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# DREF operation final report

## Somalia: Acute Watery Diarrhoea (AWD) outbreak

International Federation of Red Cross and Red Crescent Societies

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| **DREF Operation n°:** MDRSO006 | **Glide n°:** EP-2017-000036-SOM |
| **Date of issue:** 15 October 2017 | **Operation start date:** 16 April 2017 |
| **Overall budget allocation:** CHF 302,721 | **Timeframe covered:** 16 April 2017 to 16 July 2017 |
| **N° of people affected:** 150,000 | **N° of people being assisted:** 105,000 people (17,000 households) |
| **Host National Society in targeted areas:** Five SRCS branches (Galkayo, Garowe, Bosaso, Las Anod and Burao) with 260 volunteers, 100 health staff and two Operations Managers. | |
| **Red Cross Red Crescent Movement partners actively involved in the operation:** German Red Cross, Finnish Red Cross, Swedish Red Cross, Norwegian Red Cross, British Red Cross, Icelandic Red Cross, Canadian Red Cross, ICRC, IFRC | |
| **Other Partner Organizations actively involved in the operation:** Ministry of Health in Puntland and Somaliland, UNICEF, WHO, Save the Children International (SCI), World Vision International (WVI), International Organization of Migration (IOM), Health Poverty Action (HPA) | |

# A. Situation analysis

### Description of the disaster

Somalia is prone to a cycle of natural disasters such as drought, flooding and tropical cyclones because of climate-change phenomena of La-Nina and El-Nino. Early indications of the country experiencing food insecurity emerged in September 2015 and in February 2016. The Somaliland and Puntland authorities subsequently issued separate alerts with Appeals to humanitarian agencies and donors for support to the drought response. The drought conditions continued through 2016 and worsened from November, affecting more that 50 percent of the population. Country-wide, the cumulative total displacements, directly attributable or related to drought between 01 November 2016 and 31 March 2017, was 535,624 (UNHCR, April 2017). Loss of livelihoods, mainly livestock, shortage of water, pasture and food due to the drought have been responsible for these displacements.

Drought naturally contribute to trigger increases in epidemics such as Acute Watery Diarrhoea (AWD)/Cholera and measles, some of which are cross-border outbreaks. A total of 77,133 case of AWD and 1,159 deaths were reported in different parts of Somalia from January to September 2017. Of these cases, 58.8 per cent have occurred in children below five years of age.

There has been a gradual reduction in the number of new AWD/Cholera cases in all regions of Somalia since August 2017. No cholera related deaths have been reported across this same period in any region across Somalia.

The number of AWD/Cholera cases has declined from a peak, at the beginning of June (week 22), of 5,306 cases to the latest reported and lowest number of 93 cases in the third week (week 33) of August. Similarly, the AWD Case Fatality Rate (CFR) has decreased from its peak of 4.7 percent in February 2017 to zero per cent in August.

As at 2 April 2017, Puntland had a cumulative reported case of AWD/cholera since the beginning of the year at 1,674 and 57 deaths, indicating a case fatality rate (CFR) of 3.4 percent. In Somaliland, the AWD outbreak reported as at 10 April in the Buuhole community on the Somaliland/Ethiopian border was 291 cases and 14 deaths, indicating a CFR of 4.8 percent. Since the beginning of the year, communities with most reported AWD cases in Puntland were Goldogob, Jariban

and Galkayo (IDP camps) in the Mudug Region, Bosaso (mainly in the Tawakal IDP Camp) in the Bari region and Garowe (Washington IDP camp), Eyl and Burtinle in the Nugal Region. In Somaliland, the reported cases were in the Buuhole district as well as pockets of Teleh in the Sool region areas in the Toogdheer and Awdal regions respectively. This brought the total number of affected regions in Somaliland and Puntland to six.

The IFRC has supported the National Society to respond independently to the reported outbreaks so far, this year, including chlorination, case management and social mobilization or to collaborate with partners such as UNICEF, WHO and the Ministry of Health as well as other actors such as WVI, SCI, HPA and IOM in the responses in Puntland and Somaliland.

The AWD outbreaks appeared not to be abating and hence the need to scale up the National Society's preparedness, response and social mobilization capacities. Priority areas of focus in this regard were the provision of AWD/cholera supplies, training of staff and volunteers in case management, active surveillance with tools to undertake that, provision of sanitation equipment to target communities and enhanced community mobilization interventions with support of the DREF.

