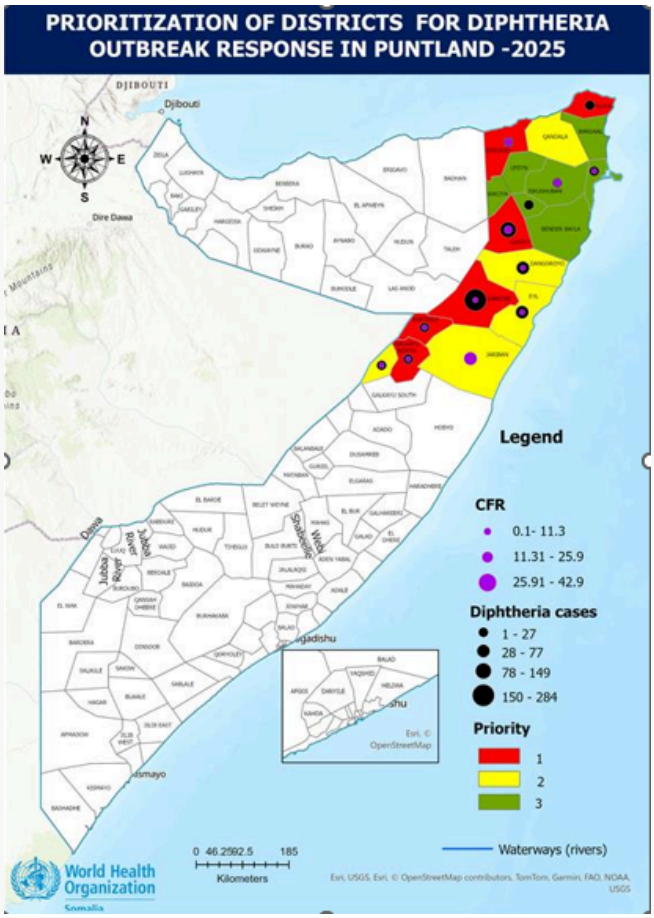
Appeal: **MDRSO024**	Country: **Somalia**	Hazard: **Epidemic**	Type of DREF: **Response**
Crisis Category: **Yellow**	Event Onset: **Sudden**	DREF Allocation: **CHF 376,556**	
Glide Number: **-**	People at Risk: **602,300 people**	People Targeted: **508,844 people**	
Operation Start Date: **07-08-2025**	Operation Timeframe: **6 months**	Operation End Date: **28-02-2026**	DREF Published: **18-08-2025**

Targeted Regions: **Bari, Mudug**

Description of the Event

Date of event

08-03-2025



DIPHTERIA AFFECTED AREAS IN PUNTLAND - 2025

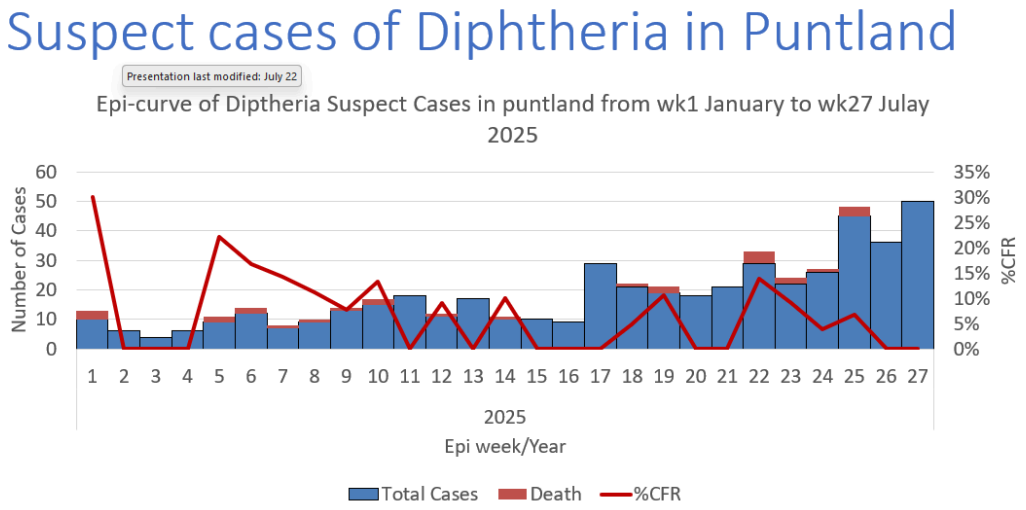
What happened, where and when?

As of July 2025, Somalia particularly Puntland regions of Mudug, Nugal and Bari were grappling with a sustained and intensifying diphtheria outbreak. The disease, a highly contagious yet vaccine-preventable illness, continues to spread at alarming rates, placing an immense strain on Puntland's already overstretched healthcare system. By this time, 482 confirmed cases and 27 deaths had been reported, with the highest burdens recorded in the Galkacyo district of Mudug province (178 cases and 7 deaths with a case fatality rate of 3.9%) and the Iskushuban district of Bari province, which reported a devastating CFR of 29.4% with 5 deaths among 17 cases. These high mortality rates point to serious gaps in clinical care and limited access to diphtheria antitoxin, highlighting the urgent need for strengthened case management and timely treatment availability.

