

IFRC Situation Report: Regional Food Crisis in Africa – 13 July 2017



Follow-up with Cash transfer programming (CTP) beneficiaries who received 3,000 KES cash grant through mobile money with MPesa as part of the drought response in Turkana county, Kenya. Photo: IFRC/Pierre Grandidier

Africa Food Crisis situation analysis

On June 21st, [FEWS NET](#) announced the revision of its estimates¹ from **70 million** people in need of emergency food assistance in 2017 to **81 million** people, while underlining a credible risk of Famine persisting in Somalia, Nigeria and South Sudan.

The new number estimate is based on some key events that have occurred since early 2017, including: the poor and erratic March to May rainy season in the Horn of Africa, where rainfall totals were more than 30 percent below average across large areas of Somalia, Ethiopia, and Kenya, and more than 50 percent below average in the worst-affected areas. Conflicts, notably in South Sudan, northeast Nigeria, Somalia, Sudan, CAR and DRC are also a key contributing factor as well as the severe outbreaks of cholera, acute watery diarrhoea, and other communicable diseases ongoing in Somalia, Ethiopia, South Sudan, and Nigeria, contributing to elevated levels of acute malnutrition and mortality. New data from large-scale food security assessments in South Sudan, and Somalia, among others, have allowed analysis to be updated and refined, improving estimates of the food insecure population. This revised estimate is 70 percent higher than 2015, and 20 percent higher than 2016.

The peak needs are occurring at different times of the year in different countries. The largest number of people in need of emergency food assistance during the remainder of 2017, are expected to be in South Sudan, Ethiopia, Nigeria and Somalia, which are currently, with Kenya, countries of focus for the IFRC Regional team. In the East-Africa region as well, attention will be given to Burundi. Although ongoing harvest and crop production is generally average to above-average across most of the

¹ FEWSNET estimates cover 45 countries i.e. 38 countries covered by FEWS NET, four additional countries in Southern Africa affected by the 2015 drought, and Syria, Pakistan, and Iraq.

country, there are still areas in Crisis (IPC Phase 3) for the coming months. The country remains highly vulnerable with political and economic crisis; more than 209,000 Internally displaced people and 423,056 refugees in neighbouring countries, as reported by [ACAPS](#).

In [Southern Africa](#), the peak needs occurred between January and March and have now declined substantially due to ongoing harvests. Humanitarian assistance has concluded in most countries of Southern Africa, and areas have been experiencing Stressed (IPC² Phase 2) and Minimal (IPC Phase 1) outcomes in May. From June to September, most of Southern Africa should experience Minimal (IPC Phase 1) outcomes, and increased livelihoods opportunities for very poor and poor households, due to increased labour demand, except for eastern parts of the DRC, where Crisis (IPC Phase 3) outcome are expected because of conflict. The Southern Africa countries will nevertheless remain monitored by IFRC's Africa Regional team in Nairobi. Furthermore, evaluations are currently ongoing for countries having concluded operations and lessons learnt will serve to instruct similar development of future operations.

In Sahel countries, humanitarian needs are also expected to increase between July and September in specific areas of Senegal, Niger, Mauritania, Mali, Chad and Burkina Faso. Movement Partners with Sahel's National Societies are currently addressing this issue, preparing a response to cover immediate needs and developing a longer term concerted, coordinated, multi-annual approach to recurring food security crisis, on which the Movement's partners would align themselves.

Resources are and will be required to respond to the current complex African Food Crisis. On 23rd June 2017, the IFRC, with the Rockefeller Foundation, co-hosted in Nairobi a multi-stakeholder meeting with the aim of strengthening individual and collective response and establishing stronger mechanisms of working together to build resilient communities in Africa, mitigating the impact of severe and chronic food insecurity.

For an Overview of the situation, see [FEWSNET Map](#) in annex, displaying estimated peak size of the population in need of emergency food assistance during 2017

SUMMARY OF MAIN IFRC APPEALS³

Country	Appeal (CHF)	Cover (%)	Funding Gap (CHF)	Targeted beneficiaries	Implementation on funding received	Start date	End date
Ethiopia (MDRE T016)	13,686,550	18%	11,237,752	318,325	84%	4 Jan 16	4 Jan 18
Kenya (MDRKE039)	25,062,572	17%	20,898,082	1,033,300	90%	23 Nov 16	13 Dec 17
Somalia (MDRSO005) (under revision)	3,308,035	100%	0	150,000	24%	25 Mar 16	21 Dec 17

² 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.

³ [This report covers activities up to 30th of June. 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.](#)

Regional Food Crisis Africa⁴ (MDR6003)	3,877,335	7% (14% incl. inkind)	3,613,808	—	48%	19 Apr 17	19 Oct 18
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The International Federation of the Red Cross and Red Crescent Societies (IFRC) has three main appeals in response to the food crisis in Ethiopia, Kenya and Somalia, plus a Regional Food crisis coordination Appeal. IFRC also support, with Movement partners, ongoing operations in Nigeria and South Sudan. Specific reports on situation and activities in these countries are presented further in this report. To access directly to a specific country, use following hyperlinks:

[Ethiopia](#) [Kenya](#) [Nigeria](#) [Somalia](#) [South Sudan](#) [Regional Food Crisis Africa](#)

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 Home

Funding: 2,448,550 CHF (18 percent of total target in hard pledges)

Implementation: 84 percent (expenditures vs Funding)

Indicator	Target	Progress
Livelihoods, nutrition, food security		
n° of children U5, pregnant and breast-feeding mothers provided with supplementary food- CSB and Oil;	93,975	73,673 ⁵
n° hhd's affected provided with livestock through Afar restocking program	1,000	0 (starting) ⁶
Water, Sanitation and Hygiene Promotion		
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 ⁷
Health		
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

⁴ 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, in particular the Sahel, DRC and Burundi. Appeals in Mozambique and Zimbabwe are now concluded and the ones for Malawi and Namibia will be in July. South Sudan and Nigeria response plans are being completed. For more detail on funding see [Donor's Response](#).