## Summary of the current response

### Overview of Host National Society

The Somali Red Crescent Society (SRCS) has been a key partner of the Ministry of Health in responding to health emergencies, including AWD/cholera outbreaks over the years. In the current outbreaks, the SRCS deployed its mobile teams from the respective branches to respond to most of the outbreaks that were reported in different parts of Somaliland and Puntland with the support of the International Federation of Red Cross/Red Crescent Societies (IFRC). The mobile teams were very active in case management. This was done in collaboration with the Ministry of Health and UNICEF that provided the required supplies for the responses. The 32 static clinics managed by the National Society in Puntland and Somaliland with partner support were not only involved in case management but they also acted as sentinel sites to provide early warning information for timely investigations and response.

National Society staff and volunteers were also deployed in chlorination of household and community water sources. They were engaged in social mobilization drives aimed at stemming and preventing further outbreaks in communities that have had a bout of outbreaks. The Bosaso Branch for instance carried out a two-day exercise to chlorinate all water reservoirs in the Tawakal Internally Displaced Persons (IDP) camp in Bosaso to prevent the spread of AWD that had claimed 12 lives as well as improving access to safe water while improving the hygiene and sanitation. Besides chlorination exercises conducted by volunteers from the Garowe Branch at the Washington IDP camp, in March the Branch conducted a seven-day mass chlorination campaign in the Garowe town in collaboration with the Ministry of Health. These have been followed by scaling up social mobilization campaigns in the communities. In Somaliland, the National Society conducted similar chlorination exercises and distributed water treatment tables to the affected communities. The Las Anod Branch in Somaliland deployed two mobile teams for case management while embarking on a 20-day chlorination and social mobilization campaigns in the Buuhole community of about 80,000 people, following the reported AWD outbreaks. The National Society is targeted a population of 105,000 in Somaliland and Puntland in scaling up its AWD/cholera prevention and response activities. This constituted an integral part of the scaled-up Emergency Appeal that will be published in April.

### Overview of Red Cross Red Crescent Movement in country

The IFRC is supporting the SRCS through the Somalia Country Office, based in Nairobi, Kenya. The Somalia Country Office has been in regular consultation with the IFRC Africa Regional Office on progress in response and strategies to scale up preparedness and response to the outbreaks that have taken a nation-wide dimension. With the outbreaks appearing to be on the surge, Somalia Country Office posted an alert on the Disaster Management Information System (DMIS) on 06 April 2017. Further discussion with the IFRC Geneva Secretariat Health Department resulted in the decision to apply for a Disaster Relief and Emergency Fund (DREF) as a start-up loan to allow the National Society to conduct AWD/cholera prevention and response activities.

The International Committee of the Red Cross (ICRC) has a very significant presence in Somalia as well. Regarding the current drought response, the ICRC together with the National Society focuses on areas which are also affected by active conflict and sporadic violence: South and Central with Health, EcoSec and WatHab activities; Puntland and the disputed territories with Somaliland with EcoSec and WatHab activities. The IFRC on the other hand supports the National Society programmes in Puntland (Health, WASH and Resilience) and Somaliland (Health, WASH and Resilience – included in the disputed territories – and other activities outside the disputed territories). With the onset of the AWD/cholera outbreaks throughout the country, the ICRC has supported the National Society in the response in South/Central Somalia while the

IFRC has similarly provided the needed support to the National Society in the response in Somaliland and Puntland. Both the IFRC and the ICRC have been closely coordinating with other actors in the response to the outbreaks. There is also regular Movement collaboration in the response through sharing of technical tools and other support as well as updates in the outbreaks and responses.

**Movement Coordination**
Besides the IFRC and the ICRC, participating National Societies that support the Somalia Country Programme, including the Finnish Red Cross, the Swedish Red Cross, the Norwegian Red Cross, the British Red Cross and the Icelandic Red Cross have contributed multilaterally to the response through the IFRC and have been updated on developments and progress.

**Overview of non-RCRC actors in country**
There are many players in the health sector in Somalia, both international and local that collaborate with the UN agencies such as UNICEF, WHO and the sector Ministry. Coordination meetings between the Ministry of Health, WASH and Health partners are held regularly in Puntland and Somaliland with the National Society as one of the active partners. Emergency preparedness and response teams have been set up at the regional and district levels while multi-sectoral rapid response teams have been operational in Puntland. The Ministry of Health of Somaliland set up a technical committee for drought response which has key health partners including the SRCS as members.

In the response to the AWD/Cholera outbreaks, the IFRC and the National Society have collaborated with a number of international organizations such as the World Vision International (WVI), Save the Children International (SCI), International Organization of Migration (IOM), Health Poverty Action (HPA) and a host of local or community based organizations.

