



@SRCS group discussions

Appeal: MDRSO025	Hazard: Complex Emergency	Country: Somalia	Type of DREF: Response
Crisis Category: Orange	Event Onset: Slow	DREF Allocation: CHF 981,311	
Glide Number: -	People Affected: 2,500,000 people	People Targeted: 30,000 people	
Operation Start Date: 03-10-2025	Operation Timeframe: 6 months	Operation End Date: 30-04-2026	DREF Published: 04-10-2025
Targeted Regions: Awdal, Bari, Mudug, Nugaal, Sanaag, Sool, Togdheer, Woqooyi Galbeed			

Description of the Event

Date when the trigger was met

23-09-2025

What happened, where and when?

Compounding humanitarian challenges faced in Somaliland and Puntland over the past years have driven a severe and escalating crisis with food insecurity emerging as one of its most immediate and devastating materialisation. On 23 September 2025, the latest Integrated Food Security Phase Classification (IPC) update indicated that Somalia is experiencing a worsening food security crisis, with projections pointing to significant deterioration this year.

The severe food insecurity situation is the primary manifestation of a more complex crisis, driven by recurrent climate shocks, prolonged droughts, environmental degradation, and the collapse of essential services. Still recovering from the 2021–2022 drought, the country is now grappling with the consequences of the failed 2025 Gu rains (March–April) and the likely failure of the upcoming Deyr rains (October–December), which threatens to deepen the crisis further. This pattern of repeated climate shocks has pushed traditional water sources to the brink, disrupted agricultural recovery, and triggered widespread displacement. Water scarcity is critical boreholes are non-functional, water trucking is unaffordable, and contamination is widespread.

Community resilience has been eroded and continues to weaken under the strain of funding shortfalls, which have severely limited the humanitarian response. As of August 2025, only 20% of the required funding has been received. Assistance coverage has dropped dramatically from 1.26 million to just 375,000 people per month in some areas. Many interventions are short-term, nearing completion, and unable to meet the growing and urgent needs. The crisis is further exacerbated by the breakdown of health and nutrition services due to severe funding cuts. Many maternal and child health facilities are either closed or barely functioning, lacking essential supplies, staff, and therapeutic programs.

On 21 and 31 July, Puntland’s Water Agency and MoHADM issued appeals for over 800,000 affected people. In Somaliland, the President declared a drought emergency, and the NDRC launched urgent calls for support.

Source Name	Source Link
1. IPC_Country analysis reports	https://www.ipcinfo.org/ipc-country-analysis/en/?country=SOM
2. IFRC-GO: country ongoing Emergency operations documents - MDRSO025 EA	https://go.ifrc.org/countries/157/ongoing-activities/emergencies

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	MDRSO022 April to October 2025

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:

Due to lack of funding, service reductions have affected all districts. The drought has now spread across 26 districts, of which six were supported under MDRSO022. This new allocation is being requested to cover six additional districts that were not supported under the DREF MDRSO022.



In addition, SRCS has a DREF for a Diphtheria DREF outbreak (MDRSO024) mainly in Puntland but also Somaliland. Where mobile clinics have been mobilized for this Diphtheria response there will be no overlap with this DREF operation health response.

Lessons learned:

In previous DREF operations and the Hunger Crisis Emergency Appeal, the Somalia Red Crescent Society (SRCS) demonstrated the value of early training for staff and volunteers in Cash and Voucher Assistance (CVA) and National Disaster Response Team (NDRT) modules. This significantly improved the quality and speed of cash assistance delivery.

Community involvement in CVA design ensured that support was relevant, well-targeted, and accepted by local populations. The training and deployment of community health workers during past health interventions proved critical for rapid outreach, effective health promotion, and basic service delivery in remote and hard-to-reach areas. This approach notably enhanced the timeliness and coverage of health responses under MDRSO011, MDRSO016, and MDRSO017.

SRCS has systematically mapped capacities built through previous interventions and integrated them into the current response. This includes mobilizing trained volunteers in shelter, CVA, health, and WASH—sectors that benefited from earlier capacity-building efforts. Leveraging these resources has improved operational efficiency and impact. Experienced teams will lead interventions where needed, while additional volunteers will be trained to support coverage in targeted areas.

