

# IFRC Situation Report: Regional Food Crisis in Africa – 25 August 2017



*In Ethiopia, restocking is part of the response to reinforce livelihoods of drought affected families. As of 8 August, 562 households in the region of Afar had received each one male and four female goats. Source: IFRC*

## Africa Food Crisis situation analysis

The attention of IFRC in Africa is still mainly on **Somalia, Nigeria, South-Sudan, Kenya** and **Ethiopia**, where large areas are currently reaching Emergency food security level. The [Food assistance outlook brief](#) (Fewsnet), published August 11, maintains these countries under general phases of *Crisis*, *Emergency* and even *risk of Famine* periods for South Sudan and Nigeria, likely to occur in 2017 and first months of 2018.

According to UNOCHA's [Horn of Africa drought update snapshot](#), published on August 10, The number of severely food insecure people in Kenya, Somalia and Ethiopia has increased to 14.3 million; Across the horn of Africa region, over 100,000 people have been diagnosed with acute watery diarrhoea (AWD)/cholera; 5.4 million children are projected to be acutely malnourished this year. Drought and conflict have now displaced 3.7 million people in Ethiopia, Somalia and Kenya: 2.3 million of whom are internally displaced persons (IDPs), and 1.4 million refugees.

To further scenario planning exercises for this area, the IGAD Climate Prediction and Application Centre (ICPAC) is holding a meeting of experts from Members countries to develop a consensus climate outlook for the next three months. The Greater Horn of Africa Climate Outlook Forum (GHACOF) - experts meeting is running 21-22 August in Zanzibar, Tanzania and will be followed by a Regional Early Warning, Early Action workshop at the same venue. IFRC is represented by two staff (the Climate Resilience Advisor and the Climate Change officer at Regional office). The GHACOF will issue a statement with climate forecast for three months, which will be shared when received to instruct future operations.

In the last weeks, the Region went through the exercise of reviewing and updating priorities of intervention for the regional food crisis response, enlarging the scope of intervention to **six Sahel countries**, and closer monitoring for **Burundi**. The review and the update was done in collaboration with Geneva Disaster & Crisis department and country clusters. **Burundi** is closely monitored through constant dialogue with Burundi Red Cross Society and RCRC Movement partners on site. For the moment, there is no clear signal to go ahead. The upcoming IPC classification assessment and the IGAD expert meeting should instruct more the need to intervene.

In **Sahel countries**, National Societies and Movement partners have been preparing **six Response plans (DREFs)** for **Senegal, Niger, Mauritania, Mali, Chad** and **Burkina Faso** to address current localized areas of Food Insecurity within each country. Concomitantly, a joint longer-term program for these areas is being prepared that would address the recurrent food insecurity problem through a preparedness and resilience perspective. The program would promote a coordinated, multi-annual approach to recurring food security crisis, on which the Movement's partners would align themselves for the next five years.

The DREFs for [Senegal](#) (MDRSN015), [Chad](#) (MDRDT015) and [Mauritania](#) (MDRMR008) were approved and published on the IFRC public website for a cumulative amount of around CHF600,000 for approximately 31,000 people. The emergency response comprises components of Cash Transfer Programming, Health, Water, Sanitation and Hygiene promotion as well as Capacity-building of the National Societies and communities. The DREFs for **Burkina Faso, Niger** and **Mali** should be approved and published in coming days. To prepare regional resources to be ready for Food insecurity crisis responses, an **RDRT training** focussing on Food security, organized jointly by the Sahel cluster and Sahelian National Societies, supported by the Africa Regional Office was held from August 14 to August 23. The refresher training for 30 RDRT delegates from Sahel countries was held in Bamako (Mali). Some of the RDRTs are going to be involved with the rolling-out of the Sahelian Food Crisis DREFs, right after the training.

**Southern Africa** countries remain closely monitored. Although in most countries, household food availability is currently improving with harvests, it is expected, according to the [Food assistance outlook brief](#), that the following countries will, in turns, experience Crisis (IPC Phase 3) outcomes throughout the end of 2017 and beginning 2018: **Democratic Republic of Congo** (Oct-Dec 2017), **Mozambique** (oct 2017-March 2018), **Zimbabwe** (oct 2017-March 2018), **Madagascar** (Dec 2017-March 2018), and **Malawi** (Sept2017-Feb 2018). This should stem for some countries from harvest that should end up being below normal; conflicts and movement of population (refugees and IDPs); armyworm threat, among others.

To know more about specific operations per country, use following hyperlinks:

[Ethiopia](#) [Kenya](#) [Nigeria](#) [Somalia](#) [South Sudan](#)

[Regional Food Crisis Africa](#)

## SUMMARY OF MAIN IFRC APPEALS<sup>1</sup> and Response Plans

Country	Appeal (CHF)	Cover <sup>2</sup> (%)	Funding Gap (CHF)	Targeted beneficiaries	Implementation on funding received	Start date	End date
<b>Burkina-Faso (DREF) (MDRBF014)</b>	189,679	100%	-	8,452	starting	18 Aug 17	18 Nov 17
<b>Chad (DREF) (MDRTD015)</b>	233,017	100%	-	12,350	starting	11 Aug 17	11 Nov 17
<b>Ethiopia (MDRET016)</b>	13,686,550	18%	11,238,426	318,325	89%	4 Jan 16	4 Jan 18
<b>Kenya (MDRKE039)</b>	25,062,572	18%	20,610,114	1,033,300	96%	23 Nov 16	23 Nov 17
<b>Mauritania (DREF) (MDRMR008)</b>	206,067	100%	-	9,750	starting	11 Aug 17	11 Nov 17
<b>Namibia (MDRNA009)</b>	1,303,196	45%	712,501	16,500	94%	30 Sept 15	30 Sept 17 (Extended)
<b>Nigeria</b>	10,415,433	100% (2017)	-	300,000	13%	24 Apr 17	30 Sep 18
<b>Senegal (DREF) (MDRSN015)</b>	207,880	100%	-	9,893	starting	11 Aug 17	11 Nov 17
<b>Somalia (revised MDRSO005)</b>	10,491,893	39%	6,438,805	150,000	30%	25 Mar 16	30 Jun 18
<b>South Sudan (MDRSS006)</b>	4,163,171	100% (2017)	-	60,000	-	8 July 17	31 Dec 18
<b>Regional Food Crisis Africa<sup>3</sup> (MDR6003)</b>	3,877,335	20%	3,114,515	-	31%	19 Apr 17	19 Oct 18

## COUNTRY-BY-COUNTRY PROGRESS – Main focus countries

<b>ETHIOPIA (<a href="#">MDRET016</a>)</b>
<b>Start Date:</b> 4 January 2016
<b>End Date:</b> 4 January 2018
<b>Targeted beneficiaries:</b> 318,325 people
<b>Total amount:</b> 13,686,550
<a href="#">Home</a>

<sup>1</sup> This report covers activities up to 18 August. Appeal funding figures, updated to publication, do not capture bilateral contributions supporting implementation of the plans – available details in this regard are provided in the country-by-country section.

<sup>2</sup> The response plans for Nigeria and South Sudan will be rolled out in two phases, the first one until end of December 2017 and the second one from 2018 on. Nigeria's IFRC response plan for 2017 is funded under the One International Appeal launched by the ICRC. For South Sudan, the 2017 response plan is covered through the ICRC 2017 South Sudan Appeal. The Funding for the IFRC operations in 2017 is channelled through the ICRC. Both countries are therefore 100 percent secured for 2017.

For more detail on funding see [Donor's Response](#).

**Funding:** 2,448,124 CHF (18 percent of total target in hard pledges)

**Implementation:** 89 percent (expenditures vs Funding)

Indicator	Target	Progress
<b>Livelihoods, nutrition, food security</b>		
n° of children U5, pregnant and breast-feeding mothers provided with supplementary food- CSB and Oil;	93,975	73,673 <sup>4</sup>
n° hhds affected provided with livestock through Afar restocking program	1,000	562 <sup>5</sup>
<b>Water, Sanitation and Hygiene Promotion</b>		
n° of households assessed by volunteers	4,447	4,447
n° of volunteers trained	75	75
n° of households benefiting from potable water.	36,000	24,509 <sup>6</sup>
<b>Health</b>		
n° of children U5 registered with SAM and MAM case	9,500	2,415
n° households that go home with a food parcel;	100	20
n° of Pregnant Lactating Women registered for supplementary feeding;	3,700	770

