

www.ifrc.org
Saving lives,
changing minds.

Emergency appeal operations update

Regional Coordination: Food Crisis in Africa

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDR60003	
Operations update n° 2	covered by this update: 19 April to 21 June 2017
Emergency Appeal start date: 19 April 2017	Timeframe: 18 months
Appeal budget: CHF 3,877,335	Appeal coverage: 2% (13% considering in-kind personnel donation)
Host National Society presence: This regional appeal focuses on immediate regional support to those countries with existing country level appeals and responses.	
Red Cross Red Crescent Movement partners actively involved in the country-level operations: American Red Cross, Austrian Red Cross, Belgian Red Cross, British Red Cross, Danish Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Icelandic Red Cross, Iran Red Crescent Society, Luxembourg Red Cross, Swiss Red Cross, Spanish Red Cross, Netherlands Red Cross, Norwegian Red Cross, and ICRC.	
Other partner organizations actively involved in the operation: In many of the countries under the umbrella of the Regional Coordination Food Crisis in Africa Emergency Appeal, the IFRC have ongoing programs with the following: World Food Program (WFP) operates in Kenya, Malawi, Mozambique, Puntland and Zimbabwe in the areas of Livelihoods and Food Security and in Water Sanitation and Hygiene. Care International is partnering in Mozambique, Somalia (Somaliland), and Zimbabwe in the areas of Livelihoods and Food Security and Water, Sanitation and Hygiene. UNICEF is present in Kenya, Malawi and Somalia (Puntland) supporting Water, Sanitation and Hygiene programs. Others – partners such as Norwegian refugee Council, FAO, Save the children, Oxfam, IRC, Caritas are also partnering with National Societies in the region.	

The Regional Food Crisis in Africa Emergency Appeal (EA) seeks CHF 3,877,335 to enable the International Federation of Red Cross and Red Crescent Societies to support National Societies in their activities to help the population affected by the Food Crisis in Africa. The Appeal was launched to complement and to support the current country-level emergency operations Emergency Appeals (EAs) related to the Food Crises, mainly those focusing on drought and food insecurity. It aims at providing a structural framework for the country-level EAs, enabling opportunities to support the country-level response activities by strengthening and scaling up operational support, coordination, communication, capacity building, security and safety for staff and



Mobile health clinic midwife and nurse checks the health of pregnant and lactating women living in remote, drought-affected communities.

Photo: Alison Freebairn

volunteers in all affected countries in the region. The scope is to better assist the affected population by addressing challenges in response and early recovery and using resources effectively through shared opportunities. The Regional Coordination Food Crisis does not highlight specific implementation activities, but rather provides a strategy to coordinate implementation in the country-level EAs for enhanced synergies. The main components of the response to the regional Food crisis focus on multi-sectoral needs through Health and Nutrition, WASH, Food Security and Livelihoods' interventions.

The Regional Food Crisis Africa team's attention is currently focused on operations in the following countries: Ethiopia, Kenya, Nigeria, Somalia and South Sudan, where acute crisis is ongoing¹. In Mozambique and Zimbabwe, Appeals have now concluded where in Malawi and Namibia, they have been extended until the end of July to complete activities. Although significant improvement in food security is expected in Southern Africa for the months to come, these countries, as well as countries in the Sahel, will remain closely monitored as still considered at-risk countries.

Country	Appeal (CHF)	Targeted beneficiaries	Start date	End date
Ethiopia (MDRET016)	13,686,550	318,325	4 Jan. 16	4 Jan. 18
Kenya (MDRKE039)	25,062,572	1,033,300	23 Nov. 16	13 Dec. 17
Malawi (MDRMW012)	3,590,677	22,474	17 Dec. 15	31 July 17
Namibia (MDRNA009)	1,303,19	16,500	30 Sept. 15	31 July 17
Somalia (MDRSO005)	3,308,035	150,000	25 Mar. 16	21 Dec. 17
Regional Food Crisis Africa (MDR6003)	3,877,335	————	19 April 17	19 Oct. 18

The Regional coordination team dedicated to this Food Crisis Appeal is based in Nairobi and currently functional with: Operations Coordinator, Health\Nutrition, Cash Transfer Programming (CTP), Planning, Monitoring, Evaluation and Reporting (PMER), Logistics, and Communications. The IFRC would like to thank the Australian Red Cross, the Canadian Red Cross, the Danish Red Cross, the Netherlands Red Cross and Luxembourg Red Cross to have funded the deployment of these regional positions and invite donors to further funding for key positions to support with the relief and recovery phase. [Donors response.](#)

This update covers the operations from 19 April 2017 to 21 June 2017.