Previous operations in remote areas and smaller branches highlighted challenges due to limited access to essential equipment, which hindered timely data management, reporting, and coordination. To address this, the current operation prioritizes procurement of key assets to strengthen staff and volunteer capacity. Access to adequate tools has proven vital for improving information flow, enabling efficient implementation, and supporting timely decision-making. These lessons underscore the importance of preparedness, community engagement, and investment in local capacity for effective and inclusive humanitarian response.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
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IFRC Network Actions Related To The Current Event

Secretariat	IFRC maintains offices in both Garowe and Hargeisa, with staff from the Nairobi Cluster equally stationed between the two locations. This includes a WASH delegate and security delegate and two operation officer. The offices also have access to finance, PMER, logistics and communications based in Nairobi. The current IFRC-DREF allocation comes as a kick-start income to the general Federation wide Emergency appeal (EA) launched to support the scale-up of SRCS response to the complex crisis in the country. This DREF allocation, comes as a partial income to the full Federation wide overall response plan define under the Emergency appeals planning documents. Therefore, the target of this DREF is first pulled from the overall target of the NS. As an emergency kick-off funding, this DREF allocation will cover already high impacted localities and immediate needs. Serving as a bridge betzeem the emergency phase ongoing and the coming escalation of the coming months while emergency appeal efforts on resource mobilisation allow to progresssively extend the intervention scope and allow the supprot to early recovery and resilience which can not be covered under the DREF. Please refer to the source section for the link to the MDRSO025 Emergency appeal overall plan.
Participating National Societies	Active PNS in country are British Red Cross, Canadian Red Cross Society, Danish Red Cross, Finnish Red Cross, German Red Cross, Icelandic Red Cross, Norwegian Red Cross, Türkiye Red Crescent, Qatar Red Crescent Society. The Emergency Appeal and this DREF have been coordinated with all partners in country.



ICRC Actions Related To The Current Event

The ICRC is present in the South-Central Zone, Hargeisa in Somaliland and Garowe in Puntland and focuses primarily on economic security, health and water and habitat programmes. It works alongside the National Society in areas affected by conflict, responding through rapid assessments, cash and voucher assistance and water, sanitation and hygiene. The ICRC also works with the IFRC, in collaboration with the Somali Red Crescent, to strengthen the National Society.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	- On 21 and 31 July, Puntland's Water Agency and MoHADM issued appeals for over 800,000 affected people. In Somaliland, the President declared a drought emergency, and the NDRC launched urgent calls for support. - While initial response efforts are underway, they remain far below the level of need. Authorities in both regions have urged humanitarian actors to scale up and coordinate closely with national institutions to ensure aid reaches the most affected communities.
UN or other actors	OCHA / Inter-Agency response: - With the HNRP funded at just 17%, critical services in many northern districts have been cut or suspended. - Historically, funding has focused on southern and central regions, leaving Puntland and Somaliland under-supported and this imbalance is likely to persist due to inflexible funding streams. - In August 2025, OCHA led joint drought assessments in both regions. Based on findings, the HCT plans to inject emergency funds by November to reopen at least 60% of closed Primary Health Care centers in severely affected districts. Authorities were also urged to explore non-traditional funding sources, including private sector and religious mechanisms like Zakat, to address urgent gaps.

Are there major coordination mechanism in place?

To ensure timely action and preparedness, the government, UN, and other actors are actively working together to develop a comprehensive plan. By pooling resources, expertise, and knowledge, the aim is to minimize the potential impact of this event on the communities. The collective focus is on implementing a robust preparedness and response plan that encompasses various sectors.

In Somaliland, the National Disaster Preparedness and Food Reserve Authority (NADFOR), with support from UNOCHA, convenes regular inter-agency coordination meetings. These meetings include line ministries and humanitarian partners to ensure accurate targeting of affected populations and to prevent duplication of efforts.

In Puntland, similar coordination mechanisms are in place. Inter-agency meetings are held at both state and regional levels, led by the Office of the Governor, the Ministry and Humanitarian Assistance and Disaster Management (MOHADM) and UNOCHA. These meetings bring together key stakeholders to promote a united and coherent response strategy, aligning interventions and maximizing the impact of collective efforts across all sectors.

Needs (Gaps) Identified

Shelter Housing And Settlements

Shelter conditions reflect both the scale of displacement and the limitations of response capacity. Many households reside in makeshift structures constructed from plastic sheets, sticks, or salvaged materials. These shelters offer minimal protection from the elements and lack privacy, particularly for women and girls. In both host communities and IDP sites, overcrowding is common, and the absence of adequate shelter contributes to heightened protection risks and psychosocial stress.



Essential household items like bedding, cooking utensils, and hygiene products are largely unavailable. Displaced families often arrive with few possessions and rely on overstretched host communities. In some locations, households report sharing basic items or going without entirely. Infrastructure damage from previous climate shocks, including Cyclone Sagar, remains unrepaired in coastal areas, compounding shelter needs.