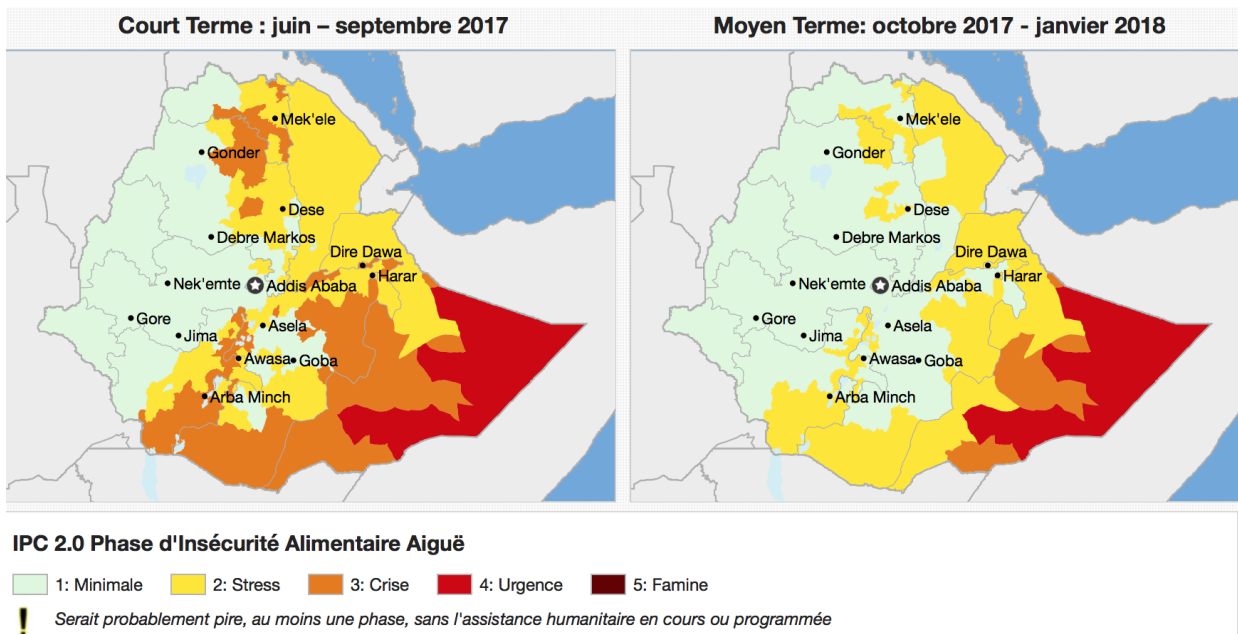
**Operating Context:**

- According to UNOCHA’s [Horn of Africa drought update snapshot](#) and key messages from [FewNet](#), the Somali region remains worst-affected, with Emergency (IPC Phase 4) levels of food insecurity widespread expected until January 2017. If Food assistance does not resume, some of the worst affected households are expected to move to *Catastrophe* (IPC phase 5). In Somali region’s SAM admissions account for 25 per cent of the national SAM caseload with 34,978 SAM admissions registered in the region between January and May 2017. Meanwhile, the number of hotspot Priority 1 districts (requiring immediate life-saving intervention) increased to 228 in June, up from 192 in December 2016, which represents nearly half of the overall hotspots identified (461 districts). This indicates a return to levels not seen since the height of the El Niño drought impacts in 2016.
- Following the below-average performance of the Gu/Genna rainy season after the failed previous season, other southeastern pastoral areas are expected to face *Crisis* level outcomes (IPC phase 3) through at least November due to the poor regeneration of pasture and water resources that have negatively impacted livestock productivity and household income. Poor households in portions of SNNPR, eastern Oromia, and northeastern Amhara are likely to be in Crisis (IPC Phase 3) through the lean period through the end of September. In the operational areas of Oromia, Amhara, Tigray, and SNNPR, the needs for emergency food assistance are expected to decline in October with the Meher harvest.
- Nationwide, the mid-year multi-agency assessment identified 8.5 million beneficiaries in need of emergency food assistance in the second half of the year (August-December 2017)-up to 5.6 million people identified in January 2017.
- In Ethiopia, 37,989 AWD cases were reported across the country so far in 2017, 90 per cent in Somali region, mostly in Doolo, Jarar and Korahey zones. Measles: In Somalia, suspected measles cases for week 29 decreased compared to previous weeks, but numbers are still high with over 13,800 cases reported in 2017. In Ethiopia, nearly 100 cases of measles were reported in Amhara region in week 27 and 24 new cases in week 28.

<sup>4</sup> 3,135 people have been supported by IFRC, the rest have been supported by ERCS’ funding and PNS

<sup>5</sup> Restocking exercise (including vaccination, animal drugs, fodder, and ear tags) started on 28 July 2017 and it is envisaged that the activity will be carried out by mid to late August 2017, depending on the actual supply versus demand and challenges.

<sup>6</sup> 10,400 households were supported by Canadian Red Cross in Kindo Koysha while 14,109 households were supported by ERCS through IFRC Appeal in Moyale. In Ethiopia one household accounts for five people.



- Since February 2017, Fall Armyworm (FAW) has affected 520,637 hectares of maize cropland (of 2.3 million hectares planted) across 389 districts in six regions areas. First reported in Yeki district of SNNPR, the pest spread first to western parts of Oromia and Gambella and recently to the Benshangul Gumuz, Amhara, and Tigray regions. The level of damage and loss is estimated to be 15 to 30 per cent of the total maize crop for the entire SNNPR region and 5 to 20 per cent in Oromia. In Bench Maji zone of SNNPR, 100 per cent of the maize crop was reportedly lost. Up to two million hectares of maize cropland are at risk, leading to between three to four million metric tons of grain loss, which would bring about 20 to 30 per cent reduction in the national maize production. The federal government, in coordination with the respective regions, has tried to spray/handpick and prevent the spreading of FAW. However, the absence of locally- generated knowledge on FAW is reportedly one of the biggest challenges in combatting

*Other humanitarian issues of concerns:*

Assistance for Ethiopian returnees from the Kingdom of Saudi Arabia (KSA): an estimated US \$30 million is required for post-arrival and reintegration assistance of the most vulnerable Ethiopian returnees from the KSA. Urgent needs include water and energy biscuits, wet feeds, mobile latrines, diapers, cloths, dignity kits and transportation support to final destinations for the most vulnerable, unaccompanied minors, single mothers and abused migrants. According to the Ministry of Foreign Affairs, more than 130,000 undocumented Ethiopians had received exit visas from Saudi Arabia as at 18 July 2017, of whom more than 60,000 have returned. The 30-day extended amnesty period expired on 24 July 2017.

Somali and South Sudanese refugees: Approximately, 325 Somali refugees arrived in Ethiopia between 1 and 15 July 2017 (88 per cent women and children), increasing the total number of arrivals from Somalia in 2017 to 6,256 people. A WFP announcement about refugee food ration cuts after July triggered a violent protest in Sherkole camp hosting some 11,555 Sudanese and South Sudanese refugees. Some 379,376 South Sudanese refugees are hosted in Ethiopia, including 36,691 that arrived between 1 and 15 July.

Potential flooding risk: while the food insecurity threat continues because of the delayed planting season, the hard-packed soil and minimal vegetation cover in some areas does not allow the absorption of high rainfalls, and therefore run-off is at a maximum level with a resulting high flood risk. As reflected in the image at right, since late June to date Eastern Africa has received average to above-average rain, with positive thirty-day rainfall anomalies observed in western Ethiopia but with north-central Ethiopia experienced slightly below-average rain over the past thirty days. During the next outlook period, heavy and above-average rain is likely over western Ethiopia, which could raise river levels over downstream areas and cause flooding in areas of Ethiopia and eastern Sudan.

**Operational highlights:**

***Animal re-stocking:*** this long-pending planned activity, delivered within the scope of the Emergency Appeal for Drought in the Afar Region, addresses the component of reinforcing livelihoods to vulnerable drought-affected families. With IFRC support, the Ethiopian Red Cross Society (ERCS) has successfully initiated the goat re-stocking activity in the Bidu woreda. This will result in some 1,000 families receiving some 5,000 goats (one male and four female goats per family). ERCS Afar team has managed to distribute 2,810 goats among 562 targeted households in 15 kebeles of Bidu woreda in 9 actual distribution days. This is 56.2% of the planned 1,000 targeted households to benefit from the provision of goats or restocking program. This was achieved with less effort made by the ERCS Afar regional branch staffs, board, Appeal staffs, HQ and branch drivers and regional and Bidu woreda pastoral offices particularly animal health professionals who screened the animals and provided vaccines, restocking committee and volunteers. In addition to the goat distribution the branch together with the HQ DPRD team managed to finalize the purchase of generator and planned to be sent and install at Bidu health clinic. Out of the transported 65,500 kg fodder to Bidu over 15,275 kg animal feed have been distributed among goats receiving kebeles.

The goat-restocking component is budgeted at some 250,000 Swiss francs, or some Ethiopian Birr 6,022,135, and includes essential drugs and vaccinations for the goats, animal fodder, and ear tags (for follow-up tracking and monitoring). The goat re-stocking is the last planned activity under this appeal in the Afar region, with complementary activities already completed in the form of the renovation of the Sedonta health centre (including a generator for medication cold storage) and communal latrines. It is envisioned that the ERCS's Semera branch will have completed the planned goat re-stocking activity by the end of August 2017. In terms of long-term programmes in the Afar region, the ERCS is committed to continuing to work with Red Cross Red Crescent Movement partners on appropriately sustainable activities and projects.

Due to the ongoing low appeal coverage, some of the planned interventions have not been implemented focusing more on the most immediate needs of the affected population, specifically supplementary food distribution, water and sanitation as well as livelihood assistance.

**Movement Coordination:** six Partner National Societies (PNS) continue to operate in-country, including the Austrian, Spanish, Finnish, Netherlands, Swiss and Canadian Red Cross Societies implementing both multilateral and bilateral projects with the ERCS. These PNS, in coordination with ERCS and IFRC, continue to support the drought operation through the distribution of supplementary food, WASH, and livelihoods activities (provision of animal fodder) in Oromia, SNNPR and Somali regions, while ICRC and non-movement partners including UNICEF and IOM have focused on addressing the needs of conflicts induced internally displaced persons (IDPs) in Oromia and Somali regions.