Transmission trends between January and May 2025 revealed a worrying trajectory where suspected cases surged by 18.2% compared to the previous epidemiological week at one point, and cases were reported consistently over 27 weeks with notable weeks. The highest number of suspected cases occurred in week 27 which had 50 cases, followed by week 25 and week 17, which had 30 cases each.

Although deaths were generally low compared to suspected cases, the largest spikes were recorded in week 25, which had 4 deaths, and week 22, which had 3 deaths. In an attempt to curb the spread, the regional health office ordered the closure of Qur'an schools during the detention season of other schools to reduce gatherings.
The current crisis is rooted in events dating back to January 2023, when Puntland first began experiencing a resurgence of diphtheria. The outbreak was initially detected after a suspected case referred from south-central Somalia was admitted to Mudug Referral Hospital, followed by the death of another child in the same week. That same year, suspected cases also emerged in the Bari and Sanag regions. Throughout 2024, the outbreak gradually expanded, with confirmed cases appearing in Nugal, especially within Garowe's internally displaced persons (IDPs) camps and host communities alike.

The ongoing outbreak has exposed critical vulnerabilities in Somalia's routine immunization coverage and systematic weaknesses that have left many children unprotected against diphtheria, measles, and pertussis, making swift and sustained public health interventions essential to prevent further loss of lives.



- A total of 50 new suspect cases, with 0 death, have been reported in wk 27.
- Since the start of January 2025 (Week 1), there have been **482** suspect cases and **27** deaths, with a case fatality rate (CFR) of **6%.**
- **65%**of the cases have no history of vaccination of which **24%** are children aged under 5 years.

Variable / epi-week0	wk1	wk2	wk3	wk 4	wk5	wk6	wk7	wk8	wK9	wk1 0	wk11	wk12	wk13	wk14	wK15	wk16	wk17	wk18	wk19	wk20	wk21	wk22	wk23	wk24	wk25	Wk26	Wk27
# Cases	9	6	4	6	4	12	6	8	14	15	21	11	13	8	10	9	29	21	19	18	21	29	22	26	45	36	50
# Deaths	1	1	0	0	1	2	1	1	1	2	2	0	1	0	1	0	0	1	2	0	0	4	2	1	3	0	0
CFR(%)	11%	16%	0%	0%	25%	25%	17%	13%	7%	13%	10%	0%	8%	0%	10%	0%	0%	5%	11%	0%	0%	14%	9%	4%	7%	0%	0%

Scope and Scale

The diphtheria outbreak in Puntland, peaking between January and June 2025, has produced severe and multifaceted negative impacts across the health sector, livelihoods, community well-being, and public infrastructure. A total of 482 confirmed cases with 27 deaths are documented in the 27th Epi-week. In Puntland, schools and IDP camps have emerged as major transmission zones due to high population movement, overcrowding, and lack of vaccination coverage. Notably, 65% of reported cases were unvaccinated, with 24% under five years of age, underscoring significant immunization gaps among the most vulnerable.

The most severely affected populations include internally displaced persons (IDPs), pastoralist families, children under five, pregnant women, and the elderly. These groups reside in overcrowded IDP camps, informal settlements, and marginal rural areas, where access to healthcare is either absent or severely disrupted. Historical displacement patterns due to conflict and climate shocks such as droughts and floods have led to concentrated vulnerability among these groups. The repeated collapse of mobile health services (including SRCS teams) and reduced health facility functionality, with 125 health facilities facing funding gaps, further magnify risks, especially in regions like Mudug and Bari.

People with disabilities, chronic illnesses, and single-headed households particularly female-headed households face compounded barriers due to mobility limitations and reduced access to timely health information. The temporary closure of Qur'an schools and other learning institutions, while necessary for containment, also interrupts education and safe spaces for children, contributing to increased psychosocial stress among families.

Puntland's health system is now severely strained. Supply chains for vaccines and the cold chain system are disrupted due to funding gaps, leading to immunization outreach interruptions. Laboratory testing capacity remains limited to a single referral center. The outbreak has rendered the SRCS's currently functioning 11 fixed clinics insufficient to cope with the rising caseloads in the affected areas. Data are derived from SRCS surveillance reports, Ministry of Health epidemiological updates, referral laboratory confirmations, and Epi-week tracking systems. The involvement of WHO and active coordination with health cluster partners enhances data credibility and enables transparent planning.