Livelihoods And Basic Needs

Food insecurity is deepening, with several districts approaching IPC Phase 4 (Emergency) thresholds. Pastoralist livelihoods have been devastated by livestock losses and crop failures, eroding purchasing power and increasing displacement and protection risks—especially for women, children, and persons with disabilities.

The situation is further exacerbated by displacement and the closure of nutrition sites, which limits access to essential services. Protection risks are on the rise, especially for women and girls in IDP camps, where food scarcity has heightened exposure to gender-based violence and exploitation. Coping mechanisms such as early marriage were noted to increase in drought conditions and in response to food shortages, such risks deepen existing gender inequalities and worsen the nutritional status of vulnerable populations.

The October to December deyr rains is expected to be below average, marking a third consecutive poor season in northern and central regions. This will likely worsen drought conditions, reduce pasture and crop yields, and increase livestock mortality, especially among vulnerable pastoralist households. Food insecurity is projected to deepen, and malnutrition rates may rise further, particularly among children under five.

At the same time, many humanitarian interventions are scheduled to end within weeks, raising concerns about continuity of support. Food insecurity is at crisis or emergency levels in multiple districts. IPC Phase 3 (Crisis) classifications are widespread, and several areas are approaching Phase 4 (Emergency) thresholds. In some locations acute malnutrition rates exceed 13%, and in Mudug, families report eating once per day or not at all. Livestock losses are extensive, with some communities reporting up to 80% herd mortality. These losses have eliminated income sources and triggered displacement, distress sales, and harmful coping strategies.

Market access is constrained by inflation, poor road infrastructure, and the absence of functioning local markets. In some villages residents must travel long distances to reach food markets, often relying on humanitarian aid or neighbours to survive. Dietary diversity has deteriorated, and the collapse of agropastoral systems has left households without viable alternatives.

To address these growing humanitarian needs, unconditional cash grants are a critical intervention. This form of assistance offers immediate financial relief to the most vulnerable families, enabling them to purchase food, essential goods, and access healthcare and shelter. Flexible cash assistance helps bridge urgent needs while also providing families with the means to enhance food self-sufficiency, cope with livestock losses and crop failures, and invest in productive assets, thereby supporting their long-term resilience and recovery.



Health

Many maternal and child health facilities are closed or barely functioning, lacking supplies, staff, and therapeutic programs. Disease outbreaks (including cholera, acute watery diarrhea, and diphtheria) are rising, particularly in areas where health facilities have closed due to funding cuts. Malnutrition is rising sharply, especially among children under five and pregnant or lactating women.

Health systems are under severe strain. Where there are mobile clinics they only visit some villages only once a month, and health posts are often staffed by unpaid volunteers or remain closed due to lack of supplies. Outbreaks of acute watery diarrhoea, measles, diphtheria, and respiratory infections have been reported across multiple districts.

Maternal health services are critically lacking, and communities frequently cite long-distance travel to urban centers or across borders (e.g. to Djibouti) as the only option for emergency care. Nutrition services are insufficient to meet rising needs. Admissions to therapeutic feeding programs have declined due to funding cuts and site closures. In many areas, screening and treatment for malnutrition are unavailable, and referrals are delayed or unaffordable.



Water, Sanitation And Hygiene

This pattern of repeated climate shocks has pushed traditional water sources to the brink, disrupted agricultural recovery, and triggered widespread displacement. Water scarcity is critical. Boreholes are non-functional, water trucking is unaffordable, and contamination is widespread.

Major challenges affecting access to water include the distance to water points, lack of financial resources to purchase water, unavailability of water due to drought rendering many sources unusable, overcrowded water points, and poor water quality.



Water scarcity is among the most immediate and severe threats. Strategic boreholes in districts are either non-functional or overstretched. In some locations, water reserves are projected to last only weeks. Water trucking (where available) is prohibitively expensive, with costs ranging from \$100 to \$400 per delivery. Salinity and contamination are widespread, particularly in coastal and inland areas where groundwater quality has deteriorated.

Communities rely on unprotected sources such as shallow wells and berkads, many of which are dry or cracked. In sokme Districts households report walking 3 to 5 hours to reach the nearest water source. The physical burden of water collection, often borne by women and children, introduces protection risks and contributes to psychosocial stress. The lack of safe water is directly contributing to outbreaks of diarrhoeal disease and undermining nutrition and health outcomes.



Protection, Gender And Inclusion

Protection risks are escalating in tandem with service collapse and displacement. Women and girls face increased exposure to violence, harassment, and exploitation, particularly in areas lacking lighting, privacy, or safe shelter. GBV-specific services are largely absent, and there are no active referral pathways or psychosocial support mechanisms in most affected districts.