**Documents of reference or key events to come:**

IFRC Video: [Ethiopia: helping pastoral communities to cope with Drought](#)

ACAPS briefing note: [Ethiopia: Food insecurity and malnutrition in Somali region](#) (4 August)

<b>KENYA (<a href="#">MDRKE039</a>)</b>	
<b>Start Date:</b> 23 November 2016	
<b>End date:</b> 23 November 2017	
<b>Targeted beneficiaries:</b> 1,033,300 people	
<b>Total amount:</b> 25,062,572	<a href="#">Home</a>

**Funding for the Appeal:** the EPoA for Kenya has three funding streams. Multilateral through the Federation, Bilateral through PNSs and UN agencies, and through corporate and individuals. Hence if coverage through the Appeal is 18 percent, if we consider the three sources of funding, it is covered for 63 percent.

- Movement Support - Multilateral CHF 4,452,458
- Bilateral Support CHF 9,990,582
- Corporates and Individuals CHF 1,418,602

**Implementation rate:** 96 percent (*expenditures vs Funding*)

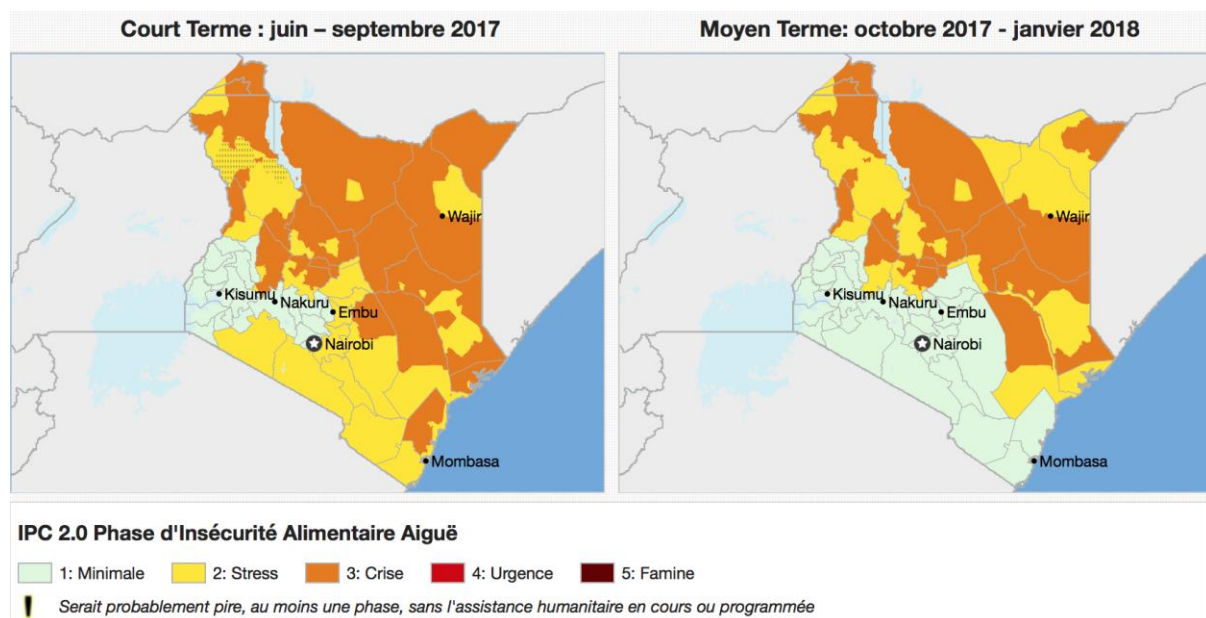
**Programs:** Livelihoods and food security, Watsan and Health

Indicator	Target	Progress
<b>Livelihoods, nutrition, food security</b>		
Number of households received cash transfer	60,000	41,947
Number of complaint and feedback documented	N/A	195
Number of feedback and complaint addressed in a timely manner	100%	61%
Total amount of Cash disbursed (In CHF.)	6,758,330	2,830,542
<b>Water, Sanitation and Hygiene Promotion</b>		
Number of people reached through Hygiene promotion activities	225,000	48,799
Number of target communities accessing safe water sources for drinking	225,000	107,554
Number of water supply schemes rehabilitated/equipped.	90	30
Number of hygiene related goods (NFIs) which meet SPHERE standards provided to the target population	N/A	1,624
<b>Health</b>		
Number of people reached with basic nutrition services	263,500	67,525
Number of CHWs sensitized on epidemic preparedness and community level surveillance	N/A	924
Number of nutrition outreaches conducted	N/A	462
Number of people reached through nutrition outreaches	263,500	67,525

**IPC global<sup>7</sup>:** Kenya held Its General elections on August 8, 2017. Prior to the general elections many households, had stockpiled food as there had been a general slowdown in market functioning since mid-June. In addition, humanitarian partners temporarily slowed down their drought response activities,

<sup>7</sup> All IPC maps in this document come from Fewsnets website.

since they had to relocate and reduce their presence on the ground until after the elections. In the pastoral areas, food security continues to deteriorate during the dry season. Below-average milk production and low livestock prices have resulted in low food availability at the household level. “Extremely Critical” levels of acute malnutrition persist in portions of Turkana and Marsabit, and “Critical” levels in West Pokot, Baringo, Samburu, Wajir, Mandera, and Garissa counties, with most households experiencing Crisis (IPC Phase 3) outcomes. Drier-than-normal conditions have resulted in atypical livestock migration, leading to widespread resource-based conflict in Baringo, Wajir, Isiolo, West Pokot, and Turkana. In addition, crop performance in southeast and coastal areas is expected to be poor due to a combination of erratic long rains and the fall army worm (FAW) infestation which has since spread to about 25 counties. Most poor households are in stressed (IPC Phase 2), with additional households expected to move to crisis (IPC Phase 3) as households’ stocks deplete by August ([FewsNet](#)). About 3.5 million people are currently food insecure in the pastoral, agro-pastoral and marginal areas affected by drought, an increase from 2.7 million in May 2017. The new statistics stems from an assessment done by the Kenya Food Security Steering Group covering 14 of the 23 arid- and semi-arid counties. The nutrition situation has also deteriorated in most areas and is extremely critical or critical in most pastoral areas.



**Context:**

Kenya general elections were held on August 8, 2017. Final presidential results were announced on Friday evening (August 11<sup>th</sup>) triggering violent protests mainly in Nairobi and West Kenya region. The protests were characterised by youths engaging the police in running battles, barricading of access roads, looting and destruction of property. The protests have resulted in **28 fatalities** and left another **177 people injured**. The most affected areas include Nairobi’s Kibera and Mathare North, Huruma and Kawangware estates as well as Kisumu, Migori, Siaya and Homabay town. In parts of West Kenya region, there is a reported rise in food prices due to disrupted supply chain. Whether the protests will escalate or end will greatly depend on a statement to be made by the opposition alliance on August 15, 2017. KRCS has been providing emergency life-saving support to affected communities. In implementing its mandate of providing support to affected communities, KRCS has deployed more than 2,000 staff and volunteers’ responders to a number of interventions that include;



- Pre-hospital care and medical evacuation to a total of 177 casualties in Nairobi, Kisumu, Migori, Homabay, Nandi, Busia, Mombasa, Bungoma, Mandera, Garissa, Meru and Kakamega Counties.
- Restoration of family links to reunite families who have lost contact with family members
- Provision of emergency psychosocial counselling
- Continuous assessments in areas affected by protests with a view to establishing the extent of damage and to inform programming options.
- Community engagement especially with the youth on the need to exercise restraint and peaceful coexistence.

Depending on how the situation unfolds, KRCS may be required to scale up its interventions to meet the needs of affected communities. The conflict may further complicate ongoing responses especially for Cholera that has been affecting a number of informal settlements in Nairobi.

**Operational Highlights:**




Drought interventions have resumed following the electioneering period. Livestock off take is continuing in Tana River, Garissa, Samburu, and Turkana counties to cushion farmers from further losses. The number of people reached through KRCS interventions is 821,865 **people**:





- **Livelihoods and food security:** 646,786 have been reached with cash transfer (251,682), food distribution (198,546) and livestock destocking (196,558) activities.
- **Water, sanitation and Hygiene:** 107,554 people have so far been reached with various activities such as hygiene promotion and water supply through rehabilitation of water facilities. A total of 30 water points has been rehabilitated out of the targeted total of 90.
- **Health:** 67,525 persons were reached health services specifically through community sensitization activities, psychosocial support, reproductive health services and epidemic prevention.

**Movement Coordination update:**

- KRCS and IFRC have continued coordinating with both Movement and Non-Movement partners through coordination meetings and regular sharing of information.
- KRCS has received support for the drought appeal from British Red Cross Society, Finnish Red Cross, and Danish Red Cross and ICRC through bilateral support. Other PNSs have supported KRCS through the appeal.
- Joint monitoring visits have also been conducted.
- Coordination at county level is done through the County Steering Group (CSG) and brings together agencies involved in disaster response at county level.

A summary of various partners is shown in the table below:

Sector	Movement Partners	
 Livelihoods	Danish Red Cross, British Red Cross, Finnish Red Cross, ICRC, Netherlands RC and Canadian Red Cross	
 Water, Sanitation and Hygiene	Norwegian Red Cross, British Red Cross, ICRC	
 Health	IFRC (appeal)	

Sector	Non-Movement Partners	
	Shelter	Norwegian Refugee Council (NRC)
	Livelihoods and food security	National Drought Management Authority (NDMA), Hunger Safety Net Programme (HSNP), World Vision in partnership with World Food Programme (WFP), KRCS in partnership with WFP, Food and Agriculture Organization (FAO), Norwegian Refugee Council (NRC), German Agro Action, Ministry of Agriculture, Ministry of devolution, and ECHO
	Health	Norwegian Refugee Council (NRC), Ministry of Water, UNICEF, UNFPA, CBM
	Water, Sanitation and Hygiene	Ministry of Health (MoH) at national and county level, UNICEF, WFP and civil society organizations (CSOs), Non-Governmental Organisations (NGOs).