Situation Analysis:

Since the end of 2016, the African continent is facing an unprecedented food crisis, with peaks predicted throughout 2017. According to the Famine Early Warning Systems Network (FEWS-NET), 70 million people across 45 countries could require food assistance in 2017. The causes and factors of this crisis are multi-layered. At the environmental level, the severe droughts observed in 2015/2016 due to El Nino and in 2016/2017 due to La Nina with below-average rainfall have sharply reduced crop harvests and severely limited the availability of water and pasture for livestock in the region. These effects have been amplified by a chronic situation of below average rainfall and poor harvest seasons for the last few years. At the social level, the environmental impacts have drastically reduced the coping capacities of the population, especially for those already impacted by reduced livelihood opportunities or other circumstances, such as poor access to health facilities.

Conflicts and violence have further exacerbated vulnerabilities of the population present in affected countries. At the economic level, the persistence of local or regional conflicts have been creating disruption to household livelihoods, production of food and trade. Another consequence of this violence is decreased access to humanitarian aid. This is particularly true in Nigeria, Somalia and South Sudan. Further, the lack of preventive measures has not allowed for proper mitigation efforts for the risks connected to the food crisis.

The population movement situation is particularly problematic in the East Africa region due to the extreme complexity of population movements, which include Internally Displaced Persons (IDPs), refugees, migrants,

¹ South Sudan and Nigeria Response Plan are not yet published as Appeal, hence not mentioned in the table below

people displaced because of the drought, returnees, as well as people moving in huge numbers from rural areas to urban centers. The current crisis is likely to lead to an increase in the number of displaced persons across the region, adding considerable pressure on the existing and already limited resources available in most of the countries concerned, thus having an impact on the overall humanitarian situation. Adding to this, severe outbreaks of cholera, acute watery diarrhea, and other communicable diseases are ongoing in Somalia, Ethiopia, South Sudan, Nigeria, contributing to the elevated levels of acute malnutrition and mortality. The Red Cross Movement is responding in the immediate to these complex crises while working on longer term response.

Operations Update for the countries of focus:

In Ethiopia: The [state of emergency](#), initially declared on 9 October 2016 for six months, was extended for a further four months in March 2017. The food security situation has deteriorated in recent months, with the estimated number of food insecure people increasing from 5.6 million to 7.8 million in early May 2017. The number of food insecure people is estimated to further heighten in the second half of the year. According to [GIEWS](#), The areas most affected by food insecurity are SNNPR, southern Oromia and southern Somali regions, while some other drought-affected areas have been recently benefitting from erratic improvement in rainfall. Ethiopia is among the largest refugee-hosting countries in Africa with about 840,000 registered refugees and asylum seekers estimated in May, mainly originating from South-Sudan, Somalia and Eritrea. Compounding to the situation, is the on-going outbreak of Acute Watery Diarrhoea and an armyworm infestation currently devastating crops across six regions in the country, and spreading at an alarming rate.

The Ethiopia Red Cross Society (ERCS) continues to deliver assistance in Afar and SNNPR with Livelihoods, nutrition and Food security; Water, Sanitation and Hygiene promotion and Health. In SNNPR, a total of 122,545 people has been reached with safe water (water storage tanks, water purification tabs and distribution of water containers). In the Afar region, ERCS is focusing on following activities: construction of communal latrines, health centre improvement, and animal restocking for some 1,000 families. Operational surge support in the form of Cash Transfer, Logistics, and PMER were deployed to the Afar region to support operation.