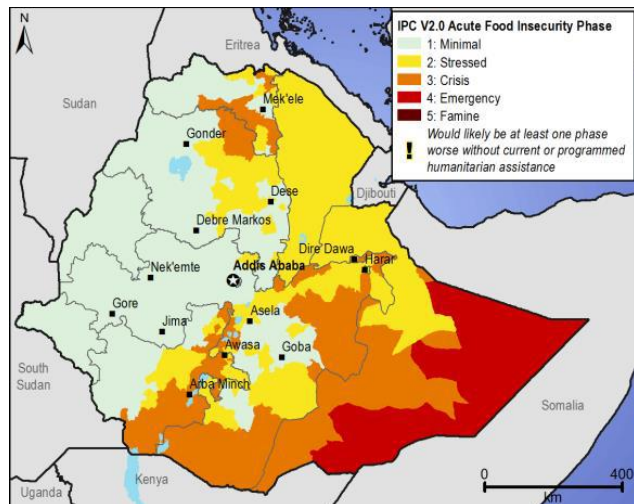
⁵ 3,135 people have been supported by IFRC, the rest have been supported by ERCS' funding and PNS

⁶ The 1,000 beneficiaries have been identified

⁷ 10,400 households were supported by Canadian RC in Kindo Koysya while 14,109 households were supported by ERCS through IFRC Appeal in Moyale. In Ethiopia one households = 5 people.

Integrated Food Security Phase (IPC)

Classification: 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 parts 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 from 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 were expected to move from Stressed (IPC Phase 2) to Crisis (IPC Phase 3), from June on, due to low household purchasing power and a lack of confirmed humanitarian assistance. ([FewNet -Ethiopia](#))



Projected Food security June to sept 2017. fewsnet

Context:

The deterioration of the food security situation continues in Somali, Afar, SNNPR and Oromia regions with greater concern on the rupture of relief food pipeline when the country enters the July-September lean season. The Government of Ethiopia and humanitarian agencies appealed for support in providing immediate life-saving assistance during a high-level Horn of Africa Partnership Mission in Ethiopia conducted from 8 to 10 June, 2017.

According to the Ethiopian Ministry of Agriculture and Natural Resources, a fall armyworm infestation is spreading across 6 major maize harvesting regions in the country at an alarming rate, including Amhara, Benishangul Gumuz, Gambella, Oromia and Tigray regions. Currently, at least 233 woredas in 35 zones have been affected damaging more than 145,000 hectares of maize crop. The outbreak of fall armyworm is expected to exacerbate food insecurity in the country.

Operational highlights:

Although the Ethiopia Red Cross Society (ERCS) continues to implement planned activities in the Afar region with a target completion date of end of June, it was acknowledged that the rate of service delivery and project implementation remain significant challenges. Operational surge from the East Africa Cluster was deployed to support the operation, focusing on procurement and distribution of livestock as well as Planning, Monitoring, Evaluation and Reporting (PMER).

The renovation of the Bidu health centre and construction of its communal latrines are underway. There remains a shortfall in general water trucking capacity in the SNNPR region. The main area of intervention was in Kindo Koysha district. Due to 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.

Sector highlights:

Water, Sanitation and Hygiene Promotion (WASH): Canadian Red Cross (CRC) continues implementing its WASH activities in Kindo Koysha in SNNPR region, focusing on providing safe drinking water to 10,400 people daily through water trucking, water purification, and the provision of water tanks.

Livelihoods, nutrition and food security: In Afar, the restocking program targeting 1,000 beneficiaries is underway. Four distribution sites have been identified in consideration of distance and location. Upon receiving the approval for procurement, orientation and dissemination to the selected beneficiaries will be carried out. Due to the complex and slow procurement procedure, the commencement of the program has been postponed, therefore posing challenges to accomplish the restocking exercises before the end of June 2017. A provision to continue until mid-July is under consideration. In the Kindo Koysha district of the SNNPR region, CRC is supporting the recovery of livelihoods through the provision of supplementary fodder for dairy livestock to 2,000 drought affected families. The mixed fodder is being delivered to the site and will be ready for distribution next week.

Movement Coordination: Currently, there are six Partner National Societies (PNS) present in-country including Austrian, Spanish, Finnish, Netherlands, Swiss and Canadian Red Cross Societies implementing both multilateral and bilateral projects with ERCS. The PNS in coordination with ERCS and IFRC have mainly supported the drought operation through distribution of supplementary food, WASH and livelihoods activities 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.