**Documents of reference or key events to come:**

- FewsNet: [Kenya Food Security Outlook Update](#) July 2017

SOMALIA ( <a href="#">MDRSO005</a> )	
<b>Start Date:</b> 25 March 2016	
<b>End date:</b> 21 December 2018	
<b>Targeted beneficiaries:</b> 352,88	
<b>Total amount:</b> CHF 12,204,893 (including ERUs)	<a href="#">Home</a>

**Appeal Budget: 10,491,893 (excluding ERUs)**

**Funding:** 4,053,088 (39 percent of total target in hard pledges)

**Implementation rate:** 30 percent (expenditures vs Funding)

Sector	Type of service	Indicators	People targeted	People reached
Health and nutrition	General medicine	# of people received general medical treatment	90,000	81,989
	Nutrition support	# of people received supplementary and therapeutic feeding	30,000	25,096
	Treatment via ERU/CTC	# of people admitted in ERU/CTC	—	4,255
	AWD treatment via ERU CTC	# of people treated for AWD in ERU/CTC	5,000	1,364
	AWD via ORPs	# of people provided with ORS in ORPs	6,000	4,592
WASH	Safe water	# of people have access to safe water	123,400	4,600
	Safe water treatment & storage items	# of people provided with safe water treatment and storage items	102,000	10,752
	Hygiene items	# of people provided with hygiene items	96,000	Not started

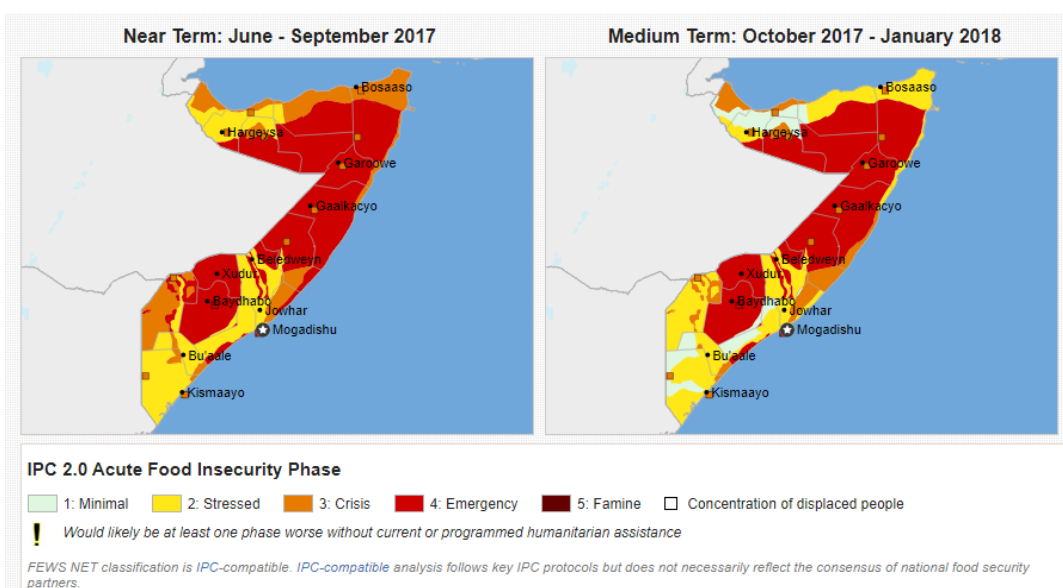
	Improved sanitation	# of people have access to improved sanitation facilities	61,000	Not started
	Hygiene promotion and hygiene education in communities	# of people reached with hygiene promotion and hygiene education	120,000	78,990
	Hygiene promotion in schools	# of people reached with hygiene promotion messaging in schools	50,000	Not started
Shelter	NFIs	# of households received emergency shelter NFIs	6,000 households	Not started
Cash Transfer Programme (CTP)	UCG	# of households received UCG	900 households	900 households
	Cash for ploughing	# of households received agricultural inputs (cash for livelihoods + seeds)	5,000 households	Not started

**Context:**

According to OCHA, 3.2 million people are facing crisis (IPC Phase 3) and emergency levels (IPC Phase 4) of food insecurity. An estimated 2.5 to 3 million people will remain in need of emergency humanitarian assistance through the end 2017.'

According to FEWSNET:

- *Gu* production is expected to be around 50 percent of average because of below-average and poorly distributed April to June rainfall in agropastoral areas of Hiraan, Bakool, Gedo, Lower Shabelle, and Middle Shabelle. Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes are likely among poor households in these areas until the *Deyr* harvest in January, with the greatest food insecurity expected after September, when households exhaust stocks.
- Local staple food prices remain below 2011 levels, but well above average. Sustained high prices are attributed to below-average production in 2016 and traders withholding stocks from markets until August/September, when prices will be higher.



According to the Food Security Cluster (FSC), humanitarian organizations will distribute large-scale emergency assistance throughout December, targeting one million beneficiaries in August and 400,000

to 600,000 per month from September to December. This is below current levels of 2.5 million beneficiaries a month, though not all distribution plans were submitted to the FSC as of mid-July and actual targets may be higher. Ongoing humanitarian assistance is improving food security in many areas to Stressed (IPC Phase 2) or Crisis (IPC Phase 3!). If there were significant interruption to current food assistance programs and higher prices further decrease household food access, Famine (IPC Phase 5) is possible.

As of 27 July, there were 59,524 cumulative cases of AWD/cholera and 812 related deaths recorded in 15 regions across the country, since the beginning of 2017, according to [WHO](#) and Ministry of Health Somali Federal Republic. In addition, as of 23 July an estimated 14,000 suspected measles cases have been reported in 2017; over 80 per cent of all those affected are children aged 10 years and below. ([WHO](#)) This is considered as Somalia's worst outbreak of measles in four years.

On malnutrition, [UNICEF](#) reports that the number of children projected to be acutely malnourished has increased by 50 per cent since the beginning of the year to 1.4 million, including over 275,000 who have or will suffer life-threatening severe acute malnutrition (SAM) in 2017. SAM admissions have increased by more than 50 per cent when compared to 2016.

Results of nutrition surveys conducted by [FSNAU](#) indicate:

- a critical nutrition situation (Global Acute Malnutrition(WHZ) prevalence 15 percent or higher) in 9 out of 12 IDP settlements.
- the persistence of Critical levels of acute malnutrition in many IDP settlements.
- AWD/cholera outbreak in Somalia has not yet been brought under control.
- Access to humanitarian assistance remains a challenge in many rural parts of central and southern Somalia.

#### **Operational Highlights:**

- The AWD/Cholera Treatment Centre (CTC) was rescaled as a AWD/Cholera Treatment Unit (CTU), now fully operational at the Burao General Hospital. The rest of the CTC components' repacking is progressing for handover. The in-patient numbers of the CTU in Burao are decreasing with occasional increase in daily admission. The general trend however is under 10 admissions per day on average since August 1<sup>st</sup>.
- The ERU end of mission and handover process discussion is ongoing between SRCS Senior Management, CRC and IFRC Country Office.
- The Mobile Data Collection training for volunteers using KoBo toolkit was conducted at the branches level from 1<sup>st</sup> to 3 August. Four SRCS staff members ToT-trained<sup>8</sup> and the IFRC's FACT Information Management Surge conducted trainings in six branches, reaching a total of 70 data collectors.
- The recruitment of six field officers to support the operation at the branch level is almost finalized, with five recruited. Hargeisa branch's field officer recruitment to restart after the selected candidate declined the job offer.
- The branch directors screened the most vulnerable communities and IDP camps to target (for all sectors of intervention) in coordination with regional authorities and actors on the ground. The site selection and beneficiaries' selection has started and registration of beneficiaries is going on. By the morning of 8 August 723 registrations had been completed.
- Some key Emergency Appeal WASH activities prioritized in Burao (Togdheer region) have been implemented to reduce the number of AWD/Cholera cases received by the CTU in Burao. Beneficiary selection and registration, for key WASH non-food items' distribution targeting 390 households in October's IDP camp, is planned to start on August 10.

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<sup>8</sup> ToT: Training of trainers

## **Sector highlights:**

- **Health and nutrition:**

- Up until now the total number of patients being registered and either being admitted to the observation only or as patients in the CTC/CTU, is 4,255. Of those, 1,364 were diagnosed with AWD/cholera and other diarrhoeal diseases. The remaining diagnosis for admissions are not known mainly since the status/outcome was not recorded in the first week of the operation.
- Most of the patients come from the same main areas: In the last nine days: October (12), Hodan Qalo (10), Qasabka (7), Kiiniya (5), Cuqobo (4) Shacabka (4), Maxadka (4).
- Poor affordability and quality of water available to the IDPs located around a number of sites in Burao, combined with other sanitation challenges were assessed as main drivers of the continued AWD/Cholera caseload.
- Togdheer District furthermore is one of the districts with the highest cumulative number of Measles cases with 2001 cases until August 1<sup>st</sup>, according to WHO national statistics.
- 20 participants attended a three-days AWD/Cholera training in Garowe town, Puntland, from 1<sup>st</sup> to 3 August. Facilitators had participated in a ToT on AWD /Cholera conducted by a team from Geneva in Hargeisa in April 2017. The 20 staff who attended were from eight fixed and two mobile clinics, under SRCS Nugal region.
- Between May 26<sup>th</sup> and August 1<sup>st</sup>, 10 percent of ORP users were referred to CTC/CTCs and 16 percent of children under five were referred to OTPs.
- Between July 29 and July 31, SRCS Garowe branch conducted oral rehydration points (ORP) training for 14 volunteers and community health workers from seven villages in Dangoranyo and Burtinle districts.

