

# IFRC Situation Report: Regional Food Crisis in Africa – 27 May 2017



*SRCS Hargeisa, Somaliland receiving a consignment of ORS and ringers lactate to be forwarded to the SRCS health clinic in Borama, Awdal, Somaliland.. Photo IFRC*

## SUMMARY OF MAIN IFRC APPEALS <sup>1</sup>

Country	Appeal (CHF)	Coverage (%)	Funding Gap (CHF)	Targeted beneficiaries	Start date	End date
<b>Ethiopia (MDRET016)</b>	13,686,550	18%	11,185,369	318,325	4 Jan 16	4 Jan 18
<b>Kenya (MDRKE039)</b>	25,062,572	14%	21,539,248	1,033,300	23 Nov 16	13 Dec 17
<b>Somalia (MDRS0005)</b>	3,308,035	60%	1,324,475	150,000	25 Mar 16	21 Dec 17
<b>Regional Food Crisis Africa (MDR6003)</b>	3,877,335	0	3,849,599	_____	19 April 17	19 Oct 18

To access directly to a specific country in this report, click on country's name:

[Ethiopia](#)

[Kenya](#)

[Nigeria](#)

[Somalia](#)

[South Sudan](#)

[Regional Food Crisis in Africa Appeal](#)

<sup>1</sup> The Regional Food Crisis Africa Appeal attention is currently focused on operations in following countries: Ethiopia, Kenya, Nigeria, Somalia and South Sudan, where acute crisis is ongoing. However, the scope of the Appeal is larger and countries at risk are closely monitored. Appeals in Mozambique and Zimbabwe are now concluded and the ones for Malawi and Namibia will be in July. For more detail on funding see table [Donor's Response](#).

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

### ETHIOPIA ([MDRET016](#))

**Start Date:** 4 January 2016

**End Date:** 4 January 2018

**Targeted beneficiaries:** 318,325 people

**Total amount:** 13,686,550

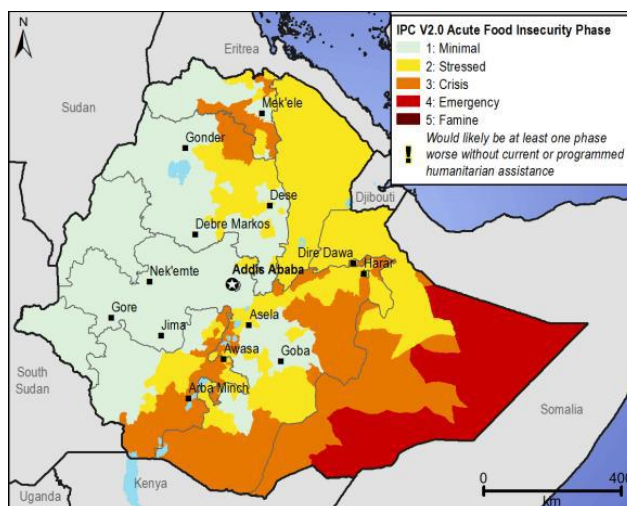
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**Funding:** 2,500,703 CHF (18 percent of total target in hard pledges)

**Programs indicators:**

- **Livelihoods, nutrition, food security:** percentage of pregnant and breast feeding mothers who report access to sufficient nutritious food; n° of children U5 provided with CSB and Oil (SFP); n° of pregnant and breast feeding mothers that receive nutritious food rations; n° of children provided with supplementary rations; n° of pregnant and breast feeding mothers that receive nutritious food rations; n° of affected households who report livestock productivity after the drought; n° of affected households whose livestock assets are protected.
- **Water, sanitation and Hygiene:** n° of household assessments carried out by volunteers and shared for decision-making processes; n° of volunteers trained; n° of households benefiting from potable water.
- **Health:** n° of children U5 with SAM in 4 kebeles that are successfully treated in the health centre's therapeutic care programme; n° households that go home with a food parcel; n° of children U5 and PLW screened and registered for supplementary feeding; n° of households with access to potable water; n° incidents of disease outbreak in targeted areas.

**IPC<sup>2</sup>:** Despite enhanced rainfall at the end of April into early May over many areas of Ethiopia, food security outcomes are still expected to deteriorate, particularly in southern and pastoral areas due to the late start, erratic, and below-average Gu/Genna rains. In portions of Somali Region, the accelerated loss of livestock has significantly expanded food consumption gaps, and Emergency (IPC Phase 4) outcomes are likely in the absence of sustained assistance during June to September. In lowland areas of SNNPR along the Rift Valley and in East and West Hararghe, southern Tigray, and portions of northern Amhara, projected outcomes are expected to move from Stressed (IPC Phase 2) to Crisis (IPC Phase 3), beginning in June, due to low household purchasing power and a lack of confirmed humanitarian assistance. ([FewsNet -Ethiopia](#))



*Projected Food security June to sept 2017. fewsnet*

<sup>2</sup> The [Integrated Food Security Phase Classification \(IPC\)](#) is a set of standardized tools that aims at providing a "common currency" for classifying the severity and magnitude of food insecurity. Follow hyperlink to know more about the index.

### **Context:**

The current state of emergency (initially declared on 9 October 2016 for six months, was extended for a further four months in March 2017 following sporadic unrest) continues to present limited operational challenges. Based on recent humanitarian actors' (UN and NGO partners) analysis, reports and updates, following poor performing spring rains, the number of people requiring humanitarian assistance has increased from 5.6 million to 7.78 million in the first quarter of the year, and is expected to climb further in the second half of the year. Following increase in sporadic rainfall, partners are encouraged to re-prioritize water trucking in drought-affected areas. Despite the late and erratic onset of the spring rains, the rainfall performance has shown significant improvement since late April in many drought-affected areas, resulting in a decreased demand and need for water trucking. However, considering the on-going acute watery diarrhoea (AWD) outbreak, the WASH Cluster agreed to continue water trucking operations with special focus on case treatment centres (CTCs) and in AWD-affected communities in Somali region. Meanwhile, in-line with the plans laid-out in the 2017 Humanitarian Requirements Document, efforts are underway to strengthen linkages between emergency WASH and development water programs to accelerate drilling of drought-resilient boreholes in lowland areas where chronic water shortage is prevalent.