Indicator - Ethiopia	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
n° hhs affected provided with livestock through Afar restocking program	1,000	0 (starting)
Water, Sanitation and Hygiene Promotion		
n° of volunteers trained	75	75
n° of households benefiting from potable water.	36,000	24,509
Health		
n° of children U5 registered with SAM and MAM case ²	9,500	2,415
n° of Pregnant Lactating Women registered for supplementary feeding;	3,700	770

In South Sudan: 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. About 3.1 million people have been forced to flee their homes since the conflict started in 2013, including nearly 1.97 million internally displaced

² The aim of the health intervention is to train and support ERCS volunteers to screen children U5 to identify SAM and MAM cases. SMM cases are referred to health units and ERCS intervene in the MAM cases by providing supplementary food. IFRC supported health centre in Bidu is still under renovation.

(50% estimated to be children) and more than 1.83 million who fled as refugees to neighbouring countries, bringing the total number of South Sudanese refugees in the region to more than 1.3 million. There is currently a AWD/Cholera outbreak in Somalia. 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 South Sudan Red Society is currently completing a response plan with the support of IFRC to complement the Movement's partners activities in the country. The plan, initially envisages a twelve-month scenario targeting 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 would comprise WASH, Health care and nutrition education, food security and livelihoods as well as psychosocial support components. The current AWD/Cholera outbreak might necessitate to revisit the Response plan priorities.

In Kenya: The National Drought Management Authority's ([NDMA early warning bulletin for June](#)) indicates that while the long rains have ended, many parts of the Arid and Semi-Arid Lands (ASALs) are still experiencing long distances between home and water sources, unusually high food prices, and worrying levels of malnutrition. Being the third consecutive below- average rainfall season, the modest recovery conditions in some parts of ASALs are likely to be short-lived. Therefore, the upcoming dry season (June to September) will be a difficult one for the ASALs in terms of malnutrition, access to water and food, particularly for pastoral communities. Insecurity linked to resource-based conflicts has worsened, while Fall Armyworm and African Armyworm infestations continue to threaten crops in marginal agricultural counties, further worsening the prospects for the next harvest. Disease outbreaks including AWD/Cholera, Measles, Kala-azar and Dengue fever have been reported in different counties in the country, complexifying the implementation of KRCS's drought response. KRCS, supported by IFRC is currently assessing the situation to see how to adjust response to additional needs. Kenya continues to receive an increased number of refugees from South Sudan, with 10,772 new arrivals from South Sudan since January 2017. The situation in Kakuma and Kalobeyei Refugee camps is further aggravated by the ongoing cholera outbreak. Humanitarian access in East Pokot sub-county (of Baringo County) remains severely constrained due to ongoing intercommunal conflict and security operations by government forces. While the humanitarian situation in the sub-county is of great concern (especially the malnutrition situation); access to the affected population is extremely limited. About fifteen health facilities in the area remain closed, and the remaining nineteen facilities are operating sub-optimally. Prices of basic food commodities have soared with overall inflation for the month of May 2017 reaching a five-year high of 11.7 per cent, adversely affecting the purchasing power of drought affected population.

The Kenyan Red Cross Society (KRCS), through the Emergency Appeal launched in November 2016, has so far been able to reach 506,284 people with Livelihoods and Food security; Water, Sanitation and Hygiene as well as Health activities. In fact, 341,160 were reached with cash transfer, food distribution and livestock destocking activities; 97,599 with various activities such as hygiene promotion and water supply through rehabilitation of water facilities, and NFI distribution. More than 67,525 persons were reached health services specifically through community sensitization activities, psychosocial support, reproductive health services and epidemic prevention. Psychosocial support sessions are mainly being implemented in conflict affected areas.