Female-headed households, people with disabilities, and elderly individuals face compounded barriers to accessing services. In displacement sites, overcrowding and lack of privacy heighten risks of abuse and neglect. Reports of early marriage, child labour, and psychosocial distress are increasing, particularly among newly displaced families and those hosting others. Protection needs are acute and largely unmet.

Displaced populations face escalating protection risks, particularly women, girls, persons with disabilities (PWDs), and unaccompanied and separated minors (UASC). Women and girls are highly vulnerable to gender-based violence due to overcrowded shelters, lack of privacy, and insufficient lighting. PWDs encounter barriers to accessing services and face increased risk of neglect due to stigma and inaccessible facilities. UASC are particularly at risk of exploitation, child labor, etc.

Humanitarian responses are limited, with few GBV services, referral pathways, or psychosocial support mechanisms, heightening vulnerability in displacement sites. Addressing these risks requires gender- and age-disaggregated data, inclusive services, and targeted interventions for the most vulnerable groups.



Migration And Displacement

Displacement is widespread with many pastoralists moving in search of water and animal fodder. This is significantly stressing existing community settlements where the pastoralists move to.



Community Engagement And Accountability

During disasters such as drought, access to information is a challenge for the most vulnerable people. This makes communicating with impacted population and receiving feedback more difficult. Consideration of Community Engagement and Accountability is vital in this situation. The current drought situation requires community engagement in ensuring people have enough knowledge and opportunity to input to all the key activities, that is, food security, WASH, health and PGI. People need to have a way of receiving information about the support available, how to access humanitarian assistance, and how to stay safe and healthy. There will also need to be a way for people to share information about their needs and how they can best receive assistance to meet their needs. It is ideal to have a place where the community can give feedback on the support they receive, and it is essential that they know how to report issues. In the humanitarian context described, there is a need for inclusivity, transparency, and responsiveness on the intervention. SRCS, aligned with Movement standards, aims to ensure that assistance and services are delivered in a way that respects the dignity, preferences, values and feedbacks of affected communities but also is harmonized with other partners to maintain cohesion.



Environment Sustainability

Somalia faces severe environmental degradation due to recurrent droughts, deforestation, overgrazing, which have intensified food insecurity and displacement.

Operational Strategy

Overall objective of the operation

This operation aims to deliver lifesaving support to 5,000 families (30,000 people) in IPC Phase 3+ areas over six months across Awdal, Maroodi-jeh, Sahil, Togdheer, Sool, and Sanaag in Somaliland, and Bari, Nugaal, and Mudug in Puntland. Targeted villages and communities are those not covered under the previous DREF (MDRSO022).

Operation strategy rationale

The proposed interventions are recommended to address immediate humanitarian needs while stabilizing systems under strain. SRCS is using an integrated approach of multipurpose cash assistance, health care, and WASH services, protection and community engagement. They are presented as interdependent measures that reinforce one another for effective impact. For example, water access reduces disease risk and protection threats; and livelihood support mitigates food insecurity while easing pressure on host communities. This integrated approach is essential to prevent risk accumulation and to lay the groundwork for recovery and resilience:

Health and Nutrition:

SRCS will scale up integrated mobile health outreach to deliver essential services in underserved and displacement-affected areas. Activities include:

- Mobile Clinics: Deploy mobile health teams and strengthen outreach services in underserved rural and displacement-affected areas, with coordination across protection and education sectors. Mobile health teams to provide immunizations, maternal care (antenatal, postnatal, delivery support), nutrition screening, and treatment for children under five and pregnant/lactating women.
- Community Awareness: Promote vaccine-preventable disease prevention, infant and young child feeding (IYCF), maternal nutrition, and hygiene practices to reduce malnutrition and disease. Expand nutrition screening and treatment services for children under five and pregnant/lactating women, especially in areas with high GAM rates and limited health access
- Integrated Support: Link health and nutrition services with psychosocial support and protection referrals to address multiple vulnerabilities.
- Essential Supplies: Utilize existing SRCS medical stock, replenished through DREF, to ensure continuity and readiness.
- Coordination: Align outreach with Ministry of Health (MoH) protocols and maintain coordination at national and regional levels to ensure sustainability and impact.