Source Name	Source Link

1. Urgent Appeal from MoH	https://ifrcorg-my.sharepoint.com/:b:/g/personal/gemechissa_mustefa_ifrc_org/EciUO7o3lChCk8hGfVEaHUcB_R1TijQmI3ytsGtEcYqYCA?email=gemechissa.mustefa%40ifrc.org&e=NWrPfv
2. SRCS Assessment Report	https://ifrcorg-my.sharepoint.com/:b:/g/personal/gemechissa_mustefa_ifrc_org/ETrWeEJweJdGj6VADtYuzSQBe73ZNbKDNbLbphjdac4vAg?email=gemechissa.mustefa%40ifrc.org&e=5nrAke
3. Disease Surveillance Report - Puntland	https://ifrcorg-my.sharepoint.com/:b:/g/personal/gemechissa_mustefa_ifrc_org/EbJABRBtIZJJr7CaWda04qIB7oJBvc7G9BpEvKXElwdj3Q?email=gemechissa.mustefa%40ifrc.org&e=L9H1dS

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**No**
Did it affect the same population group?	**No**
Did the National Society respond?	**No**
Did the National Society request funding form DREF for that event(s)	**No**
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**

Current National Society Actions

Start date of National Society actions

08-01-2025

Health	On first week of August, SRCS has launched a clinic catchment vaccination campaign against diphtheria in six clinics across Puntland. Of these, four clinics are located in the highly affected areas of Mudug province, and two in Bari province. To effectively support the affected population and those at risk, SRCS has trained nine frontline clinic staff in clinical case management of diphtheria, aiming to strengthen the quality of care provided at these facilities. The vaccination campaign is designed to cover catchment areas within a 5 km radius of each clinic. To ensure consistent outreach, the campaign will be active for eight days each month over the course of the next 90 days, targeting vulnerable populations with limited access to routine immunization services.
Coordination	To monitor the outbreak situation and strengthen information sharing among partners, the Ministry of Health provides weekly situational updates on the diphtheria outbreak. In parallel, the Health Cluster at the Puntland level conducts periodic emergency meetings to review the evolving situation, coordinate ongoing operations, and discuss

	partners' plans and responses. To support resource mobilization efforts, the SRCS convened a meeting with Red Cross and Red Crescent Movement partners, during which it presented the latest outbreak updates, outlined the immediate response actions taken, and highlighted existing gaps and challenges in healthcare service delivery. The meeting also served as a platform for SRCS to appeal for additional support to strengthen its response capacity.
National Society Readiness	SRCS continues to rely on its network of community-based volunteers who actively report health alerts and risks from within their communities. In addition, nine clinic-level staff have been trained in clinical case management to strengthen frontline response and improve the quality of care for diphtheria cases.
Resource Mobilization	Resource mobilization efforts have been initiated by the SRCS Mogadishu Coordination Office, which has formally appealed to Red Cross and Red Crescent Movement partners to support the National Society's response to the diphtheria outbreak in Puntland. In response to this call, the Norwegian Red Cross pledged USD 43,000 to support a clinic catchment vaccination campaign across six clinics in Puntland four located in Mudug province and two in Bari province. Additionally, the Finnish Red Cross committed USD 6,000 to support a similar vaccination campaign at Dangoroyo Clinic in Nugal province.

IFRC Network Actions Related To The Current Event

Secretariat	International Federation of Red Cross and Red Crescent Societies (IFRC) maintains offices in both Garowe and Hargeisa, with staff from the Nairobi cluster stationed between the two locations in Garowe and in Hargeisa. This includes a WASH delegate, and two Operations Officers. These in turn are supported by the Nairobi Cluster office with dedicated logistics, finance, communication, PMER and SPRM support. IFRC has supported SRCS in the development of the DREF request and will continue to provide technical assistance for the planned intervention.
Participating National Societies	On July 2, 2025, the SRCS convened an urgent coordination meeting with its Movement partners to discuss the escalating diphtheria outbreak in Puntland, assess operational needs and gaps, and align support efforts. During the meeting, several Partner National Societies (PNS) expressed their commitment to supporting the SRCS response. The Norwegian Red Cross pledged USD 43,000 to fund a clinic catchment vaccination campaign across six clinics in Puntland four located in Mudug province and two in Bari province. The Finnish Red Cross committed USD 6,000 to support a similar campaign at Dangoroyo Clinic in Nugal province. These contributions are aimed at strengthening immunization coverage in high-risk areas and reducing transmission among vulnerable populations. PNS are currently supporting the operation remotely, providing financial assistance and technical coordination through the SRCS Mogadishu Coordination Office. While no PNS are physically present on the ground in Puntland at this time, their engagement through funding and strategic planning is critical to enabling SRCS to scale up its response.

ICRC Actions Related To The Current Event

The ICRC maintains a physical presence in Puntland and continues to implement its regular program activities in the region. However, as of now, no formal commitment has been received from the ICRC to support the ongoing diphtheria outbreak response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	A mass vaccination outreach campaign has been conducted over a period of 3 months in 118 health centers in the Mudug, Nugal, and Bari regions, covering all villages within their 5 km radical catchment areas. Similarly, the Ministry of Health scaled up the routine vaccination through the provision of sufficient vaccine supply at the clinic level across Puntland and raised the awareness of the communities in those areas and in the bigger towns as well. However, the gaps remain in the remote areas, which are beyond 5 km away from the clinics, due to the funding gap; the government doesn't have the ability to deploy mobile clinics to support vaccination campaigns in the remote communities where there are existing routine vaccination gaps.
UN or other actors	UNICEF and WHO have taken active roles in supporting the government-led response to the diphtheria outbreak in Puntland. Both agencies are contributing to the ongoing clinic catchment outreach campaign, which is currently operational across all regions of Puntland. In addition to supporting vaccination efforts, UNICEF and WHO are providing human resources to strengthen service delivery in government-run health facilities. They are also leading risk communication and community engagement (RCCE) activities to raise awareness and promote preventive behaviors within affected communities. Moreover, both agencies are supporting the cold chain system by ensuring the supply and distribution of vaccines, and are facilitating transportation mechanisms to enable the delivery of essential health services to remote and underserved areas. These coordinated efforts are critical in enhancing the reach and effectiveness of the outbreak response across all regions of Puntland. In addition to this, both agencies are providing critical support to government-run health facilities through the deployment of human resources, including healthcare personnel. Their contributions also include risk communication and community engagement (RCCE) activities within catchment areas to raise awareness and promote preventive behaviors.