The IFRC, ICRC and Partner National Societies (PNS) participate in regular coordination meetings convened by the National Society. The IFRC also convenes regular coordination meetings in Nairobi with the ICRC and PNS representatives to share updates on the situation in Ethiopia and neighbouring countries and Movement action to date

KENYA (MDRKE039)
Start Date: 23 November 2016
End date: 23 November 2017
Targeted beneficiaries: 1,033,300 people
Total amount: 25,062,572 Home

Funding: 4,164,490 (17 percent of total target in hard pledges)

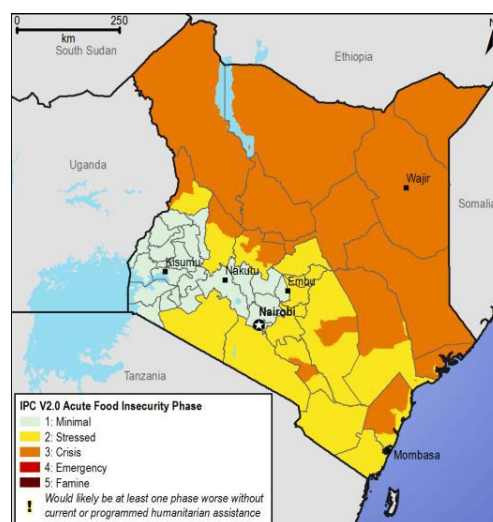
Implementation rate: 90 percent (expenditures vs Funding)

Programs: Livelihoods and food security, Watsan and Health

Indicator	Target	Progress (Cumulative)
Livelihoods, nutrition, food security		
Number of households that received cash transfer	60,000	40,906
Number of complaint and feedback documented	N/A	184
Number of feedback and complaint addressed in a timely manner	100%	66%
Total amount of Cash disbursed (CHF)	6,758,330	2,553,480

Water, Sanitation and Hygiene Promotion		
Number of people reached through Hygiene promotion activities	225,000	48,799
Number of people in targeted communities accessing safe water sources for drinking	225,000	97,599
Number of water supply schemes rehabilitated/equipped.	90	25
Number of hygiene related goods (NFIs) which meet SPHERE standards provided to the target population	N/A	1,624
Health		
Number of people reached with program of basic nutrition services	263,500	67,525
Number of Community Health Workers (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: 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. ([FewsNet -Kenya](#))



Projected Food insecurity June to Sept 2017.

Context:

There continues to be political tension in Kenya as the general election nears with heated political campaigns being conducted in various parts of the country. KRCS has prepared an Election Preparedness Plan for the elections period with a focus on 18 counties categorized as relatively high risk to politically-related conflicts due to a combination of factors that include previous conflicts, resource disputes including land, political alignments among others. A DREF allocation of CHF 270,388 has been granted to KRCS’ preparedness plan for activities such as prepositioning of essential emergency relief supplies, training of volunteers, and conduct of campaigns ahead of the elections scheduled on 8 August 2017.

The country continues to experience unusually high food prices with maize shortage (staple food for Kenyans) despite the Government of Kenya subsidizing the cost of maize to Kshs. 90 per 2kg packet. There have been reported incidences of citizens fighting for maize flour in supermarkets. According to NDMA National Bulletins, June 2017, the food security situation, is far from normal and the gains will reverse following the end of the long rains.

A cholera outbreak was reported on 22 June, 2017 at a Nairobi hotel where a science conference was being conducted, with 50 participants affected some of who are health workers. The Nairobi Governor

directed the county health department to investigate the matter and audit all the members of staff at the hotel and give a report to establish the cause of the outbreak.

Operational Highlights:

A joint monitoring visit has been organized from 26 to 30 June, 2017 by IFRC, Finnish Red Cross and KRCS to Turkana. The objective of the visit is to monitor implementation of the Cash Transfer Programme.

KRCS has continued implementing planned activities during this reporting period. The NS has so far reached 734,458 people.




- **Livelihoods and food security:** 569,334 have been reached with cash transfer, food distribution and livestock destocking activities.
- **Water, sanitation and Hygiene:** 97,599 have so far been reached with various activities such as hygiene promotion and water supply through rehabilitation of water facilities, and NFI distribution.
- **Health:** 67,525 persons were reached health services specifically through community sensitization activities, psychosocial support, reproductive health services and epidemic prevention.



Movement Coordination update:



The Kenya Red Cross Society (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 through bilateral support. Other PNSs have supported KRCS through the appeal.

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
	Water, Sanitation and Hygiene	Norwegian Red Cross, British Red Cross, ICRC
	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, 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).

SOMALIA (MDRSO005)	
Start Date: 25 March 2016	
End date: 21 December 2017	
Targeted beneficiaries: 150,000	
Total amount: CHF 3,308,035	Home

Funding: 3,835,582 (100 percent of total target in hard pledges)

Implementation rate: 24 percent (expenditures vs Funding)

Sector	Type of service	Indicators	People ⁸ targeted (revised EA)	People reached cumulative
Health and nutrition	General medicine	# of people received general medical treatment	90,000	81989
	Nutrition support	# of people received supplementary and therapeutic feeding	30,000	25096
	AWD treatment	#of people admitted to AWD/CTC	5,000	3,371
	Nutrition screening	# of children under 5 screened	-	5,090
	AWD via ORPs	# of people provided with ORS in ORPs	6,000	1,520
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 NFIs and emergency shelter items	6,000	Not started
Cash and livelihoods	Unconditional Cash	# of households received UCG	900	900
	Cash for livelihoods	# of households received agricultural inputs (cash for livelihoods + seeds)	5,000	Not started

⁸ Target is per new revised plan of action

Context:

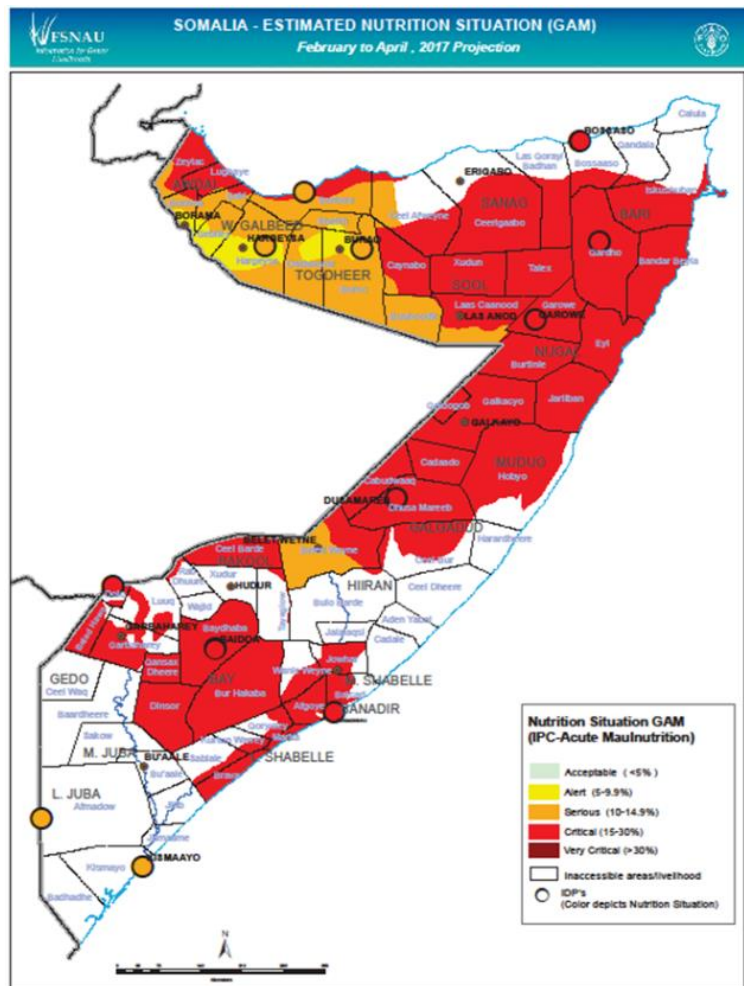
The April to June 2017 Gu season was well below average. This follows large rainfall deficits in 2016 for both April to June Gu and October to December Deyr seasons. According to FewsNet, Field estimates indicate very significant crop losses for 2017 Gu agricultural production. The delayed start of season and long dry spells again affected crop growth. Crisis (IPC Phase 3) and Emergency (IPC Phase 4) acute food insecurity persists in many areas of Somalia. Large-scale humanitarian assistance has reduced household food consumption gaps and contributed to lower staple food prices, but an elevated risk of Famine (IPC Phase 5) remains due to the combination of severe food consumption gaps, high acute malnutrition, high disease burden, and reliance on humanitarian assistance.

A severe AWD/cholera outbreak is ongoing. ERU CTC’s coverage analysis suggest that whilst the AWD outbreak can be attributed to contaminated water sources throughout the regions, the widespread nature and multiple family cases suggest that person to person transmission is high and a strong focus on hygiene practices is paramount to the response in the short and longer term.

Measles cases are also on the rise in Somalia with a total of 10,499 cases having been reported countrywide from 1 January to 11 June 2017, of which nearly half are children under 5 (OCHA, 20 June). In Somaliland, the MoH is planning to hold a mass campaign in in July 2017.

Operational Highlights:

- The operation is being revised to scale-up the drought response and to include the acute watery diarrhoea (AWD) response. The revised appeal – renamed “Complex Emergency” – is seeking CHF 12,137,541 (of which CHF 1,713,000 is bilateral contribution through the Canadian Red Cross/Norwegian Red Cross ERU deployment) and a 6-month extension to 30 June 2018 to support 352,800 people through the provision of general health care, acute watery diarrhoea (AWD) treatment and prevention, water, sanitation and hygiene promotion, food, nutrition, non-food items and livelihoods.
- Cash transfers will be carried out with guidance and support from the German Red Cross. This is expected to commence in late July. Cash for livelihoods will be scheduled based on the rainfall patterns of target regions. Distribution of NFIs will follow and align with the WASH interventions.
- The AWD/Cholera Treatment Centre (CTC) has a cumulative 3,371 admissions as of 25 June. Due to security and access restrictions, the IFRC’s support to Puntland remains limited to remote support with health supplies, material and equipment as well as bringing key health staff and volunteers into Somaliland for training. In close coordination with the ICRC it is intended that as security allows, technical support and assessments will be undertaken for limited periods as necessary to be able to provide comprehensive assistance to the branches.