Water, Sanitation, and Hygiene:

SRCS will focus on improving access to safe water, promoting hygiene, and preventing disease in drought-affected communities. Key activities include:

- Water Access: Rehabilitate strategic water points—berkeds, shallow wells (with solar installations), boreholes and water trucking where there is immediate need and no viable alternatives.
- Hygiene Promotion: Run targeted campaigns to encourage safe hygiene practices, especially handwashing at critical times.
- Support for Women and Girls: Provide reproductive-age women and girls with essential hygiene items to safeguard health and dignity.
- Sanitation & Coordination: Improve sanitation in displacement sites and informal settlements, and coordinate hygiene efforts with health and protection actors to mitigate risks of AWD and cholera outbreaks.

Cash Voucher Assistance (CVA):

SRCS aim is to provide MPCA for 800HHs per month for 3 months in IPC Phase 3 and 4 (Crisis and Emergency) areas. These grants will help families meet basic needs such as food, water, and essential items for one month, offering immediate relief from the impacts of crop failure and livestock loss. The one off grants will be supplemented with further support through the planned emergency appeal.

- Cash values will be set by the Cash Working Group, considering regional cost variations. Distribution will be handled through SRCS's existing partnerships with two proven financial service providers used in past emergency operations

PGI:

- The Somali Red Crescent Society (SRCS) has appointed Gender Focal Persons across its operational areas to lead and oversee gender-related activities. Their role is to ensure equitable participation and that vulnerable groups are not excluded from project benefits. This includes actively facilitating the inclusion of marginalized populations during project implementation.
- SRCS promotes full community participation from the outset of each project. Volunteer teams will be gender-balanced to mitigate bias, enhance gender equity, and ensure meaningful women's participation in community engagement sessions.
- Mainstream protection in all activities to ensure inclusion of vulnerable groups.
- Scale up targeted support for women and girls, including dignity kits and GBV referral pathways, integrated with health and WASH services.
- Provide community-based psychosocial support to affected people.
- Provide clear, confidential, and accessible ways for reporting protection concerns, with defined referral pathways to support services.
- Train SRCS staff and volunteers with PGI, MHPSS skills and guidance on handling sensitive community feedback, including safeguarding complaints.



CEA:

- SRCS will strengthen community engagement and feedback systems to ensure relevant, transparent, and accountable responses. Traditional leadership and community committees will be reinforced to support coordinated service delivery.
- CEA will be fully integrated across all response phases, using SRCS tools to promote meaningful participation and continuous feedback. Communities will access multiple channels—feedback desks, toll-free hotlines, focus group discussions, and household visits—to express needs and guide decision-making.
- Help desks at community touchpoints will enable two-way communication and real-time feedback. Collected data will be systematically analyzed to inform and adapt interventions for greater impact.

Coordination:

- IFRC and SRCS will coordinate with local authorities and other agencies to avoid duplication of assistance.

Exit Strategy:

An Emergency Appeal is being launched to support and scale up humanitarian and longer-term initiatives to help build resilient communities. The current DREF strategy is aimed at addressing the immediate needs of the drought however the wider EA strategy will address the broader interconnected drivers of the crises including drought, displacement, conflict, flash floods, funding cut gaps and other protection related crises which exacerbates the humanitarian crises in Somalia.

Targeting Strategy

Who will be targeted through this operation?

Through this DREF Grant funding, SRCS aims to support 30,000 people from that total Red Cross target, focusing in the most drought-affected and underserved areas of Somaliland and Puntland, where food insecurity, disease outbreaks, and service disruptions are worsening due to reduced global humanitarian funding. Targeting will focus on the most affected districts and villages across nine regions—Awdal, Maroodi-jeh, Sahil, Togdheer, Sool, and Sanaag in Somaliland; Bari, Nugaal, and Mudug in Puntland—prioritizing areas classified as IPC Phase 3 or above, or at risk of deteriorating to IPC4-5, and currently lacking support from other actors.

Specific communities/villages prioritised will be Rural and pastoralist communities, especially in remote areas, face compounded vulnerabilities due to climate shocks, limited services, and marginalization. Targeting will be guided by IPC data, existing needs assessments, and community-led verification processes.

At the household level, targeting will focus on the most vulnerable groups, based on defined criteria that will be validated with communities. See criteria in next section.

This DREF target is part of the overall Emergency Appeal (EA) target being launched as a main response plan of the NS to the ongoing crisis. Overall target of the EA being 450,000 (18% of the overall affected and 50% of the severely affected people) to be reached with larger scope of inter-connected actions from emergency to recovery while this DREF comes to cover the emergency stage and where there are for now no basic services deployed by SRCS through other programs in terms of access to food and essential health services.