Are there major coordination mechanism in place?

Coordination mechanisms in Puntland are well-established and involve multiple platforms to ensure effective response and collaboration among health and humanitarian actors. These include:
Health Cluster Meetings: Held monthly, these meetings provide a platform for health partners to exchange information, analyze gaps and challenges, and coordinate both ongoing and planned operations.

Ad-hoc Emergency Health Meetings: Led by the Ministry of Health, these are convened in response to public health emergencies to facilitate rapid decision-making and coordination.

Inter-Agency Coordination Meetings: Facilitated by UNOCHA, these meetings bring together sectoral actors to discuss response activities, identify gaps, and address challenges at the Puntland level.

Area-Based Coordination: Conducted jointly by UNOCHA and regional administrations, this mechanism focuses on monitoring hotspot areas and supporting regional authorities in managing localized operations.

Regional Health Ad-hoc Emergency Meetings: Coordinated by regional health officers, these meetings engage regional health partners and stakeholders to share updates, identify gaps, and plan next steps. They also serve as a tool for resource mobilization and advocacy.

Needs (Gaps) Identified

Health

In Somalia, particularly in Puntland, significant health system gaps continue to hinder an effective response to diphtheria outbreaks, especially among vulnerable populations. A large number of zero-dose children ,those who have never received any routine immunizations are found in remote rural and pastoralist communities, notably in parts of Bari, Nugal, and Mudug regions. These areas often suffer from insufficient health infrastructure, and families are highly mobile due to recurring climatic shocks, armed conflicts, and nomadic lifestyles, making consistent service delivery extremely difficult.

Routine immunization services in these regions have been frequently interrupted by a combination of chronic underfunding, climate-related emergencies, and increased population movement. There is also poor continuity of care between the first and third doses of the pentavalent (Penta) vaccine, resulting in incomplete immunity among many children. This challenge is compounded by weak referral systems, especially in districts with minimal transportation infrastructure, where patients may not be referred in time for diagnosis or life-saving treatment.

Stockouts of critical supplies, including Diphtheria Antitoxin (DAT) and essential antibiotics, are common in high-risk areas, particularly during disease surges. These shortages often lead to preventable complications and deaths, especially in remote health posts and mobile clinics. Additionally, many frontline health workers in Puntland lack the necessary training and clinical skills to effectively identify, isolate, and treat diphtheria cases. Infection prevention and control (IPC) practices are often inadequate due to limited supplies and insufficient understanding of transmission risks.

Meanwhile, community awareness remains low, with widespread misinformation, mistrust, and vaccine hesitancy, especially in underserved and conflict-affected areas. Local beliefs, rumors, and lack of engagement with trusted community leaders further reduce vaccine uptake. Puntland also lacks updated, diphtheria-specific outbreak preparedness and response plans, and health emergency response mechanisms remain severely underfunded, with minimal operational support for rapid response teams, case management, or community mobilization during outbreaks.

Addressing these systemic gaps is urgent to prevent further morbidity and mortality from diphtheria, particularly among children, IDPs, pastoralist families, pregnant women, the elderly, and people with disabilities, groups who are most likely to be affected due to their limited access to healthcare and heightened vulnerability.

Protection, Gender And Inclusion

Protection gaps during Diphtheria outbreak are often marked by the limited access to health services in the drought, armed conflict affected areas where vulnerable populations struggle to reach vaccination or treatment centers. Additionally, many villages who had functioning clinics have no active health care services at the moment as many of them were closed due to the recent funding cut leading to a huge health care gap in Puntland.

Gender-related challenges also undermine effective health responses. Health campaigns overlook gender dynamics, failing to consider that women are typically primary caregivers or that men's movement patterns may influence access, leading to reduced vaccine uptake. The underrepresentation of women in decision-making bodies such as health committees limits the inclusivity of outbreak responses.

Pregnant and lactating women face additional barriers, including fear of side effects and services that don't address their specific needs. On the other hand, gaps regarding inclusion persist for persons with disabilities who often encounter inaccessible health infrastructure and a lack of assistive communication tools. Ethnic and linguistic minorities and people who are just displaced from remote areas like Celmiskaat, which was in control of non-state actors for a number of years and had no experience of vaccination whatsoever, may also be marginalized or left out when the healthcare service is not provided in a culturally appropriate format or in a simple language that they understand resulting mistrust and misinformation. The absence of disaggregated data by age, gender, and disability hinders efforts to identify and support the most at-risk populations.