- FACT Logistics has been working with SRCS to expedite procurements and receipt of goods at the airports and delivery to the warehouses. The mobilization table has been updated according to the revised appeal and coordinated with PNSs for further support.
- Longer term delegates recruitment is ongoing with FACT ending mission, as follows:

IFRC operation team in Somaliland	End of mission and longer-term recruitment
FACT Epidemiology	28 June; further needs to be determined
FACT Health	2 July; second rotation delegate coming beginning July
FACT PMER	6 July; recruitment ongoing
FACT Security	8 July; position to be posted
IFRC Finance Surge	14 July position to be posted
FACT WASH	7 July; recruitment ongoing
FACT Logistics	18 July; recruitment ongoing
FACT WASH/HP	July 22; further needs to be confirmed
FACT Finance	24 July
CTP Specialist	Position to be posted
Operations Manager	31 July; 1-month absence; Interim replacement delegate to be identified; Resumes in September until end of December

Sectors' highlights:

- **Health and nutrition: -data updated 25th June-**
 - The AWD/Cholera Treatment Centre (CTC) has a cumulative 3,371 admissions as of 25 June, of which 904 for AWD/Cholera cases, 852 other diarrhoeal diseases, and the remaining admissions are not known mainly due to status/outcome was not recorded in the first week of operation.
 - Case presentations continue to decrease in the AWD/Cholera CTC since 8 June with an average of 46 percent confirmed AWD during that period. At any given time, there is an average of 70 patients being treated, with average length of stay for all ages at 1.2 days.⁹ There are three measles cases registered between 19-25 June, all above 5 years of age. CTC treating several cases of children with both AWD and acute respiratory illness. MUAC screening at triage but not enough data to comment yet.
 - The collection and analysis of demographic data daily at the CTC and subsequent training of volunteers in AWD and ORPs has allowed for focused positioning of community based activities (ORPs, hygiene promotion, handwashing stations) into hot spot locations.
 - In conjunction with HH distribution of aqua tabs and a broader Government chlorination activity, it is likely that this approach has contributed to a decrease in cases presenting to the CTC and hospital in the Burao district. Initial assessments in these locations also identified difficulties in accessing facility based treatment due to distance to and cost of transport.
 - During reporting period, there has been continued training and capacity building of the medical staff. Some technical staff have been relocated to assist in setting up new CTU in Hargeisa which is expected to be operational by 28 June.
 - 37 ORPs are now operational in Togdheer region (Burao, Buhodle and Odweyne). As of 24 June, a cumulative number of 1,821 users had been to ORPs.¹⁰ Among users, 13 percent have been referred to CTC/CTU and 23 percent referred to MCH for further assessment/ treatment.

⁹ Although there has been a great improvement in reporting of discharge diagnosis, this figure must be viewed with some caution as assumption is that cases may spike after Eid festive.

¹⁰ The cumulative number should be higher, as data were lost in the system between 16 and 23 June.

The focus is on capacity building of supervisors to ensure compliance with data response and adherence to standard with ORP activities. In Awdal region, after completion of ORP/AWD training, eight additional ORPs have been rolled out to identified hot spot locations identified by hospital data, to take burden off hospital admissions

- Based on reporting from 21 ORPs in Togdheer region, 164 malnourished children (22% of 755 screened) have been referred to OTP from ORPs; more than 1,700 people presenting with suspected AWD/Cholera have been provided early rehydration therapy (ORS) and zinc since 27 May 2017.
- In Puntland, the implementation of 21 ORPs had some delays mainly due to difficulties experienced with remote support. Training of volunteers and supervisors in AWD and ORPs is ongoing as well as chlorination activities, including spraying and social mobilisation including hygiene promotion, safe storage of food and safe sanitation and advice re early rehydration.
- Substantial work has been undertaken by FACT Epidemiology to clean data, review processes and provide intensive training and support to SRCS data manager.

Documents of reference or key events to come:

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

SOUTH SUDAN

Start Date: 01 July 2017

End date: 31 December 2018

Targeted beneficiaries: 10,000 Households

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:

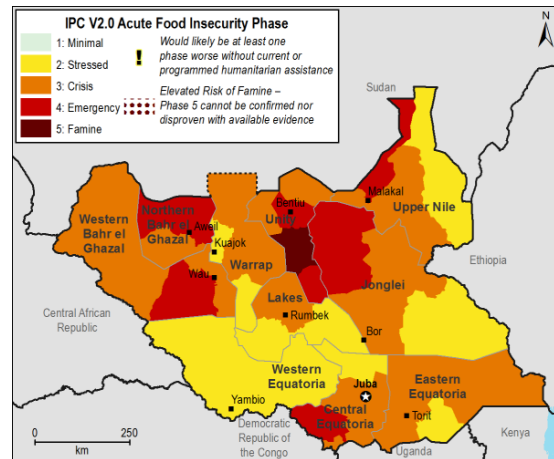
Targeted Beneficiary: Plan is to reach 10,000 households (*60,000 people*)

Funding: CHF 1,115,991 (for 2017) 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 the health, WASH and food security needs.

South Sudan is also experiencing a spike in the endemic cholera levels in country, with currently 5,081 cases country wide and 169 deaths, some in the target areas of this plan. The SSNS is responding to this crisis separately, under its cholera response plan, however, there will clearly be some links between the two plans and the planned operations.

IPC: In Unity State, famine (**IPC Phase 5**) was likely occurring in Leer, and on-going in 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:

In recent years, the humanitarian situation in South Sudan has deteriorated and left millions of people in need of food, access to health care, water and sanitation, and protection. Since the outset of the crisis around 7.5 million people have been affected and many have exhausted their coping capacities. Many areas of the country previously considered relatively stable are experiencing a deepening humanitarian crisis and access to those people continues to be challenging as the volatile situation in each region changes regularly.

The difficult security situation has worsened conditions for the civilian population in this manmade crisis, with people forced to flee conflict or unable to access their fields or livelihoods. The continued economic decline, rising prices, fuel shortages and the critically reduced availability of basic services and essential commodities have also exacerbated the humanitarian situation and given rise to displacement of people within the country and to neighbouring countries.

