

**MAASO001**

Appeal number

8,480,000Swiss francs
funding requirement**986,000**

People to be reached

19Local branches of the
Red Crescent Society**4,000**

Volunteers country-wide

56Years of experience reaching
the most vulnerable**SOMALIA**

IFRC Country Office

2020

BACKGROUND

This document complements the 2020 Country operational plan and reflects the IFRC support to the Somali Red Crescent Society (SRCS) in the agreed areas of focus.

Country Profile

The overall humanitarian situation in Somalia remains complex and fragile. Extreme climatic conditions, including repeated cycles of drought, seasonal floods, and tropical cyclones contribute to a loss of livelihoods, food insecurity, malnutrition, and a scarcity of clean water. The situation is exacerbated by ongoing conflict; Violent actions by militant groups affect Puntland, and clashes between Puntland and Somaliland erupt unexpectedly leading to displacement. The recurrent natural disasters especially affect the most vulnerable communities, including the country's 2.6 million internally displaced persons (IDPs).

Poverty is estimated to be 70 percent and extreme poverty is estimated to be 40 percent. Although food security has improved in recent years, over 950,000 people remain food insecure. An additional 4.7 million remain vulnerable to acute food insecurity across all regions. At least 903,100 children under the age of five were acutely malnourished in 2019 while 138,000 children suffer from severe acute malnutrition. Less than 15% of the rural population has access to any health care provider.

Pastoralist and agro-pastoralist communities are particularly affected by climatic shocks, such as below-average seasonal rainfall and repeated drought. After a high mortality of livestock and poor crop harvests, many families have been forced to abandon their traditional livelihoods and depend upon the support of family and friends—further spreading the social and economic impact of the crisis. The overall number of people in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) was estimated at approximately 2.2 million in September 2019, with an additional 3.2 million people classified as Stressed (IPC Phase 2)¹.

National Society Profile

The Somali Red Crescent Society (SRCS) has recently gone through significant change and growth, reflecting its commitment to becoming a well-functioning National Society. It operates through a network of 19 branches—one in each region of the country. The SRCS coordination office in Mogadishu manages the operations in South Central and Puntland while the coordination office in Hargeisa is responsible for the operations management in Somaliland. The SRCS liaison office in Nairobi—where the National Society President is based—is responsible for coordination and oversees operations. The National Society is committed to preventing and alleviating human suffering by working with communities, local authorities, and other partners to provide basic and quality services to vulnerable people. It envisions strong communities empowered and qualified to deal with the causes of suffering and to respond to the needs of vulnerable people. SRCS is an indispensable partner of the Ministry of Health, and is one of the largest providers of health care services. SRCS reached out to 730,000 people providing integrated health care services in Somaliland and Puntland last year. The NS also supports disaster management, first aid, and restoring family links (RFL).

In 2020, SRCS aims to further increase its partnerships inside and beyond the Movement, as well as strengthen leadership and governance. The 2020 plan will take into consideration long-term planning for natural disasters and building community resilience. The efforts of the Somali Red Crescent Society are in line with the IGAD3 2013–2027 Strategic Plan for Drought Disaster Resilience and Sustainability Initiative (IDDRSI) and the Africa Road Map 2017–2020. They also contribute to the realisation of Somalia's targets for the Sustainable Development Goals (SDGs).

Role of the Country office

At a time when the SRCS is gaining momentum towards becoming a well-functioning National Society, the IFRC Country office will continue to provide support both technically and financially. The country office contributes to multi-year strategic plans² alongside strengthening coordination and cooperation. Movement partners will support the SRCS to develop an overall National Society Development plan that will be used as the framework for capacity building and organisational development. This will be owned and driven by the National Society and aligned with the strategic direction of the SRCS.

The 2020 Somalia Country Plan will strive to build on the footprints left from the recent emergency appeal and strengthen the capacity of the National Society to respond to the immediate, medium and long-term needs of the affected population. The Somalia Country Office aim to work with SRCS to diversify its funding base especially attracting funding from appropriate non-Movement partners.