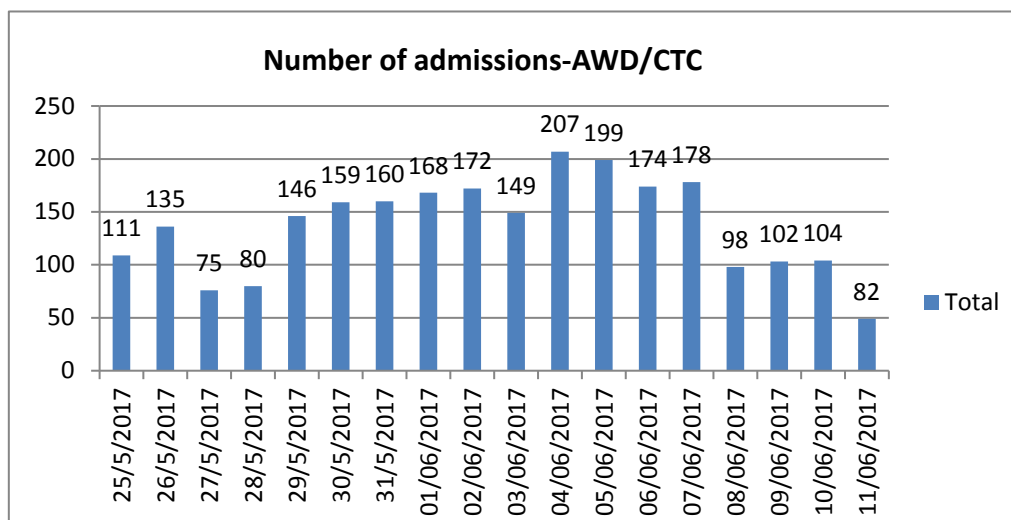
Indicators - Kenya	Target	Progress (Cumulative)
Livelihoods, nutrition, food security		
Number of households that received cash transfer	60,000	38,858
Number of complaint and feedback documented	N/A	184
Number of feedback and complaint addressed in a timely manner	100%	66%
Total amount of Cash disbursed (CHF)	6,813,560	2,517,290
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

In Somalia: IFRC operations in Somalia are concentrated in Somaliland and Puntland in the north of the country. Both regions have been severely affected by drought-induced food insecurity since 2016. The situation is expected to further deteriorate as Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of acute food insecurity persist in many areas of Somalia, with an elevated risk of Famine (IPC phase 5). According to [FewsNet](#), between June 1st and 10th, no rainfall was reported in nearly all areas of the country. The exception to this was a small area of Northwest Agro-pastoral livelihood zone of Hargeisa District in Woqooyi Galbeed that received 10-25 millimetres of rainfall. Throughout the country, the lack of rainfall was approximately 10 mm below the short-term mean and this was the third consecutive reporting period of either below-average rainfall or no rainfall in large parts of southern, central, and northern Somalia. The Somalia situation is exacerbated and rendered more complex by an outbreak of AWD/Cholera which is impacting not only general morbidity and mortality but will likely increase rates of malnutrition in the coming weeks. The first cases in Somaliland occurred in October 2016, with the epidemic reaching alarming levels since April 2017. During week 20 to 25 of 2017, cases of AWD/Cholera have doubled from 6243 to 12,705 with 281 deaths reported over Somalia. So far, 15 out of 18 regions in Somalia have reported cases of AWD/Cholera. Togdheer region is the primary location for cases (78 percent). The Health Cluster Somalia monthly bulletin of May 2017 reports that since January 2017, 45,400 AWD/cholera cases and 738 deaths (case fatality rate of 1.6 percent) have been recorded in 52 districts across 15 regions. For more details see: FewsNet; [Somalia Food security outlook](#), Update April 2017.

Since the end of March 2016, with the Somalia Drought and Food Security Appeal (MDRSO005), IFRC has been supporting Somalia Red Crescent Society (SRCS) with health, nutrition, cash transfer as well as water and sanitation measures, to assist the population affected by food shortages and malnutrition. As part of the Appeal, six SRCS clinics in Puntland and Somaliland have been supported with contribution of salaries and capacity building. From April 1st, 2016 to March 31st, 2017, the six clinics, could provide health services to 69,745 people and nutrition services to 25,096 people. The Drought and Food Security Appeal was revised initially in March 2017. As part of the revision, the IFRC support was extended from 6 to 24 clinics (12 mobile clinics and 12 static clinics), belonging to the network of SRCS' eighty-two clinics across Puntland and Somaliland.