This manmade crisis is having a serious impact on most of the population of the country, either through displacement (with some parts of the country emptying of people and an estimated 2 million IDPs in country), lack of access to land and crops, rising prices and economic instability, and a depleted infrastructure, particularly in relation to health and water and sanitation. The levels of food insecurity that started in the former Unity state, have spread to many parts of the country and while the situation has partly been responded to through humanitarian assistance in the most critical areas, there are still serious concerns over the nutritional level and food security of many of the people in other areas.

Overall objectives:

The overall objective of the SSRC is to increase its ability to respond the complex needs of this protracted crisis, including those linked to the current food security crisis, in three new areas. The plan complements the contributions of other Movement partners, including the food distributions of the ICRC in conflict areas, and of other actors, such as WFP, in the target areas. The plan will also focus on improving coordination within the Movement and with other humanitarian actors in different sectoral areas so that efforts are not duplicated but augmented.

The plan aims at enabling timely and appropriate life-saving interventions as conditioned by evolving access, needs, and operational partnerships among Movement Partners. The strategic focus is as followed:

(1) Provide immediate life-saving assistance to those critically affected from the protracted crisis while increasing access to basic services for people with special needs in the target areas by:

- ✓ Delivering community based disease prevention and health promotion
- ✓ Providing psychosocial, gender based violence and protection services to affected communities
- ✓ Reducing risks from water-borne diseases and the impact on nutrition, through improving access to safe water, improving sanitation and providing hygiene promotion
- ✓ Meeting the immediate needs for household items, particularly amongst IDP communities
- ✓ Supporting the prevention of severely and moderately malnourished children through effective screening and referral
- ✓ Reducing the risks of food and nutrition insecurity by providing ensuring access to nutritional support

(2) Increasing the resilience of affected local communities, households and individuals by enabling access to essential assistance and services and enhancing the response capacity of the SSRC by:

- ✓ Empowering volunteers and communities to take charge of their own health, WASH and food security situation through volunteer committees and engagement
- ✓ Building NS capacity through training and infrastructure support, at HQ and in the three new areas
- ✓ Strengthening and expanding the capacity of the SSRC disaster response capacity through the reinforcement of the Emergency Action Teams (EAT) and wider volunteer capacity.
- ✓ Establishing context specific community engagement and accountability systems to capture people's voices, concerns and feedback for culturally appropriate awareness campaign

These objectives are interlinked and mutually reinforcing. The NS already has experience and is engaging in activities under existing operational plans, such as those for the cholera response or for contingency planning following the violence in Juba in July last year. This Response Plan builds on this experience, while addressing new areas and needs, currently identified as gaps and therefore as new priorities. Effective delivery of the plan will depend on the availability of sufficient resources from Movement partners and on the necessary enabling environments in the target areas. This may include the need for advocacy from the NS and Movement partners to ensure humanitarian access to hard-to-reach areas.

Implementation plan:

The response plan is the outcome of initial assessment and data analysis, as well as further consultation between SSRC and the IFRC, the ICRC and in-country PNSs to support the SSRC to respond to the protracted crisis in an enhanced and integrated manner. Following the analysis of existing gaps, the most needed activities will be prioritized, while also building the self-sufficiency of the target communities and the NS to continue to address this protracted crisis. It will cover 18 months, however, for clarity and since 2017 is half-way through, the plan will be presented in two phases:

- 1) The first covering July to December 2017 and based on the implementation capacity for this year given the current rainy season and the limited access to the target areas. This will cover those activities most needed and most effectively able to be delivered in this initial period and will include building SSRC's capacity and preparedness for the longer-term plan through doing
- 2) The second phase will be implemented from January to December 2018 and will build on the work done during the first phase. This will be deliver more widespread assistance to vulnerable

communities in the target areas and more profound support to the NS to deliver this, and will be carried out in close coordination and with the support of the ICRC and PNS in country.

The SSRC staff, EATs and volunteers, with support from SSRC department heads, will carry out initial assessments to further detail the plans in each area and under each technical programme and will follow up with regular monitoring and assessment to keep the plan up to date. The plan considers the absorption capacity of the SSRC and as the NS's capacity is strengthened, the SSRC may scale up its action to address wider areas of intervention if the needs are identified through ongoing monitoring and assessments.

Movement Coordination update:

The overall management of the operation will be coordinated by the Head of Programmes at SSRC HQ, with support from technical departments at HQ and branch staff. SSRC are keen to support the work in these new branches or units and will utilize the full range of Movement support available to deliver the plan.

Under the framework of Strengthening Movement Cooperation and Collaboration (SMCC) process, South Sudan is a pilot country or "country lab". As such, this is a good opportunity to show that a coordinated Movement response can be delivered in this complex environment. As part of this process and following commitments in a Movement partnership meeting in Geneva in 2016 and in Juba in May 2017, all Movement partners have agreed to work towards a Movement response and to support and resource it, including supporting the development of the NS's capacity to deliver. Hence, this response plan hopes to set up and follow through on:

- Agreed and shared needs assessments
- Complementary strategies and objectives
- Coherent and coordinated response plans or one response plan
- Coordinated plans for the monitoring and evaluation of implementation

At country level, the IFRC will take on the role to facilitate and enhance coordination amongst Movement partners (SSRC, ICRC, IFRC and PNS). This will be coordinated through the mechanisms of the Movement Platform and other coordination meetings in Juba, to discuss and take decision on the response strategy and approaches, security and access, and communications. Partners will adhere to the existing coordination agreements: 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.

