

Emergency appeal №: MGR60001 Emergency appeal launched: 06/10/2022 Operational Strategy published: 23/11/2022	Glide №: N/A
Operation update #1 Date of issue: 25/12/2022	Timeframe covered by this update: From 13/05/2021 to 25/11/2022
Operation timeframe: 15 months (06/10/2022 - 31/12/2023)	Number of people being assisted: 7.6 million
Funding requirements (CHF): CHF 132 million through the IFRC Emergency Appeal CHF 205 million Federation-wide	DREF amount initially allocated: CHF 9.3 million ¹

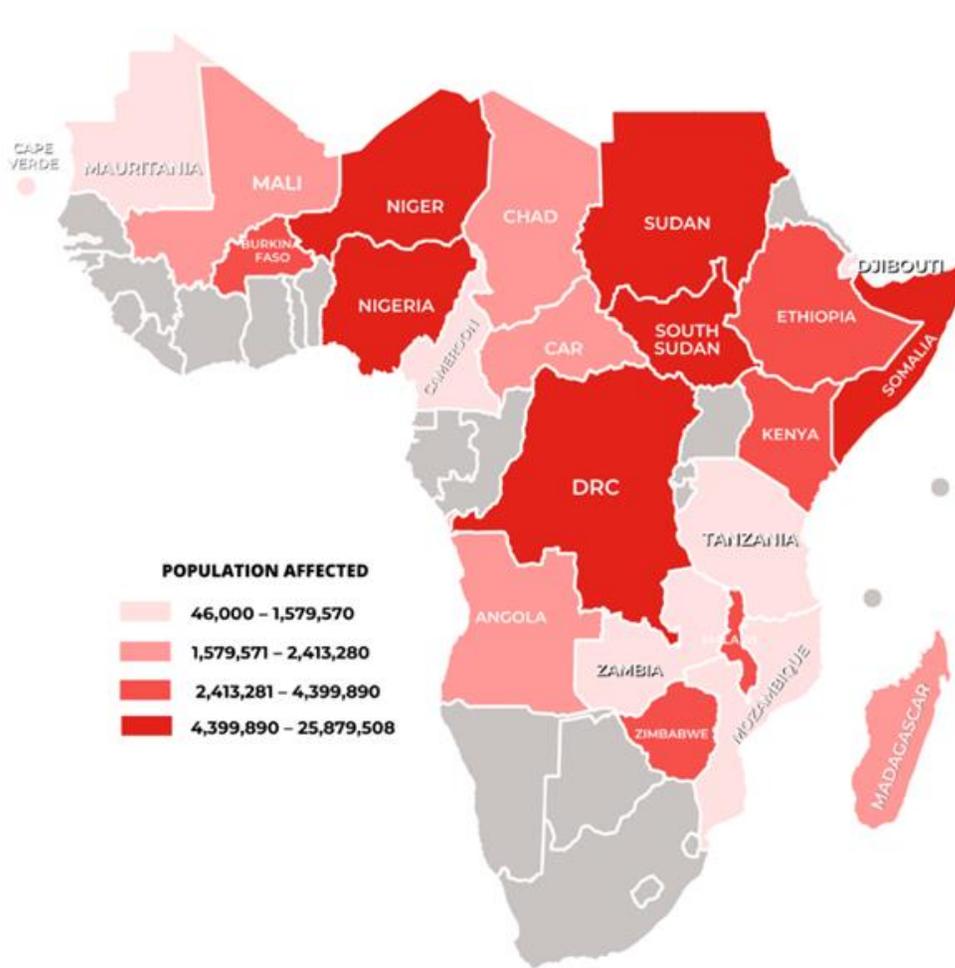
To date, this Emergency Appeal, which seeks CHF 205,000,000 Federation-wide, is 19 per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue providing humanitarian assistance and protection to people affected by the hunger crisis. A total of 14 countries are being supported through this appeal to scale up the response and improve food and nutrition security of vulnerable people in rural and urban areas. Additional 9 countries are on the risk watch and some have started operations via the DREF.



In a dry riverbed people dig for water. Four rain seasons have failed, and it is predicted that also the fifth consecutive rain season will fail, leaving millions of people without access to food, water, and livestock. Kenya Red Cross together with their partners work to assist communities affected by severe and prolonged drought. Turkana is one of the most affected areas in Kenya where many people have lost their livestock, access to clean water, and struggling to find their next meal. (Photo credit: Olav A. Saltbones/Norwegian Red Cross)

¹ This includes CHF 5,788,786 in DREF grants and loans on active operations, as well as an additional CHF 3,600,094 allocated with the launch of the Regional Hunger Crisis Appeal, to boost the response as part of the IFRC pan-Africa Zero Hunger Initiative.

SITUATION ANALYSIS



146 million

people in need experiencing a crisis or worse level of acute food insecurity across Sub-Saharan Africa

Figure 1: Hunger crisis affected countries

Across the region, millions of people are living in poverty and facing multiple daily threats to their food security. An estimated 146 million people are facing crisis or worse levels of acute food insecurity in sub-Saharan Africa². Climatic shocks, such as prolonged drought and recurrent flooding, conflict, desert locusts, and economic downturns, exacerbated by the effects of COVID-19, have combined to hit communities hard. The impact of global drivers is compounding the effect of pre-existing deep-rooted local drivers such as poverty and marginalisation.

The crisis has spread across all of Africa – from East Africa with the fourth consecutive failed rains in the Horn of Africa and extreme flooding for four successive years in South Sudan, to the Sahel region of West Africa plagued by insecurity and political instability, to Southern Africa where countries, such as Zimbabwe, are experiencing surging inflation. Unfortunately, this is not new and in 2010–2011, in spite of early warning signs that failed rains in East Africa would result in acute food insecurity and a loss of lives, the humanitarian response was too little and too late. History almost repeated itself in 2016–2017, but governments and humanitarian organisations mobilised a response sufficient enough to head off mass mortality.

² Source: Integrated Food Security Phase Classification (IPC) data as of 26th August 2022 <https://www.ipcinfo.org/>

Warnings of the current situation were given as early as 12 months ago when African Red Cross and Red Crescent National Societies started to launch hunger crisis emergency appeals. So far, 17 African National Societies have responded to the hunger crisis across the region with the limited resources they have. However, to respond to the rapidly escalating humanitarian needs and scale up, for the National Society response, funding for the crisis needs to be urgently increased. The IFRC, in turn, must quickly and massively scale-up life-saving assistance to millions of people facing crisis or worse levels of acute food insecurity, of which hundreds of thousands are at immediate risk of or experiencing catastrophic levels of acute food insecurity, but also to decisively address the root causes of this crisis through longer-term commitments.

The following sections detail how the African Red Cross and Red Crescent National Societies plan to scale up life-saving assistance to millions of people and the response efforts since the launch of the emergency appeal. At the same time, through longer-term programming, African National Societies will address the root causes of food insecurity. IFRC will build on our previous successes and work in support of government plans and frameworks to improve the resilience of the most impoverished communities, including displaced populations.

Severity of Humanitarian Conditions

The estimated cost of the humanitarian response going into 2023 is US\$51.5 billion, a 25 per cent increase compared to the beginning of 2022 due to the humanitarian needs which are shockingly high, as this year's extreme events are spilling into 2023. Communities in the Horn of Africa are in the midst of a likely fifth consecutive failed rainy season with the October - December 2022 rains that began poorly and forecasts indicating they are likely to underperform and may face a sixth failed season in March-May 2023.

Food security and livelihoods

The Sahel region of Africa is facing unprecedented humanitarian needs as a result of armed conflict, poverty, climate change, food insecurity and political instability. In 2022, more than 33 million people across Burkina Faso, the Far-North of Cameroon, Chad, Mali, Niger, and North-East Nigeria need live -saving assistance, an increase of more than 25% over the last five years.

Across the Horn of Africa, at least 36.4 million people are affected by the most prolonged and severe drought in recent history in the last months of 2022, including 24.1 million in Ethiopia, 7.8 million in Somalia and 4.5 million in Kenya. Two districts in Somalia are projected to face famine from October to December 2022 and at least 23 million people are enduring high levels of acute food insecurity due to drought in Ethiopia, Kenya and Somalia. In Somalia, 6.7 million people will likely experience high levels of acute food insecurity (IPC Phase 3 or above) from October to December, including over 300,000 in Catastrophic (IPC Phase 5) conditions, while people in rural areas of Baidoa and Burhakaba districts and displaced people in Baidoa town of Bay region are at risk of famine.

About 11.9 million people in Ethiopia are severely food insecure due to the drought. In Kenya, about 4.35 million people are expected to face acute food insecurity (IPC Phase 3 and above) between October and December 2022, according to the Long Rains Season Assessment. With the October to December 2022 rains beginning poorly, food insecurity will rise in the months ahead, and between 23 and 26 million people will likely face acute food insecurity due to the Horn of Africa drought by February 2023.