In parallel to the Drought and Food Security Appeal, and to respond to the worsening AWD/cholera outbreaks, IFRC issued a AWD/Cholera outbreaks DREF (MDRSO003) on 15 March 2017. Furthermore, the IFRC deployed an Emergency Response Unit (ERU) Treatment Centre focusing on AWD/Cholera (CTC) to the most affected part of Somaliland. The AWD/Cholera treatment centre, from 25 May to 11 June, has admitted 2,499 patients. The AWD/Cholera CTC also support existing operations at AWD/Cholera Treatment Units (CTUs) in outlying districts where SRCS is active. The ERU CTC and FACT team provide remote capacity-building support to the regions of Somalia that are non-accessible for security reasons.



A second revision of the Drought and Food Security Appeal is currently undergoing, in collaboration with IFRC, ICRC and Partner National Societies. As part of this revision, the DREF for AWD/Cholera outbreaks (MDRSO003) and the ERU CTC activities are being merged within the Drought and Food Security Appeal (MDRSO005), for accrued efficiency of the overall Movement response to the more complex Somalia crisis.

In Nigeria: 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 1.9 million people (IOM) 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 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. 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 situation is characterized by large food gaps, significant increases in the prevalence of acute malnutrition, and increased mortality among children.

In support to the Nigerian Red Cross Society, a multi-sector surge team, has deployed since early May, prioritizing rapid integrated assessments covering the Local Government Areas (LGAs) of Gombi, Hong and Song in Adamawa State. Assessments by the surge team and NRCS Adamawa Branch have identified pockets of food insecurity, but not of crisis level at this point as evidence of stocking has been seen, with most respondents indicating that their main need is support that will enable them to plant during this sowing season. It is projected that food insecurity in the three LGAs would hit crisis levels between August and November, when household food stocks are depleted, supply in the markets reduces drastically leading to inflation of food prices prior to harvest time. Food assistance interventions will be most relevant in August onwards. Nutrition interventions will also be needed during this period. The implementation plan splits the operation into two phases: early response (i.e. interventions aimed at addressing the identified immediate needs) and early recovery (i.e. aimed at addressing needs for three months and beyond). The plan remains to focus on Adamawa during the third quarter of 2017, delivering a holistic and integrated approach. 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'. Activities aimed at enhancing NRCS capacity will be implemented alongside service delivery to affected communities

IFRC overall Response Management and Coordination

The [Regional Coordination Appeal for the Food Crisis in Africa](#), was launched on 19 April 2017 as per request for additional regional support and coordination to implement, scale up and ramp up the country-level operations; monitor countries at risk for timely intervention and ensure that longer term and resilience approaches are integral part of the responses. The benefits of regional coordination are eight-fold³: 1) provides strategic oversight at the regional level; 2) consolidates monitoring and data information across the Africa Region; 3) develops and encourages partnerships at country and regional level; 4) enhances community resilience to future shocks; 5) facilitates and encourages regional learning; 6) harmonizes technical and operational approaches; 7) scales up engagement and accountability approaches; and 8) enables one voice within the Federation and the Movement. The Regional Food crisis team currently comprises surge capacity in Health and nutrition, Cash Transfer programming (CTP), Information Management (IM), Logistics, Planning, Monitoring, Evaluation and Reporting (PMER) and since the first week of June, Communications.

Among coordination mechanisms, Task Force meetings and partners' meetings are held respectively every week and once a month, a regional Situational Report is prepared in collaboration with operations managers every two weeks, a regional Food crisis dashboard is being put in place and, to ensure proactiveness in response, a risk scenario planning is regularly updated.

The priority focus for the Regional Food Crisis team remains on Somalia, Nigeria, South-Sudan, Kenya and Ethiopia, where acute needs are prevalent, and particularly in Somalia and Nigeria where activities are scaling and ramping up. The Regional Food Crisis in Africa Appeal has been supporting smooth coordination of operations, adequate technical support, mainly in health, logistics, CTP and PMER for all countries; as well as supporting for the deployment of surge capacities. During the reporting period, IFRC teams have been supporting the revision and implementation of the response plan for Nigeria, where an important surge team has been deployed and the elaboration of the IFRC response plan for South-Sudan. The Regional team have been supporting operations remotely and in country, for example, with Regional CTP, Logistics and PMER surge delegates going to Ethiopia for monitoring and implementation of the Afar restocking program and the Regional Logistics surge going to Somalia to support arrival and transportation of medical equipment and items for the treatment Centre.