In addition to the SRCS, the WVI, IOM, HPA and SCI have deployed mobile health teams to respond to reported outbreaks in the different locations in Puntland and Somaliland where they engage in case management. Where they have static health facilities, like the SRCS, they have served as sentinel sites to provide early warning information. Population Service International (PSI) has also made available water purification tablets (Aqua tabs) for the response to improve household drinking water.

The UNICEF in collaboration with the Ministry of Health has been providing the supplies for AWD/Cholera response, including cholera kits with supplies such as ORS, infusion and antibiotics. UNICEF together with the Ministry of Health also provided refresher training for health staff and volunteers in the response interventions

The WHO has also supported the training of health and allied surveillance staff in sentinel sites for surveillance and data management as well as Integrated Management of Childhood Illnesses (IMCI). The WHO equally provided tents for the setting up of one Cholera Treatment Centres (CTC) and two cholera treatment units (CTUs) and supported outbreak investigations, collection of samples for analysis and emergency drugs. The Ministry of Health with the support of UNICEF and WHO provided the overall coordination of all preparedness, response and social mobilization activities related to the outbreak of AWD/cholera.

**Integration of DREF activities into the Revised Emergency Appeal for Somalia drought**
All activities that are linked to the Somalia AWD DREF operation (MDRSO006) and the Emergency Response Unit (ERU) Treatment Centre that focused on AWD deployment were integrated into a combined operational plan, with the Somalia Drought and Food Security Emergency Appeal (MDRSO005). To this effect, a new inclusive Revised Emergency Appeal for Somalia AWD, Drought and Food Security operations was published in July 2017.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

Please refer to the original EPoA, which provides an overview of the needs analysis, beneficiary selection, risk assessment and scenario planning for this DREF operation.

# B. Operational strategy and plan

## Overall objective

This operational plan aims **at implementing lifesaving interventions including improved surveillance for early case detection, timely response, including effective case management to stem or prevent further outbreaks of AWD/cholera in the target population.** Through a combination of strategies such as improved surveillance, timely alerts and responses, effective case management and sustained social mobilization by SRCS volunteers, the National Society could contribute significantly to control outbreaks and promote healthy living among the target population.

## Proposed strategy

The current context, of limited access to health care, poor access by response actors due to insecurity and high malnutrition rates, required a tailored approach targeted at reducing the case fatality rate of the outbreak, limiting the spread and reducing transmission. To reach the at-risk population, SRCS will continue to utilize its network of existing mobile and static clinics as Cholera Treatment Units (CTU') and its network of community volunteers to establish community based treatment Oral Rehydration Point (ORP).

Limited health surveillance data portrayed an evolving situation with indications that the outbreak could extend and with estimates of an additional 20,000 to 30,000 cases expected. Therefore, the operation would target 60 communities with ORP kits and would procure an additional 40 as contingency. Sixty volunteers were to be trained and mobilized to manage the ORPs in their communities, including the assessment of dehydration, malnutrition status, and hygiene promotion. In addition, mobile data collection via SMS were to be established to improve surveillance and understanding of the outbreak and support operational decision making. The operation was to cover airtime for mobile phones of volunteers to be able to report the suspected cases they were treating at community level and ensure rapid response by the mobile clinics if caseloads went high.

The National Society's mobile and static clinics were to receive items necessary for case management including ORS, and equipment. They were expected to stabilize cases and refer to the CTC/CTUs when required. Mobile phones for data collection were to be made available to mobile and static clinics as well as volunteer supervisors, to support analysis of the outbreak and ensure that resources were adequate to meet the needs.

In addition to case management, approximately 17,000 households were to be reached through social mobilization and the provision of household water treatment items, ORS and hygiene promotion activities. Additional 200 volunteers were to be mobilized to conduct social mobilization activities.

Given the reliance of communities on open water sources and the expected rains in the coming weeks, a risk of major contamination to water sources were identified. Hundreds of animal carcasses were close to water points and provided a significant environmental sanitation issue. Communities were to be provided with sanitation tools (forks, gloves, masks, rakes, shovels, wheel barrows) to bury dead livestock and clean around surface water sources.