Community Engagement And Accountability

Community engagement and accountability gaps significantly weaken health responses by limiting trust, participation and local ownership. Communication strategies are often top-down, with information flowing from authorities to communities without meaningful

dialogue or feedback mechanisms. Influential local actors such as religious leaders, youth groups, and traditional leaders are frequently overlooked, despite their key roles in shaping community behavior.
Health particularly about diphtheria and other vaccine preventable disease messages are sometimes poorly adapted to local languages and cultural contexts reducing their clarity and effectiveness.

Furthermore, communities are rarely trained or empowered to conduct surveillance or report suspected cases, missing vital early warning opportunities, especially among displaced or nomadic populations who are often excluded from outreach efforts.

On the accountability side, there is a lack of safe, accessible channels for communities to voice concerns or complaints, and decision-making processes tend to be opaque, leading to mistrust. When service delivery fails, such as delays in vaccines or supplies, there is often no explanation or follow-up, and community voices are typically absent from monitoring and evaluation efforts. Addressing these gaps present a valuable opportunity to create a more inclusive, trusted, and community-driven response.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to strengthen community-level outbreak response in order to reduce diphtheria-related morbidity and mortality among vulnerable populations in Puntland, particularly in the high-risk regions of Mudug and Bari. This will be achieved by delivering targeted health services , enhancing disease surveillance, and promoting community engagement, while ensuring access to essential medical supplies and upholding protection, dignity, and resilience throughout a six-month operation period.

Operation strategy rationale

The SRCS will support 508,844 people (84,807 families) identified as the most vulnerable and at risk due to the ongoing diphtheria outbreak in Puntland. These families will be reached through integrated health care outreaches conducted by five emergency mobile clinics deployed in Bari and Mudug provinces, with a particular focus on hard-to-reach areas. The target population 508,844 for this intervention is communities in need. During the operation period, they will be reached through mobile health services, risk communication and community engagement (RCCE) via radio broadcasts, and health promotion and education activities delivered through both radio programs and in-person community sessions.
Health:
The mobile clinics will deliver comprehensive, high-quality health care services to children, women, and the wider population in Puntland. Services will include routine immunizations, nutrition screenings, and maternal health care, such as antenatal check-ups, postnatal care, and delivery support. In addition, the mobile health teams will engage communities in awareness-raising activities on the importance of preventing vaccine-preventable diseases, promoting infant and young child feeding (IYCF) practices, maternal and child nutrition education, and appropriate hygiene practices to prevent malnutrition and related diseases among those most vulnerable to diphtheria. On the other hand, when it comes to the case managements, the mobile clinics will collaborate closely with the existing health infrastructure by referring diphtheria cases (suspected cases of diphtheria) to the nearest district hospitals during the operation.
The SRCS team will utilize the existing stock of essential drugs and medical supplies currently available in its warehouse while awaiting the internationally planned procurement of OPD kits through the IFRC Nairobi office. These supplies will be replenished through the DREF allocation to ensure uninterrupted service delivery and preparedness for future interventions.
Outreach services will be delivered in accordance with the Ministry of Health (MoH) standard operating procedures for expanded community outreach during emergency outbreaks. In close consultation with MoH at both national and regional levels, SRCS will maintain continuous coordination and engagement to ensure alignment with national strategies and the sustainability of the health response.
In summary, the five mobile clinics planned under this DREF will complement the ongoing vaccination campaign within all clinics and their catchment areas (specifically a 5 km radius) in Puntland. The campaign commenced in the first week of July 2025 for Ministry of Health–run clinics and in the first week of August 2025 for SRCS–run clinics (currently six in operation). The SRCS planned 5 mobile clinics under this DREF, will be targeting the most affected and vulnerable communities under Galkacyo, Galdogob, Jarriban districts in Mudug and Iskushuban and Qardho districts in Bari province. The healthcare services provided by these mobile clinics will not be deployed within the districts that already have functional health infrastructure. Instead, the focus will be on villages and IDP settlements within their coverage areas, thereby complementing the ongoing vaccination campaigns taking place within a 5 km radius of the district.
PGI:
SRCS will be integrated as a cross-cutting theme across all sectors of the response, targeting 508,844 people (84,807 families). Special attention will be given to the most vulnerable individuals, including displaced households and families with specific protection needs. SRCS has appointed a dedicated PGI focal person to provide technical guidance and ensure that protection and inclusion considerations are embedded throughout the operation.
In coordination with local agencies, SRCS will confirm and strengthen referral pathways for protection and gender-based violence (GBV) services. Trained volunteers will raise awareness within communities by providing information on sexual and gender-based violence

(SGBV) and guiding individuals on how to access available referral services. Additionally, SRCS will conduct an assessment to identify PGI needs among the most vulnerable populations, alongside gap mapping, establishment, and support of GBV referral pathways to ensure timely and appropriate assistance.