On June 1st, Movement partners involved with Somalia met 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. The revised EPoA, will be submitted to SRCS at the end of June. The Emergency Appeal is revised to integrate the undergoing Somalia DREF AWD/Cholera operation and scale up actions to include the Emergency Response Unit (ERU) Treatment Centre focusing on AWD/Cholera, which was deployed at the end of May. This is to ensure efficient management of two ongoing operations within the same target population, under the umbrella of Somalia Red Crescent Society. In compliance with requirements, Operations Updates for Somalia's, [Drought and Food security Ops Update no7](#), and [AWD/Cholera DREF Ops Update no 1](#), were published on June 8, explaining closure of the DREF and merging of the two operations within a revised response plan.

In Southern Africa, operations in [Mozambique](#) and [Zimbabwe](#) concluded their activities, pending final reports, and an evaluation of the operations is ongoing, which 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 July 2017 to complete remaining activities.

These Southern Africa's countries will remain closely monitored although, in most countries of Southern Africa, household food availability is now improving with harvests. According to [Fewsnet](#), household food security is improving across Southern Africa with the harvesting of the 2016/17 crops. Humanitarian assistance has concluded in most countries, and areas have been experiencing Stressed (IPC Phase 2) and Minimal (IPC Phase 1) outcomes in May as household food availability was improving with harvests. From June to September, most of the region 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.

³ for a detailed description, see [MDR60003](#) Plan of action

The scope for the Food crisis regional team is also expanding to Sahel countries, where humanitarian needs, in some specific areas, are expected to worsen between July and September. In May, Food Security reports were provided for six countries (Senegal, Niger, Mauritania, Mali, Chad and Burkina Faso) estimating that the population to be assisted would be at 417,900 people, i.e. 69,650 most vulnerable households. The countries of intervention 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 the Sahel issue, the National Societies of Sahel Countries with Movement partners 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 resilience-based approach to recurring food security crisis, on which the Movement's partners will align themselves for the next five years. For more immediate action, a joint DREF is currently being drafted to support six National societies in assisting 69,650 of the most vulnerable households to meet food and nutrition needs during the upcoming lean season, which should span from July to September 2017.

Monitoring is an important component for efficient and timely response. For this Food Crisis Regional Appeal, a Scenario Planning and Operational strategy document, based on reliable sources of information, has been developed to ensure that all countries within the scope are closely monitored. This allows for pro-active decision-making and moves towards preventing disaster. The scenario planning document is regularly reviewed. This document follows up global trends in climate, food security, and health as well as expected crisis peaks. For each country, it presents response options. As part of the monitoring tools, the Red Cross Red Crescent Movement uses [FEWS NET](#) emergency Integrated Phase Classification (IPC) levels to monitor the severity of food insecurity alongside other compounding factors (such as mortality and land degradation).

Contact information

For further information specifically related to this operation please contact:

- **IFRC Africa Region:** Nicolas Verdy; Operations Coordinator Food Crisis; phone: +254 780 771 161; email: nicolas.verdy@ifrc.org
- **IFRC Africa Region:** Farid Abdulkadir, Head of Disaster Management Unit, Nairobi, phone : +254 731 067 489; email: farid.aiywar@ifrc.org
- **IFRC Geneva:** Cristina Estrada, Response/recovery Lead DCPRR, phone: +41 22 730 4260. Email: cristina.estrada@ifrc.org

For In-Kind Resource Donations and Mobilization Table support:

- **IFRC Africa Region Logistics Unit:** Rishi Ramrakha, Head of Regional Logistics Unit, phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Region:** Kentaro Nagazumi, Partnership & Resource Mobilization Coordinator; Africa Region; phone: 254 714 026 229; email: kentaro.nagazumi@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- Fiona Gatere, Africa Region PMER Coordinator; Nairobi; phone: +254 731 688 230; email: fiona.gatere@ifrc.org

-
1. Revised Emergency Appeal budget (*if needed*) [below](#)
 2. Click [here](#) to return to the title page

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 (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

www.ifrc.org
Saving lives, changing minds.



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

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