Health and Nutrition

In the Africa region, hunger crisis is driving alarming levels of malnutrition for children and women. About 4.9 million children are acutely malnourished in drought-affected areas, of whom 2.2 million are in Ethiopia, about 884,500 in Kenya and 1.8 million in Somalia. This includes about 1.4 million children who are severely acutely malnourished, including 704,500 in Ethiopia¹, 222,700 in Kenya and 513,550 in Somalia. In addition, an estimated 986,000 pregnant and lactating women are acutely malnourished, including 685,900 in Ethiopia, 115,700 in Kenya and 184,400 in Somalia. Across the region, many women have sacrificed their own wellbeing and nutrition to care for their families. Public health is under pressure due to COVID-19, monkeypox, vector borne diseases, and outbreaks of Ebola and cholera.

The drought is increasing the risk of disease and having devastating consequences for the health of affected communities. In East Africa region, countries hardest hit by the drought are responding to cholera outbreaks, with 11,500 cases recorded in the first eight months of 2022, including 9,700 in Somalia alone. Measles is also on the rise, with 20,500 cases reported across the three countries from January to August in 2022. Malnutrition and disease have a synergistic relationship, with malnutrition increasing the likelihood of falling sick—especially for children and pregnant and lactating women—while sick people become more easily malnourished, according to WHO. As the price of food rises, families may be forced to choose between food and health care, increasing the risk of people discontinuing treatment, including for HIV. At the same time, displacement can heighten the risk of exposure to disease, due to compromised living conditions, while also increasing the potential spread of disease, including across borders.

WASH

More than 16.2 million people cannot access enough water for drinking, cooking, and cleaning across the Horn of Africa, including 8.2 million in Ethiopia, 3.9 million in Somalia and 4.1 million in Kenya, according to UNICEF. Many water points have dried up or diminished in quality, heightening the risk of water-borne diseases, and increasing the risk of skin and eye infections as families are forced to ration their water use and prioritize drinking and cooking over hygiene. Water deficits have been exacerbated by very high temperatures. Women and girls are having to walk longer distances to access water, in many instances up to double or triple the distances they would walk during a regular dry season, exacerbating their potential exposure to gender-based violence and dehydration. Water shortages are also impacting infection prevention and control in health facilities and schools. In Ethiopia and Kenya, there are reports of an increase in pregnant women being exposed to infections, the worst of which have resulted in death, following deliveries both at home and at health facilities due to the limited availability of water.

Country Situation

Angola

Angola is facing the worst recorded drought in 40 years, with southern provinces, specifically Huila, Cunene and Namibe provinces, experiencing the fifth consecutive year of drought conditions. This takes into account that these are months of scarcity characterised by rising food prices and that the next harvests will only take place from March onwards if the next rainy season is normal. High levels of acute food insecurity are present in all municipalities. The high acute food insecurity in this region can be attributed to the recurrent effects of drought which has reduced both agricultural and livestock production and led to an increase in food prices. Other contributing factors are loss of animals through disease or theft and the locusts. Households who have moved with their livestock in search of better living conditions are of great concern, as they need to find shelter and livelihoods that can guarantee access to food.

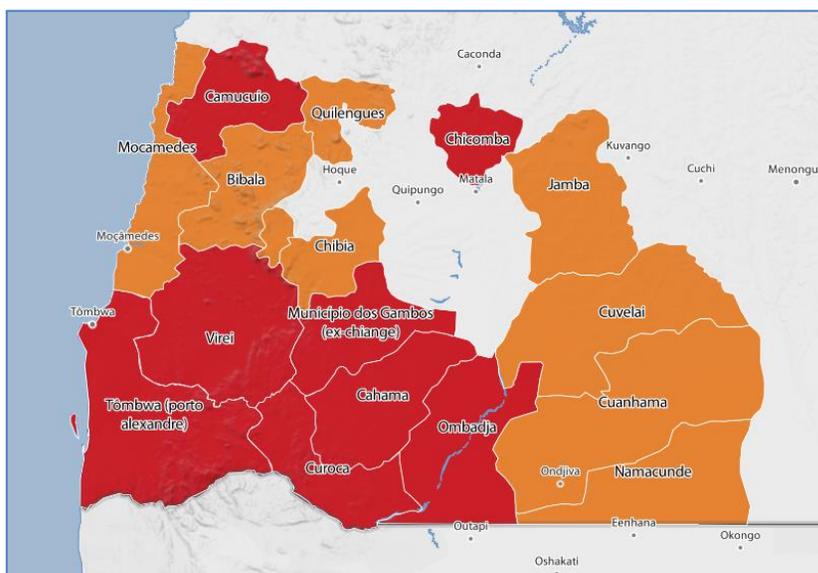


Figure 2: Angola IPC Phases. Source: <https://www.ipcinfo.org/>

Burkina Faso

For several years, countries in the Sahel Region have been experiencing a growing number of crises combining climatic effects, displacement crises, insecurity and other factors which complicate and worsen the humanitarian conditions and food insecurity each year. For Burkina Faso, the January 2022 IPC system placed it among countries with the largest

number of populations exposed to severe food insecurity and even places some provinces in a situation of famine during the lean season.

Burkina Faso, during the period from March to October 2022, had more than 3.4 million people facing food insecurity due to a multifaceted crisis. This crisis is characterized by armed conflicts and inter-community violence resulting in the desertification of cultivable land and a large flow of people putting pressure on food production and consumption. The country is currently experiencing an unprecedented crisis affecting the food capacity of thousands of households already living in precarious economic conditions. The armed conflict affecting the country continues to aggravate food insecurity in northern Burkina Faso. Areas impacted, such as the provinces of Soum, Yagha and Oudalan, the current harvests are not sufficient to meet consumption needs.

Cameroon

Cameroon is experiencing an increasing food insecurity crisis with 29% of children under 5 years old with nutritional stunting. This food insecurity crisis is hardest hit in the far north, Adamawa, East, Littoral, Northwest, Southwest and West regions. Desertification due to climate change is affecting the northern part of Cameroon and has led to significant crops failure and loss of livestock. The insecurity situation in the northwest and southwest, particularly in Mayo-Save, Mayo-Tsanaga, and Logone-et-Chari divisions, has forced communities to leave behind their farming and commercial activities. Additionally, the forced migrations have put more pressure on host communities which further exacerbate the issue of food supply to meet needs of both the host population and host communities particularly in Littoral, Centre and the West regions. The political instability in neighbouring Central African Republic has also led to a massive inflow of refugees into the East region of Cameroon which further exacerbates food insecurity putting additional pressure on the food supply system. Furthermore, inflation of prices for food and non-food has worsened since the COVID-19 pandemic and the war in Ukraine. According to the National Institute of Statistics, general inflation in August 2023 was 6.6.% as compared to 3% in August 2022.

The Democratic Republic of Congo

The food insecurity situation in the country is an increasing concern. According to IPC analysis, DRC is in the current phase 27 million people (26% of the population analysed) face high acute food insecurity and 6% of the population faces emergency (IPC phase 4). Interagency assessments highlight high levels of food insecurity.

The security situation in the east of the country remains a concern, with recent armed conflicts in North Kivu leading to numerous population displacements. As of 28th November, more than 370,000³ people have been displaced due to insecurity. Ongoing conflicts in different areas limit people's activities, especially for farmers, and hinder the regular harvest cycle of the current agricultural season. August 2022 to January 2023 is the peak of the lean season and the start of planting for the agricultural season. Harvesting is expected in December 2022 throughout the eastern part of the DRC, except for the former province of Katanga (unimodal), which will start harvest three months later.

Ethiopia

Decades following six consecutive failed rainy seasons. The country has a high dependency on rainfed agriculture, and recent reductions in economic growth rates, rapid population growth, weak institutional capacity, and high levels of conflict make it particularly vulnerable to the impacts of climate change. While climatic conditions differ substantially across Ethiopia, the average temperature is projected to increase, and rainfall is expected to become more erratic. Ethiopia's long history of drought, famine, and locust outbreaks all further the need for increased capacity and resilience to cope with the projected impacts of climate change.

A worsening and expanding drought over the last few months expected to continue in the coming months following our consecutive failed rainy seasons in parts of Ethiopia, the drought impact has continued to worsen and expand over the last few months with more areas affected, notably in Afar.

³ Source: <https://displacement.iom.int/democratic-republic-congo>

According to the Ethiopian drought response revised report (September 2022) revealed that 24.1 million people are affected by drought in Ethiopia. Recent weather forecasts point towards a higher likelihood that the upcoming deyr/haya rainy season (October – December 2022) will also be below-average, making it an unprecedented fifth consecutive failed rainy season. Already, owing to the revised methodology used for revising this plan to strengthen the identification of drought-affected areas, the number of affected woredas increased from 157 in the first iteration of the Drought Response Plan to 391 by the end of June.

Over the recent years, drought-affected pastoralist and agropastoral communities in southern and eastern Ethiopia have suffered from the impact of multiple and often recurring shocks. In addition to four back-to-back failed rainy seasons since late 2020 (the worst in the last 40 years), these communities have endured the impact of desert locust infestations, conflict, and disease outbreaks, including the COVID-19 pandemic. Likewise, the expansion and continuation of the drought has not only affected more people, but it has also significantly increased the severity of their needs and eroded remaining resilience mechanisms almost completely. In addition, the drought has expanded to areas that have also been affected by conflict in Northern Ethiopia, notably in the Afar region, or violence in another part of the country, in Oromia and SNNP regions, subjecting affected people to increased vulnerability.