The following activities shall be conducted:

a) Inclusion of the PGI and safeguarding considerations and data collections to the assessment and monitoring under this intervention.

b) Disseminate the SRC's child protection and safeguarding policy & ensure all staff and volunteers sign the Code of Conduct.

c) Under PGI, the following activities shall be done:

- Orient volunteers & staff on the SRC's safeguarding policies (PSEA) for volunteers and other stakeholders.
- Strengthen community reporting processes and mechanisms for SEA-related incidents.

Community Engagement and Accountability (CEA)—508,844 people (84,807 families):

CEA will be fully integrated throughout the response to ensure active and meaningful community participation. Leveraging SRCS tools and CEA approaches, communities will be engaged at every stage of the response, with continuous feedback collection and analysis used to identify gaps and improve the efficiency and relevance of interventions. To enhance vaccination uptake and reduce dropouts, through community engagement, SRCS mobile clinic staff will conduct follow-up phone calls to remind communities of their next dose appointments by also tracing any defaulters. In the cases where beneficiaries have been displaced, they will be linked to the nearest health facilities to continue their vaccination schedule. Additionally, SRCS community-based volunteers in the villages will mobilize community members ahead of mobile clinic visits to ensure timely attendance and improve vaccination coverage.

Communities will have access to a variety of channels to voice their needs and opinions, including

- Feedback desks.
- A toll-free complaint and feedback hotline.
- Focus group discussions.
- Household visits.

These mechanisms will help assess community needs, inform decision-making, and strengthen transparency. SRCS will establish help desks at all community interaction points to facilitate two-way communication, ensure action, and gather real-time feedback. Data collected through these channels will be systematically analyzed and used to guide project implementation and adapt interventions as needed.

Coordination:

Implement a comprehensive, effective coordination system to avoid duplication of assistance with other stakeholders. This response will be conducted using a complementary approach, both with internal projects and the interventions of other actors. The coordination system will include a mechanism for sharing information between the different SRCS's projects to combine the available resources.

The gap analysis for the diphtheria response will be carried out by SRCS Health Team in collaboration with the MoH and key partners, including WHO and UNICEF.

The existing coordination platforms will closely monitor:

- Effectiveness of coordination mechanisms, clarity of roles, and timeliness of response.
- Strength of case detection, reporting timeliness, and data quality.
- Availability of trained staff, supplies (including antitoxins), and treatment protocols.
- Vaccine Coverage, cold chain capacity, defaulter tracing, and outreach strategies.
- Effectiveness of RCCE messages, local trust, and accessibility of services.

The approaches:

- Review of existing outbreak data, reports, and operational plans.
- Field visits to affected districts and communities.
- Health cluster findings and recommendations
- Key informant interviews with health workers, community volunteers, and local leaders and communities.
- Rapid need assessments

Exit Strategy:

To ensure sustainability beyond the DREF operation period, the exit strategy focuses on:

- Strengthening local capacities.
- Promoting community partnerships.
- Conducting community consultations and lessons learned workshops.
- Including feedback in final evaluations to improve future responses.
- Transferring knowledge through mobile health teams working with local health volunteers.
- Ensuring continued care after the operation ends.
- Supporting a gradual shift from emergency response to longer-term recovery and resilience-building. These efforts will be aligned with the National Society's ongoing activities under the primary health care and community health infrastructure. Regular coordination will enable timely updates and help ensure a smooth handover of services while building better resilience through local systems.

Targeting Strategy

Who will be targeted through this operation?

This operation targets 508,844 people (84,807 families) who are at risk to the diphtheria outbreak in Puntland particularly in Mudug and Bari provinces given the existing capacity in Nugal province. Given the presence of functioning health clinics and the extensive outreach campaigns currently supported by the Damal Caafimaad government-led project, SRCS will focus its diphtheria response operations exclusively in Bari and Mudug provinces, targeting remote areas and villages lacking health infrastructure.
This intervention will target the estimated population at risk in affected areas 508,844 people (84,807 families) with interventions including risk communication and community engagement through radio broadcasting, community sessions, house to house visitations and OPD services. The vaccination campaign during this outbreak response will be targeting children under 14 years in the effected and at risk communities.

Explain the selection criteria for the targeted population

The targeting strategy for this operation is based on a needs-based approach, prioritizing the worst-affected districts and villages in Puntland. These areas have been identified as either already in a deeply affected zone by the diphtheria outbreak to an extent all schools have been closed and areas the outbreak is just increasing.

The operation specifically targets communities experiencing the highest levels of disease prevalence and vulnerability, with a focus on those who have active health care services. Gap analysis will be conducted to map existing interventions and ensure resources are directed to underserved populations, avoiding duplication and maximizing impact.