The National Society capacities would be enhanced through the following trainings to manage the cholera outbreak:

- Provision of refresher training on case management and ECV/surveillance for 15 Branch Health Officers and Volunteer leaders from Somaliland and Puntland as ToT.
- Provision of refresher training for 60 community volunteers in Somaliland and Puntland (10 per Branch/communities most at risk and IDP camps on Epidemic Control for Volunteers (ECV). Emphasis will be on household and community management AWD (including use of ORS and water purification); household and community environmental sanitation and hygiene promotion, community surveillance and social mobilization mechanisms
- Training of 100 static and mobile clinic nurses and midwives on case management of AWD and referral as well as infection prevention and control.

# C. Detailed operational implementation

## Quality programming / Areas common to all sectors

| Quality programming/ Areas common to all sectors | | | |
|---|---|---|---|
| **Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation** | **Outputs** | | **% of achievement** |
| | **Output 1.1:** Detailed assessment is carried out across all sectors and the Emergency Plan of Action for the DREF operation is revised appropriately to address outstanding needs if required | | **75%** |
| **Activities** | **Is implementation on time?** | | **% progress (estimate)** |
| | **Yes** | **No** | |
| 1.1.1 Coordinate the response activities with relevant departments of the SRCS, IFRC and Inter-Agency teams set up in the respective zones for the AWD/Cholera outbreaks | **x** | | **100%** |
| 1.1.2 Collect and conduct regular analysis of data collected (daily, weekly and monthly) for decision making and review of EPoA. | **x** | | **100%** |
| 1.1.3 Conduct a Lessons Learnt workshop to review the operations | | **x** | |

**Achievements**

A team of IFRC and Somali Red Crescent Society (SRCS) staff and volunteers conducted a rapid assessment in some of the hot spots in the AWD/Cholera outbreaks, particularly the Tougher and Awdal Regions of Somaliland that informed the DREF proposal and the subsequent deployment of the ERU. The National Society was similarly involved in the wider cross-sector inter-agency assessments carried out in Puntland and Somaliland respectively coordinated by the Health Ministry and UNOCHA.

With the deployment of the ERU, a 200-bed capacity Cholera Treatment Centre (CTC) was set up, as well as two Cholera Treatment Units (CTU) as well as 51 Oral Rehydration Points (ORP), deployed to various spots in Somaliland. In Puntland, 30 ORPs were similarly deployed with the static clinics in the two zones and were used as sentinel suites. Real time data from all these sites and centres were analysed on daily, weekly and monthly basis using the Power BI software. This enabled the data manager to track trends in the outbreaks, raise timely alerts that necessitated investigations and subsequent response.

The planned Lessons Learnt workshop could not be held since the DREF response activities rapidly expanded to include the setting of the CTC due to the sheer magnitude and increase in the outbreaks. The situation did not leave room for holding the Lessons Learnt workshop. However, that will be incorporated into a planned evaluation of the use of the ORP along with the CTC. In addition, the Canadian Red Cross carried out an internal evaluation on the AWD/cholera response.

## Health and care

**Needs analysis:** The SRCS has been working in collaboration with key stakeholders in responding to health emergencies, including AWD/Cholera and measles outbreaks. As the AWD/Cholera outbreaks in Somaliland and Puntland was escalating and affecting many more communities, a scale up operation was required to urgently and swiftly treat reported cases, control the spread through social mobilization activities, improved quality of household drinking water, sanitation and hygiene practices as well as improving surveillance.

**Population to be assisted:** Reported cases of AWD/Cholera in 2017 significantly surpass the number of reported cases in 2016, largely worsened by the biting drought. Although morbidity and mortality data were not immediately available at the time of launching this DREF operation, increasing reports of outbreaks pointed towards an increase of the population at risk, as well as the number of people to be supported directly through this operation. It is determined that the DREF directly supported an estimated 5,000 persons with about 100,000 potentially at risk. This includes mainly women and children.