The ongoing operations in the country have been mapped to ensure complementarity. The previous DREF (MDRSO022) supported communities in five regions and seven districts: Somaliland – Awdal Region (Baki, Lughaye), Sanaag Region (Ceerigaabo), Togdheer Region (Sheikh, Owdweyne); and Puntland – Mudug Region (Galdogob), Nugal Region (Godobjiran). The current operation will focus on villages and beneficiaries not covered under MDRSO022. Regarding the ongoing MDRSO024 Diphtheria DREF, both interventions use mobile health clinics but in different geographic areas. The Diphtheria clinics are operating in Sool, Bari, Mudug, and Sanaag regions, while the drought response clinics cover other regions. This intervention will therefore scale up health activities beyond the reach of the existing DREF operations. The geographic mapping ensures complementarity and prevents duplication, both operationally and in terms of funding.

Explain the selection criteria for the targeted population

SRCS will identify the most affected communities then households vulnerabilities will be used for households level targeting. Following criteria will be considered based on existing assessments, validated with communities and harmonised with partners :

Community-Level Criteria:

- Remote or hard-to-reach areas with limited or no humanitarian assistance.
- Lack of functional health facilities.
- Reliance on unsafe water sources or costly water trucking.



- Severe pasture depletion and risk of displacement.
- Host communities overwhelmed by large influxes of displaced households.
- Displaced populations in camps, settlements, or informal sites.
- Districts classified as IPC Phase 3 or 4.

Household-Level Criteria:

- No or significantly reduced income, especially due to livestock loss or displacement.
- Use of negative coping strategies (e.g., skipping meals, selling assets, withdrawing children from school).
- Female-headed households, particularly those with young children and no income.
- Households with malnourished children or pregnant/lactating women at risk.
- Elderly-headed households with limited mobility or food insecurity.
- Households with persons with disabilities facing access barriers to essential services.
- Child-headed households.
- Pastoralist households that have lost most or all livestock.

Total Targeted Population

Women	-	Rural	-
Girls (under 18)	-	Urban	-
Men	-	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	30,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

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

Risk	Mitigation action
Negative perceptions of relief efforts may arise due to unmet expectation 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 of exiting mechanism to report in case they experience corruption of any kind.



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 below, 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 e	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: To reduce the risk of RCRC personnel falling victim to conflict, crime , health and road hazards, active risk mitigation 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 all personnel. 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, PPE kits, hibernation sticks, safe accommodation and 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 risk assessments will be conducted for any operational location where IFRC personnel are deployed, with appropriate risk management measures identified and implemented.	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention



Multi Purpose Cash

Budget: CHF 320,476

Targeted Persons: 4,800

Indicators

Title	Target
# of people who received one per months over three months.	4,800
#of post distribution surveys conducted.	6

Priority Actions

- Mobilize trained volunteer for community engagement, assesement and selection of beneficiaries - 800 households (4,800 people).
- Mobilize financial service provider (FSP).
- Coordinate with cash working group of updated transfer values.
- Production and distribution of IEC Materials for the CVA activities.
- Distribute cash grants - one per months over three months.
- Carry out post distribution surveys.
- Carry our monitoring and supervision.



Budget: CHF 149,017

Targeted Persons: 30,000

Indicators

Title	Target
#of mobile clinics mobilized	5
#of individuals reached with integrated health and nutrition services (immunization, antenatal care, postnatal care, delivery support, and nutrition screening) by mobile health teams	30,000
# of OPD kits procured	14
#of SRCS Volunteers Trained and Deployed for Health Promotion Activities	150
% of people reporting improved health knowledge or practices following health promotion and community awareness activities	80

Priority Actions

- Mobilize five mobile clinics with staff and supplies.
- Carry out induction training for mobile clinic teams including immunization procedures, maternal and child health services, disease screening, health education, and community engagement.
- Procurement of chairs and tables for mobile health teams
- Procurement of uniforms and register books for mobile health staff
- Procurement of OPD Kits.
- Deploy trained volunteers to provide health promotion activities.
- Supervision of the Mobile Team by (Health Officers/Branch Secretary).
- Coordinate with local health authorities.



Water, Sanitation And Hygiene

Budget: CHF 321,714

Targeted Persons: 30,000

Indicators

Title	Target
# of people reached through proviso of safe water	30,000
#of people reached with hygiene promotion activities	10,000
# of people reached with hygiene kits	2,340

Priority Actions

- Assessment and continuous monitoring of WASH need, in coordination with other WASH actors:
- Coordinate with other WASH actors on target group needs and appropriate responses.
- Deploy trained volunteers to carry out hygiene promotion activities along with the distribute household water treatment products (aqua tabs) for water purification.
- Print IEC Materials for hygiene promotion adapt information materials suitable for local context (local language translation