### **Operational highlights:**

The Ethiopia Red Cross Society (ERCS) continues to implement planned activities in the Afar Region with a target completion date of end of June. The geographic focus is primarily the Bidu woreda, specifically focusing on the following activities: communal latrines, health centre improvement (power for the cold storage capacity, building renovations), and the animal re-stocking component (including animal drugs and fodder) for some 1,000 families. Support to operations is enhanced with arrival of WASH, Logistics and PMER delegates. A regional Logistics delegate from the Africa regional Office is also deployed to provide support with urgent procurement over the coming weeks.

### **Sector highlights:**

**Water, Sanitation and Hygiene Promotion (WASH):** Significant progress has been achieved in the SNNPR region where the Canadian Red Cross (CRC) is operating in Kindo Koysha within the planned Appeal activities with a focus on water trucking, animal fodder provision, water purification, and the provision of water tanks. To date:

- Total water distribution through water trucking in Kindo Koysha from February 19th to May 17th 2017 is 2,220,000 litres reaching 171,003 households;
- Items to be distributed shortly to 5,784 households: jerry cans: 2 per household (11,568 jerry cans in total); soap: 4 pieces per household (23,136 pieces in total); puri tabs (Bishan Gari) for turbid water: 100,000 sachets; aqua tabs: 700,000 tablets;
- Items being tendered or ordered: animal mixed fodder and molasses supplement; veterinary drugs; 14 rototanks.

**Livelihoods, nutrition and food security:** Livestock re-stocking activities will be conducted between 22 May to 30 June 2017. The beneficiary selection criteria are female-headed households, elderly and families that lost the most livestock because of the drought.

**Movement Coordination:** Joint effort are underway to map the respective areas of focus (geographic and sectoral) with available resources (via a 4W process of 'who's doing what and where').

### **Documents:**

- FewNet: [Ethiopia Food security outlook](#), Update April 2017

## KENYA ([MDRKE039](#))

**Start Date:** 23 November 2016

**End date:** 23 November 2017

**Targeted beneficiaries:** 1,033,300 people

**Total amount:** 25,062,572

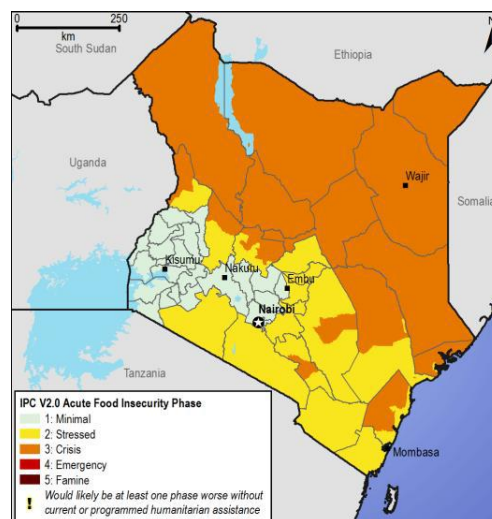
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### **Implementation rate:**

**Funding:** 3,523,287 (14% of total target in hard pledges)

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

**IPC global:** Acute food insecurity is expected to worsen in pastoral areas, as poorer-than-anticipated long rains have impeded typical livestock productivity recovery. Access to milk and income remain limited. Low household purchasing power is leading to growing food consumption gaps, with the likelihood of more households moving into Crisis (**IPC Phase 3**) in Turkana, Marsabit, Garissa, Samburu, Isiolo, Mandera, Wajir, Tana River, Baringo, Laikipia, and West Pokot. Poor households in northern parts of Marsabit and Turkana could possibly face Emergency (**IPC Phase 4**) outcomes, and more so than previously projected, especially during the June – September period. ([FewNet -Kenya](#))



*Projected Food insecurity June to Sept 2017.*

### **Context:**

Kenya continues to move towards the general elections to be held on 8 August. Political related conflicts, incidents of violence and political assassinations have been reported with increasing frequency as the country gears towards the General Elections. Political related inter-ethnic conflicts continue in Baringo (this started in December 2016 and was complicated by ongoing drought), Mandera and Isiolo counties, while sporadic incidents of violence have been witnessed in Homa Bay, Uasin Gishu, Migori, Kisumu, Bungoma and Nairobi counties during the recently concluded party nominations. Since February 2017, active conflict has been experienced in Baringo County which is one of the hotspots, leading to 47 deaths 16 injuries and over 49,000 people displaced. KRCS has prepared a Contingency plan for countrywide preparedness, with attention to 29 Counties which are at a higher risk of conflicts triggered by the political process. Different parts of the country continue to receive rains. However, this has resulted in flooding in some of the areas hit by the drought. In Northern Kenya, there have been reported incidences of loss of livestock because of the rains.

### **Operational Highlights:**

KRCS has continued implementing planned activities during this reporting period. The NS has so far reached 610,372 people.




- **Livelihoods and food security:** 341,160 have been reached with cash transfer, food distribution and livestock destocking activities. On destocking, animals bought to date are 8052 sheep/goats and 798 cows which are slaughtered and distributed back to the community; 2HHs per goat and 6HHs per cow. KRCS has carried out food distribution in counties where assessments established that CTP was not appropriate for delivery of assistance. The number of people reached with food has exceeded the number that has been planned for in the Appeal due to a large number of beneficiaries targeted mainly in Baringo





and Turkana counties due to conflict and drought. The numbers were not anticipated at the time of revising the appeal and may thus have been underestimated. Food distributions are currently ongoing in the two counties and the population reached with this intervention will continue to rise.

- **Water, sanitation and Hygiene:** 103,585 have so far been reached with various activities such as hygiene promotion and water supply through rehabilitation of water facilities, and NFI distribution.
- **Health:** 55,287 persons were reached health services specifically through community sensitization activities, psychosocial support, reproductive health services and epidemic prevention. Door to door outreaches are intended to reach the disadvantaged groups in communities e.g. the elderly, and the disabled who may otherwise be unable to reach the designated outreach clinics. Psychosocial support sessions are mainly being implemented in conflict affected areas.