NIGERIA

Start Date: 24 April 2017

End date: 30 September 2018

Targeted beneficiaries: 272,000 people (45,300 families)

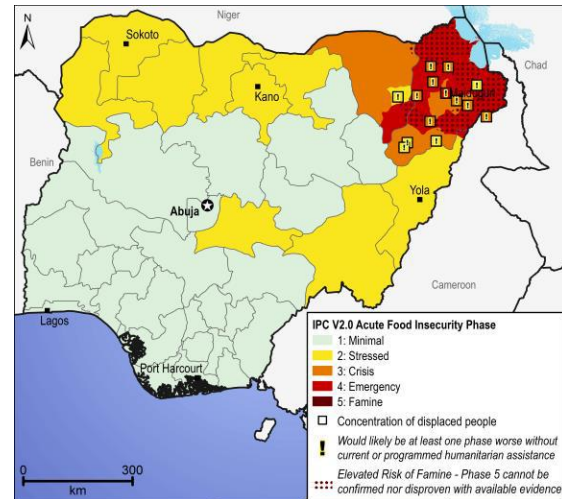
Total: CHF 5,096,838 (for 2017) through One International Appeal launched by the ICRC [Home](#)

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.

IPC: 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 (IPC Phase 3) or Emergency (IPC Phase 4) acute food insecurity, with an increased risk of high levels of acute malnutrition and mortality. Less accessible areas, particularly in Borno State, remain at risk of Famine (IPC Phase 5) in 2017. ([ACAPS-Nigeria](#))



Projected food security June to Sept 2017. fewsnet

Context: In recent times, Nigeria has witnessed increased occurrence of conflicts and disasters that range from attacks by armed opposition groups and other ethnic militias to politically induced conflicts and natural disasters. Since 2009, the north-eastern part of Nigeria has been plagued by armed conflict characterized by extreme violence against the population. In 2013, armed opposition groups increased foothold in neighbouring countries, drawing Cameroon, Chad and Niger into the conflict and later involving the Lake Chad Region. An estimated 20,000 people have been killed, many more have been wounded, while massive displacements have occurred, with more than three million people forced to flee their homes, some into neighbouring countries such as Cameroon, Niger, and Chad, as of early 2017. 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 (RCRC), including a FACT assessment in late 2016 and early 2017 also confirmed the intensity of the humanitarian crisis in NE Nigeria. The increasing humanitarian needs are in the areas of **livelihoods, food and nutrition, shelter, health, water, sanitation, protection and education** for children, especially girls. Food continues to be the predominant unmet need of IDPs (57 percent) with non-food items (NFIs) as the second most urgent need (IOM, 2017). Analysis of secondary and assessment data reveals that 8.5 million people in three states are in need of immediate humanitarian assistance ([OCHA Sitrep no 12](#), issued on 31 May). 1.9 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. 5.2 million people are food insecure with the onset of the rainy and lean season (June to August). The NRCS-IFRC detailed assessment in Yobe, Borno and Adamawa States carried out in February 2017 confirmed that for many returnees, return has not brought them humanitarian relief.

Operational Highlights:

- *Assessments:* In-depth multi-sectoral assessments in affected communities of Hong, Gombi and Song local government areas (LGAs) have informed the operational framework, which prioritizes the immediate and early recovery needs of the affected population in the areas of food security, livelihoods, health, WASH, shelter. The operation will use an integrated programming approach through ensuring that various sectors harmonize their resources in affected target communities and join efforts in training up NRCS volunteers. The operation will maximize support and ensure that the NRCS structures and resources in place are strengthened to deliver efficient and effective services to vulnerable populations. Finalization of the revised emergency plan of action and accompanying budget is underway.
- *Implementation:* The team, with support of the cash transfer programming (CTP) experts, are working on putting appropriate modalities/mechanisms in place to deliver assistance to the affected. Distributions are planned for early July. Meanwhile, the process of mobilizing and training NRCS volunteers continues in Adamawa. Mobilization of identified NFIs (mosquito nets, water purification tablets, water storage containers) has commenced.
- *Human Resources:* A multi-sector surge team – comprising technical specialists deployed via the FACT, HEOps, NDRT and RDRT mechanisms – is working alongside NRCS headquarters and Adamawa branch. A Facility Management Team – comprising of two Base Camp ERU members – has been deployed by the Danish Red Cross. Further deployments – of relief technical support, CTP technical support, and shelter technical support – are in the pipeline.
- *Human Resources (surge):* Rotations have taken place for the CTP Technical Lead, Finance and Admin Technical Lead, Information Management/IT Lead, Logistics Technical Lead, Head of Operations. The IFRC Asia Pacific Regional Office (APRO) seconded its IM Delegate to support the operation – as Information Management/IT Lead – for two months, with the option of extension to three months. RDRT Relief (3), Shelter (1) and Livelihoods (1) members have been identified and deployment is underway.
- *Human Resources (long term):* Recruitment of longer-term delegates is moving forward, with the identified Operations Manager, Procurement and Logistics Delegate, and Disaster Management Delegate expected to join the operation within two weeks. Finalization of recruitment of Livelihoods Delegate, Finance and Admin Delegate, and Public Health Delegate is underway. Recruitment for several national staff positions is underway.
- *Security:* For the Eid holidays (23-26 June), the operational team assessed the security situation and took proactive measures to reduce risks. Field trips were limited during the holiday period in Adamawa. As usual, security briefs are sent to all personnel heading to Nigeria prior to their departure from ports of origin while detailed briefing is provided by the CCST upon arrival. All personnel must get security clearance from the HCCST before proceeding to the field, where further briefing is provided by IFRC and ICRC. NRCS and ICRC (Abuja and Yola) are informed about the movement of personnel from Abuja to Yola. Any travels out of Yola City require that vehicles be in pairs.