- Procurement Water Purification Aquatab Tablets (Box100 Piece) for 400 households (2 Box per family)
- Rehabilitate 4 shallow wells with solar installation.
- Rehabilitate one boreholes.
- Rehabilitate 12 berkads.
- Rehabilitate wash facilities in one school.
- Procurement and distribution of water trucking (50 barrel bowser)
- Procure and distribute 390 hygiene kits.
- Provide operational and Maintenance kits for the WASH Committee
- Water quality monitoring
- Linking trained and existing WASH Committee to the local authority and other humanitarian partners



Protection, Gender And Inclusion

Budget: CHF 8,926

Targeted Persons: 10,000

Indicators

Title	Target
# of people reached through protection, gender and inclusion services	10,000
#of volunteers trained in protection, gender and inclusion.	150
# of the SRCS volunteers trained on sensitive feedback, MHPSS and survivor centred approach	200

Priority Actions

- Ensure PGI is integrated across all activities.
- Orientation sessions for staff and volunteers covering:
 - The Code of Conduct
 - Protection from Sexual Exploitation and Abuse (PSEA)
 - Safe referral mechanisms for Sexual and Gender-Based Violence (SGBV) cases, including child protection concerns
- Development and dissemination of Information, Education, and Communication (IEC) materials to promote PGI awareness.
- Mapping and identification of referral pathways for protection services.
- Support for referrals, particularly in areas where SRCS operates mobile clinics, ensuring survivors can access appropriate care and services.



Community Engagement And Accountability

Budget: CHF 9,095

Targeted Persons: 30,000

Indicators

Title	Target
# of volunteers orientated on CEA	150
% of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	95
%of community members who feel the aid provided by the operation currently covers their most important needs	90

# of and type of methods established to share information with communities about what is happening in the operation, including selection criteria if these are being used.	2
#of opportunities for community participation in managing and guiding the operation (e.g., number of community committee meetings, focus group discussions, town hall meetings	10
% of operation complaints and feedback received and responded to by the National Society	95

Priority Actions

- CEA activities will be integrated throughout the operation to ensure that communities are actively engaged, well-informed, and able to contribute to the design and implementation of the intervention. This includes ensuring transparency in the selection criteria and promoting inclusive decision-making. SRCS will conduct focus group discussion, community meetings, and committees during the implementation of the DREF Operation.
- CEA Refresher Training: Volunteers will receive updated training to strengthen their capacity in community engagement, feedback handling, and accountability practices.
- Ensure feedback mechanisms are in place:
 - Use of the SRCS helpline to provide a direct channel for community concerns and inquiries.
 - Conducting post-distribution monitoring surveys to gather feedback on the relevance, timeliness, and effectiveness of assistance provided.



Secretariat Services

Budget: CHF 74,947

Targeted Persons: 8

Indicators

Title	Target
# of IFRC monitoring missions	4
# of IFRC staff supporting the operation	4

Priority Actions

- Monitor activities.
- Support resource mobilization.
- Provide technical support across the sectors as required.
- Provide operational coordination. as required.
- Ensure minimum security regulations are followed.
- Provide necessary PMER, finance and logistics support as required, ensuring compliance with DREF guidelines and IFRC relevant policies.
- Provide communication support to promote the work of the NS and IFRC.
- Ensure membership coordination



National Society Strengthening

Budget: CHF 97,136

Targeted Persons: 158



Indicators

Title	Target
# of trained volunteers mobilized	150
# of lessons learnt workshops conducted	2
# of staff mobilized	8

Priority Actions

- Mobilization of branches and deployment of trained and equipped volunteers.
- Carry out monitoring and supervision visits.
- Conduct lesson learned workshop.
- Support SRCS coordination and administrations cost.
- Ensure staff and volunteers duty of care.

About Support Services

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

This DREF operation supports a range of key positions within the Somali Red Crescent Society (SRCS), each playing a vital role in ensuring the effective implementation, technical quality, and accountability of the intervention.

A total of 150 volunteers will be mobilized to support field activities, community engagement, and service delivery.

In addition, eight core staff from SRCS coordination offices including Disaster Risk Management (DRM), Health, WASH, CEA, PGI, Finance, and Planning, Monitoring, Evaluation and Reporting (PMER) will be deployed. Their responsibilities include:

- Ensuring programmatic and financial accountability.
- Providing technical guidance across sectors.
- Facilitating logistical coordination and operational support.

A contribution to the salaries of these dedicated roles is included in the operation's budget to ensure continuity and quality of service.

The operation will also benefit from the support of IFRC personnel, including staff based in Hargeisa and Garowe. These include WASH Delegate, Security Delegate, Logistics, Finance, and PMER staff. Their involvement will strengthen coordination, technical oversight, and operational efficiency across the targeted regions.