- **Water, sanitation and hygiene promotion:**

- Results of water testing done by the ERU at the end of July in a few of the Burao IDP sites where patients to CTU came from was shared with other organizations by the SRCS Togdheer Branch in a MoWR Burao led coordination meeting. Additional water quality-tests in other IDP sites where a high representation of AWD/Cholera cases seen in the CTU is undergoing.
- On 24th July, an assessment of the available technical solutions for water provisions to IDPs was done. IDPs in Burao are mainly buying tankered water at a high price and of poor quality, available to the IDPs located around a number of sites in Burao. Combined with other sanitation challenges assessed as main drivers of the continued AWD/Cholera caseload.
- Two hygiene promotion trainings were given to 40 ORPs volunteers. One Hygiene promotion training was done for 22 community leaders to increase the power of the cholera prevention in the community. Training on batch chlorination was conducted for supervisors at the CTU.



Berked identified and registered with KoBo for rehabilitation in Guumays village, Sool region. Source: IFRC

- **Shelter and settlement:** Distribution of shelter non-food items in IDP settlements in four regions in Somaliland will follow and align with the WASH interventions when the ongoing beneficiary identification and registration will have been completed.
- **Cash and livelihoods:** The baseline assessment for Cash transfer programming (CTP) was completed and extended to include assessment in WASH and Health. The baseline assessment will be made using Kobo toolkit. The training for key branch staff has taken place.
- **Beneficiary Selection and Registration**
  - Using the finalized beneficiary selection criteria, final registration forms were developed and deployed for use on Kobo collect. British Red Cross SIMS team supported with data validation and grouping.
  - The training for the Baseline was expanded to include the registration. After the initial training of the Branch Secretaries and two staff per branch, six trainings were conducted at Branch level. Four trainees from the initial training and the FACT IM conducted those trainings at the branches. A total of 70 people were trained on data collection using Kobo toolkit. Ten each were trained in Hargeisa, Borama, Bebera and Erigavo and 15 trained in Barou and Lascaanood.
  - Data collection began on the 7<sup>th</sup> of August and 723 forms had been successfully completed and reviewed by the morning of the 8<sup>th</sup> of August.
- **Logistics**
  - Mobilization table continuously updated
  - International Procurement Pipeline table updated. All ordered NFI' (buckets, tarpaulins & blankets), Nutritional, WASH/Health products (ORS, PUR, Aqua tabs) and one fleet car are all scheduled to arrive within month of August.
  - First round of local procurement for NFIs (body soap, Laundry soap, Jerry Cans, Sleeping Mats) finalized and stored at suppliers. Second tender for remaining quantities finalized and orders placed with suppliers. 50 percent of items will be ready mid-August and 100 percent for 1<sup>st</sup> September. Items procured will remain in suppliers' stock until final distribution.
- **Relief**
  - NFI preposition plan (at branch level) shared with SRCS for their review
  - 800 Jerry Cans, 2,400 body soaps and 2,400 laundry soaps prepositioned in Burao branch. Ready for distribution to support the prioritized intervention in IDP camp (October).
  - Relief Distribution list, report and monitoring tools developed and shared with SRCS. This was requested by SRCS to use standard documents and tools in all branches.

**Movement Coordination update:**

- New visit of ICRC team in Somaliland (to conduct First Aid ToT). The opportunity was taken to hold a meeting to ensure good information sharing and coordination in regions targeted both by the Emergency Appeal and ICRC (Sool and Sanaag).
- Ongoing discussion between the ERU Team Leader, the Canadian Red Cross, the IFRC Somaliland head of Country Office, the FACT team and the SRCS Management on the handover process of CTC and the closing of the ERU mission. CRC drafted MoUs that have been shared with SRCS and IFRC Head of Country Office (HoCO). Discussion on the future setup of the handover team to remain in Burao until completion of the handover.
- Tentative date for the ERU CTC mission closing ceremony scheduled for August 20, invitations shared with SRCS and IFRC HoCO.

### **Significant Constraints**

- Globally, malnutrition data access remains a huge challenge. A better understanding of the situation is expected once SRCS Clinics data become available. This is obvious though for all observers that malnutrition is rising.
- The expected timeframe of the operation could be delayed as SRCS will use mobile data collection for the first time in such large-scale intervention. We might face challenges during the data collection and beneficiaries' identification process. Therefore, the number of volunteers and mobile phone to take part in these activities increased to 70 in total. If we face technical issue during the process (risk of poor/no network available for the data transfer) then we will go for contingency plan and use hard copies for selection and registration. In any case SRCS will need continuous support and close monitoring of activities to adjust if we face delays in operation implementation.

### **Documents of reference or key events to come:**

- IFRC FACT/ERU Situation Reports and [Somalia Dashboard](#)
- IFRC Revised [Appeal](#)
- IFRC MDRSO005, [Drought and Food Security Ops Update no. 7](#)
- IFRC MDRSO006, [AWD DREF Ops Update no. 1](#)

## **SOUTH SUDAN**

**Start Date:** 08 July 2017

**End date:** 31 December 2018

**Targeted beneficiaries:** 10,000 Households (60,000 people)

**Total amount:** CHF 4,163,171

(CHF1,115,991 in 2017 & CHF 3,047,180 in 2018). The 2017 amount is integrated into the ICRC current 2017 South Sudan budget as per the IFRC and ICRC funding modality agreement [Home](#)

**Implementation rate:** Implementation just started.

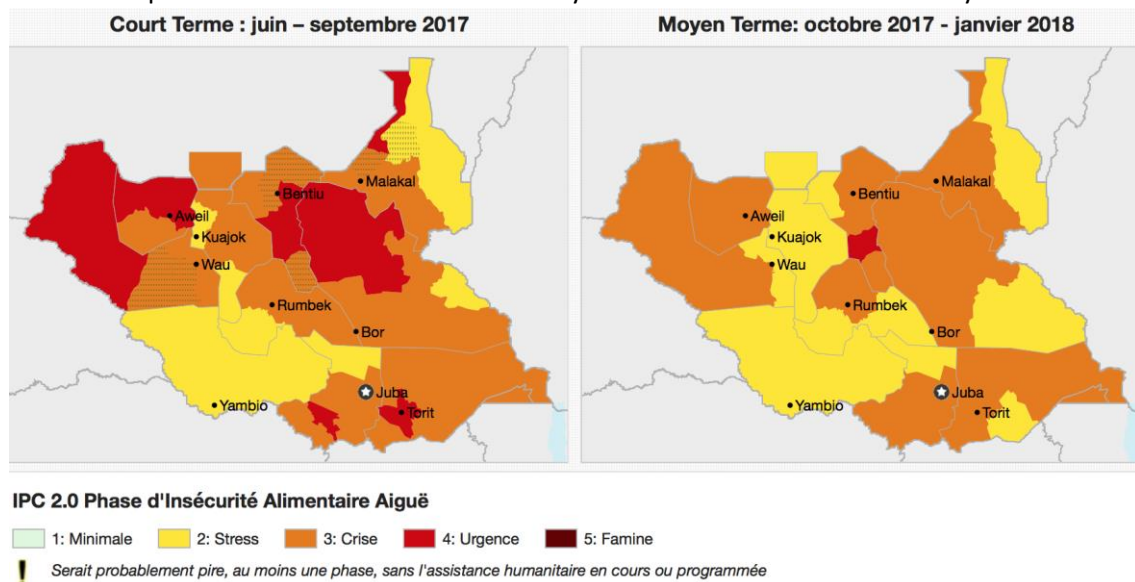
**Funding:** 100 percent for 2017, CHF 1,115,991 funded through the ICRC South Sudan budget

**Programs:** The Response Plan recognizes that the food security crisis cannot be taken in isolation and is intrinsically linked to the other challenges faced by the population of the country, including the risks relating to **health, water and sanitation and nutritional levels**. For this reason, the Response Plan focuses on the wider needs of the protracted crisis and is addressing the situation at community level, focusing on Health, WASH, Shelter, Nutrition, Livelihoods, and Psychosocial (PSS) needs.

### **IPC global summary:**

According to [Fewsnet](#), "Wide-spread, extreme food insecurity persists throughout South Sudan and increased humanitarian assistance is needed to prevent the loss of lives and livelihoods. The area of greatest concern is central Unity, where *Emergency (IPC Phase 4)* and *Crisis (IPC Phase 3)* outcomes are present. However, data is unavailable for an estimated 10,000 people isolated on remote islands of the White Nile, many of whom lack access to humanitarian assistance. It is feared outcomes are worse among these populations and some households may be in *Catastrophe (IPC Phase 5)*. A risk of *Famine (IPC Phase 5)* persists, primarily for populations on remote islands of the White Nile. Recent food security data and key informant information indicate that food security in northern and western Jonglei has deteriorated sharply in 2017. *Emergency (IPC Phase 4)* outcomes persists and of highest concern are households in western Jonglei who are also displaced to islands along the White Nile. Some of these households may be in *Catastrophe (IPC Phase 5)*. *Emergency (IPC Phase 4)* outcomes, and associated high levels of acute malnutrition, also exist in Northern Bahr el Ghazal, Western Bahr

el Ghazal, Upper Nile, Central Equatoria, and Eastern Equatoria. Food security is expected to improve in September with increased access to milk, fish, water lilies, and harvests. However, likely below-average production and extremely high food prices will limit household food access. Furthermore, disease incidence is very high, with more than 5,000 cases of cholera reported in 23 counties since January. Food security improvements will be short-lived and wide-spread **Crisis (IPC Phase 3)** is still expected during this time. Further deterioration in food security is expected after January 2018 when households deplete food stocks and the availability of wild foods and fish seasonally decline”.