| **Health and care** | | | |
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| **Outcome 2:**<br>**Immediate risks to the health of the population through AWD/Cholera outbreaks are reduced through the provision of emergency health services in the areas with outbreaks as well as other high-risk communities.** | **Outputs** | | **% of achievement** |
| | **Output 2.1:** Capacity of SRCS staff and volunteers to respond to the AWD/Cholera outbreaks enhanced | | **100%** |
| **Activities** | **Is implementation on time?** | | **% progress (estimate)** |
| | **Yes** | **No** | |
| 2.1.1 Conduct a three-day refresher training on case management and ECV/surveillance for 15 Branch Health Officers and Volunteer leaders from Somaliland and Puntland as ToT (including two Operations Managers | **x** | | **100%** |
| 2.1.2 Conduct a two-day refresher training for 100 SRCS nurses and midwives to enable them improved their case management and disease surveillance skills | **x** | | **100%** |
| 2.1.3 Provide a three-day refresher training on Epidemics Control for Volunteers (ECV) for 60 SRCS volunteers, including early detection and referral of cases) | **x** | | **100%** |
| **Output 2.2:**<br>Supplies to facilitate management and control of AWD/Cholera outbreaks procured | | | **% of achievement**<br>**100%** |
| **Activities** | **Is implementation on time?** | | **% progress (estimate)** |
| | **Yes** | **No** | |
| 2.2.1 Procure IV fluids and clinical materials required for stabilisation of AWD patients | **x** | | **100%** |
| 2.2.2. Procure 100 ORP for the sue for community volunteers in AWD case management (60 for immediate use and 40 as contingency) | **x** | | **100%** |
| 2.2.3 Procure 10 mobile phones and airtime for data collection and transmission | **x** | | **100%** |
| **Output 2.3:** Increased community awareness on AWD/Cholera prevention and control | | | **% of achievement**<br>**55%** |
| **Activities** | **Is implementation on time?** | | **% progress (estimate)** |
| | **Yes** | **No** | |

| | | | |
|---|---|---|---|
| 2.3.1 Design and produce Information, Education & Communication (IEC) materials on AWD/Cholera prevention in collaboration with UNICEF and the Ministry of Health (20,000 leaflets, 150 banners, 200 posters) | | x | **20%** |
| 2.3.2 Conduct social sensitization activities in communities reporting AWD/Cholera and high-risk communities -105,000 target population for 30 days in three months) at community level and in mosques; including risk factors, prevention and control with 200 volunteers | x | | **80%** |
| 2.3.3 Distribute ORS, HHWT, soap and IEC materials during social mobilization campaigns | x | | **80%** |
| 2.3.4 Carry out weekly radio talk on AWD/Cholera prevention and control | | x | **40%** |

| **Output 2.4:** Community based Surveillance (CBS) system initiated for real time data collection, alerts raising and timely investigations and response | **% of achievement** |
|---|---|
| | **100%** |

| **Activities** | **Is implementation on time?** | | **% progress (estimate)** |
|---|---|---|---|
| | **Yes** | **No** | |
| 2.4.1 Orient 60 volunteer leaders/supervisors on mobile data collection and transmission | x | | **100%** |
| 2.4.2 Set up community based surveillance system in communities reporting outbreaks and high-risk communities | x | | **100%** |
| 2.4.3 Coordinate surveillance system with the MoH and WHO | x | | **100%** |
| 2.4.4 Orient clinic staff and community based volunteers on enhanced surveillance and response to AWD/Cholera outbreaks | x | | **100%** |

**Achievements**

A total of 16 National Society staff and volunteers (9 male and 7 female), from Somaliland and Puntland and made up of National Health Officers, Branch Health Officers, volunteer leaders and the two Operation Managers were trained as Trainers (ToT) in AWD/Cholera response, including mobile data collection, management of Oral Rehydration Points (ORP), malnutrition, measles, surveillance, monitoring and reporting.

One hundred and ninety-five (195) volunteers from the six regions in Somaliland and three regions in Puntland and 10 supervisors were trained in Epidemic Control for Volunteers (ECV)for the management of the ORPs. The training included surveillance, health promotion, measles and malnutrition as well as reporting through the short messaging system (SMS). The trained volunteers were made responsible for the management of 72 ORP kits that were deployed in three hot spot regions in Somaliland and the three regions of Puntland. Somaliland had 51 kits deployed while Puntland had 21 out of the 100 kits that were procured for the AWD/Cholera response as community surveillance sites. The volunteer training in Puntland encountered delays due to access challenges for the IFRC to support the three Puntland regions in the entire response operations directly. The remote support in the novelty was quite challenging.

As part of the response strategy, 89 mobile and static clinic nurses and Branch Health Officers were oriented in the management of AWD/cholera that included administration of IV fluids, measles, malnutrition, referral use of the MAGPI software and reporting. The static clinics were utilized as sentinel sites for AWD/Cholera cases. Puntland accounted for 52 of the trained health staff with the remaining 37 coming from Somaliland. The 57-mobile phones procured for data collection were utilised by the clinic team leaders for the collections and transmission of surveillance data to the Operations Managers who managed the data.