**Movement Coordination update:**

KRCS and IFRC in the country have continued coordinating with both Movement and Non-Movement partners as shown in the table below:

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

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.
	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:**

- FewNet: [Kenya Food Security Outlook](#), Update April 2017

## SOMALIA ([MDRSO005](#))

**Start Date:** 25 March 2016

**End date:** 21 December 2017

**Targeted beneficiaries:** 150,000

**Total amount:** CHF 3,308,035

[Home](#)

**Funding:** CHF 1,983,375 (hard pledges) for 60 per cent coverage.

### Programs:

- Shelter: Under revision
- Livelihoods: 5,400 people reached (CTP)
- Water, sanitation and Hygiene: 15,352 people reached
- Health: 69,745 people reached (nutrition 1 April 2016-31 March 2017)

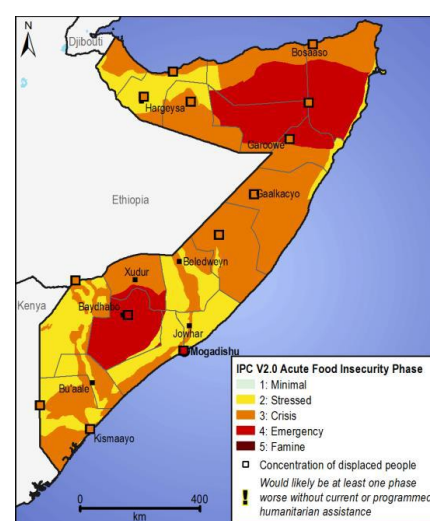
**IPC global: “Crisis (IPC Phase 3) and Emergency (IPC Phase 4)** levels of acute food insecurity persist in many areas of Somalia. In addition, a severe AWD/cholera outbreak is ongoing. While large-scale humanitarian assistance has reduced household food consumption gaps and contributed to reduced staple food prices, there remains an elevated risk of Famine (IPC Phase 5) due to the combination of severe food consumption gaps, high acute malnutrition, high disease burden, and reliance on humanitarian assistance.” [FEWS NET](#), 5 May 2017

### Context:

IFRC operations in Somalia are concentrated in Somaliland and Puntland in the north of the country. Both have been severely affected by food shortages because of the drought. Food security is expected to further deteriorate over the coming months. According to Fewsnets, more than 363,000 children suffer from acute malnutrition and need urgent treatment and nutrition support. This includes 71,000 children whose lives are at risk because of severe malnutrition and who are being targeted with interventions.

The crisis is being exacerbated by a serious outbreak of acute watery diarrhoea (AWD). The first cases of a serious AWD outbreak in Somalia occurred in Oct 2016 and since February 2017 there has been a significant increase in the number of recorded cases. In week 15 of 2017, 2,984 cases of AWD were recorded in Somalia including 34 reported deaths (CFR 2.0%). The number of cases was slightly lower than in week 14. From week 1 until week 15, 28,408 cases and 558 deaths were recorded, representing an overall case fatality rate (CFR) of two percent. As of week 15, the outbreak had spread to 50 districts across 13 regions, including Somaliland and Puntland.

On 18 May Somaliland MoH reported 188 cases of AWD from a limited number of health institutions in four regions, and a cumulative total of 6870 cases since the beginning of the year, including 207 deaths. For 15-21 May (week 20) Puntland MoH reported a weekly load of 782 AWD cases in 14 districts, and a cumulative total of 7431 cases since the beginning of the year, including 151 deaths.



*Projected food security June to sept 2017*

### Operational Highlights:

- The Somalia Drought Appeal MDRSO005, launched in March 2016 to assist people affected by food shortages and malnutrition because of repeated failed rain seasons in Somalia is currently under revision to scale up operations. It will cover activities funded through DREF (MDRSO006) in response to the worsening acute watery diarrhoea (AWD) outbreak, as well as the ongoing deployment of an AWD/cholera treatment centre (CTU) emergency response unit (ERU) to assist the Togdheer region in coping with the growing AWD caseload. As part of the scaled-up operation the IFRC is providing treatment to AWD patients through three cholera treatment units (CTU) in selected health clinics and 60 oral rehydration points (ORP) run by volunteers in communities.
- The revised emergency appeal issued on 15 March expanded the coverage of the IFRC support from 6 clinics to 12 mobile clinics and 12 static clinics, but with the expansion of operation in response to the worsening food security combined with response to the AWD outbreak, the operation will cover all functional clinics in both Somaliland and Puntland who are receiving AWD patients, depending on their access to funding.
- A joint Canadian/ Norwegian Red Cross ERU with logistics support provided by the British Red Cross has been deployed to deal with AWD case management and disease prevention in Togdheer region Somaliland. The team will assist with resources including supplies, staff, and equipment, while helping with clinical case management and co-ordination of activities with the National Society. A major focus of the ERU will be capacity building and training
- An IFRC FACT team, including Operations Manager, Emergency Health, Epidemiologist, Finance and PMER has been deployed to Somaliland to support the implementation of food security/nutritional interventions as well as the AWD response. An IFRC office in-country was established in Hargeisa, Somaliland which will cover operations in Puntland as well.