AREAS OF FOCUS

AREA OF FOCUS

DISASTER RISK REDUCTION
DRR

20,900

PEOPLE IN HIGH RISK AREAS WILL BE PREPARED FOR
AND ABLE TO RESPOND TO DISASTERS

AREA OF FOCUS

LIVELIHOODS AND
BASIC NEEDS

85,600

PEOPLE WILL RESTORE AND STRENGTHEN THEIR
LIVELIHOODS

AREA OF FOCUS

HEALTH

717,900

PEOPLE WILL BE REACHED BY APPROPRIATE HEALTH
PROGRAMMES SERVICES

AREA OF FOCUS

WATER, SANITATION AND
HYGIENE (WASH)

162,000

PEOPLE WILL HAVE ACCESS TO CLEAN WATER,
SANITATION AND HYGIENE

» STRATEGIES FOR IMPLEMENTATION «

- STRENGTHEN NATIONAL SOCIETY CAPACITIES •
- ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT •
- INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS •
- ENSURE A STRONG IFRC •

AREA OF FOCUS

DISASTER RISK REDUCTION

Somalia is affected by a range of natural hazards including drought, inconsistent rainfall, flooding, cyclones, and earthquakes. In the absence of stable institutions, the combination of conflict, environmental degradation, and a harsh climate have resulted in multiple full-scale humanitarian crises. While large-scale famine has been averted over the years, the humanitarian impacts of the drought have been devastating, destroying household capacities and livelihoods.

Robust and coordinated disaster risk reduction (DRR) initiatives are required for preparedness, risk mitigation, and response to disasters and climate-related shocks. SRCS team and community members will be trained on DRR and resilience tools and implement interventions that promote communities to self-organize in areas of disaster and resilience. The IFRC DRR and climate change adaptation (CCA) strategy paper 2020 will inform this work, guided by international commitments and targets³. In addition, IFRC will draw on the expertise, learning, and innovation generated by the Federation Reference Centres⁴ to strengthen DRR, CCA, and resilience capacity. The focus areas are aligned to SDGs goals 1, 2, and 13 and the One Billion Coalition⁵.

1,400,000
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Key activities will include:

- 1.** Train the National Society and local communities on climate change adaptation
- 2.** Develop contingency plans and action plans, and strengthen DRR plans
- 3.** Promote public awareness to reduce, mitigate and respond to identified risk
- 4.** Work closely with disaster response agencies on DRR and CAA issues
- 5.** Support Somaliland and Puntland branches of SRCS to become centres of building community resilience.
- 6.** Train communities in climate-risk informed and environmentally responsible practices
- 7.** Carry out public campaigns on tree planting and plastic usage and disposal



DRR CAPACITY STRENGTHENED IN 4 SOMALILAND AND 2 PUNTLAND RED CRESCENT BRANCHES

COMMUNITY DRR PLANS IN PLACE

6

COMMUNITY EARLY WARNING SYSTEMS ESTABLISHED OR IMPROVED AND LINKED WITH LOCAL OR NATIONAL METEOROLOGICAL SYSTEMS

4

OUTCOME

COMMUNITIES IN HIGH RISK AREAS ARE PREPARED FOR AND ABLE TO RESPOND TO DISASTERS WITH ENVIRONMENTALLY RESPONSIBLE VALUES AND PRACTICES

AREA OF FOCUS

SHELTER

There are an estimated 2.6 million IDPs in Somalia, living in over 1500 sites in crowded settlements. Many of these families, lack access to basic services and livelihood opportunities, and live in poor shelter conditions that raise protection and health concerns⁶. New displacements continually occur due to ongoing drought and conflict. In 2019, only 17% of the targeted population in need of emergency shelter support received assistance, whilst the Shelter Cluster was only 8% funded overall.

Key challenges include: stocks of shelter and non-food items (NFI) are insufficient to respond to new displacements, the shelter sector is suffering serious underfunding, the volume of displacements into IDP settlements exceeds ability to sufficiently respond, and the cost of transporting supplies is very high due to poor infrastructure. Within this context of the enormous shelter needs in Somalia, SRCS aims to increase its overall capacity in 2020 to support and contribute to these efforts in the coming years. Particular attention will be maintained to develop a National Strategy that includes Shelter and Settlements—to contribute not only to emergency shelter needs but also sustainable and durable shelter solutions. All activities will be implemented in close collaboration with other interventions, focused on strengthening resilience and protection of the displaced families, and will include:

1. Continue the support and trainings provided by the regional shelter team
2. Develop national level shelter and settlement trainings
3. Pre-position emergency shelter kits and NFIs to be able to respond faster to disasters
4. Profile and target people in need
5. Contingency planning with shelter and settlements component in vulnerable locations to gain a better understanding of future programming of the SRCS in the future within this sector

30,000
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**OUTCOME**

**COMMUNITIES IN DISASTER AND CRISIS AFFECTED AREAS
RESTORE AND STRENGTHEN THEIR SAFETY, WELLBEING,
AND LONGER TERM RECOVERY THROUGH SHELTER AND
SETTLEMENT SOLUTIONS**

AREA OF FOCUS

LIVELIHOODS AND BASIC NEEDS

If drought conditions continue to worsen in Somalia then widespread water shortages across most parts of the country, coupled with high water prices, are likely to compromise water and sanitation. This would contribute to the outbreak of diseases such as acute watery diarrhea and cholera, and in turn worsen nutrition outcomes and increase mortality. In 2020, food security is expected to further deteriorate following low rainfall in 2019. Yet due to funding constraints, the number people receiving food assistance significantly declined in 2019⁷.

To meet short-term needs, the Somalia livelihood programme will ensure communities are better prepared to meet challenges caused by food insecurity, chronic undernourishment, and hunger. The longer-term approach aims to strengthen the resilience of households, continuing to focus in regions that are accessible in Somaliland and Puntland. Disaster risk reduction and climate change adaptation will cut across all livelihood interventions. In 2020, IFRC aims to support interventions for pastoralists and agro-pastoralists' households, with a special focus on households that are women-headed and with young and nutritionally vulnerable children. IFRC will work towards enhancing regional cooperation and partnerships for hunger resilience and strengthen the One Billion Coalition agenda as well as contributing to SDG goals 1, 2, and 3⁸.

1,200,000
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Key activities will include:

1. Distribute food vouchers and unconditional cash grants for basic needs
2. Rehabilitation of water structures and catchment areas
3. Build the long-term resilience of households
4. Strengthen alternative farming methods and introduce drought resistant crops
5. Create access to markets and trainings on value add for increased household income
6. Build terraces for soil conservation and fence grazing lands to protect range lands
7. Strengthen capacities in integrated contingency planning, climate change effects, and community-managed disaster risk reduction
8. Engage selected SRCS Branches as centres of resilience
9. Promote replication of the Hunger Resilience project in new geographic areas

NUMBER OF PEOPLE REACHED WITH FOOD ASSISTANCE OR CASH FOR BASIC NEEDS

36,000

NUMBER OF HOUSEHOLDS REACHED BY EMERGENCY

3,500

NUMBER OF HOUSEHOLDS SUPPORTED TO INCREASE FOOD PRODUCTION

2,500

NUMBER OF PEOPLE REACHED BY PUBLIC AWARENESS AND EDUCATION ON SUSTAINABLE LIVELIHOODS

2,550

NUMBER OF ASSISTED HOUSEHOLDS ABLE TO MEET SURVIVAL NEEDS

1,750

OUTCOME

COMMUNITIES, ESPECIALLY IN DISASTER AND CRISIS AFFECTED AREAS, RESTORE AND STRENGTHEN THEIR LIVELIHOODS

AREA OF FOCUS

HEALTH

Due to the lack of access to any health care provider (less than 15% of the rural population) and low health awareness due to low literacy rate (37.8%), Somalia faces increased morbidity trends in non-communicable diseases while struggling to manage communicable and preventable childhood diseases. One out of every seven Somali children dies before the age of 5 (137 deaths/1,000 live births), succumbing to pneumonia (24%), diarrhea (19%), measles (12%), as well as neonatal disorders (17%).

The SRCS network of Maternal and Child Health/Outpatient Department (MCH/OPD) clinics under its Integrated Health Care Program (IHCP) remains the largest single health service provider in the country, reaching over 2 million vulnerable people every year. IHCP has significantly contributed to improving the primary health indicators of the country: maternal mortality, infant and child mortality rates are among the worst globally. Children have benefitted from immunisation interventions, routine screening of nutritional status, and supplements. Skilled health workers are assisting an increasing number of women in childbirth, with a corresponding decrease in deliveries by traditional birth attendants.