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, the SRCS volunteer teams reflect the gender, age, and cultural diversity of the communities we are supporting.

To promote gender balance, SRCS actively deploys both male and female volunteers. Women volunteers play a vital role in reaching and supporting women beneficiaries, especially in contexts where cultural norms may restrict women's interaction with male volunteers. SRCS also engage volunteers of different age groups, ensuring that the perspectives and energy of young people are complemented by the experience and knowledge of older community members.

While some gaps still exist, SRCS is addressing these through continuous sensitization and training. Before deployment, all volunteers receive a thorough orientation and are required to sign the SRCS Code of Conduct, in addition to being briefed on humanitarian principles and protection standards.



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

Procurement for this operation will be led by the Somali Red Crescent Society (SRCS). The National Society's logistics unit, which has extensive experience in procurement, logistics, and warehouse management, will ensure that all processes adhere to IFRC procurement standards. This will be further supported by the IFRC logistics/procurement officer to ensure compliance and efficiency.

The procurement of Oral Diarrhea Prevention (ODP) Kits will be handled internationally by IFRC, ensuring timely availability and quality assurance.

For the deployment of mobile health teams, SRCS will utilize existing drug stocks from its warehouses. The DREF allocation will be used to replenish consumed supplies, maintaining continuity of health services.

SRCS will also collaborate with partners to support branch-level storage, leveraging its well-established infrastructure. The National Society has taken proactive steps to strengthen partnerships, including the renewal of key contracts to enhance operational capacity and resource sharing.

How will this operation be monitored?

The SRCS operations team, in coordination with National Society leadership, will oversee all aspects of the DREF implementation, including planning, execution, monitoring and evaluation, and reporting. Their role is to ensure that the operation is delivered effectively, efficiently, and in alignment with established standards.

The operations team will work in close collaboration with the IFRC Nairobi Cluster Delegation, focusing on performance-based management systems and maintaining the overall quality of implementation. The SRCS will issue monthly progress reports, providing updates to IFRC on achievements, challenges, and any necessary adjustments.

Monitoring and supervision will be further strengthened through field visits by IFRC personnel, ensuring technical support and accountability at all levels. Central to this approach is the deployment of dedicated staff from both SRCS and IFRC to provide technical and operational oversight. Key IFRC personnel supporting the operation include: WASH Delegate, Security Delegate, Logistics Officer, PMER Officer, Finance Officer and Communications Officer. These staff, based at the Nairobi Cluster Office and in the field, will ensure robust coordination and support across all operational components.

To uphold financial transparency and accountability, regular financial spot checks will be conducted and integrated into the monitoring missions planned by the IFRC Nairobi delegation.

Please briefly explain the National Societies communication strategy for this operation

The SRCS Communications Department will work closely with field teams to gather key information, document progress, and regularly share updates on the operation. These updates will be disseminated through a variety of communication channels, including both print and digital platforms, to ensure transparency and public awareness.

The IFRC will provide support to the SRCS communications team, particularly in engaging external audiences, amplifying visibility, and ensuring alignment with global communication standards.



Budget Overview



DREF OPERATION

MDRSO025 - Country National Society
Operation Name

Operating Budget

Planned Operations	809,229
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	320,476
Health	149,017
Water, Sanitation & Hygiene	321,714
Protection, Gender and Inclusion	8,926
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9,095
Environmental Sustainability	0
Enabling Approaches	172,082
Coordination and Partnerships	0
Secretariat Services	74,947
National Society Strengthening	97,136

TOTAL BUDGET	981,311
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all amounts in Swiss Francs (CHF)

Internal

03/10/2025

#V2022.01

[Click here to download the budget file](#)



Contact Information

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

National Society contact: Yusuf Hassan Mohamed, President, SRCS, yhmohameds@gmail.com, +254722144284

IFRC Appeal Manager: Naemi Heita, Head of Country cluster delegation, Nairobi, naemi.heita@ifrc.org

IFRC Project Manager: Patrick Elliott, Roving operation coordinator, Africa Region and Nairobi delegation, patrick.elliott@ifrc.org

IFRC focal point for the emergency: Gemechissa Mustefa, Delegate, Water, Sanitation and Hygiene, gemechissa.mustefa@ifrc.org

Media Contact: Susan Nzisa Mbalu, Communications Manager, susan.mbalu@ifrc.org

National Societies' Integrity Focal Point: Mohamed Aden Sharmake, SRCS PMERL Director, sharmakeaden92@gmail.com, +252634809583

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