### Sectors' highlights:

- **Shelter:** Distribution of NFI is being planned as part of the emergency operation and related activities will be revisited as part of the upcoming emergency appeal revision to align with changing needs on the ground.
- **Livelihoods and food security:** 900 drought-affected households received cash transfers during earlier stages of the operation to purchase vital necessities such as food and water. The need for materials and resources for sustaining and increasing agricultural output in the areas that are worst affected by food shortages will be assessed in the upcoming appeal revision process. Activities may include restocking of livestock for families that have lost all their animals, as well as agricultural inputs. The cash transfer programme will be closely examined focusing on the revision of beneficiary selection criteria and the collection of data as well as post-monitoring.
- **Water, sanitation and Hygiene:** 15,352 people were reached with WASH interventions during the earlier stages of the operations, including distribution of aqua tabs, water filters and construction of berkedes. The emergency appeal under revision should include distribution of aqua tabs and jerry cans as part of the response to the AWD response and all clinics involved in the AWD operation provided with regular supplies of clean water to ensure their functionality.
- **Health and nutrition:** As part of the emergency appeal, in response to increased levels of malnutrition, six clinics in Puntland have been supported to provide regular health services and nutritional supplements and treatment to 69,745 people (nutrition 1 April 2016-31 March 2017). These activities are continuing and the number of supported clinics has increased to

19, with plans to cover all SRCS clinics in the targeted area through cooperation with other Movement partners. More than 25,000 people (including children as well as pregnant and lactating mothers) received nutritional supplements or treatment in the first 12 months of the operation. A total of 10,164 malnourished children under five are now being targeted through new nutritional interventions in Puntland and Somaliland as part of IFRC funded nutritional interventions. Additional targets for nutritional interventions will be identified in the appeal revision process in the coming weeks. In response to the worsening AWD outbreak an AWD/Cholera treatment centre has been deployed in the worst affected locations of Togdheer region. All equipment and staff have arrived and the CTC is now in the final stages of becoming fully operational, while ERU staff is providing services through existing medical facilities at the site of the ERU.

A first 3 days AWD/Cholera Management and Surveillance Training Workshop has been held on 23-25 May, in Togdheer region Somaliland for 40 people (21 trained nurses and 19 volunteers) including a training on mobile data collection. The nurses are team leaders in their respective clinics and will report daily on HMIS data, AWD and stocks. Volunteers have been trained in running the Oral Rehydration Points (ORPs) and are reporting daily using a simple SMS. The same training will be conducted with nurses and volunteers in Sool and Sanaag in the coming days. 52 ORP kits have been dispatched to operational areas in both Puntland and Somaliland, where they will be used by the trained ORP volunteers to provide timely treatment to mildly affected AWD patients. Another 48 ORP kits are being stored as contingency stock in Hargeisa Somaliland. SRCS is already engaged in the AWD in response through chlorination of households and community water sources as well as through social mobilization across Puntland and Somaliland

#### **Movement Coordination update:**

Operational coordination and information sharing meetings are held by Somaliland Ministry of Health (MOH) and the CTC ERU team that is supporting the AWD response in the hospital. Until the CTC became fully operational and AWD cases could be exclusively treated in the ERU facilities it is estimated that 50 per cent of people coming to the clinic and receiving treatment with support from the team were AWD patients. Other cases included fever, non-communicable disease, and people seeking regular medications. With no clear separation between the CTC and the hospital, statistics for AWD patients treated could not be precisely defined. The CTC is now receiving all cases related to AWD.

To ensure alignment of interventions by all Movement partners supporting SRCS activities in Somaliland and Puntland, particularly through the SRCS network of health clinics, close coordination is ongoing with all PNS to ensure full coverage and avoid duplications. Mapping of all Movement interventions in Puntland and Somaliland is ongoing.

In information meetings with UN OCHA, MoH and other external partner gaps were identified in the overall emergency response for NFIs, mats, kitchen sets, tarpaulins and hygiene kits. Large gaps were also identified in provision of safe water, particularly regarding chlorination.

Sub-sector meetings led by Somaliland authorities are held in the following sectors

- Shelter/NFI - co-chaired by UNHCR/NRC
- CTP - CARE International
- Livelihoods and Food security - World Vision, FAO and WFP
- Health - WHO



- WASH - MoWS and UNICEF

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

- IFRC FACT/ERU Situation Report no 1, 14 April-12 May
- IFRC MDRSO005, [12 Months operational update](#), 1 May 2016-31 April 2017
- Operations update no 6, May 2017 – to be published this week
- IFRC Somalia Health Assessment Report - Horn of Africa Food Security Crisis Somaliland and Puntland 23rd - 28th April 2017
- Movement Partners meeting in Nairobi for One Movement plan on May 1<sup>st</sup>.
- FewNet: [Somalia Food security outlook](#), Update April 2017

<b>SOUTH SUDAN</b>	
<b>Start Date:</b> Emergency Plan of Action under draft	
<b>Targeted beneficiaries:</b> 10,000 Households	
<b>Total amount:</b> tentative at 5,000,000 CHF – funding mechanism under discussion	<a href="#">Home</a>

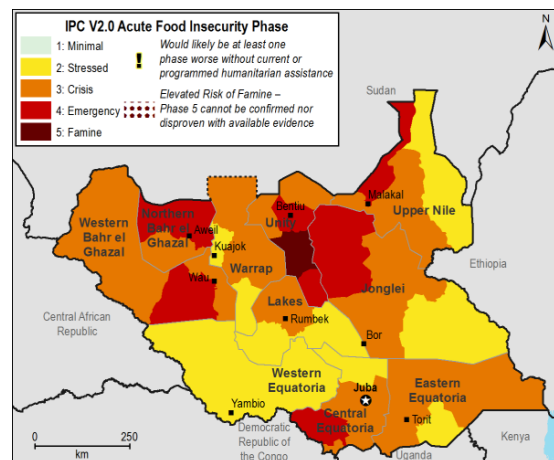
**Implementation rate:**

**Targeted Beneficiary:** Plan is to reach 10,000 households

**Funding:** While the funding mechanism is being discussed within the Movement, indications from partners show prospects for financial support to the response plan.

**Programs:** Key indicators are currently being developed

**IPC:** In Unity State, famine (IPC Phase 5) is likely ongoing in Leer, and Koch is in Emergency (IPC Phase 4) with an elevated risk of Famine (IPC Phase 5). Large-scale assistance has reached Koch monthly since February and Leer monthly since March. It is expected Mayendit will be in Emergency (IPC Phase 4!) and Panyijiar will be in Crisis (IPC Phase 3) through May, in the presence of large-scale assistance. Concern remains high for central Unity State and Famine (IPC Phase 5) is likely in Leer, Koch, and Mayendit at the peak of the lean season in June/July, in the absence of humanitarian assistance. (see [FewNet-South Sudan](#))



*Projected food security June to Sept 17, fewsnet*

**Context:**

About 3.1 million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people internally displaced (with 50 percent estimated to be children) and more than 1.2 million who have fled as refugees to neighbouring countries, bringing the total number of South Sudanese refugees in the region to more than 1.3 million.