The 2020 Somalia country operational plan will build on the strong foundations laid in increasing access of basic health care services to the most vulnerable populations, including IDPs and nomadic and remote communities. The plan will focus on multiple emergency health care needs, reproductive and child health, non-communicable diseases, community mental health, and community-based health promotion. The plan will forge a synergy with other areas of focus such

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as WASH and PGI in a resilience approach to the IHCP. This will contribute to the country's set targets in Sustainable Development Goal (SDG) 3 which focuses on ensuring healthy lives and promoting well being of all. Key areas of the interventions will include:

1. Scale up the expanded programme of immunisation
2. Nutritional screening and provision of supplements for malnourished children
3. Provide of quality curative services
4. Promote safe motherhood (ante-natal care, delivery, post-natal care)
5. Health education on diverse subject areas to clients at the clinics, households and the community at large.
6. Identify training needs of the health staff and develop a capacity building plan

These are in line with the National Society Health Strategy (2019-2023) and aligned to the Essential Package of Health Services which is the government policy guidelines for health service delivery to the population.

VOLUNTEERS MOBILISED BY THE NATIONAL SOCIETY FOR HEALTH ACTIVITIES

1,500

PEOPLE REACHED BY LONG-TERM HEALTH CARE SUPPORT

574,400

VOLUNTEERS TRAINED BY NATIONAL SOCIETY IN EPIDEMIC CONTROL

1,027

PEOPLE TRAINED IN FIRST AID

1,000

PEOPLE PROVIDED WITH CLINICAL HEALTH CARE DURING EMERGENCIES

5,000

PEOPLE REACHED IN IMMUNISATION ACTIVITIES

40,000

OUTCOME

VULNERABLE PEOPLE'S HEALTH AND DIGNITY ARE IMPROVED THROUGH INCREASED ACCESS TO APPROPRIATE HEALTH SERVICES

AREA OF FOCUS

WATER, SANITATION AND HYGIENE

Recurrent drought in the country has largely contributed to inadequate population access to potable water and has resulted in frequent disease outbreaks, particularly acute watery diarrhea and cholera (AWD/C). According to the African Development Bank Group (2016), access to improved water supply in Somalia is estimated at 32% while the population with improved sanitation is at a low 24%. A recent rapid assessment conducted in SRCS-managed clinics in Somaliland revealed noticeable gaps in adequacy of latrine and water facilities. The need for latrine construction together with awareness on good hygiene practices is of paramount importance.

Over the past years, the IFRC has supported SRCS to scale up community hygiene and sanitation promotion through volunteer training, action teams, and routine WASH promotion drives. At schools, annual interventions have improved children's awareness of health and hygiene, while teachers have been trained in community-based health and first aid and participatory hygiene and sanitation transformation. Somalia has been identified as a priority country under the global ONE WASH program, and in 2020 the IFRC Somalia country office will scale up WASH interventions in Somaliland and Puntland—especially around cholera hot

1,000,000
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spots. This long-term approach with multi-year funding will save many lives and contribute to the realisation of Somalia's set targets for SDG 6 (increasing sustainable access to safe water and sanitation facilities).

Key activities will include:

- 1.** Assessments of WASH needs in all clinics in Puntland and Somaliland and in targeted communities
- 2.** Training for community members, clinic staff, teachers and volunteers to spearhead community-led total sanitation activities to improve sanitation in the community, schools, and the clinics
- 3.** Training for community members, clinic staff, teachers and volunteers to prepare them to respond to any public health emergency such as AWD/Cholera outbreaks
- 4.** Rehabilitate community sources of potable water
- 5.** Regular meetings with targeted communities to enhance community engagement and accountability
- 6.** Routine household visits to educate the community on WASH
- 7.** Rehabilitation of water storage, hand washing facilities, and latrines in static clinics