Total Targeted Population

Women	147,565	Rural	0.4%
Girls (under 18)	132,299	Urban	0.6%
Men	122,123	People with disabilities (estimated)	0%
Boys (under 18)	106,857		
Total targeted population	508,844		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action

Negative perceptions of relief efforts and health care delivery through the mobile clinics may arise due to unmet expectations or perceived inequities.	Maintain open communication channels. Conduct satisfaction surveys. Implement community grievance redress mechanisms.
Corruption and fraud continue to pose a risk in humanitarian activities.	SRCS will develop a communication plan to inform the communities on all aspects of the project and sensitize them on the need to prevent corruption. Communities will be informed of their entitlement and notified that assistance is provided free of charge, where they will not be required to pay anything in order to access assistance. Communities will also be notified of existing mechanisms to report in case they experience corruption of any kind suspected or actual.
The security environment in Somalia remains complex and volatile, with varying levels of risk across regions.	Continuous risk assessments will be conducted in coordination with the IFRC Security Unit, ICRC, and local partners to stay informed about evolving threats. As indicated, Minimum Security Regulations will be followed for the responders and as part of the general administration of the involved branches.
Community needs may exceed the capacity of this operation as the drought situation deteriorates, particularly this time where humanitarian aid is facing funding gap due to the effect USAID funding halt.	SRCS will advocate for more humanitarian assistance as necessary to partner organizations to meet the unmet needs.

Please indicate any security and safety concerns for this operation:

In Puntland, the Islamic State (ISIS) has maintained a presence, particularly in the Cal Miskaad and Golis Mountains of the Bari region. However, recent months have seen intensified counterterrorism operations by Puntland security forces, supported by international partners.

To reduce the risk of RCRC personnel falling victim to conflict, crime, extremism, health, and road hazards, active risk mitigation measures must be adopted. Security orientation and briefing for all teams prior to deployment should be undertaken to help ensure the safety and security of response teams.

Standard security protocols about general norms, cultural sensitivity, and an overall code of conduct should be put in place. Minimum security requirements will be strictly maintained. Personnel must have insurance. Minimum security equipment required: functional satellite phones, communication tools, advanced first aid kits, PPE kits, hibernation stocks, safe accommodation, and fully kitted vehicles.

Movement should be undertaken after road assessments. All NS and IFRC personnel actively involved in the operations must successfully complete, prior to deployment, the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security, and Level 3 Security for Managers). The IFRC security plans will be applicable to all IFRC staff throughout the operation. Area-specific security risk assessments will be conducted for any operational location where IFRC personnel are deployed, with appropriate risk mitigation measures identified and implemented.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Health

Budget: CHF 272,688
Targeted Persons: 508,844

Indicators

Title	Target
# of health staff trained on clinical management of Diphtheria	10
# of emergency mobile clinics deployed	5
# of health promotion campaigns on prevention and control of Diphtheria in the targeted communities.	508,844
# of community sessions organized to deliver RCCE in the diphtheria response	56

Priority Actions

To address the urgent health needs of the communities affected by the disease outbreak and still at risk, SRCS will deploy 5 emergency mobile clinics to hard to reach areas to deliver comprehensive, high quality health and nutrition services to children and the wider population in the at risk communities in Puntland.
1. Continue monitoring and assess of health risks and needs in collaboration with the ministry of health.
2. Refresher training of the mobile health clinic staff.
3. Deployment of emergency mobile clinics to provide health promotion and roll out vaccination.
4. Restock medical consumables and OPD kits.
5. Integrate existing projects like community health to compliment the current plan of the Diphtheria DREF project on the early detection and reporting of the diphtheria cases.
6. Organize community sessions by the SRCS active community-based volunteers under the support of the community health project to deliver risk communication and community engagement.
7. Organize radio talk shows on a monthly basis communicating the risks and the spread of the diphtheria outbreak, symptoms, prevention and control measures.
8. Train 150 SRCS community-based volunteers on CBS and eCBHFA in Mudug and Bari provinces to support health promotion, early detection and reporting.

Protection, Gender And Inclusion

Budget: CHF 6,889
Targeted Persons: 150

Indicators

Title	Target
# of volunteers trained on PGI awareness raising on issues of violence, discrimination and exclusion	150
#of IEC materials printed and distributed for PGI awareness	500

Priority Actions

SRCS ensures inclusive community participation from the start, with gender-balanced volunteer teams to promote equity and women's involvement. Under PGI, the following key activities will be carried out:
- Staff and volunteer briefings on the Code of Conduct, PSEA, SGBV referrals, and child protection.
- IEC materials production and distribution for PGI awareness.
- Promotion of social cohesion between displaced and host communities.
- Support for referrals via mobile clinics.
- Mapping and identification of referral pathways.

Community Engagement And Accountability

Budget: CHF 5,770
Targeted Persons: 508,844

Indicators

Title	Target
# of the volunteers trained on Community engagement and accountability	20
% of complaints or feedback about the DREF operation which receive a response through established community communication	85
#of Community Engagement and Accountability (CEA) training conducted	1

Priority Actions

Staff and volunteers will be trained in Community Engagement and Accountability (CEA). CEA activities will be embedded throughout the intervention to ensure communities are informed, involved, and understand the project's goals and processes.
The following activities will be conducted under CEA:
- CEA refresher training for volunteers.
- Activate multiple feedback channels such as feedback boxes, helplines, PDM surveys, and focus group discussions.
- Establish a feedback system to gather community opinions, suggestions, and complaints on services and activities.