Civilians face violations, including widespread sexual violence. Although there is no formal death toll for the South Sudan conflict, tens of thousands of people are estimated to have been killed since December 2013. One study of 24 communities in Unity found that nearly 8,000 people had been killed or had drowned fleeing fighting over a one-year period during the conflict. Mortality has been exacerbated by conflict, acute malnutrition and disease, with 13 out of 44 counties surveyed in 2016

having Crude Death Rates (CDR) above the emergency threshold of 1 death per 10,000 people per day. There continue to be reports of sexual violence, committed by parties involved in the conflict.

Between February and April 2017, 4.9 million people, about 41 per cent of the population, were estimated to be food insecure, 1.1 million more than in January 2016. Among these, 100,000 faced Famine food security outcomes.[\(ACAPS\)](#) The highest levels of food insecurity are in Unity state. High levels of food security are also reported in Northern Bahr el Ghazal, Jonglei, and Eastern Equatoria (IPC 20/02/2017). The food security situation is at the most comprised level since the crisis commenced in 2013- the combination of conflict, economic crises, and lack of adequate levels of agricultural production combined have eroded vulnerable households' ability to cope. More than one million children under age 5 are estimated to be acutely malnourished, including more than 273,600 who are severely malnourished.

The economic crisis has escalated, leaving the urban poor increasingly desperate and destitute. The South Sudanese Pound (SSP) rapidly depreciated in 2016, reaching an all-time high of more than 100 SSP to 1 US Dollar in November 2016. The cost of living has risen exponentially, with the South Sudan annual Consumer Price Index (CPI) increasing by 835.7 per cent from October 2015 to October 2016, the highest year-on-year inflation rate in the world. Insecurity along main roads has crippled trade and trader's ability to access hard currency for imports. In September 2016, 51 per cent of households in Juba were food insecure, more than double the 2015 level of 23 per cent, and this number is expected to continue to increase.

#### **Operational Highlights:**

The Response Plan is being currently revised following a recent assessment carried out by a Regional Disaster Response Team (RDRT) deployed in Northern Bahr Gazal, Lakes and Eastern Equatoria. Alongside assessments, further consultative workshop held between Somalia Red Cross Society (SRCS) and in-country Partners' National Societies, IFRC and ICRC aimed at an integrated strategic positioning of the national society response to the current famine crisis in South Sudan. The plan covers twelve months scenario in which some 100,000 people are famine-affected and one million remaining at-risk to famine. The target for the intervention is 10,000 HH of most affected people in three areas, namely Kapoeta East (Western Equatorials), Yirol East (Lakes state) and Aweil east in Northern Bahr el Gazal. The response comprises WASH, Health care and nutrition education, food security and livelihoods as well as psychosocial support components.

#### **Sectors' operations highlight:**

**Food Security and Nutrition needs:** The nutrition situation in many parts of South Sudan remains critical with a global acute malnutrition (GAM) rate above the WHO 15 per cent emergency threshold. This is as result of deteriorating food insecurity where 100,000 population are declared famine affected with additional of one million population famine-threatened<sup>3</sup>. The highest proportions of populations in crisis, emergency and catastrophe are observed in Northern Bahr el Ghazal (about 61 percent), Yirol and Kapoeta counties. The disrupted livelihood, increased prices of food commodities, low purchasing power, poor access to services, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and poor hygiene practices are underlying causes of high levels of acute malnutrition among the affected population.

**Healthcare Needs:** The health systems in the country remain in a state of disrepair following continues fighting across the country and lack of government investment to improve quality of healthcare, not

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<sup>3</sup> UNICEF Nutrition situational update: April 15, 2017

even preventative healthcare. The distinct shortage of skilled health workers and non-functional health facilities has resulted into inadequate access to healthcare for large populations<sup>4</sup>. Routine immunisation is relatively weak, renewed outbreaks of cholera and measles continue, while malaria remains the primary cause of morbidity among children under 5 years. Therefore, the situation requires a need for health as part of food insecurity response that should focus on promotive and preventive measures i.e. prevention and control of disease outbreaks such as cholera, measles as well as carrying out nutrition education among mothers and caretakers of under 5 years children as well as establishment/strengthening of breast feeding support and Infant and Young Child Feeding (IYCF) groups. Currently there is a cholera outbreak in Kapoeta East and Yirol east with interventions from the Red Cross Movement. As at the 10th May 2017, there are already 981 confirmed cases of cholera in Yirol East with a case fatality rate of 5.91 percent and a population of close to 106,000 people at risk. In Kapeota, there are 44 confirmed cases with a population at risk of 117,000 people<sup>5</sup>. There is currently no data for Aweil, but as the rains begin, the cases will continue to raise as the area has been affected by cholera in the past.

**WASH Needs:** The continued conflict and displacements continues to affect the already limited access to safe WASH needs in many parts of the country including the locations in demand (Kapeota, Aweil East and Yirol East), placing especially children, pregnant and lactating mothers at-risk to water borne diseases. The situation is multifaceted by the continued Cholera epidemic in the country, with active transmission reported in Kapeota and Yirol East counties in Eastern Equatoria and Lakes States. Furthermore, as water stress increases, distances to water points and pasture will lengthen hence putting women and girls more at risk of SGBV. UNICEF-WHO joint monitoring report indicates only 41 percent of the country population have access to safe drinking water, with 14 percent sanitation coverage. Nearly 74 percent of the population practices open defecation. <sup>6</sup>The worsening economic crisis has exacerbated the situation in terms of access to basic hygiene facilities. Government WASH institutional capacity is completely fragmented and communities have resorted to use of unclean water due to breakdown of water pumps and high cost of fuel price in the country which compel people to use unclean/unsafe water, will further increase waterborne diseases including cholera cases resulting increase in morbidity and mortality.