SAFE WATER SERVICES PROVIDED TO HOUSEHOLDS

20,000

PEOPLE PROVIDED WITH KNOWLEDGE ON AND ACCESS TO IMPROVED EXCRETA DISPOSAL

6,000

COMMUNITY-BASED WATER AND SANITATION MANAGEMENT PLANS DEVELOPED

32

HOUSEHOLDS REACHED WITH MESSAGES ON PERSONAL AND COMMUNITY HYGIENE

6,000

OUTCOME

VULNERABLE PEOPLE HAVE INCREASED ACCESS TO APPROPRIATE AND SUSTAINABLE WATER, SANITATION AND HYGIENE SERVICES

AREA OF FOCUS

PROTECTION, GENDER AND INCLUSION

Gender inequality is a serious concern in Somalia, including Somaliland, where conservative traditional views influence the different roles, duties and freedoms of men and women, boys and girls. Sexual and gender-based violence (SGBV) and female genital mutilation/cutting (FGM/C) practices and discrimination against women are widespread in Somalia; an estimated 98% of women aged 15–49 have undergone FGM. Although there was a 24% decline globally in harmful practices such as FGM/C between 2000 and 2015 (UNSG, 2017), Somalia lags behind in the advocacy to discourage the practice. There are inadequate legal frameworks, resources and systems in place and a lack of capacity to manage the increasing number of reported cases of SGBV. According to the 2017 GBV sub-sector report, the integrated response and multi-sectoral coordinated action of GBV service providers enabled timely life-saving services for 174,237 survivors made up of 41,856 girls and 26,324 boys as well as 81,422 women and 24,635 men.

Gender and diversity is a relative novelty in the Somali Red Crescent Society (SRCS), with only recent support from IFRC to address this issue across National Society programming. Activities have included training of trainers, engagement of gender officers for Puntland and Somaliland, and sensitisation workshops for staff and volunteers. IFRC has supported the SRCS in piloting menstrual

280,000
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hygiene management in a number of schools in Puntland and Somaliland with encouraging results. Going forward, protection, gender and inclusion will be mainstreamed into the health area of focus. Guided by the IFRC guidelines and SDG 6 targets, the 2020 activities will build on the footprints made so far and will include:

1. Sensitisation drives at the National Society branches, spearheaded by Gender Officers, to help close the gender gap in branch management and governance
2. Assessment of 9 branches in Somaliland and Puntland to determine opportunities and limitations in mainstreaming gender into programming
3. Capacity development of clinic nurses and midwives to attend to rape cases, provide psycho-social support, and make referrals to medico-legal services
4. Advocacy for the development of the required legal framework, systems, and support mechanisms for addressing gender issues
5. Introduce menstrual hygiene management and provide menstrual hygiene kits in educational facilities
6. Revision of SRCS internal regulations and other guidelines to integrate gender, diversity and equality
7. Coordination with other actors, including UNICEF and UNFPA in the field of technical support and implementation

BRANCHES IN SOMALILAND AND PUNTLAND ASSESSED AND STAFF TRAINED ON GENDER MAINSTREAMING

9

STATIC CLINICS PROVIDED WITH RAPE KITS

25

PEER TRAININGS ON YOUTH AS AGENTS OF BEHAVIOUR CHANGE

90

EDUCATIONAL INSTITUTIONS SENSITISED IN MENSTRUAL HYGIENE MANAGEMENT

10

OUTCOME

COMMUNITIES BECOME MORE PEACEFUL, SAFE AND INCLUSIVE THROUGH MEETING THE NEEDS AND RIGHTS OF THE MOST VULNERABLE

AREA OF FOCUS

MIGRATION

In Somalia, climate change and conflict have led to internal and cross border displacement. Mixed migration flows through and from Somalia add to the challenges faced by communities, but are also a solution for people seeking to move away from decades of conflict intertwined with recurrent droughts. Issues of migration in Somalia are linked to national, regional and international scenes through diaspora networks, remittances, and social networks. The Somali context and the humanitarian challenges for Somali refugees, IDPs, and migrants is a focus of regional research, policy, and advocacy work on durable solutions.