The drought impact continued to worsen and to expand over the last few months with more areas affected, notably 9,788 in Afar region. According to FEWS NET, "pasture conditions are among the driest on record, with few to no migration options. Subsequently, an estimated 3.5 million livestock have died between late 2021 and mid-May 2022, and herd sizes are likely to decline further given very limited livestock births this season and high offtake expected during the upcoming dry season." An additional 25 million weakened and emaciated livestock are also at risk of death, which is devastation for a population heavily reliant on livestock for nutrition, notably for children, and income.

Kenya

Drought is impacting in 21 out of 23 Arid and Semi-Arid Land (ASAL) counties due to the four failed consecutive seasons across the country, resulting in a population of 4.35 million in need of immediate humanitarian assistance. According to the National Drought management authority, there has been an increase in malnutrition, with 942,000 cases of children. A total of 14 counties are already in alarm phase including: Laikipia, Marsabit, Garissa, Isiolo, Kilifi, Kwale, Samburu, Tana River, Tharaka Nithi, Turkana, Wajir, Kitui, Kajiado and Mandera with seven counties in alert drought phase which includes: Embu, Narok, Taita Taveta, Makeni, Meru, Nyeri and Lamu. Most of these areas depend on livestock for their livelihood.

There has been very little vegetation cover causing a substantial number of livestock deaths and increasing independence as pasture is limited. The country depends on rain-fed agriculture, which has resulted in poor crop production across the country and excessive food prices. Access to water for both livestock and household use has diminished with most water sources impacted thus causes accessibility issues to water points.

Mali

In recent years, Mali has been facing a food crisis due to the combined effects of climatic hazards and a long situation of armed conflict and violence. The food crisis has worsened due to the global impact of the conflict in Ukraine, an economy impacted by the Covid-19 pandemic and supply chain constraints. According to the latest results of the Food Security Cluster assessment, some 2.8 million people are suffering from hunger in Mali, including 1.8 million people who need emergency food assistance.

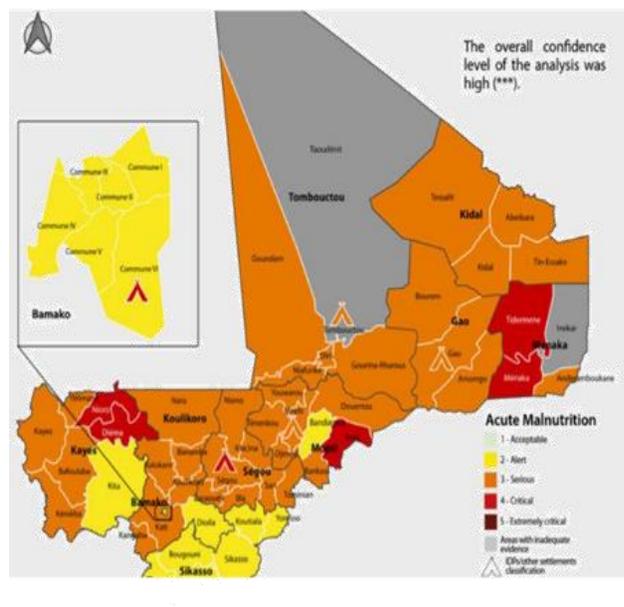
Insecurity makes access to certain localities difficult and hampers the action of humanitarian actors to respond to a growing and widespread food and nutrition crisis in the country. According to available data, the most affected areas are concentrated in the regions of Mopti, Timbuktu, Gao, Kidal (inaccessible/difficult to access due to insecurity), and Koulikoro, Ségou, where access for humanitarian actors would be more manageable. Malnutrition is reaching

alarming levels with more than 1.2 million children under the age of five years at risk of acute malnutrition by August 2022, including more than 300,000 severely malnourished children in need of urgent and appropriate treatment. Cases of malnutrition are more frequent in urban areas, particularly in Bamako.

Niger

In 2022, Niger has been affected by the worst food security crisis of this decade, with 4.4 million people in need of immediate humanitarian assistance. This crisis is part of a continuing deterioration of the security situation in the Sahel region, which further aggravates the socio-economic vulnerabilities of the population. Men, women, and children do not have adequate access to food and are exposed to several threats affecting their well-being. These threats include natural hazards (floods, climate change, droughts, and forest fires), epidemics (measles, malaria, meningitis, and cholera) and insecurity, leading to population movements and competition for resources.

According to the findings of the previous Harmonized Framework (IPC), 2.5 to 3.3 million people were in crisis situations across the country (phases 3 to 5 according to the Integrated Food Security Classification (IPC). It predicted that the situation would increase to between 3.6 and 4.4 million people by the end of the year. The new harmonized framework, which was scheduled to be published by the end of November 2022, is still being finalized. Pending its publication and information from the joint food security and livelihood analyses conducted every six months in the Sahel and West Africa sub-regions by governments and stakeholders, including the International Red Cross and Red Crescent Movement - the situation remains critical. The due to the impact of flooding in several regions, insecurity issues and the low mobilization of resources to support local adaptation initiatives to the challenges imposed by climate change.



These analyses reveal that the country recorded a 39% decline in cereal production during the 2021-2022 agricultural seasons, i.e., a gross deficit of two million tons in all regions of Niger. Inflation continues to affect trade as prices of major staple foods and livestock continues to rise, in some cases still more than 40% above the five-year average for staple foods.

Nigeria

According to the Nigeria Multi-Dimensional Poverty Index (MPI) survey⁴, 62.9% of people (just under 133 million people) are multidimensionally poor, meaning that they experience deprivations in more than one dimension, or in at least 26% of weighted indicators. In terms of the MPI value, which captures the proportion of poor people as well as the intensity of their poverty, the poorest states are Sokoto, Bayelsa, Jigawa, Kebbi, Gombe, and Yobe. Kebbi and Sokoto are two states that are being focused on by the hunger crisis in addition to 9 more states. By revealing not only who lives in poverty and where, but also how people are poor by each indicator, the Nigeria MPI (2022) provides valuable information to determine the beneficiaries of social programs like the hunger appeal by IFRC. Nearly half of all Nigerians are children under the age of 18 (47.2%). It is within this context that the Nigeria hunger Appeal has considered livelihoods, health and nutrition as key implementation priority areas.

The hunger crisis in Nigeria is a significant concern with the country having the highest number of persons in West Africa (19.5 million) projected to be in crisis or worse (IPC Phase 3-5) including 1.2 million people in emergency phase (IPC phase 4).

⁴ Source: <https://nigerianstat.gov.ng/elibrary/read/1241254>

The country's Northern Region has a high level of food insecurity compounded by long-term armed conflict and violence. Nigeria's North Central and Northwest region has in recent years seen a deterioration in the security situation marked by an increase in banditry; farmers and herders' conflict; and insurgency. Conflict and banditry have disrupted livelihoods, and led to forced displacement, human rights violations, and obstruction of movement which, in turn, has reduced the availability of food, and market access, and decreased households' capacity to meet their essential needs. Women and children have been affected more by this displacement with access to education and proper nutrition for children being severely affected.

South Sudan

Severe food insecurity persists and is increasing in flood, drought, and conflict-affected areas including Northern Bahr el Ghazal and Eastern Equatoria. A total of 7.74 million South Sudanese (62.7% of the population) in April 2022 projected to be facing severe acute food insecurity⁵. The current food insecurity is a result of conflict, displacement, and floods (destroyed crops) as well as inadequate rainfall in some areas which have seen reduced food availability. The deteriorating security situation along the Nimule – Juba highway, which is a key supply route, disrupted supplies of commodities that increased food prices significantly higher than the long-term averages. The extremely high prices for food and fuel are significantly affecting household purchasing capacity that is compounding the worsening food security outcomes.

The minimum expenditure base for the country has gone up by 19% per cent (an increase of 13,505 South Sudan Pounds since July 2022) according to a Joint market monitoring initiative as of August. Moreover, the food basket has increased by 22% since July 2022. This is caused by high prices in the market for basic commodities⁶.

Despite the significant deployment of humanitarian assistance, between February and March 2022, an estimated 6.83 million people (55% of the population) faced high acute food insecurity (IPC Phase 3 or above), of which 2.37 million people faced Emergency conditions (IPC Phase 4). An estimated 55,000 people were classified in Catastrophe (IPC Phase 5) in Fangak, Canal Pigi, and Uror counties in Jonglei State; Pibor County in Greater Pibor Administration Area; Tambura County in Western Equatoria State; and Leer and Mayendit counties in Unity State.

The most food-insecure states between February and March 2022 where more than 50% of their populations faced IPC Phase 3 or above acute food insecurity are Jonglei (72.4%), Unity (67.6%), Warrap (62.9%), Northern Bahr el Ghazal (56.8%), Upper Nile (54.2%) and Lakes (52.0%)⁷.

Continuous hunger and lack of proper nutrients will lead to children's malnutrition. Parents that are looking for food to feed their families will not prioritize educating their children. Families that are looking out for all options to survive may adopt negative coping practices like child marriage, child labour, etc. In 2022, around 1.34 million children under five years are expected to suffer from acute malnutrition based on the results of the SMART nutrition surveys, Food Security and Nutrition Monitoring System (FSNMS), and program admission trends. The highest burden is from Jonglei, Upper Nile, Unity, and Western Bahr el Ghazal States (concentrating 60% of the burden in four states for 2022).