**Psychosocial and protection needs:** The continued economic decline and inability of poor families to access basic food has brought untold suffering to individuals, families, and communities. The displacement has also led to disruptions of some traditional family and community structures coupled with separation of families. The famine crisis has created severe stress, trauma or psychological difficulties for populations, affecting particularly pregnant and lactating women, caregivers, infants and young children the affected population in the country. The community might opt for negative coping mechanism e.g. child marriage and sexual abuse in exchange of favours.

Family re-unification response is relatively low across the country, leaving many families and children separated as well risking children to armed recruitment and abuse, increase consumption of alcohol/drugs and aggressive behaviour. Furthermore, they will not be a productive citizen of the country. IFRC points out, that “psychosocial support is a vital part of humanitarian response when it is combined with local psychosocial support initiatives and equally assists individuals and communities to overcome and deal with psychosocial problems” [1] IFRC: Disaster Report 2016, IFRC defines psychosocial support as an integral part of IFRC’s emergency response and describes it as “a process of facilitating resilience within individuals, families and communities.”

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<sup>4</sup> South Sudan Humanitarian needs overview 2017

<sup>5</sup> WHO report on Cholera Epidemiological week 19 2017

<sup>6</sup> South Sudan Humanitarian needs 2017

### Movement Coordination update:

Good collaboration with ICRC and all Movement Partners.

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

- FewNet, [South Sudan Food security Outlook](#), update April 2017

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

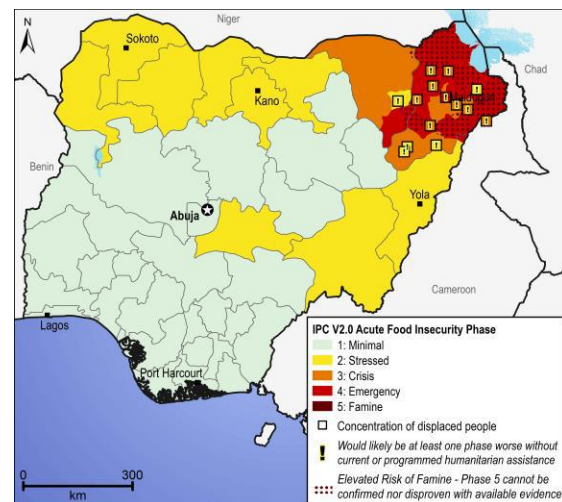
**Targeted Beneficiary:** 50,000 people in 2017 and 250,000 people in 2018

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

#### **Programmes:**

The programme will comprise Food security, Livelihoods and Basic needs, WASH, Shelter, DRR and NSD. Cash transfers will be a main modality.

**IPC:** The worst-affected local government areas of northeast Nigeria are facing Emergency (**IPC 4**) food security conditions and GAM levels above the emergency threshold. Areas of Borno with limited access, such as Konduga, Bama, KalaBage, Mafa, Ngala, Dikwa, and Marte, have between 39,000 and 250,000 people in Crisis (**IPC Phase 3**) to Famine (**IPC Phase 5**) food security conditions, according to the Cadre Harmonisé (Cadre Harmonisé 10/03/2017). The crisis is expected to worsen, and the lean season to begin earlier than usual, in April–May, instead of July. 50,000 people are likely to be in Famine from June to August if the affected population does not gain access to adequate food. ([ACAPS-Nigeria](#))



*Projected food security June to Sept 2017. fewsnet*

**Context:** The humanitarian context has not changed during reporting period. Much of Nigeria has been plagued by conflict, deep poverty, weak health systems, food insecurity, marginalized populations, environmental degradation and poor governance long before the current crisis began. Eight-years of violence and conflict in north eastern Nigeria, has forced 1.8 million people to flee their homes. In three states of North East Nigeria, 8.5 million people, more than 5 million of whom are women and children, need critical humanitarian assistance in the face of a potential severe food scarcity and exposure to the elements due to poor sheltering conditions.

Assessments carried out by the Red Cross and Red Crescent Movement, FACT assessment of December 2016 and the subsequent detailed assessment carried out from 28 February to 6 March 2017 by the IFRC Abuja Cluster Support Team (CCST), RDRT and NRCS also revealed the intensity of the humanitarian crisis in North Nigeria.

Analysis of secondary and assessment data reveals that 8.5 million people in three states in need of immediate humanitarian assistance ([OCHA SitRep # 11](#), issued on 15 May). 1.8 million people are internally displaced, of whom 56 per cent are children. 68 per cent of those displaced are living in host communities, with friends and relatives or in rented houses where access to resources and infrastructure remains a challenge while 32 percent are living in camp and camp-like settings. Access to resources and infrastructure remains a challenge for the affected people, with 69 percent of displaced people saying that food is their main unmet need. In addition, 1.1 million people have returned to Nigeria, with many findings their homes and livelihoods damaged. Many of those who have rebuilt, have put up makeshift structures which leave them vulnerable to the harsh elements and therefore susceptible to disease.