Supplies for the response, including IV fluids, Oral Rehydration Salt (ORS), nutritional supplements were provided by partners, including UNICEF and WHO. The SRCS/IFRC coordinated the surveillance of AWD/Cholera response activities with these partners, together with the Ministry of Health. Weekly coordination meetings were held in Puntland and Somaliland respectively under the auspices of the Ministry of Health to analyse trends and make decisions on the

direction of the response as well as enhancing social mobilization for prevention. In Somaliland, the SRCS and IFRC served on the surveillance and management sub-committees.

Existing leaflets on AWD/cholera prevention from the Ministry of Health were used by the volunteers during social mobilization activities both at the ORP sites and in the communities. In Puntland, 2,000 leaflets were used in the exercise. This is in addition to the 20,000 that were produced in Somaliland and used in the social mobilization activities as well as made available in public places and the CTC.

Social mobilization activities carried out by the trained volunteers as part of the prevention strategy reached an estimated 84,000 community members that included school children, market women and traders, slaughter house personnel and IDP camp residents. During the campaigns, 12,942 sachets of ORS were distributed in Puntland. No soap however was distributed.

The weekly radio talk on AWD/Cholera could not be organized due to unavoidable challenges. However, in Somaliland, twice/week mobile cinema shows on cholera prevention, using the "cholera story" were conducted in Burao in the Togdheer Region. Besides the general public, the shows also focused on the CTC and the October IDP camp, considered to be one of the worst affected communities in Burao. The story line was also used at the ORP sites by the volunteers to educate community members, while waiting at the sites. In addition, radio and television panel discussions involving the municipality and the Ministry of Health were conducted in June to raise public awareness on AWD/cholera prevention. Still in Toghdeer region, public and private media—radio, television and print, were invited to all coordination meetings to enable them capture updates and continuously disseminate awareness messages.

Activities under output 2.4 are all linked to the deployment of an AWD ERU to Somaliland. All training activities under this output were combined into one training event including three sessions. The first of these training sessions was completed on 22 May, and the remaining two sessions were completed a few days afterwards.

The AWD surveillance system that is part of the ERU response was established in coordination with WHO and government who are traditionally the main health surveillance actors in the country.

## Water, sanitation and hygiene promotion

| Water, sanitation and hygiene promotion | | | | |
|---|---|---|---|---|
| **Outcome 3: Reduced risks of contaminated surface water through improved environmental sanitation** | **Outputs** | | | **% of achievement** |
| | **Output 3.1: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.** | | | |
| | | | | |
| **Activities** | | **Is implementation on time?** | | **% progress (estimate)** |
| | | **Yes** | **No** | |
| 3.1.1 Procure sanitation tools (wheel barrows, spades, rakes, pick-axes, heavy duty gloves, face masks) for sanitation campaigns in communities reporting outbreaks and high-risk communities | | | **X** | |
| 3.1.2 Distribute sanitation equipment to communities reporting AWD/Cholera outbreaks and high-risk communities | | | **X** | |
| 3.1.3 Conduct monthly community sanitation campaigns in | | **X** | | **75%** |

| | | | |
|---|---|---|---|
| communities reporting AWD/Cholera outbreaks and high risk communities | | | |
| 3.1.4 Carry out safe disposal of animal carcases and other solid waste to prevent surface runoff pollution | **X** | | **100%** |
| **Output 3.2** Improved access to safe water | | | **% of achievement** **100%** |
| **Activities** | **Is implementation on time?** | | |
| | **Yes** | **No** | |
| 3.2.1 Provide safe water to 17,500 households in target community through house hold water treatment tabs) sufficient for 90 days for 17,500households | **X** | | **100%** |
| 3.2.3. Train population of target communities on safe water storage and use of water treatment products (aqua tabs) | **X** | | **100%** |
| 3.2.4 Monitor treatment and storage of water through households' surveys/visits. | **X** | | **100%** |
| 3.2.5 Orient the target community on water treatment practices | **X** | | **100%** |
| **Output 3.3** Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population. | | | **% of achievement** |
| **Activities** | **Is implementation on time?** | | |
| | **Yes** | **No** | |
| 3.3.1. Conduct hygiene promotion sessions in schools in communities reporting AWD/cholera outbreaks and high risk communities | **X** | | **80%** |

**Achievements**

**Output 3.1**

- Activities 3.1.1 and 3.1.2 were in the 2016 emergency appeal and have currently not been implemented. All relate to the operational activities of the AWD operation and will be implemented as part of the Emergency Appeal operation.
- Volunteers were trained in Hargeisa and Burao (90 in each region). The volunteers led door to door environmental sanitation campaigns in Burao and Hargeisa.
- Disposal of animal carcases was carried out in Sool region