**Context:**

In recent years, the humanitarian situation in South Sudan has deteriorated considerably, leaving millions in need of food, access to health care, water and sanitation, and protection. Since the onset of the conflict in 2013 and subsequent devolution to complex emergency in the years since, millions have been affected and many have exhausted their already stretched coping capacities. One in four people have been uprooted by civil conflict—more than three million people—including 1.9 million who have been internally displaced. A stalled peace process and the fragmentation of major political parties has fueled further fighting between government and opposition forces and left some 7.5 million in need of humanitarian assistance. Endemic displacement has reduced access to land and crops while rising commodity prices and economic instability have deteriorated household purchasing power and disrupted markets. Depleted health and water and sanitation infrastructure has increased community risk and susceptibility to communicable and infectious diseases while fuel shortages and limited access to basic services have compounded the impacts of an already dire humanitarian situation. At the same time, many areas previously considered relatively stable have been impacted by war, which has led to significant access constraints, increased civilian risks, reduced coping opportunities, and the loss of lives and livelihoods. South Sudan is also experiencing a spike in endemic cholera with 5,081 cases reported across the country and 169 deaths. South Sudan is also experiencing a [spike in endemic cholera](#) with approximately 6,870 cases, the highest figure since 2014, reported from the beginning of the year until 11 June across the country, for a cumulative number of 10,832 and 248 deaths recorded between 18 June 2016 to 11 June 2017. The South Sudan Red Cross (SSRC) is responding to this crisis separately, under its Cholera Response Plan, however there are very clear links between the two interventions.



### **Operational Highlights:**

- The Operations Team, in strong partnership with the South Sudan Red Cross (SSRC), ICRC, and Movement Partners have agreed upon a revision of the Response Plan (RP) to better address the critical needs of the intervention’s target population and address significant budgetary discrepancies. Through this revision, the Response Plan has articulated three critical priorities that will guide its implementation and strategy throughout 2017.
  - **Priority 1:** Address standing, critical needs of the target population in Aweil East, Yirol East, and Kapoeta East.
  - **Priority 2:** Build the capacity of the SSRC across sectors to support preparedness and response capacity
  - **Priority 3:** Conduct a detailed, multi-sectoral emergency needs assessment to inform the Response Plan for 2018
- **Summary of current Revision**

This revision of the Response Plan focuses on implementation of priority intervention activities that address the standing, critical needs of the most vulnerable internally displaced persons (IDP) and host families (HF) in the Response Plan’s three target districts of South Sudan. At the same time, it will build the staff and volunteer capacity of SSRC in several sectors to ensure that the National Society (NS) is better prepared and positioned to scale-up its response to the growing humanitarian needs in-country. It has also been designed to allow for the concurrent conduct of a detailed, multi-sectoral emergency needs assessment (ENA) to inform the RP’s strategy in 2018. In this way, the Movement can quickly mobilize its resources to address the priority humanitarian needs in Aweil, Yirol, and Kapoeta while ensuring that its technical approach in 2018 is informed by a strong and evidence-based assessment. The plan also includes more space for Partner National Societies (PNS) to contribute in-kind resources and personnel to ensure the success of our coordinated and cooperative approach. As such, the budgetary requirements for 2017 have not been amended. Finally, it is critical to note that this Response Plan is the product of continued Strengthening Movement Coordination and Cooperation (SMCC) initiatives in South Sudan and is representative of the new cooperative operating model of the Movement. Partners from across the Red Cross Red Crescent have been integral part of the design of this RP since its inception and, as such, are jointly committed to ensuring its success to the fullest extent.
- Through the revision of the Response Plan, the intervention activities have also been focused to ensure the most effective assistance to the target populations. As such, the following will be undertaken in 2017:

<b>Sector</b>	<b>Activities</b>
Shelter	<ul style="list-style-type: none"><li>• Provide 5,000 Household Kits to vulnerable households in Aweil East, Kapoeta East, and Yirol East. In-kind contributions to this activity are welcomed from Movement Partners to support the intervention reaching its target population of 10,000 HH (60,000 people).</li></ul>
Health	<ul style="list-style-type: none"><li>▪ Volunteer recruitment and induction campaign within the three project areas to identify new health volunteers and provide them with SSRC basic induction training</li><li>▪ Provide the Boma Health Initiative (BHI) Community-based health and First Aid (CBHFA) training to SSRC staff, new volunteers, and project officers</li></ul>

	<ul style="list-style-type: none"> <li>▪ Provide Psychological First Aid and Sexual and Gender-Based Violence (SGBV) training to SSRC staff, new volunteers, and project officers</li> <li>▪ Conduct basic health promotion through BHI methodology to the target beneficiaries</li> <li>▪ Provide Psychosocial Support (PSS) to the target communities in the three project areas</li> <li>▪ Promote SGBV information through awareness sessions facilitated in the community to leaders and women's groups within the three project areas</li> </ul>
WASH	<ul style="list-style-type: none"> <li>• Provide hygiene promotion training to 120 SSRC hygiene promoters (40 per project location)</li> <li>• Conduct Participatory Hygiene and Sanitation Transformation (PHAST) awareness sessions within the target communities</li> </ul>
National Society Dvpt (NSD)	<ul style="list-style-type: none"> <li>• Train all new and existing Emergency Action Teams (EATs) in a wide variety of technical specialist areas (ICRC supported)</li> <li>• Procure 28 stretchers to complement the ICRC donation of 90 First Aid Kits</li> <li>• Train SSRC staff and volunteers in dead body management (ICRC supported)</li> </ul>

- SSRC with IFRC have begun the extensive international and domestic logistics processes to guarantee the timely procurement and delivery of the Response Plan's flagship NFI intervention—5,000 Household Kits. Partner National Societies have also expressed interest in supporting this flagship activity through in-kind contributions of households' kits, which would support the operation in achieving its 2017 intervention target of supporting 10,000 HH (60,000 people).
- The detailed, multi-sectoral ENA is being led by SSRC PMER and significant progress has been made towards implementation. The Final Report, which will inform response planning for 2018, will be released in early September in line with the ICRC 2018 Planning Process. To support the success of this initiative and to build the capacity of the NS, the IFRC has requested additional surge personnel from Movement partners in country. If adequate resources are not available in South Sudan, other Federation global surge tools will be utilized to fill the gap.
- Selection of an SSRC Operations Coordinator has been finalized and the candidate is scheduled to start the week of 14 August. This individual will coordinate SSRC's implementation of the Response Plan in 2017/18 and will be the Federation's key focal point within the NS for the operation.

**Movement Coordination update:**

Across the country, the National Society and its partners are already working hard to address the multi-faceted needs arising from this complex crisis. In country, seven Partner National Societies (PNSs)—Austrian Red Cross, Canadian Red Cross, Danish Red Cross, Netherlands Red Cross, Norwegian Red Cross, Swedish Red Cross, and Swiss Red Cross—are actively supporting programmes in community health, WASH, PSS, and disaster response and preparedness. The International Committee of the Red Cross (ICRC) has one of its largest global operations in South Sudan, focusing on delivering its mandate in relation to the conflict and providing assistance in many areas.

The RP comes out of a strong process of cooperation and coordination at the country level with these partners. Under the framework of Strengthening Movement Cooperation and Collaboration (SMCC), South Sudan is considered a pilot country or "country lab". As such, the RP presents a good

opportunity to show that a coordinated Movement response can be delivered in this complex environment. Adopting this approach, the Federation has taken a lead role in coordination and works closely with Movement partners to ensure the RP is supported and resourced and that capacity-building support is effectively delivered to the NS. This is coordinated through the mechanisms of the Movement Platform and other coordination meetings in Juba where decisions are taken on the response strategy, security and access, and communications. Throughout implementation of the RP, partners will adhere to the existing coordination agreements including The Movement Coordination Agreement, the Security Framework and the Public Communications Agreement. The plan will also be supported by operational and technical level coordination meetings.

*Coordination Highlights:*

- **08 August 2017:** The IFRC Country Office submitted a request to in-country Movement Partners seeking technical support for the implementation of sectoral activities in 2017. At time of writing, several PNS' have indicated their willingness to support the RP through provision of personnel and in-kind contributions.
- **09 August 2017:** The IFRC hosted a Movement partners meeting to present the RP's operational strategy for 2017. At this meeting, the NS department heads, ICRC, and PNS' collectively agreed on the proposed approach for 2017 and publicly voiced what support they would offer to the project to support its success.