### **Operational Highlights:**

- First rotation of Head of Operations (HeOps) arrived on 16 May and took over on 23 May. Further assessments, review and consolidation of the preliminary Plan of Action and implementation is ongoing. The sectors covered by the response are Food Security, Livelihoods and Basic Needs, WASH, Health, Shelter, DRR and NSD (at HQ and branch levels).
- Food Security, Shelter and Livelihoods interventions will primarily be delivered through cash transfer programming. There will be close integration of health and WASH interventions, with initial focus on ‘software’ and facilitating communities – through a participatory approach – to identify corresponding ‘hardware’.
- An initial budget was prepared, the ICRC cash pledge signed and procedural requirements for IFRC financial systems requirements completed. Meantime, work on the revised budget has started to ensure that financial projections are in line with assessment findings. The revised budget – together with detailed Plan of Action – will be ready by mid-June.
- Activities to support the Nigerian Red Cross Society (NRCS) response to the emergency humanitarian needs have started in April 2017. Surge (FACT and RDRT), together with NRCS, has prioritized rapid integrated assessment covering communities in Gombi, Hong and Song. Since IFRC is at the stage of setting up operations, the plan is to start with a smaller number of communities and deliver in a holistic and integrated approach. The IFRC/NRCS operation is currently focusing on Local Government Areas (LGAs) in Adamawa State.
- An IFRC Field Operations Hub has been established in Yola with strong support from the NRCS Adamawa Branch. IFRC now has two office rooms and one meeting room within the branch office. A second IFRC Field Operations Hub is planned for Damaturu in Yobe State.
- At the moment, the items planned to be delivered in-kind are water treatment tablets, jerry cans and mosquito nets. For CTP, consensus has been reached with ICRC for IFRC to use their existing agreements with service providers. Once these are tested during the first week of June, roll-out of cash transfers will follow and continue until December.
- The FACT comprises members specializing in Livelihoods, Logistics, Finance and Administration, Information Management, Community engagement and Accountability (CEA) and Security as well as two RDRT in Health and WASH. Rotation of some FACT members (IM, Finance and Administration and Logistics) and additional RDRTs specializing in Relief, CTP, and Finance and Administration are expected during June.
- An ERU relief request was sent and Benelux ERU is expected to arrive in early June.
- Long term positions – for Operations Manager, Procurement and Logistics Delegate, Finance and Admin Delegate, Disaster Management Delegate, Public Health Delegate, Cash Programme Delegate – have been advertised/closed and interviews planned for the first week of June.
- The operational strategy is to use more RDRT and encourage peer-to-peer support. The option of having one NDRT as counterpart for each RDRT is considered.
- Activities aimed at enhancing NRCS capacity will be implemented alongside service delivery to affected communities.

- Procurement of equipment for IFRC Field Operations Hub in Yola has progressed and is almost complete. A Facility Management Advisory Team (FMAT) – comprising experienced Base Camp Danish Red Cross members – will undertake a technical assessment of the identified residence facility, recommend inputs required, and oversee making of the facility a secure ‘home’ for the Surge Team, future Delegates and potential IFRC visitors.
- No major security concerns for Abuja but vigilance should be maintained always. Focus has been in the state of Adamawa where implementation of the operation will be in the first months. The IFRC Security Delegate, closely coordinating with the ICRC, provides advice and support to the team on security matters, given the complex operational context.


#### **Movement Coordination update:**

- Movement coordination mechanisms have been put in place. Framework documents have been drafted, agreed upon and in the stage of finalization. These include the Movement Security Framework Agreement, Tripartite Project Cooperation Agreement, and Communications and Reporting plan. Regular meetings are being held with ICRC and NRCS to ensure a shared understanding of approaches. Initial contact has been established with OCHA.

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

- FewNet: [Nigeria Food Security outlook](#), Update April 2017

## Regional Coordination Food Crisis Appeal Support

<b>Regional coordination Food Crisis in Africa (<a href="#">MDR6003</a>)</b>	
<b>Start Date:</b> 19 April 2017	
<b>End date:</b> 19 October 2018	
<b>Targeted beneficiaries:</b> 1,600,691 people	
<b>Total amount:</b> 3,877,335 CHF	

**Funding:** 3,877,335 CHF (for 0 percent coverage, however approximately 12 percent in the form personnel donation)

#### **Main Highlights:**

- Regional Food Crisis Appeal (MDR6003) supports following in-country Appeals: Ethiopia Drought (MDRET016), Kenya Drought (MDRKE039), Malawi Food insecurity (MDRMW012), Mozambique Food (MDRMZ012), Namibia Food insecurity (MDRNA009), Somalia drought (MDRSO005), and Zimbabwe Food insecurity (MDRZW011).
- Among these, operations in Mozambique and Zimbabwe have completed activities, pending final reports. Malawi just issued [Ops update no 7](#), extending timeframe for two months, until July 2017 to finalise the remaining activities related to cash distribution and the final operation evaluation. Namibia is also extending its operation until the end of July. To this effect Namibia-Food security’s [Ops update no 7](#) was published this week.
- These countries will remain closely monitored even though, in most countries of Southern Africa household food availability is now improving with harvests. Final evaluation will provide information on lessons learnt and contribute in designing steps to prepare for next drought season.

- Priority for the Regional Food Crisis team is currently put on Somalia, Nigeria, South Sudan, Kenya and Ethiopia, where acute needs are prevalent, and particularly in Somalia and Nigeria where activities are currently scaling and ramping up. The Regional Food Crisis in Africa Appeal aims at ensuring smooth coordination of operations within and between countries, adequate technical support, mainly in health, logistics, CTP and PMER for all countries; as well as support for the deployment of Surge FACT and ERUs in Somalia and Nigeria. It supports countries as well ensures efficient recruitment process for longer term position at regional and country level with proper procedures.
- During these last two weeks, the team has put priorities as well at progressing towards the development of enhanced coordination tools; dashboard, 4Ws, Sitreps, data collection and harmonized indicators.
- The [Ops update no1](#) for the Regional Food crisis Appeal was published on 24 May 2017, the [one-year Ops update](#) for Somalia drought was published on 27 May, and the [Malawi Ops update no 7](#) on 27 May as well.
- Thursday 1<sup>st</sup> June, Movement partners are meeting at Nairobi regional office to work on a common revised plan of action for Somalia and the development of a coherent coordination mechanism between partners.

#### **Sectoral and support highlights:**

**CTP:** General technical support to the country responses was offered during reporting period:

- Ethiopia: support to the restocking program through vouchers for 1000 HH beneficiaries in Afar region (five goats +vaccination drugs +supplementary food for six months)
- Kenya: meeting with the head of CTP to introduce regional support and learn from the current CTP program implemented by KRCS, to better support and identify best practices to share.
- Nigeria:
  - Support to the IM team in Yola to choose the adequate mobile data collection tools for coming cash programs.
  - Support for the deployment of Relief/Cash ERU: concerns on the team to be deployed have been expressed to the head of operations, as strong cash and IM expertise will be needed for the Relief ERU team.
- Somalia: quality review done on the 2016 cash distributions, prior to the appeal revision. Major gaps have been identified in the implementation of the CTP (no clear beneficiary selection and registration, lack of monitoring of the distribution, lack of post-distribution monitoring). Recommendation has been made to the operations manager to deploy an IFRC resource fully dedicated to cash and/or relief activities and the training of a dedicated SRCS staff for cash and relief (in-kind).