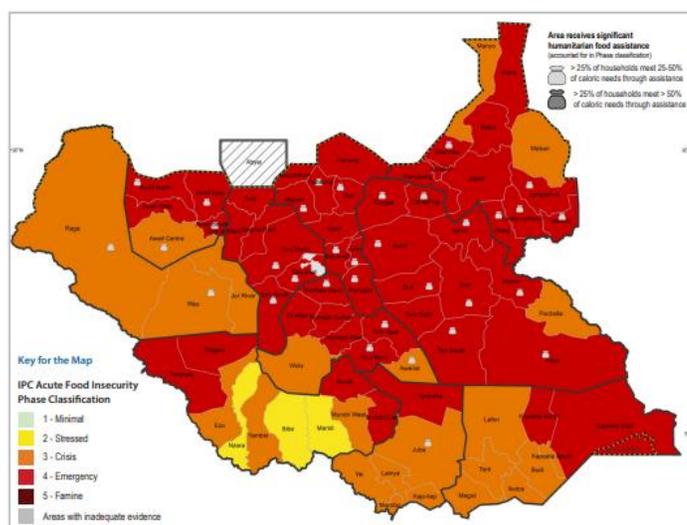


Figure 4: South Sudan IPC Phases. Source: www.ipcinfo.org

Sudan

⁵ Source: <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155527/>

⁶ More information is available at: www.reach-initiative.org

⁷ Source: <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155527?iso3=SSD>

According to the projections up to date from the Integrated Food Insecurity Platform⁸, nearly 11.7 million people in Sudan have likely experienced high acute food insecurity (IPC Phase 3 and above) between June and September 2022 and about 7.7 million people are expected to be in high acute food insecurity (IPC Phase 3 or above) from October 2022 to February 2023.

Humanitarian food assistance in June 2022 remained above normal and got worse until September 2022 (the peak of the lean season), driven by the compounding impact of various drivers, including the below-average 2021/2022 harvest, significantly above-average cereal and non-cereal food prices, shortages and high prices of imported wheat-resulting from reduced wheat imports, and high international wheat prices-, and the ongoing poor macroeconomic conditions that are resulting in well below normal purchasing power for poor households.

The number of households facing Crisis (IPC Phase 3), or worse outcomes is expected to remain high in 2022 among IDPs, people affected by intercommunal clashes, flood-affected households, poor households in eastern and western Sudan, and urban poor households.

Health facilities in hunger crisis states are struggling to sustain an adequate supply of medicines and medical items due to financial challenges. Although public health care is supposed to be free, lack of health care staff and inefficient services leads most people to prefer facilities from private sector that is not well regulated and generally do not follow national protocols and guidelines. The out-of-pocket expenditure is an extra burden to people already facing hunger. Kassala West Darfur and Red Sea regions are reporting increasing cases of Dengue fever. In an environment of inadequate healthcare and epidemic-prone areas, individuals and communities have increased vulnerability to ill-health effects. SRCS is already a member of the Federal ministry of health coordination team. There are ongoing environmental cleaning campaigns for eradicating mosquito breeding sites with health education. With support from IFRC, trends are being monitored by following daily surveillance data.

Zimbabwe

Zimbabwe is experiencing a deteriorating food security situation, with 5.6 out of 16.6 million people (33%) having insufficient food consumption⁹, and a projected 38% of the rural households (HH) to be cereal insecure at the peak of the lean season (October to December 2022)¹⁰. The factors driving food insecurity in Zimbabwe are multifaceted and mutually reinforcing. The deteriorating economic situation is compounded by a combination of climate change shocks, COVID-19 pandemic impact and the Ukraine crisis that are worsening existing vulnerabilities. For 2023 it is predicted Zimbabwe will continue to be affected by the food insecurity crisis as well as by political and economic instability as the country moves into an election year. An increasing number of households are experiencing Crisis (IPC Phase 3) outcomes as the 2022/23 lean season sets in earlier than normal due to below average 2021/22 harvests and macroeconomic instability. The worst affected provinces with IPC 3 levels are Matabeleland North (58%), Masvingo (41%) and Matabeleland South (36%). Crisis (IPC Phase 3) outcomes are likely to continue in most typical deficit-producing areas through January 2023 and the peak of the lean season.

⁸ Source: www.ipcinfo.org

⁹ Source: https://fews.net/sites/default/files/documents/reports/ZW_FSOU_August%202022_Final.pdf

¹⁰ Source: <https://docs.wfp.org/api/documents/WFP-0000141604/download/>

Hunger Crisis Federation-wide Overview

The following Participating National Societies are supporting African National Societies through IFRC Secretariat or bilaterally: American Red Cross, Austrian Red Cross, Bahrain Red Crescent, Belgian Red Cross, British Red Cross, Canadian Red Cross, China Red Cross, Hong Kong branch, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Icelandic Red Cross, Irish Red Cross, Italian Red Cross, Japanese Red Cross, Kuwait Red Cross, Luxembourg Red Cross, Monaco Red Cross, Netherlands Red Cross, Norwegian Red Cross, Singapore Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Taiwan Red Cross organisation and Turkish Red Crescent.

Participating National Society	Presence in country													
	Angola	Burkina Faso	Cameroon	DRC	Ethiopia	Kenya	Madagascar	Mali	Niger	Nigeria	Somalia	South Sudan	Sudan	Zimbabwe
American RC						●								
Austrian RC					●									
Belgium RC		●		●				●	●					
British RC						●				●				●
Canadian RC				●				●			●	●		
Danish RC					●	●		●	●		●	●	●	●
Finnish RC					●	●					●	●	●	
French RC			●	●			●		●					
German RC					●		●				●	●	●	
Icelandic RC											●			
Italian RC					●	●			●					
Luxembourg RC		●					●	●	●					
Monaco RC		●												
Netherlands RC	●			●	●	●		●				●	●	
Norwegian RC		●		●		●				●	●	●		
Qatar RC								●					●	●
Spanish RC		●		●				●	●				●	●
Swedish RC				●		●			●			●	●	
Swiss RC					●							●	●	
Turkish RC	●											●	●	

Figure 5: Red Cross and Red Crescent Movement Presence in each country

On 26th October 2022, the IFRC Africa Regional Office in Nairobi held a membership coordination meeting comprised of 10 Red Cross and Red Crescent Movement partners: American RC, Finnish RC, Austrian RC, British RC, Spanish RC, Netherlands RC, Danish RC, Canadian RC, French RC and Swedish RC. The coordination meeting concluded with a collective agreement on the following:

- More consistent updates on how the operations are unfolding to allow them to brief their leadership and donors and seek new funding.
- The use of the IFRC Go Hunger Crisis dashboard to share updates on number of beneficiaries reached, funding coverage and other relevant information on the response operations.
- The identification of technical human resource gaps and needs for the response operations.
- A coordinated advocacy, communication, and reporting approach.

ICRC

ICRC and IFRC have been working together in strengthening Movement coordination platforms in each country and at the regional level; they ensure joint technical, operational, and strategic support to National Societies. Both organizations have already mobilized their resources on the ground in response to the Hunger Crisis. The ICRC, together with other partners of the Movement, is scaling up its operations, focusing on conflict-affected countries and increasing its emergency efforts to provide life-saving aid to communities most affected by food shortages and malnutrition. Although it is not spared from security risks, its neutral, impartial, and independent humanitarian approach, and its dialogue with parties to armed conflict enable it to reach communities in areas where few or no other humanitarian actors are present.

Between 8th to 9th September 2022, a time with intense global humanitarian need and competing demands, 23 African National Societies, the ICRC and the IFRC, including 13 partner National Societies, met in Nairobi to address and discuss the severe and growing food insecurity crisis across sub-Saharan Africa. 13 commitments were jointly developed and declared to be executed through federation-wide network. Movement partners will objectively evaluate and report back on progress through the IFRC-wide Zero Hunger Cell, in liaison with the Movement coordination mechanisms.

In responding to this food insecurity crisis, both international components of the Movement—ICRC and IFRC—are present in ten countries—Burkina Faso, Cameroon, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria, Somalia, and Sudan—most of which are impacted by both conflict and climactic shocks. The ICRC has active emergency operations for these ten countries and is stepping up its resource mobilisation efforts, while the IFRC focused its Regional Emergency Appeal in 23 countries and supporting initially 14 National Societies across sub-Saharan Africa with the potential to expand its scope of activities, while the other remaining 9 will continue to focus on assessments and localized response via the DREF. The ICRC is scaling its operations in areas affected by armed conflict and violence alongside Operating and Participating National Societies. Being aware of security risks, its neutral, impartial, and independent humanitarian approach, and its dialogue with parties to armed conflict enable it to reach communities in areas where few or no other humanitarian actors are present. The IFRC and ICRC are signatory parties to the Nairobi Statement, and have agreed to the principles therein, reinforcing the Movement partnership in face of the Hunger crisis.