**Output 3.2**

- Volunteers were trained in water treatment in all the target regions. The volunteers were responsible for daily door to door visits to ensure that water for drinking was treated using Aquatabs. Aquatabs were also distributed through clinics.
- Water was trucked to needy households in Burao, with treatment being done in truck tanks and at point of use with the support of the volunteers.
- The AWD operation includes provision of safe water to 17,500 households. This is in addition to 20,000 households targeted in the revised appeal from 15 March, (See Water Sanitation and Hygiene, Output

**Output 3.3**

- An extensive social mobilization campaign was carried out in SRCS branches across Somaliland which involved the distribution of 10,000 flyers, and reading of messages over loudspeakers mounted on vehicles.
- Hygiene promotion activities were carried out in Sool, Sanaag and Togdheer. In each region 90 volunteers were trained and were responsible for door to door campaigns on handwashing, AWD prevention and active case identification and referral to ORPs. The volunteers were also responsible for distribution of aquatabs and chlorination of trucked water in Burao.

# D. THE BUDGET

A total of 302,721 Swiss francs (CHF) was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) of which CHF 227,896 was utilized. The balance of CHF 74,825 will be returned to IFRC's DREF.

**Notes on budget variances**

- When the emergency appeal MDRSO005 was revised, most of the activities from the DREF were merged into the Emergency Appeal, hence the variances. The ORP (under WATSAN) and medical equipment have been charged under the Emergency Appeal.
- The distribution cost relates to the freight cost of the cholera kits.
- The staff component was over budgeted hence the positive variance.
- A security consultant had to be hired to assess the security situation in Somaliland and come up with SOP's for the project.
- Information and public relations' printing of IEC material had been budgeted for but the activity was done by the government.

The final financial report is appended **here** to this narrative report.

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- Nathalie Proulx, PMER delegate (Food Crisis); phone: +254 780 771 136; email: nathalie.proulx@ifrc.org

**In the IFRC Geneva:**

- Eszter Matyeka, DREF Senior Officer; phone: +41 75 4198604; email: eszter.matyeka@ifrc.org


## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.


The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

**Disaster Response Financial Report**

MDRSO006 - Somalia - Cholera

Timeframe: 16 Apr 17 to 16 Jul 17

Appeal Launch Date: 16 Apr 17

Final Report

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2017 | Programme | MDRSO006 |
| Budget Timeframe | 2017 | Budget | APPROVED |
| Split by funding source | Y | Project | * |
| Subsector: | * | | |

All figures are in Swiss Francs (CHF)

# I. Funding

| | Raise humanitarian standards | Grow RC/RC services for vulnerable people | Strengthen RC/ RC contribution to development | Heighten influence and support for RC/RC work | Joint working and accountability | TOTAL | Deferred Income |
|---|---|---|---|---|---|---|---|
| **A. Budget** | | **302,721** | | | | **302,721** | |
| **B. Opening Balance** | | | | | | | |
| **Income** | | | | | | | |
| **Other Income** | | | | | | | |
| *DREF Allocations* | | *302,721* | | | | *302,721* | |
| ***C4. Other Income*** | | ***302,721*** | | | | ***302,721*** | |
| **C. Total Income = SUM(C1..C4)** | | **302,721** | | | | **302,721** | |
| **D. Total Funding = B +C** | | **302,721** | | | | **302,721** | |

* Funding source data based on information provided by the donor

# II. Movement of Funds

| | Raise humanitarian standards | Grow RC/RC services for vulnerable people | Strengthen RC/ RC contribution to development | Heighten influence and support for RC/RC work | Joint working and accountability | TOTAL | Deferred Income |
|---|---|---|---|---|---|---|---|
| **B. Opening Balance** | | | | | | | |
| **C. Income** | | 302,721 | | | | **302,721** | |
| **E. Expenditure** | | -227,896 | | | | **-227,896** | |
| **F. Closing Balance = (B + C + E)** | | 74,825 | | | | **74,825** | |

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| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2017 | Programme | MDRSO006 |
| Budget Timeframe | 2017 | Budget | APPROVED |
| Split by funding source | Y | Project | * |
| Subsector: | * | | |

All figures are in Swiss Francs (CHF)