**Key Reference Documents**

[MDRSS006-Response Plan](#) (found on FedNet through the Operational Plans database)

<b>NIGERIA</b>
<b>Start Date:</b> 24 April 2017
<b>End date:</b> 30 September 2018
<b>Targeted beneficiaries:</b> 300,000 (50,000 families)
<b>Total amount:</b> CHF 10,415,433
<i>(CHF 5,096,838 for 2017 and 5,318,595 for 2018, through One International Appeal launched by the ICRC)</i>
<a href="#">Home</a>

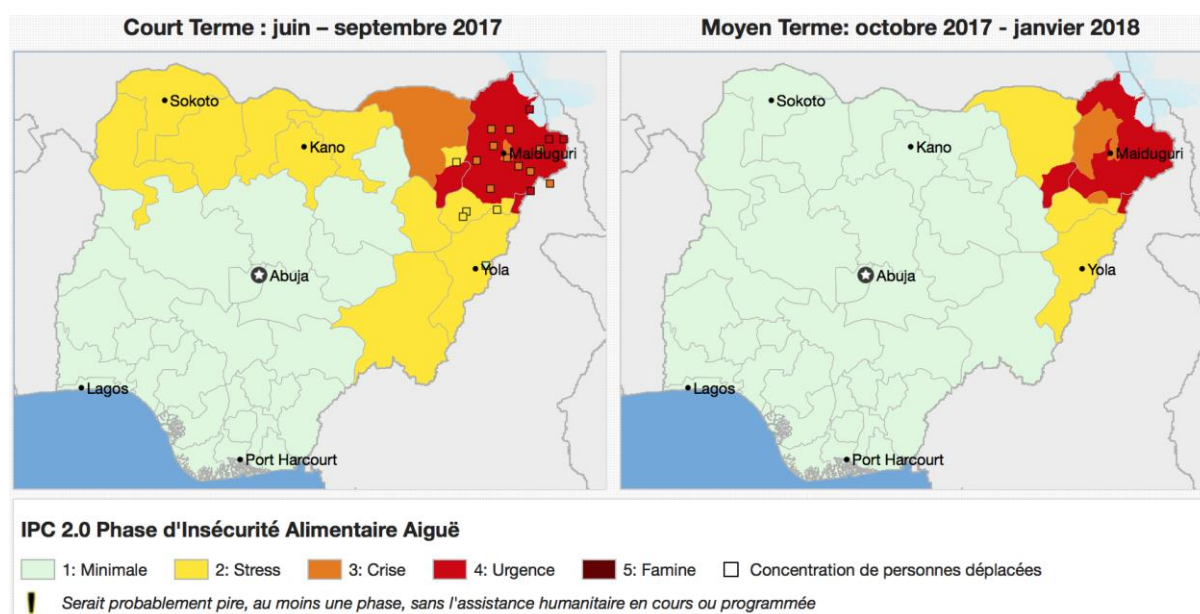
**Targeted Beneficiary:** 80,000 people in 2017 and 192,000 people in 2018.

**Funding:** 5,096,838 (for 2017) funded through One International Appeal launched by the ICRC

**Programmes:** The operation will provide assistance to most vulnerable population in the North East with the focus on the following sectors: food security and livelihoods, health, water and sanitation, shelter, DRR and NSD. Cash transfers will be a main modality. As of **10 August**, 32,554 people have been reached, among which 8,218 with Food Security, 7,931 with Livelihoods support, the same people have been also reached directly by WASH at distribution points by basic hygiene promotion sessions and demonstration of use of household water treatment kits. Together beneficiaries received 3,170 buckets (2 per each HH and 332,850 water purification tablets).

**IPC Global summary:** In recent months, there has been a significant increase in humanitarian assistance provision in the NE. However, a substantial proportion of the population in Borno, Yobe, and Adamawa States in the NE of Nigeria continues to face Crisis. Over June-August the number of people in IPC Phases 3 to 5 is projected to reach 8.9 million, with 1.48 million in IPC Phase 4 and 50,000 in IPC Phase 5. Nigeria's lean season, which typically lasts from June to September, began in May because households were exhausting their food stocks early. The number of people facing

Emergency (IPC Phase 4) food security outcomes is likely to rise until September harvests. (ACAPS). For civilian populations in inaccessible areas of Borno State, there is an ongoing risk of Famine (IPC Phase 5). Humanitarian agencies have scaled-up their response to the food security situation in the northeast, reaching over two million people with food assistance in Borno, Adamawa, and Yobe States in June 2017. However, the response plan elaborated by the food security sector for 2017 was only 24 percent funded as of May 2017, and humanitarian agencies have already reduced operations in some LGAs. As many households in accessible areas of the northeast have very few income-generating opportunities and face very high food prices, they will remain highly dependent on humanitarian



assistance throughout the outlook period

### **Context:**

The situation in north-east of Nigeria remains unstable and vulnerable with regards to conflict related violence, which can escalate at any moment. This, coupled with chronic under-development and lack of access to basics such as education and health services, has thrown millions of people in dire poverty deepening the humanitarian crisis. Some three million people fled their homes in search for safe places, both internally and across the borders. In newly accessible areas vulnerable host populations are in critical need of humanitarian interventions including food, water, sanitation, protection, education, shelter and health services. For the fourth year in a row, subsistence farmers have been unable to return to the land for planting season, further aggravating the food insecurity situation. Physical insecurity, landmines, and a proliferation of improvised explosive devices continue to prevent farmers from returning to their lands. According to [UNOCHA](#), some 5.2 million people were food insecure at the onset of the rainy and lean season (June-September 2017). An estimated 450,000 children under-five are suffering from severe acute malnutrition in Borno, Adamawa and Yobe.

### **Operational Highlights:**

- The operation continues through its **Cash transfer** component providing emergency cash to thousands of people for their immediate needs to be met in terms of food. As of 10 of August **2,301 (16,149 people)** Internally Displaced Persons (IDPs) and returnee families have been provided with cash assistance. Half of the beneficiaries, on the top of the priority for emergency cash, have received an additional grant to (re)start their livelihoods. The post-distribution monitoring (PDM) in relation to those who received livelihoods grants has also started. Some 39 volunteers have been trained in using the PDM questionnaires with use of

the smart phone application. Application allows for instant collection of information, its sharing with an analyst and producing the summaries. Community Resilience Committees facilitate the process in the communities and render other support needed for a smooth implementation.

- The **Helpline** of the Operation continues providing useful information to the beneficiaries in terms of the eligibility criteria, livelihoods advice while collecting and addressing inquiries and complaints related to the Cash Transfer Program (CTP). So far, two complaints have been received which will be investigated. The Operation is in a process of establishing a toll-free telephone number for this purpose which will make such feedback mechanism more accessible to the beneficiaries. Contacts have been made with several telephone communication companies in terms of setting up a Trilogy Emergency Response Application (**TERA**). If successful, this will further strengthen the Community Engagement and Accountability (**CEA**) element of the Operation.
- The same extremely vulnerable beneficiaries, entitled to receive cash assistance, have been reached through the Water, Sanitation and Hygiene (**WASH**) component of the response, with water containers and water purification tablets. Ten communities have been assessed in terms of their water facilities: The Operation will help communities to rehabilitate water facilities such as water towers, shallow water well and boreholes to improve their access to safe water. Beneficiaries have been also trained in basic hygiene promotion and use of the aqua tablets.
- The **Health** component is rolling out the CBHFA approaches in the targeted communities. Eight communities have been sensitized through visits and a CBHFA Train of Trainers workshop conducted at Adamawa Branch of NRCS. Cascading method will allow to have 30 local community volunteers and CRC members trained to convey and implement CBHFA in their communities. Health components will also target schools with nutritional support to school children and will also support the local community medical centres in terms of repairs and provision of basics such as furniture and basic medical equipment based on the needs. This has been closely coordinated with local Local Government Areas (LGAs) and local public healthcare departments to ensure the sustainability of efforts and proper coordination.
- The **Shelter component** has started trainings in local communities in Gombi area. The training aims at providing local communities with technical advice on how to make bricks and properly build homes resistant to flash floods. Procurement of brick-making machines both manual and electrical (generator powered), has been launched. Component will rely on the local capacities, such as community technicians who will be available to provide their technical advice to community members, in relation to building homes. This group of community advisors are trained by the operation. This is expected to scale up for other targeted areas soon.
- **Disaster Management and Disaster Risk Reduction** will aim at both branch and local disaster response capacities enhancement. Some 50 communities in both Adamawa and Yobe states will be assisted in establishing Community Emergency Response Teams (CERT) as well as Branch Disaster response teams (BDRT) formations. Both BDRTs and CERTs will receive an intensive training and basic equipment for their functions. Pre-positioned stocks for Adamawa branch is being procured with its disaster preparedness centre (warehouse) to be renovated. Contingency planning and disaster response planning workshops will be organized in August with the aim to develop and endorse plan of action related to the development of the branch disaster response capacity and its integration into government contingency plans at both State and local levels.
- The **Livelihoods** component has established links with local LGA staff concerned for provision of specialised technical assistance for animal husbandry and crops cultivation. With the Operation's support, targeted communities will receive specialized trainings which will allow them to increase agricultural outputs, thus making them more profitable and resilient.

Component, through CRCs, started formation of community self-help groups, specifically targeting women and youth. Groups are being formed to provide their members with timely support and assistance in terms of sharing information, sharing productive assets and establishing reliable market connections and links.

### **Movement Coordination update:**

The implementation of this Operation is in accordance with the Movement Coordination Agreement for Nigeria signed on 11 December 2015, within the framework of the established mechanisms in Nigeria. To ensure an effective implementation and links between the different decision-making levels, a coordination mechanism has been agreed, established and respected by the partners at strategic, operational and technical level at Abuja RCRC HQ and the North-East States level. ICRC's Sub-office in Yola monitors and coordinates security and Safer Access aspects of field operations, including security clearances and field movements.

External communication is closely coordinated with ICRC to ensure the Movement speaks with one voice. Operation sectors' representatives proactively participates in the humanitarian cluster meeting such as cash and shelter to ensure coordination and inform approaches. Cash transfer cluster has requested IFRC to lead next meeting and provide basic training to aid agencies on how CTP component is being implemented within the Operation.