In line with the recent adoption of the Seville Agreement 2.0, Movement coordination aims to ensure that the movement international efforts and support acknowledge and strengthen the essential role of National Societies in their own countries, who play a central role in co-creating and delivering the Movement's collective response. Throughout the emergency response, the Movement coordination will ensure the complementarity of its interventions by ensuring that each component builds on its strength and comparative advantages and keeps the Operating National Societies at the centre. Movement coordination mechanisms will continue to be used and strengthened at all levels and, to the extent possible, operations, advocacy, communications, and fundraising will be aligned. Externally, the Movement is committed to complementing the actions of other humanitarian partners and avoiding duplication in programming design and implementation. Movement coordination mechanisms exist and have been strengthened at the sub-national, national, and Africa-regional levels to guide this complementarity and support operations through streamlined logistics, joint advocacy and communications, and coordinated fundraising.

Together with the ICRC in conflict situations and Participating National Societies operating in Africa, the Red Cross Red Crescent Movement is uniquely positioned to respond to this crisis given its reach and vast experience in humanitarian response, leading to greater collective and lasting impacts.

Angola

The National Society has strong collaboration with the Government of Angola, which fully recognizes its status in the country and relies primarily on the National Society for humanitarian activities. With headquarters in Luanda, the Cruz Vermelha de Angola (CVA, Angolan Red Cross) is organized into 18 branches, one for each provincial capital, covering 66 municipalities of a total of 164 county-wide. Angola Red Cross has 120 staff and a network of 9,000 volunteers.

The Angola Red Cross has a strong partnership with the Government of the Republic of Angola who is leading the response through a Drought Response plan that is in place. There is an inter-ministerial committee in place that coordinates the response at the policy level, chaired by the Minister of State for Social Affairs. At the technical level, the coordination and management of the response plan is headed by the Department of Civil protection. Angola Red Cross attends relevant coordination meetings at different levels.

There is an active Disaster Response Coordination Team (Humanitarian Country Coordination Team) which meets frequently. In November it was created the Response Coordination Mechanism which includes the Intersectoral Commission for Combating the Effects of Drought and the Disaster Response Coordination Team. The main objectives of this mechanism are:

- Ensure that different actors can be aligned
- Focus on life-saving interventions
- Avoid duplication of tasks and waste of resources
- Information sharing
- Implement a coordinated strategic vision

The Red Cross is part of the DRCT. Most UN agencies such as the WFP, UNICEF, and WHO are present in-country with small to medium-scale interventions in various parts of Angola. Slightly over 10 per cent of this funding has been received (\$18.4 million), including two allocations from the UN Central Emergency Response Fund (CERF) which amount to \$11 million. The FAO, with funding support from the European Union, is complementing the government's efforts in agriculture and WASH in Huila Province. UNICEF is supporting the Ministry of Health with nutrition interventions in some municipalities across three provinces, while the WFP has been supporting food distribution in Cunene province targeting drought refugees, who came back from Namibia, in settlement camps. WFP has suspended operations for two months (August and September) and assistance is expected to restart in October. While food commodities were distributed in the first cycle, WFP will be transitioning to vouchers during the second assistance cycle in October. Other NGOs in the country include ADPP, the Jesuit Refugee Service, Norwegian Church Aid, and World Vision International.

In December 2021, a DREF of 159,708 CHF was launched to support the Angola Red Cross to provide relief to 2,500 people (500 households) affected in the three Southern Provinces of Huila, Cunene and Namibe for a period of five months. NFIs and Food were distributed to 500 households during the month of May 2022. This was a once-off distribution combined with Hygiene Promotion campaigns provided by 60 community Red Cross Volunteers.

An Emergency Appeal was launched in May 2022 to support 328,880 people until December 31, 2023. The Angola Emergency Appeal is now merged in the Regional Hunger Crises Appeal, and a specific country plan was developed.

Burkina Faso Red Cross

The Burkinabe Red Cross (CRBF), with the support of the Belgian Red Cross, is already providing food assistance to internally displaced populations and vulnerable hosts in several provinces affected by the current food crisis. In addition, food assistance is planned for 1,000 households with DG ECHO funds in these same intervention areas.

As part of this call, the CRBF will scale up its interventions to the most vulnerable populations and will benefit from the IFRC's technical and strategic support. This support will be reinforced by partnerships between the CRBF four PNSs (Spain, Luxembourg, Monaco, Belgium) and from ICRC, all present in the country, in addition to other internal partners of the movement, including the British Red Cross, the Danish Red Cross and the Norwegian Red Cross. These PNSs are already engaged in assisting IDPs in other crisis regions, notably in the Sahel, the Centre-North, the East, etc.

The interventions of the CRBF with the support of the movement's partners support the government's efforts in the current operation. The Burkinabe Government initiated large-scale assistance for more than three million beneficiaries with cereals mainly in September 2022. Two deliveries of assistance of 75 tons each were carried out with the logistics of the Burkinabe government and WFP in Dory and Djibo. The Government has difficulty accessing many localities due to insecurity.

To strengthen the available data on the crisis and better understand the needs of vulnerable people, the NS conducted in-depth assessments as part of this operation. These assessments were conducted in the communes of Gayéri and Kantchari (Eastern region), Gorom-Gorom, Djibo, Sebaa (Sahel region), Tougan (Boucle du Mouhoun region). These have shown that the needs are mainly food with a cyclical cause-and-effect link with insecure

conditions, population displacement, WASH, and sanitary conditions. All this is in a humanitarian context that is not very accessible to humanitarian actors outside the CRBF that is rooted in the communities.

Cameroon Red Cross

Cameroon Red Cross (CRC) is part of the Humanitarian Country Team (HCT) and participates in inter-agency working group meetings for various sectors (Cash, Food Security, Nutrition, Emergency Shelter/Non-Food Items, Protection and Education). Numerous international organizations are active in the response to food insecurity, under robust coordination from the Government on strategy and planning. CRC is present in all relevant government platforms and attends relevant cluster groups meeting. While this EA cannot cover all the needs, it will help position CRC as a main actor in the humanitarian sector and reinforce its auxiliary role to complement the Government efforts in the fight against hunger

The CRC with the support of IFRC will carry out multipurpose cash and voucher assistance to 20,000 households. With available funding, 3,500 of the overall targeted households will be reached. Efforts to mobilize additional funding are ongoing, thus, the availability of additional funding will also help to provide support to 16,500 more households with cash assistance, support 5,000 smallholder farmers and 5000 small-holder breeders through technical support and resources, address malnutrition by promoting sustainable reduction of health and nutrition risk as well as increase the overall nutritional practice of targeted communities. Emphasis will also be laid on maintaining access to safe water and reduction of the risk of waterborne diseases.

The Democratic Republic of Congo

The DRC Red Cross is represented in the 26 provinces of the country with a good network of volunteers (209,000). It is active in areas experiencing food crisis in the east and centre of the country. It is thus in contact with the main ministries both at national and provincial levels and is part of the Technical Secretariat set up by the Ministry of Public Health for the response to Covid-19. With a large network of trained and motivated volunteers, a salaried team and real estate assets, the National Society is well positioned to carry out its programmes.

The National Society works closely with the Government through the Ministry of Health with its various technical services in the country, but also with other Ministries, national and international NGOs in implementing activities in the fields of Food Security, Nutrition and Livelihoods. For UN agencies, the DRC Red Cross works with UNICEF, UNHCR, USAID, WFP and local NGOs and community associations to reduce vulnerability in communities.

The National Society has extensive experience (more than 60 years) in helping the most vulnerable, including responding to cholera and Ebola virus disease (EVD) outbreaks; natural disasters, including floods, volcanic eruptions, landslides; and population movements. Fulfilling its role as an auxiliary to the public authorities, the DRC RC regularly contributes to the management of crises and disasters in the country alongside government ministries and other actors. It is a member of the National Platform for Disaster Risk Reduction (NFP-DRR), then has a National Response and Recovery Plan for Health Disasters and Emergencies in the DRC.

In September 2022, the DRC RC and IFRC secretariat joined the Food Security cluster. IFRC and DRC RC teams regularly participate in cluster meetings at national and local levels in the provinces of Kasai, North Kivu and Tanganyika.

In 2022, the IFRC is supporting the DRC response to food insecurity in the provinces of Kasai, Kasai Central and Kasai Oriental with the "Hunger crises" emergency appeal to reach 450,000 people, then in the provinces of North Kivu and Tanganyika with USAID-BHA funds to reach 96,000 people.

Among the PNS, the Spanish Red Cross also collaborates with the NS in the province of Kwilu/Tshikapa more precisely in the cities of Bandundu and Kikwit since 2014 by supporting food security and nutrition/food security projects (agricultural support/associations, food processing for malnourished children) and health/Wash (latrines, hygiene promotion). A current project of the DRC RC with the support of the Spanish RC covers the period 2022-2024 and focuses on:

- Fight against malnutrition and food insecurity (multisectoral resilience strategy).
- Food security and economic development (as phases of the continuation of the resilience strategy)
- Strengthening and support of the SN (annual institutional support projects).
- WASH health, gender equality and social inclusion and improved action on environmental protection

Ethiopia

Due to the limited food and milk availability for children, coupled with poor health and limited or no health and nutrition services, the acute malnutrition rate amongst children has surpassed the emergency threshold in most areas. According to FEWS NET, “Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes exist across southern and south-eastern areas, and there is a risk of more extreme outcomes – marked by Extremely Critical levels of acute malnutrition and high levels of hunger-related mortality – without sustained, large-scale assistance.” At present, around 9.9 million people require food assistance, and 2.9 million children and pregnant and lactating women require nutrition interventions until the end of the year. The level of water scarcity is alarming for both livestock and human consumption. Surface water continues to dry up, while groundwater levels continue to decrease, and the population is traveling long distances to reach water points. More than 13 million people need WASH assistance in drought-affected areas.