Secretariat Services

Budget: CHF 38,020
Targeted Persons: 4

Indicators

Title	Target
#Of IFRC monitoring and support missions	2
# of movement coordination meetings organized, to provide updates to the movement partners	4

Priority Actions

- Provide remote and field monitoring.
- Support resource mobilization and exit strategy etc.
- Provide technical and coordination support through Cluster Delegation as required.
- Where relevant, ensure minimum security regulations are followed.
- Provide PMER, finance, and logistic services as required, ensuring compliance with DREF guidelines and IF relevant policies.
- Provide communications support to profile the work of the IFRC and SRCS.

National Society Strengthening

Budget: CHF 53,189
Targeted Persons: 150

Indicators

Title	Target
# of trained staff and volunteers mobilize.	150
# of lessons learnt workshops conducted and report submitted to IFRC and partners	1
# of monitoring missions conducted by coordination offices	3

Priority Actions

Mobilization of branches and deployment of volunteers to support the operation.
- Carry out monitoring and supervision visits.
- Conduct lesson learned workshop.
- Support SRCS coordination and administrations cost.
- Support Staff and Volunteers duty of care and insurance.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

This DREF operation supports key roles within the National Society to ensure effective and high-quality implementation. A total of 150 volunteers will be mobilized to carry out community-based activities such as awareness-raising, relief distribution, and grassroots-level monitoring.

Additionally, 28 health professionals will operate emergency mobile clinics, supported by staff from coordination units and branches including DRM, health, WASH, finance, and logistics personnel. Their responsibilities include technical oversight, financial and programmatic accountability, and logistical coordination. Salary contributions for these roles are included in the operation.

Around 28 branch-level staff will directly manage field implementation, supervise volunteers, ensure timely service delivery, and report progress.

IFRC personnel based in Hargeisa and Garowe, including the WASH Delegate and logistics staff, will provide ongoing technical and operational support throughout the intervention.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes, SRCS volunteers reflect the gender, age and cultural diversity in the Somali context they're supporting.

If there is procurement, will it be done by National Society or IFRC?

The procurement of the OPD Kits will be procured internationally by the IFRC. SRCS will utilize the current stock of drugs available in their warehouses for the deployment of the mobile health teams, and the DREF allocation will be used to replenish the consumed supplies.

How will this operation be monitored?

The operations team and NS leadership will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the DREF implementation.

The operations team will work closely with the IFRC Nairobi Cluster Delegation Office and will be responsible for performance-based management systems and overall quality. DREF progress monthly progress update reports will be compiled by the National Society, informing the IFRC on the progress and challenges of the operation, along with a monitoring plan/indicator tracking table to map out, ensure the collection, and keep track of the key indicators.

Monitoring and supervision will be further reinforced through a minimum of monthly missions conducted by IFRC teams from both the field and the Cluster office. They will serve as critical touchpoints for operational review, technical support, financial reconciliation, and coordination with local stakeholders. This hands-on presence helps to ensure that implementation remains on track, responsive to evolving needs, and in line with humanitarian standards.

Central to the above approach is the deployment of dedicated IFRC and NS staff to provide technical and operational oversight. Key IFRC personnel including the WASH Delegate from the IFRC field office in Somalia, along with Logistics, PMER, Finance, and Communications staff from the Nairobi Cluster Office will support the intervention based on their respective levels of effort. This engagement ensures that each area of the operation benefits from specialized guidance and support.

Please briefly explain the National Societies communication strategy for this operation

1. Empowerment of Community-Based Volunteers:
The SRCS Community Health Program has an active network of trained volunteers within the community. Throughout the project, these volunteers received capacity-building support to conduct health education, basic screenings, and referrals. Post-project, they will continue to serve as a frontline resource for promoting community health, disease prevention, and early identification of medical needs.
2. Integration with the Ministry of Health Services:
Coordination with the Ministry of Health will be reinforced to ensure that fixed health facilities and community-based health workers are linked with the target population. This includes aligning referral pathways and service delivery mechanisms, so that clinics can absorb the caseload previously managed by the mobile clinic.

3. Referral Support through SRCS Ambulance Services:
The SRCS FAPHEC ambulance service at the Galkayo Branch will remain engaged to support medical referrals from the community to the nearest functioning healthcare facilities. This will help bridge access gaps and ensure timely treatment for critical cases even after the mobile clinic has been phased out.

4. Community Ownership and Local Engagement:
Community leaders and local health committees will be sensitized and engaged to take ownership of health promotion activities. Their continued involvement will be vital in mobilizing resources and coordinating local responses.

Budget Overview

IFRC

DREF OPERATION

MDRSO024 - Somali Red Crescent Society
Diphteria Outbreak 2025

Operating Budget

Planned Operations	**285 347**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	272 688
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	6 889
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5 770
Environmental Sustainability	0
Enabling Approaches	**91 210**
Coordination and Partnerships	0
Secretariat Services	38 020
National Society Strengthening	53 189
TOTAL BUDGET	**376 556**

all amounts in Swiss Francs (CHF)

Internal 14/08/2025 #V2022.01

Click here to download the budget file

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Click here for the reference