Aligned to the IFRC focus and support to the SRCS, this area of focus seeks to build the resilience of people displaced due to conflict, climate change, and natural disasters. The National Society will link to regional forums on durable solutions and mixed migration discussions—promoting its role as a significant local actor and stakeholder in supporting migrants. Given the Somali context's central placement in the policy debate around protracted displacement and, for example, climate change, the approach seeks to engage in a new regional National Societies network on migration and displacement. Key activities will include:

1. Engage with authorities and participate in regional networks
2. Awareness-raising and advocacy activities promoting social inclusion of migrants
3. Promote greater awareness of and assistance for the protection of migrants and displaced persons
4. Restore family links for people separated from, or without news of, their loved ones as a result of disaster
5. Assessment of migration and displacement in Somalia

60,000
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**OUTCOME**

COMMUNITIES SUPPORT THE NEEDS OF MIGRANTS, THEIR FAMILIES AND THOSE ASSISTING MIGRANTS AT ALL STAGES OF MIGRATION (ORIGIN, TRANSIT, DESTINATION)

STRATEGY FOR IMPLEMENTATION

STRENGTHEN NATIONAL SOCIETY CAPACITIES

Somalia Red Crescent Society (SRCS) was established in 1965. Since 1991, when the war broke out, Somalia has been characterised by political instability and non-functioning political, economic and social institutions. The National Society has always stepped up through its mandate and has continuously provided much needed support services to vulnerable communities in the country. Development of capacities, including staff, volunteers, systems and procedures, has been one of the main areas of focus for the National Society across all coordination offices and all 19 branches. This will enable the National Society to develop skills and competencies required to be able to deliver quality, sustainable services to communities across the country. There is a need to have a comprehensive coordinated Movement approach to support National Society Development alongside ongoing technical support. Initiatives to strengthen coordination will have a countrywide focus, and a comprehensive approach, which incorporates all NSD initiatives, carried out by different partners.

Based on the National Society strategic plan and strategic priorities of IFRC, ICRC and other Movement partners, capacity development activities will continue in 2019. The IFRC Country Office will also support the SRCS in the following areas:

1. Develop an agreed joint working approach between IFRC, ICRC and PNS
2. Lend IFRC's technical expertise on NSD to the SRCS
3. Build capacities on Community Engagement and Accountability (CEA)
4. Support IFRC staff within the Cluster to integrate CEA into policies, tools, programmes and approaches.
5. Encourage and support learning from one another through promotion of the CEA Hub and communication channels
6. Support the SRCS in the constitutional review process
7. Develop a SRCS National Society Development Plan and a new strategic plan
8. Introduce a Volunteer Management System to the SRCS
9. Support volunteer development and youth activities in branches of Somaliland and Puntland
10. Support branch development, including infrastructure
11. Facilitate training on leadership, integrity, governance and management

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12. Support systems development including logistics capacities
13. Strengthen SRCS policy framework to enhance integrity, accountability and compliance
14. Follow up on the PAC indicators, IC pledges, and other commitments at the General Assembly

OUTCOME

**NATIONAL SOCIETY HAS THE NECESSARY
LEGAL, ETHICAL AND FINANCIAL
FOUNDATIONS, SYSTEMS AND STRUCTURES,
COMPETENCES AND CAPACITIES TO PLAN
AND PERFORM**

STRATEGY FOR IMPLEMENTATION

ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT

Following the 2016 British Red Cross-led assessment of the National Society capacities in the field of disaster management (DM), the Somali Red Crescent Society (SRCS) has shown strong commitment to developing the structures, strategies and systems required to become an effective, efficient and accountable humanitarian organisation. In order to develop their disaster management strategy, the SRCS requires support of and close collaboration with its partners. The German Red Cross and IFRC will take the lead in supporting the National Society in developing its DM strategy and will coordinate the DM and resilience working groups. SRCS will be at the steering wheel of the whole process.

In 2020 IFRC will play an active coordination role to ensure all the action plans of the working group are efficiently executed. The proposed interventions will target eight branches and eight communities in high-risk areas in Somaliland and Puntland.⁹ IFRC plans to support the National Society by engaging into the following activities:

1. Lead the development of SRCS DRM Strategy in partnership with other movement partners
2. Adopt a multi-hazard approach for early warning systems
3. Equip the population with DRR strategies at national and local authority levels, and at community level.
4. Train SRCS and community members on disaster management and resilience

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5. Develop community-integrated disaster risk management and resilience plans
6. 80% of international disaster response operations developed with involvement of affected populations and including a community engagement and accountability component
7. Finalise and put into action disaster management operational plans in at least 10 branches of SRCS
8. Support National Society to include and implement CEA activities in their emergency plans of action
9. Integrate CEA into disaster response tools and approaches
10. Test and roll out the CEA minimum actions in emergency response
11. Deploy appropriate CEA surge support to operations when needed