#### **Health:**

- Contacted health and nutrition managers from focus countries to identify current activities and response gaps and discuss possibilities of technical support.
- Ongoing discussions with health representatives from Horn of Africa and Lake Chad on developing common health indicators. Agreement that a Platform is required for countries to share plans, nutrition activities, mapping and indicators to assist in quality, coordination, documentation, and sharing of learning. Similar discussions ongoing for the Food crisis regional response.
- Number of meetings held with ICRC Somalia (Health, ECOSEC, and Cooperation department) and the ICRC Regional Nutritionist regarding mapping of interventions, future emergency plans, and standardising data tools to align IFRC/ICRC nutrition information management.

ICRC have highlighted a need to support SRCS capacity on operational development, sustainability and HR strategy. Accountability and security is also a priority for ICRC.

- Participation in trainings and meetings (CaLP training on response analysis, Nutrition cluster AIMWG meeting, Regional FNWG meeting and the Regional UNICEF deep debate on SAM workshop)
- FACT and ERU teams have arrived in Nigeria and Somalia to support operations.  
**Upcoming Plans:** Review of the Food Security Crisis scenario plan and further develop a technical strategy for food security crisis team. Contribute to development of common regional health and nutrition monitoring framework with PMER team.
- SRCS Health Strategy ends 2017. Swiss Development Cooperation (SDC) consultant to assess and review all of Somalia health and nutrition program.
- Support strategic analysis of SRCS health programs and development of an exit strategy.
- East Africa country cluster preparing a multisector monitoring field trip in Baringo, Kenya for mid-June.

#### **Information Management:**

- Reception of first 4Ws input for Kenya and Nigeria. 4Ws to be updated once per month.
- Creation of a static 4Ws map for Kenya with SIMS. The map can be found on the open food crisis dashboard - [LINK](#)
- Reception of global indicators from KRCS and ERCS operations, divided and explained per sector.
- Challenges in getting the data flow going from the countries to the regional office. As a reminder, all Sitreps from FACT and ERUs must be sent to Regional Information Management delegate at [factim.africa@ifrc.org](mailto:factim.africa@ifrc.org)
- Sitreps produced and Minutes from task force meeting are stored centrally on the SharePoint.
- Developing information sharing tools. The dashboard will display, 4Ws, main indicators, reports, contextual data, communications material on a real-time basis.
- Cash support delegate provided an introductory training on mobile data collection tools, more specifically ODK and Kobo Toolbox, to 15 participants from the Africa regional office and South Africa country cluster. Very positive feedback from the trainees. Additional training is requested by those who could not attend. The training was led at the Nairobi Office with South African country clusters participants on Skype.

#### **PMER:**

- MDR60003 Ops update no 1 was completed and published on ifrc.org as well as MDRSO9005 12-Month ops update for Somalia and the Ops Update no 7 for Malawi.
- Preparation of Ops update no 6 for Somalia ongoing. The document is to be published this week. The joint ops update reports on operations in MDRSO005 (drought Appeal) and MDRSO006 (cholera Appeal)
- Preparation of this Regional Sitrep. It will be prepared every two weeks and contributions from countries, ops manager will be expected every second Thursdays beginning April 25. The Sitrep aims at presenting an operational overview of the Food Crisis operations at country level, to be a sharing space for best practices, documents that might be of interest for others, or announcement of special activities. Main indicators, once identified and data results will be displayed. The report can feed in other reporting.
- Each country should have M&E and ITT table with clear definition and ways of measuring.



- Working sessions with colleagues have been done to identify indicators and prepare monitoring and reporting framework. Work session as well on 4Ws and dashboard.

#### Logistics:

- During this reporting period, the Logistics surge came back from Somaliland where they had been deployed for two weeks to do assessment of Hargeisa and Berbera airport as well as Berbera seaport. Road assessments was undertaken as well as checking on available trucking companies with an adequate fleet. Logistics surge also facilitated a smooth arrival of the equipment and three vehicles for the hospital ERU (in coordination the British logistician who was seconded to the Canadian RC).
- Issues with landing permit (Mogadishu) were resolved thanks to good collaboration from the SRCS, the MoH, and the director of civil aviation for Somaliland. The landing permit initially issued in Mogadishu was not recognized in Somaliland, hence another one was issued and directly addressed to Somaliland civil aviation.
- A Regional procurement officer has been deployed for three weeks to Ethiopia to support ERCS in Addis Ababa specifically for procurement issues.
- Transfer of vehicles from the IFRC fleet stock, from Niger to Nigeria, require an export permit which is delaying arrival of vehicles for the operations in Nigeria.



ERU equipment on 20 May. Photo:IFRC

#### Human Resources: Priority HR needs for [MDR60003- Regional Food Crisis Africa Appeal](#)<sup>7</sup>:

Function	Name	Start date	EOM date
IM	Thomas Plattzman (NetherlandsRC)	3-May-17	10-Jul-17
CTP	Pierre Grandidier (Lux-Neth.RC)	16-Apr-17	15-Jul-17
Logistics	Susanne Klitgaard (DanishRC)	17-Apr-17	17-Jul-17
PMER	Nathalie Proulx (CanadianRC)	25-Apr-17	24-Jul-17
Communication (A/V)	Jessica Van Spengen (NetherlandsRC)	31-May-17	9-Aug-17
Health/Nutrition	Kristy Manner (AustralianRC)	28-Apr-17	17-Aug-17
Operations Coordinator	Nicolas Verdy (Canadian RC)	1-May-17	1-May-18
FoodSec/Livelihood delegate	To be filled	ASAP	
Admin/HR support officer	To be filled	ASAP	
RM/Grants Management delegate	To be filled	ASAP	
Security delegate	To be filled	ASAP	

#### Reading suggestions:

ACAPS: [Famine in Northeast Nigeria, Somalia, South Sudan and Yemen](#), April 2017

<sup>7</sup> Needs from specific countries Appeals to be shared when received.

## **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.

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2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.