Movement Coordination update:

- *Movement coordination:* Movement coordination mechanisms are in place, with regular meetings being held with ICRC and NRCS at Abuja and Yola levels to ensure a shared understanding of approaches and find ways where ICRC can share technical advice and provide logistics support. Signing of framework documents – including the Movement Security Framework Agreement, Tripartite Project Cooperation Agreement – is expected to be done by early July. The joint Movement communications and reporting plan has been finalized following feedback from ICRC.
- *External coordination:* Coordination with all main actors in Adamawa, including local authorities and OCHA, continues.

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

Start Date: 19 April 2017

End date: 19 October 2018

Total amount: 3,877,335 CHF



Funding: 263,527 CHF (for 7 percent coverage, however approximately 14 percent, considering in-kind personnel donation)

Implementation: 48 percent (expenditures vs Funding)

Main Highlights:

- The priority focus for the Regional Food Crisis team remains on supporting Somalia, Nigeria, South Sudan, Kenya and Ethiopia's operations, where acute needs are prevalent, and particularly in Somalia and Nigeria where activities are scaling and ramping up.
- The revised Plans of Action for Somalia and Response Plan for South Sudan have been agreed upon among Movement's partners at country level and finalised. A HeOps was deployed in South Sudan during this period to support completion of the Response Plan.
- A field monitoring mission to Turkana (Kenya) focussing on Nutrition and Cash Transfer components of the KRCS response, was organized by the East Africa Country Cluster (EAIOI) and KRCS. The Regional CTP and Communications Surge delegate participated to the mission from 26 to 30 June.
- For Southern Africa contexts, a joint final evaluation is currently ongoing for Mozambique and Zimbabwe which have completed their activities. The evaluation will provide information on lessons learnt and contribute in designing steps to prepare for next drought season. [Malawi's](#) and [Namibia's](#) Food-security Appeals have been extended for two months, until 31 July 2017 to complete remaining activities. The southern Africa countries will remain closely monitored although, in most countries of Southern Africa, household food availability is now improving with harvests. The Scenario Planning document for the regional food crisis response is currently being reviewed by the Africa regional team and updated to ensure relevant scope and sound response, with an increased focus on DRC, Burundi and the Sahel. The review and the update is done in collaboration with Geneva Disaster & Crisis department and country clusters.
- For Sahel countries, where humanitarian needs are expected to worsen between June and September. DMIS Food Security reports were posted for six countries on May 8th (Senegal, Niger, Mauritania, Mali, Chad and Burkina Faso) reporting that the population to be assisted is estimated at 417,900 people, i.e. 69,650 most vulnerable households. The countries are Chad 89,100 people, Niger 131,300, Senegal 83,000 people, Mali 60,100 people, Mauritania 28,100 people and Burkina Faso 25,700 people.
- To address this issue, the National Societies of Sahel Countries with Movement partners (IFRC, ICRC, PNSs of Belgium, British, French, Spanish, Netherlands and Swedish Red Cross) met for a three-day workshop on Resilience and Food Security in Sahel. The workshop was held in Ouagadougou Burkina Faso from May 22 to 24, 2017 and aimed at defining a concerted, coordinated, multi-annual approach to recurring food security crisis, on which the Movement's partners will align themselves for the next five years.
- During this reporting period, the regional team provided continuous support to ongoing operations in field: coordination within and outside the Movement; Logistics and procurement; rolling out of surge teams, recruitment process of key permanent positions, briefings and debriefings of surge capacities, data collection, management and analysis,

Revision of response plans, trainings, and development of Information Management tools i.e. the Regional Food Crisis [Dashboard](#), the SharePoint, infographics, 4Ws.

- During the last two weeks of June, a team of MapAction has been at the Africa Regional office in Nairobi to assist with the mapping of branches of the National Societies in Africa. They created maps, for multiple African countries, including Kenya, Nigeria, Somalia and South Sudan, Ethiopia, remaining to be approved. This is a work in progress and a great step into the direction of having a better overview of the branch offices in Africa.

Human Resources: Priority HR needs for [MDR60003- Regional Food Crisis Africa Appeal](#)¹¹:

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	25-Oct-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	



Program). Parkati, Turkana county, Kenya; IFRC/Pierre Grandidier. To see more photos, click [here](#).

¹¹ Needs from specific countries Appeals to be shared when received. For the regional Appeal, longer term surge replacements are sought for team members leaving.

Contact information:

For further information specifically related to these operations please contact:

Farid Aiywar, Head of Disaster Management, Regional Office Africa, Kenya, phone +254 731 067 489; email: farid.aiywar@ifrc.org

Nicolas Verdy, Coordinator Operations, Regional Office Africa, Kenya, phone +254 780 771 161; email: Nicolas.verdy@ifrc.org

Nathalie Proulx, PMER, Regional Office Africa, Kenya, phone + 254 780 771 136; email: nathalie.proulx@ifrc.org

How we work

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

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

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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.