OUTCOME

EFFECTIVE AND COORDINATED INTERNATIONAL DISASTER RESPONSE IS ENSURED

STRATEGY FOR IMPLEMENTATION

INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS

IFRC working with SRCS and other Movement partners will continue providing leadership as a strategic partner. This will be achieved through supporting the National Society to be active in relevant forums and consortiums where they can share and learn from other actors. The One Billion Initiative, in line with the Africa Road Map, will be advocated for and promoted. This will be achieved through; 1) scale up and make people and communities a part of the solution, 2) Partner and network widely, 3) Measuring in new ways both individual and collective actions. The SRCS has been supported in building strong links with some international organisations, private and informal sectors. 2020 will be used to consolidate gains made in 2019, advocate for the localisation of aid at the country level (as stipulated in the Grand Bargain¹⁰). IFRC will continue supporting SRCS in further development of its systems and procedures, including the National Society Partnership and resource development strategy, in order to build a strong domestic partnership pool that will bring in local resources. The SRCS Partnership and Resource Development strategy should be completed in 2020.

65,000
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OUTCOME

THE IFRC SECRETARIAT AND THE NATIONAL SOCIETY INFLUENCE DECISIONS AT LOCAL, NATIONAL AND INTERNATIONAL LEVELS THAT AFFECT THE MOST VULNERABLE

STRATEGY FOR IMPLEMENTATION

ENSURE A STRONG IFRC

In order to ensure effectiveness in service delivery, IFRC Somalia will continue to build an enabling environment for staff in both offices in Hargeisa, Somalia and Nairobi, Kenya. To help staff achieve their maximum potential, the delegation will continue to work closely with human resources, policy, strategy and knowledge, and other IFRC departments to ensure learning opportunities, supervision and support. Staff within the delegation will also be supported to continue taking relevant IFRC online learning courses so as to enhance their skills and abilities, including in communication and teamwork. Staff will be encouraged to take relevant external courses and attend cluster meetings. Adherence to the code of conduct and all other policies will remain an integral part of the staff performance¹¹.

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OUTCOME

IFRC IS EFFECTIVE, CREDIBLE AND ACCOUNTABLE



ENDNOTES

- 1 FEWS NET/FSNAU, July 2019
- 2 The IFRC Africa Road Map 2017-2020, the Integrated Health Care Program (IHCP), the drought Emergency Appeal activities (which ended in 2019),
- 3 In the Sendai Framework for DRR, and the IFRC Framework for community resilience
- 4 The Red Cross Climate Center and the Global Disaster Preparedness Center
- 5 The Goal of One Billion Coalition for Resilience is; 1 billion people at least one person in every household, every school or business, and every community taking actions to enhance their own and their community's resilience.
- 6 Shelter Cluster FactSheet, July 2019
- 7 Somalia Food Security Cluster
- 8 SGD 1 contributing to ending poverty by enhancing alternative livelihoods; SDG 2 on ending extreme hunger; SDG 3 by contributing to good health by improving access to food with high nutritional value for malnourished children, pregnant and lactating mothers and older persons in need.
- 9 This will be in line with the Africa Region road map, the IFRC EOC and the One Billion Coalition strategy and IGAD Drought Disaster Resilience and Sustainability Initiative (IDDRSI) and Famine Action Mechanism (FAM) action plan for Somalia.
- 10 2016 UN Secretary General's High-Level Panel on Humanitarian Financing
- 11 The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief



Run by SRCS in Collaboration with MoH
Supported by IFRC & WFP

Food Scale for Beneficiaries

MCHN

BS (Boorash) = 7.5KG/PERSON

IL(Saliid) = 0.75KG/PERSON

LUMPY DOZ = 1.5KG/PERSON

(Buskud Dhiir)

DELIVERIE

CEREAL(Galey) = 25KG/PERSON

(Misir) = 10KG/PERSON

(d) = 5.2KG/PERSON

(Boorash) = 10KG/PERSON

TSFP

LUMPY SUPP = 2.76KG/PERSON



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