## III. Expenditure

| Account Groups | Budget | Expenditure | | | | | | Variance |
|---|---|---|---|---|---|---|---|---|
| | | Raise humanitarian standards | Grow RC/RC services for vulnerable people | Strengthen RC/ RC contribution to development | Heighten influence and support for RC/ RC work | Joint working and accountability | TOTAL | |
| | A | | | | | | B | A - B |
| **BUDGET (C)** | | | **302,721** | | | | **302,721** | |
| **Relief items, Construction, Supplies** | | | | | | | | |
| Water, Sanitation & Hygiene | 36,250 | | 10,186 | | | | **10,186** | **26,064** |
| Medical & First Aid | 20,435 | | 2,804 | | | | **2,804** | **17,631** |
| Teaching Materials | | | 606 | | | | **606** | **-606** |
| Utensils & Tools | 1,000 | | 3,066 | | | | **3,066** | **-2,066** |
| Other Supplies & Services | | | 392 | | | | **392** | **-392** |
| **Total Relief items, Construction, Sup** | 57,685 | | 17,054 | | | | **17,054** | **40,631** |
| **Land, vehicles & equipment** | | | | | | | | |
| Computers & Telecom | | | 1,530 | | | | **1,530** | **-1,530** |
| **Total Land, vehicles & equipment** | | | 1,530 | | | | **1,530** | **-1,530** |
| **Logistics, Transport & Storage** | | | | | | | | |
| Distribution & Monitoring | 2,710 | | 39,396 | | | | **39,396** | **-36,686** |
| Transport & Vehicles Costs | 22,015 | | 10,053 | | | | **10,053** | **11,963** |
| Logistics Services | | | 2,500 | | | | **2,500** | **-2,500** |
| **Total Logistics, Transport & Storage** | 24,725 | | 51,948 | | | | **51,948** | **-27,223** |
| **Personnel** | | | | | | | | |
| National Society Staff | 37,060 | | 35,234 | | | | **35,234** | **1,826** |
| Volunteers | 90,390 | | 10,154 | | | | **10,154** | **80,236** |
| **Total Personnel** | 127,450 | | 45,388 | | | | **45,388** | **82,062** |
| **Consultants & Professional Fees** | | | | | | | | |
| Consultants | | | 24,713 | | | | **24,713** | **-24,713** |
| **Total Consultants & Professional Fee** | | | 24,713 | | | | **24,713** | **-24,713** |
| **Workshops & Training** | | | | | | | | |
| Workshops & Training | 36,700 | | 36,075 | | | | **36,075** | **625** |
| **Total Workshops & Training** | 36,700 | | 36,075 | | | | **36,075** | **625** |
| **General Expenditure** | | | | | | | | |
| Travel | 4,800 | | 28,996 | | | | **28,996** | **-24,196** |
| Information & Public Relations | 18,300 | | 872 | | | | **872** | **17,428** |
| Office Costs | 5,400 | | 4,521 | | | | **4,521** | **879** |
| Communications | 5,100 | | 410 | | | | **410** | **4,690** |
| Financial Charges | 4,085 | | 1,097 | | | | **1,097** | **2,988** |
| Other General Expenses | | | 1,152 | | | | **1,152** | **-1,152** |
| **Total General Expenditure** | 37,685 | | 37,047 | | | | **37,047** | **638** |
| **Indirect Costs** | | | | | | | | |
| Programme & Services Support Recove | 18,476 | | 14,139 | | | | **14,139** | **4,337** |
| **Total Indirect Costs** | 18,476 | | 14,139 | | | | **14,139** | **4,337** |
| **TOTAL EXPENDITURE (D)** | **302,721** | | **227,896** | | | | **227,896** | **74,825** |
| **VARIANCE (C - D)** | | | **74,825** | | | | **74,825** | |

**Disaster Response Financial Report**

MDRSO006 - Somalia - Cholera

Timeframe: 16 Apr 17 to 16 Jul 17

Appeal Launch Date: 16 Apr 17

Final Report

| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | 2017 | Programme | MDRSO006 |
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| Split by funding source | Y | Project | * |
| Subsector: | * | | |

All figures are in Swiss Francs (CHF)

## IV. Breakdown by subsector

| Business Line / Sub-sector | Budget | Opening Balance | Income | Funding | Expenditure | Closing Balance | Deferred Income |
|---|---|---|---|---|---|---|---|
| **BL2 - Grow RC/RC services for vulnerable people** | | | | | | | |
| Disaster management | 302,721 | | 302,721 | 302,721 | 227,896 | 74,825 | |
| Subtotal BL2 | 302,721 | | 302,721 | 302,721 | 227,896 | 74,825 | |
| **GRAND TOTAL** | **302,721** | | **302,721** | **302,721** | **227,896** | **74,825** | |