The risk of gender-based violence (GBV) has also increased as women and girls are forced to travel far distances to fetch water, while in other cases they are often left alone while family members are away looking for food or livelihood. Recent inter-sectoral assessments show an increase in psychosocial distress, especially among children and caregivers, and negative survival strategies. Child labour, street begging, and an increase in the number of school dropouts and early marriage cases were observed in drought-affected areas. Cases of family separation and serious neglect of children, older persons, and persons with disability were also reported.

Recent inter-sectoral assessments show an increase in psychosocial distress, especially among children and caregivers, as well as in the resort to negative survival strategies. Child labour, street begging, and an increase in the number of school dropouts and early marriage cases were observed in drought-affected areas. Based on Government data and UNICEF Analysis (May 2022), the number of child marriage cases has increased by 264 percent in Somali, by 69 percent in Oromia, and by 38 percent in SNNP – all regions severely affected by drought – compared to the same period (January- April) last year. Cases of family separation and serious neglect of children, older persons, and persons with disability were also reported.

With the worsening conditions, hundreds and thousands of people continue to migrate in search of water, pasture, and assistance. leaving behind their elderly and sick family members. Further movements are anticipated in the months to come as the drought is expected to progress. The movement of communities heightens the risk of disease transmission (both for humans and livestock) due to high population concentration and weakened immunity. The longer the drought condition persists, the weaker they become exposing them to illnesses, including water-borne and skin diseases. The education of 1.4 million children has also been disrupted due to migration, school closure, or sickness.

Kenya

Kenya Red Cross Society (KRCS) has more than 216,000 volunteers across the country, supported by about 580 staff in 8 Regional Offices and 47 County Branches across Kenya. The National Society is auxiliary to the national and county governments, where they coordinate most of the humanitarian intervention with the Kenya Humanitarian Partnership Team (KHPT), with a mandate to support the first 150,000 people affected by disasters in the country. KRCS has emergency and developmental programming capacities at national and field levels. In addition, the organization has skilled staff experienced in managing drought response operations, working with different skilled sector leads in WASH, health and nutrition, and livelihoods.

KRCS has staff and volunteers trained in cash transfer programmes (CTP) who can roll out cash transfers effectively within a brief period. The staff and volunteers have also been trained on community engagement and accountability (CEA) to support the mainstreaming of CEA in activities; by promoting meaningful engagement and participation of communities and establishing complaints and feedback mechanisms to ensure greater accountability to the communities in all KRCS responses. KRCS has a strong capacity in logistics, finance, procurement, information communication technology (ICT), and all other support functions required to meet the demands of this Emergency Appeal.

KRCS works with the National Disaster Operations Centre (NDOC) in coordinating humanitarian emergencies, with the NDMA in drought management, and as co-chairs of the Kenya Cash Working Group. In terms of emergency coordination and management, eight coordination hubs across the country were established as part of contingency measures before the general elections and continue to serve as centres for coordination meetings, logistics, storage, and distribution. Other state actors include the Hunger Safety Net Programme (HSNP), which coordinates cash transfers for the most vulnerable households in four counties, as well as the Ministry of Health at the national and county levels (responsible for the implementation of nutrition interventions targeting malnourished children, pregnant and lactating women, and older adults). Other government ministries, such as the Ministry of Water and the Ministry of Agriculture, also support drought assessments.

Mali

The Mali Red Cross (MRC) is a non-profit humanitarian organization and an auxiliary to the government. Its actions contribute in many ways to filling the gaps in government interventions, particularly in the field of humanitarian assistance and education for respect for human dignity. MRC's interventions are mainly targeted at the most vulnerable groups and aim to alleviate human suffering in all circumstances and without discrimination. The MRC is involved in responding to emergencies of all kinds alongside the Malian authorities, which has earned it recognition of public utility and certified in social mobilization. Mali Red Cross has been and continues to be involved in approaches such as the PER, CEA etc. Thus, the MRC successfully carried out the response to the Ebola Virus Disease epidemic in 2014, the Covid-19 pandemic in 2020, the Cholera epidemic in 2011, the vaccination campaign against polio and measles 2014 - 2019.

Mali Red Cross has started its response to the population most affected by the food security crisis through a DREF Launched in July and ending in September 2022. During this period, the National Society conducted Cash distributions and sensitization on nutrition. MRC has a considerable experience in Cash distributions and has proven its Cash readiness through multiple operations. The National Society has as well experience in community sensitization activities in close cooperation with the Ministry of Health. MRC has a presence in the most remote areas of Mali through its community volunteers. To scale up the response to the food insecurity crisis, Mali Red Cross is recruiting a team consisting of a Project Manager, PMER and finance accountant.

The DREF also supported detailed multi-sectoral assessments covering five locations in IPC Phase 3 regions. The results of the assessment show the need to scale up the response under the IFRC's regional appeal for the hunger crisis. To meet the urgent needs of the population, the Mali Red Cross is scaling-up its holistic response with the community at the centre with cash as the main modality of intervention.

Partner National Societies that have a presence and support Mali Red Cross to scale-up response include Netherlands Red Cross, Danish Red Cross, Belgium Red Cross, Canadian Red Cross, Luxembourg Red Cross, and Spanish Red Cross. The NS has been responding to the immediate needs and recovery of populations affected by the food insecurity crisis, flooding, and displacement. In accordance with its country plan of action, out of a total of 1.8 million food insecure people in the regions of Mali, the NS intends to assist 20% of them, or 350,000 people (58,000 households) with an average of 6 people per household. This operation focuses on the actions initially planned in the action plan of the emergency appeal, which considers the priority needs of populations affected by the food insecurity crisis. The planned operations are aligned with the three pillars and cross-cutting sectors of the regional operational strategy.

Niger

In the Cadre Harmonisé, a 39% decline in cereal production was reported for the 2021-2022 cropping seasons, compared to the previous year. This trend is similar to the situation in the Sahel and West Africa sub-regions, which are characterised by low food production, partly due to the irregular and low rainfall last year and to the worsening security situation that prevents farmers from cultivating their farms. This is occurring concurrently with an increasing demand for local cereals due to the current gross deficit of two million tons in all regions of Niger. The disruption of certain agricultural markets led to increased inflation and higher prices for key staple foods and livestock, in some cases by more than 40% compared to the average of the last five years. This is also partly due to the ongoing Ukrainian crisis, which is being monitored closely, as it may lead to further increases in the price of agricultural commodities, particularly wheat and rice, and fertilisers. The pastoral season in Niger is early due to difficulties in water availability and fodder deficits. Herd movements are also being disrupted due to the security situation. As a result, livestock are concentrated in secure areas, leading to the risk of conflicts among cattle owners/herders, agriculturalists, and the outbreak of animal diseases.

The population of Niger is facing nutrition problems due to a considerable lack of daily consumables and inadequate nutritional practices, which are expected to worsen during the food insecurity crisis. According to the World Health Organization (WHO), 43.5% of children under five years of age suffer from chronic malnutrition and 12.5% from acute malnutrition. Due to the insecurity in Niger, many health centres in rural areas either closed, experienced an interruption in their services, or were not able to access medicines.

The 2022 rainy season started late and with an above average rainfall during the months of August and September resulting in floods in most of the regions of Niger. The regions most affected are Zinder and Diffa. The preliminary data of the harmonized framework is slightly more positive for the actual situation; however, the predicted situation is concerning again. Once the harmonized framework will be published Niger will adapt its Operational Strategy for the Hunger Crisis.

Nigeria

The Government recognizes the role and relevance of the NRCS in the country, as per its statutes and capacities. The Emergency Appeal serves as a connector with longer-term strategies, demonstrating the ability to deliver. The NRCS through its auxiliary role complements the Government efforts in the fight against hunger and coordinates through the National Emergency Management Agency (NEMA) guided by the National Plan focusing on the triple nexus.

Branch capacity assessments have been conducted in states where the operation is being implemented to identify strengths and weaknesses of the Branches in implementing activities under the response. Gaps identified are taken into consideration and inform decisions regarding procurement, mobilization of resources and deployments. Similarly, logistics assessments have been carried out to identify and engage service providers at field level for the different procurements that will be done within all sectors.

The Appeal is targeting 11 states namely: Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Zamfara, Benue, Federal Capital Territory, Nasarawa, and Niger. The Appeal also relates to the Sustainable Development Goals (SDGs) 2030 Agenda, "leave no one behind", it shows the interlinkages of deprivations experienced by poor people: No Poverty (SDG 1); Zero Hunger (SDG 2); Health and Well-being (SDG 3) and Clean Water and Sanitation (SDG 6). It is also anchored on the IFRC Pan-African initiatives specifically Zero Hunger.