A joint, interagency integrated assessment has been scheduled to take place in the end of August, IFRC and NRCS have requested to lead the assessments in Michika and Madagali LGAs, the most problematic areas in terms of security. Even though IFRC staff may not have a permission to go there, NRCS has access to the area with its divisional branches established there recently.

**Documents of reference or key events to come:** ACAPS Thematic Report: [Returning refugees in Borno state](#) (31 July 2017)

## **Regional Coordination Food Crisis Appeal Support**

### **Regional coordination Food Crisis in Africa ([MDR60003](#))**

**Start Date:** 19 April 2017

**End date:** 19 October 2018

**Total amount:** 3,877,335 CHF



**Funding:** 799,820 CHF (21 per cent)

**Implementation:** 26 percent (*expenditures vs Funding*)

### **Main Highlights:**

- During this reporting period, the regional team provided support to developing and ongoing operations, with operations' Coordination; PMER, Health and communications. However, with completion of mission for the Communications surge delegate on August 9 and the Health surge delegate on August 27, only two members will be left in the team by the end of the month. Nevertheless, recruitment process for additional resources is ongoing and some PNSs have shown interest in funding some key positions.
- Thanks to news sources of funding and the support of key Partner National Societies, four food crisis positions are currently being recruited (CEA, Communications, Cash Transfer Programming and Information Management). These positions are expected to be filled in the coming weeks.

- The period was also marked by the Kenyan election. The office closed for a full week. The food crisis team continued to work from home throughout the week, but the pace of work suffered delays as key support services were not operational. Activities resumed at their normal pace the following week.
- This last month has been busy with the preparation of the Sahelian response to Food Insecurity for the following countries: **Senegal, Niger, Mauritania, Mali, Chad and Burkina Faso**. The DREFs for [Senegal](#) (MDRSN015), [Chad](#) (MDRDT015) and [Mauritania](#) (MDRMR008) were approved and published on the IFRC public website for a cumulative amount of around CHF 600,000 for approximately 31,000 people. The DREFs are addressing pockets of Food insecurity in each of these countries while a longer-term response is being drafted. The response comprises the following components: Cash Transfer Programming, Health, Water, sanitation and Hygiene promotion as well as Capacity-building of the National Societies and communities. The DREFs for Burkina Faso, Niger and Mali should be approved and published in coming days.
- To prepare regional resources to be ready for Food insecurity crisis responses, an **RDRT training** focussing on Food security, organized jointly by the Sahel cluster and Sahelian National Societies, supported by the Africa Regional Office is being held from August 14 to August 23. The refresher training for 30 RDRT delegates from Sahel countries is held in Bamako (Mali). Some of the RDRTs are going to be involved with the rolling-out of the Sahelian Food Crisis DREFs, right after the training.
- The [Response plan for South Sudan](#), (MDRSS006) was revised to refine the activities for enhanced coherence, approved and posted on Fednet, on 24 August. The budget total for the 2017 operation has not changed.
- The revision of the **Nigeria** response is ongoing. Meanwhile, a first interim report was prepared, approved by IFRC and shared with ICRC representatives in-country.
- The external final evaluation of **Southern Africa's** Food Security Appeals implemented in **Zimbabwe, Malawi, Mozambique** and **Namibia** was completed and submitted for review in Geneva. Geneva's comments are now addressed, pending the Management Response to the evaluation. Should be published in coming two weeks. The evaluation provides information on lessons learnt and will contribute in designing steps to prepare for next drought season. A lessons-learned workshop is planned for September.
- The final reports closing the **Zimbabwe** and **Mozambique** operations concluded in May, are due for the 31<sup>st</sup> of August. **Malawi** operation ended at the end of July, while **Namibia** operation was extended until 30 September 2017. In regards to **Namibia**, an [ops update no 7](#) was published on 31 July, announcing the extension to complete remaining activities, the budget remaining the same.

#### Human Resources' current priority HR needs shared for the Food Crisis operations:

Priority	Country/Region	Operation	Position	Contract length (months)	Funding available	Position to be posted	Comment
A	Somalia	Complex. Emergency	Relief delegate	3 to 6	TBD		Start date: Sept 15th
A	Somalia	Complex Emergency	Operations Manager	7	TBD	yes - in September	Start date: Nov 15th
A	Ethiopia	Drought	Operations Manager	6	no	yes	Current OpsMan leaving end of August

A	Regional	Food Crisis	Cash (CTP) delegate	9	Partial	yes	Position posted
A	Regional	Food Crisis	IM delegate	6	Partial	yes	Position posted
A	Somalia	Complex Emergency	Cash (CTP) delegate	6	yes	yes	
A	South Sudan	Complex Emergency	Finance delegate	2	yes	no - surge	From September
A	Sahel	Food Crisis	Cash (CTP) delegate	3+	no	no - surge	Based in Senegal, upcoming regional plan & multiple food crisis emergency ops
B	Nigeria	Complex Emergency	CEA delegate	6	partial	yes	Not part of current Plan of Action, but identified as needed
B	Regional	Food Crisis	Health in emergencies/nutrition delegate	8	no		
B	Regional	Food Crisis	Logistics delegate	9	no		Focus on in-country deployment (direct ops support)
B	Regional	Food Crisis	Food Security and Resilient Livelihoods	9 months	no		



KoBo Training for SRCS volunteers, Hargeisa Branch. Source :IFRC



## **Contact information:**

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## **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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.

## List of communications materials produced by IFRC about the drought in Eastern and Central Africa:

Period: May-Aug 2017

### **Press releases and statements:**

- [Mobile cash reduces hunger, boosts local economies in Kenya](#) (10 Jul)
- [“In preparedness and response, reaching communities should be ‘first mile’, not the last”](#) (23 Jun)
- [“The most vicious of vicious spirals” – Cholera compounding famine risk in East Africa and Yemen](#) (21 Jun)
- [Lifting of famine in South Sudan a “precarious victory”](#) (30 Jun)
- [Tens of thousands of women and children are fleeing from South Sudan to Sudan](#) (30 May)

### **Web stories:**

- [Africa drought and hunger](#) (central webpage)
- [Cash transfer programme puts Kenyans in charge of their recovery](#) (11 Jun)
- [Ethiopia: helping pastoral communities cope with drought](#) (28 Jun)
- [Kenya: Red Cross volunteers overcome natural barriers to response to drought](#) (22 May)
- [Red Cross volunteer puts others first during Ethiopian drought](#) (12 May)
- [Ethiopian drought pushes families into deeper cycle of vulnerability](#) (9 May)
- [Ethiopia: Red Cross volunteer walks hours to feed her drought-stricken family](#) (5 May)
- [Delivering emergency water to the drought-stricken in southern Ethiopia](#) (2 May)

### **Videos and social media assets:**

- [IFRC Twitter feed with all drought-related assets produced](#)
- [Ethiopia: helping pastoral communities cope with drought](#) (28 Jun)
- Facebook posts:** [1 May](#), [16 May](#), [23 May](#), [25 May](#), [6 Jun](#), [16 Jun](#), [21 Jun](#), [28 Jun](#), [30 Jun](#), [4 Jul](#), [17 Jul](#), [28 Jul](#), [3 Aug](#),
- Instagram posts:** [23 May](#), [25 May](#), [26 May](#), [30 May](#), [5 Jul](#), [9 Jul](#)

Those interested are also invited to visit a dedicated [Food Security Dashboard](#) and a [webpage on the Food Crisis](#) on the IFRC website

### **The Press release for the Kenya CTP program generated reaction in the general media, as follow:**

#### **Kenya Red Cross (KRCS) Cash Transfer operation (CTP):**

[Press Release: Kenya: Mobile cash reduces hunger, boosts local economies in Kenya, 10 July 2017](#)

**Associated Press (AP):** [KENYA DROUGHT - Red Cross providing a lifeline in Kenya drought, STORY NUMBER 4105916](#)  
(Editor’s Pick)

**SABC** – Interview with KRCS

**Business Daily Africa:** [Mobile money effective in tackling hunger in Kenya: Red Cross](#)

**Coast week:** [Mobile cash efficient in curbing hunger in Kenya: charity](#)

**The conversation:** [East Africa: Droughts - Some Headway in Unpacking What's Causing Them](#)

#### **Other stories**

1. [Mobile cash efficient in curbing hunger in Kenya: charity](#) - (Xinhua)
2. [Mobile money effective in fighting hunger, Red Cross says](#) – (Kenya News)
3. [Mobile money helps stave off food insecurity for 250 000 Kenyans](#) – (IT News Africa)
4. [Mobile money effective in tackling hunger in Kenya: Red Cross](#) – (World News Report)
5. [Mobile cash reduces hunger, boosts local economies in Kenya](#) - (Relief Web)
6. [Kenya: Mobile cash reduces hunger, boosts local economies in Kenya](#) – (Humanitarian News)
7. [Mobile cash efficient in curbing hunger in Kenya: charity](#) - (Asia Pacific Daily)
8. [Iniciativa de telefonía móvil ayuda a combatir fome no Quénia](#) - (UN)
9. [M-pesa yaokoa wahanga wa ukame, Kenya](#) – (UN)
10. [Mobile cash reduces hunger, boosts local economies in Kenya](#) - (IT Web Africa)
11. [Mobile cash reduces hunger, boosts local economies in Kenya](#) - (Africa Business Communities)
12. [Mobile cash efficient in curbing hunger in Kenya: charity](#) - (Coast week)

#### **Twitter**

**Kenya Red Cross mobile cash program** – 2.3 percent engagement rate on [Twitter](#) (vs. monthly average of 0.9 percent).