South Sudan

South Sudan Red Cross is currently responding using a cadre of well-trained National Disaster Response Teams (NDRT) and branch-level Emergency Action Teams (EATs), which includes both volunteers and staff. Through its auxiliary role, it is coordinating with the Ministry of Humanitarian Affairs and Disaster Management and other relevant national and local government agencies in responding to Hunger Crisis.

The country is facing a hunger crisis further aggravated by the already witnessed fourth consecutive year of flooding, prolonged conflict and the peak of the lean rain season. Disruptions in trade and market activities due to insecurity

coupled with limited livelihood opportunities and exceptionally high food prices will further hamper access to food. SSRC has commenced supporting livelihood initiatives like kitchen gardening. Seeds and tools were distributed to five community women groups for IGA activities in Nyoch Awany and Tiaraliet payam in Aweil South County. The SSRC has prioritized seven areas in need of urgent support in the following states: Lakes, Northern Bahr El Ghazal, Warrap, Jonglei, Unity, Eastern Equatoria and Central Equatoria.

Sudan

According to the Comprehensive Food Security and Vulnerability Assessment (CFSVA) - 34% of the population in Sudan, amounting to over 15 million people were food insecure during the first quarter of 2022. This was an increase of 7% compared to the same time one year ago, when 27% of the population, amounting to over 12 million people, were food insecure. With significant increases in food and other commodity prices, a reduced harvest, and continued conflict, acute food insecurity in Sudan continues to worsen rapidly during the last period of 2022 and is projected to go along in 2023. There is a need for food assistance through cash to support the most vulnerable households to meet their basic food needs and keep the purchasing power of the beneficiaries to be food secure.

IFRC has allocated 500,000 CHF as an initial disbursement to SRCS to respond to the hunger crisis, and an assessment is ongoing to inform community engagement, and immediate response needs informed by the assessments. SRCS has recently responded to meet the need of people affected by floods 2022, through the Sudan Floods Emergency Appeal which was launched on 11 September 2020 and extended till 30 June 2023.

The UN agencies (WFP, UNICEF, FAO) and humanitarian organisations are involved in various interventions that provide food assistance and resilience programmes in the country. Key activities include support to nutrition activities that treat and prevent moderate acute malnutrition and provision of emergency agriculture and livestock supplies in addressing food insecurity. WFP seeks about US\$ 201 million to assist 10 million of the most vulnerable persons with food assistance and resilience programmes. The ongoing initial assessment is on markets, livelihoods, WASH, Health, and nutrition and findings will inform implementation.

Zimbabwe

Against the background highlighted above, the Government of Zimbabwe (GoZ), through the Department of Social Development has announced and outlined its National Response Plan for the 2022/23 consumption period under the Food Deficit Mitigation Strategy¹¹. The plan outlines the distribution of districts under the Government and those under World Food Programme (WFP). The number of people to be targeted is 3.8 million people as informed by the 2022 Zimbabwe Vulnerability Assessment Committee (ZIMVAC) analysis as noted in the Food Deficit Mitigation Strategy.

On its part, the Zimbabwe Red Cross Society (ZRCS), established through ZRCS Act¹² [Chapter 30, of 1981] and being a permanent member of the Civil Protection Unit of the country, has been responding to the drought and hunger crises through various partners - both movement and non-movement. The ZRCS serves as auxiliary to the government and its institutions across the country in its role as the first line of response in disasters and crises. The ZRCS, through its network of more than 20,000 volunteers reaches out to in-need communities with life-saving food security and livelihoods interventions among other initiatives. The ZRCS has successfully managed food security and nutritional operations in recent years with funding support from the World Food Program, Japanese Government and DG ECHO. In addition to these food security and nutrition security projects, the NS has successfully implemented several DREF operations aimed at addressing food insecurity. ZRCS has expertise and experience in using Cash Voucher Assistance (CVA) as a modality of assistance and has developed CVA Standard Operating Procedures (SOPs) which guide the implementation of CVA. Utilising this SOP, ZRCS has carried out cash transfer programmes with the support of the IFRC, the Finnish, Danish and British Red Cross Societies. Added to that, the ZRCS is an active participant in the Cash National Working Group where latest developments in Cash in Emergencies and Anticipatory Cash are shared.

¹¹ <https://www.mpslsw.gov.zw/programmes/food-deficit-mitigation-strategy/>

¹² <https://www.law.co.zw/download/zimbabwe-red-cross-society-act-chapter-1708/>

IFRC has allocated 500,000 CHF as an initial disbursement to ZRCS to respond to the hunger crisis, and an assessment is ongoing to inform community engagement, and immediate response needs informed by the assessments.

Operational Risk Assessment

Low Funding: The Hunger Crisis Regional Emergency Appeal funding ask of 205K CHF has received IFRC Secretariat 11% (CHF 14 million) and The Federation-wide funding requirements are currently covered by 19% (CHF 38.6 million). With increased tense and global humanitarian needs as result of multiple competitive crisis worldwide, this project limited access to the funding basket to meet desired needs of the affected population in sub-Saharan Africa.

Political Insecurity: Most of the areas impacted by food insecurity are similarly impacted by resource-based conflict or political disturbance. Countries such as Somalia and Nigeria are impacted by armed conflict which limits access to areas impacted by food insecurity. Ethiopia's Tigray and South Sudan Unity State, Burkina Faso and Mali have been facing protracted conflict for at least 1 year. Similarly, there's been an increase in number of protests following dissatisfaction by citizens due to economic challenges. This may pose a risk in the implementation of the planned activities. In addition, limited access to the Federation, National society staff and volunteers, may hamper both implementation and monitoring of the operation. Volunteers emanating from the operational areas will be included into the operation to ensure implementation is conducted as per the timelines. All staff and volunteers will complete the required safety and security training before deployments to reduce exposure to security risks.

Climate Shock: Climate change has led to an increase in number of disasters being reported globally and more so in Africa. Countries affected by drought in one area also faced flooding in other areas. In certain instances, the same countries must deal with disease epidemics such as Ebola and Cholera. These multiple operations are causing fatigue to the implementing National Society. Federation will seek for surge deployments to boost the capacity of national societies for effective and efficient implementation of the operation. The first "triple-dip" La Niña (three consecutive years) of the 21st century will continue to affect temperature & precipitation patterns and exacerbate drought & flooding in different parts of the world.

Health related risks: Outbreaks of infectious diseases are a major concern, especially when combined with low existing vaccination coverage and health service availability. As people become increasingly food insecure, they also must make the impossible choice between food and healthcare, even as nutritional deficiencies make them increasingly vulnerable to disease. This is particularly true for children, for whom the combination of malnutrition and disease can prove fatal. With malnutrition and displacement, the need for health services will increase as people become weaker and more vulnerable to disease. Addressing this, required collective partners efforts in the health sector and beyond to ramp up its response in the region to avert the worst effects of food insecurity and to give people access to the health services they need.

Risk Reduction, climate change and recovery: Enhanced and integrated approach is crucial to ensuring the National Societies integrating risk reduction measures and increasing key messages for resilience building towards achieving Pan Africa Zero Hunger initiative 2030. Less of these activities being prioritised and reported at the moment.

OPERATIONAL STRATEGY

Update on the strategy

There are no significant changes so far in the regional operation strategy since its execution within fourteen countries (14): **Angola, Burkina Faso, Cameroon, DRC, Ethiopia, Kenya, Madagascar, Mali, Niger, Nigeria, Sudan, South Sudan, Somalia, and Zimbabwe**. Seasonal forecast issued for October-December 2022 indicated the deterioration of rains performance in the region particularly in Kenya and southern Somalia whereas both countries received

rainfall totals that are less than 60 percent of average, with some worst-affected areas, experiencing the poorest start of season on record. It is a high likelihood that the March to May (MAM) 2023 rainy season is also below average which will materialize and would culminate in a record sixth consecutive poor season. This will escalate extremely high humanitarian needs set to persist and even increase in 2023, increase on the number of affected will be obvious and accelerate to the humanitarian needs assistance which will challenge the drought recovery and need for the review of the Regional Operational Strategy¹³ will take its course to address the increasing affected population to meet their desired needs.

DETAILED OPERATIONAL REPORT

Regional Overview

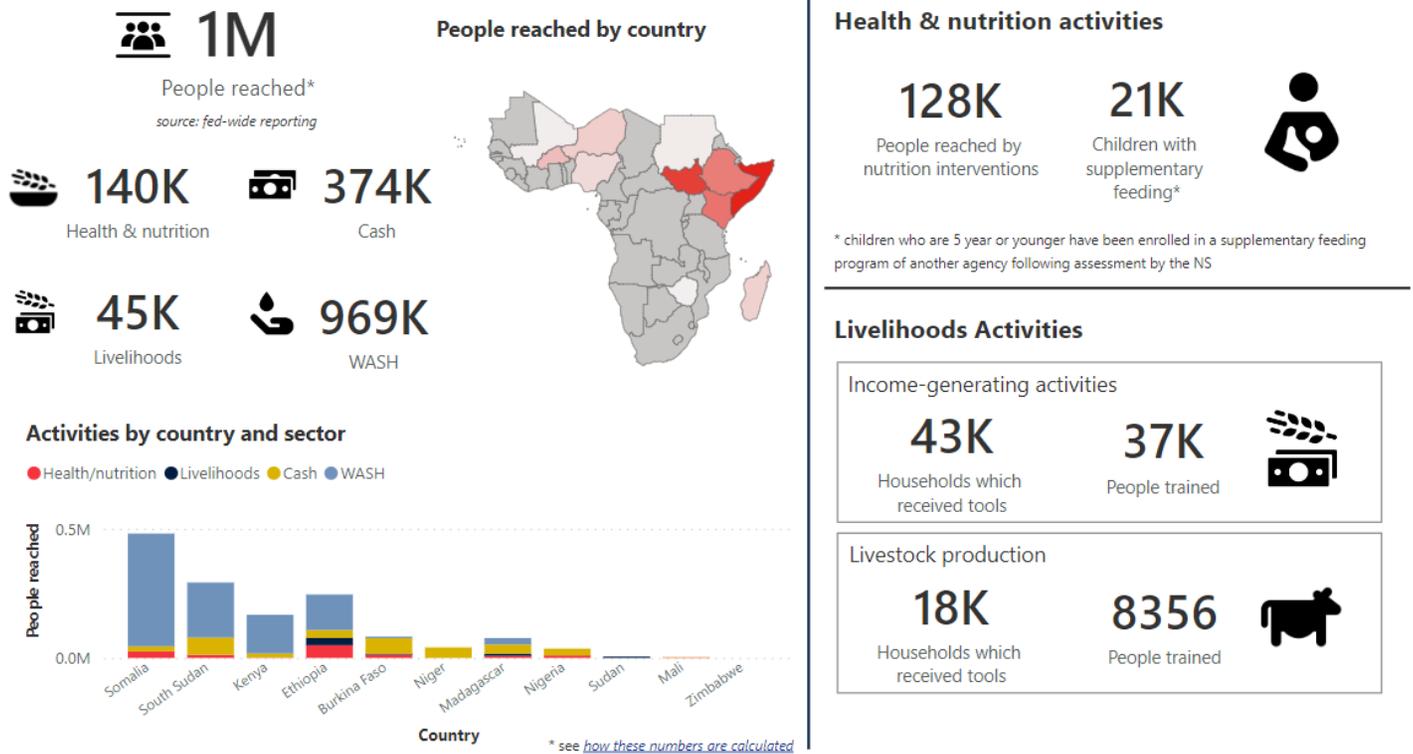


Figure 6: IFRC Go Situational Overview (source: <https://go.ifrc.org/emergencies/6008#data>)

Note: Data from Somalia is not included in the regional dashboard. From the narrative report submitted, Somalia reached **6,604** HH through multi-purpose cash, **516,238** people through health and nutrition, and **436,740** people through WASH. The data is reported cumulatively and will be reported in the next Ops update (30 days Ops update).

Pillar 1: Food Security and Livelihoods

A total of 413,000¹⁴ people has been reached with multi-purpose cash grants (MPGs). The Appeal has also reached people through a variety of income generating activities: a total of 43,000 households were reached with essential on-farm, off-farm, and non-farm inputs/materials/tools for income-generation; and a total of 37,000 people were reached with training on income-generation. A total of 18,000 households were reached with essential on-farm, off-farm, and non-farm inputs/materials/tools for livestock production and 8,816 people have been reached with training for livestock production.

¹³ The Regional Operations Strategy for the Hunger Crisis can be found on the IFRC Go Platform: <https://go.ifrc.org/emergencies/6008#reports>

¹⁴ **Note:** Data from Somalia is not included in the regional dashboard. From the narrative report submitted, Somalia reached **6,604** HH through multi-purpose cash. The data is reported cumulatively and will be reported in the next Ops update (30 days Ops update).

Households are unable to meet their basic food requirements because of production losses, low incomes, and deteriorating purchasing power. Hence, the hunger crisis response seeks to improve food access and maintain consumption levels through the scale-up of emergency food assistance, primarily through cash transfers when relevant to poor households experiencing acute food insecurity.

Lifesaving assistance is grounded in a basic needs approach with the main response modality being multipurpose cash transfers (MPC). MPC, in the context of hunger, refers to cash transfers designed to address multiple basic needs that influence household food security. Using the Minimum Expenditure Basket (MEB) to set MPC values ensures a holistic and multisectoral approach to reflect affected the needs of populations, including other needs, such as access to health services, water, hygiene items, transportation (to markets and services) and communication.

Furthermore, it might also free up time for household members to focus on care activities, such as children's nutrition and health, to protect and maintain their own livelihood activities.

The protection of livelihoods can be done from two angles:

- 1) Through actions to prevent the consumption, sale, or exchange of household inputs and assets to cover food gaps originating from access and availability constraints – including after loss of production, during food price hikes, and/or during lean periods and,
- 2) Through actions that provide production inputs and tools aimed at protecting and sustaining primary household production (and where relevant income-generating) activities, mainly related to crops and livestock, based on market and weather-related information, and whenever possible promoting improved and climate adapted techniques for agriculture and livestock management

These actions can also prevent the overexploitation or destruction of natural resources – an important livelihood asset on which poor households depend for food, firewood, and other materials.

Pillar 2: Health and Nutrition

A total of 140,000 people¹⁵ has been reached with health and nutrition activities. During the reporting period, the health and nutrition approach was developed as part of the hunger crisis response operational strategy. The approach in this pillar aligns with the Zero hunger strategic framework and includes four main priorities actions areas:

- Nutrition education
- Acute Malnutrition case management support including screening and referral of cases, follow of malnourished cases under treatment in collaboration with nutrition partners, partnership building with relevant nutrition actors
- Health promotion including a one health approach aimed at addressing known interactions between malnutrition and infectious diseases as well as epidemics
- Mental health and psychosocial support services.

The regional Health and nutrition team also conducted one technical session on Nutrition and Health with countries' response managers and technical leads with the aim of improving awareness and understanding of priorities nutrition actions and linkages as teams were working on developing the countries plans.

Furthermore, a support mission was carried-out to the Democratic Republic of Congo to provide technical guidance and support on various nutrition programming areas including assessment, building linkage with partners.

To have a clear picture, common understanding and help work out an effective technical support plans as needed, the regional team undertook the mapping of key nutrition services/interventions that National Societies are/will be

¹⁵ **Note:** Data from Somalia is not included in the regional dashboard. From the narrative report submitted, Somalia reached **516,238** people through health and nutrition. The data is reported cumulatively and will be reported in the next Ops update (30 days Ops update).

delivering along with their nutrition workforce/capacities and partners in each country. Mapping tools were developed for that purpose, shared with all clusters and the mapping exercise is underway.

Pillar 3: Water, Sanitation and Hygiene

The appeal has reached 969,000¹⁶ people through WASH assistance. The interventions included the rehabilitation and maintenance of water points; provision of water storage tanks and household level containers; and community-based hygiene and sanitation promotion activities.

Access to WASH services underpins health, food security, and livelihoods as none can exist in its absence. While WASH is a life-saving intervention, it can also contribute to sustainable improvements in health, dignity, protection, livelihoods, and a wide range of other improvements that contribute to resilience.

The provision of WASH services will take a variety of forms, including direct provision or rehabilitation of basic water supply infrastructure, in-kind provision of water treatment and storage products, and the use of cash or voucher assistance to support WASH objectives. In many cases, water supply will need to be multipurpose. While National Society WASH services typically focus on human consumption; livestock, household production activities, and other food security and livelihood issues are considered.

Cross Sectors

Protection, Gender, and Inclusion

The PGI team worked closely with the IM team to map PGI capacity in the National Society focus countries under hunger crisis response. This is to ensure there is a clear understanding of the National Society capacity on PGI including strengths and gaps to plan on PGI integration in the hunger crisis response.

The PGI team in IFRC and National Societies from impacted countries held online meetings to discuss PGI strategy in integrating PGI in-country plans, gaps, challenges, opportunities, and peer-to-peer learning on best practices including strengthened documentation at the country level. Monthly meetings will continue the discussion and examine progress, challenges as well as foster peer-to-peer learning initiatives to ensure that minimum standards for PGI in emergencies incorporated throughout the response.

National Society hunger crisis response plans have reviewed and included a PSEA risk analysis. The action points will be implemented in coordination with the risk manager. Two online sessions were held (English and French) for PGI and CEA teams in IFRC and NS to strengthen collaborations and coordination in integrating PGI and CEA in the response including on handling sensitive feedback.

In collaboration with the communications team, the team developed PGI-sensitive key messages on how the hunger crisis is also a protection crisis showcasing how different groups including children, women, men, persons with disabilities, elderly are affected by the hunger crisis. These messages were shared on different online platforms and other areas to highlight the effects of the hunger crisis, the need to respond urgently and to ensure PGI is at the centre of the response.

The PGI team participates in the monthly GBV regional working group (for East and Southern Africa regions), the protection working group and PSEA regional working group. Participation in these working groups strengthens engagement with other humanitarian actors on PGI approaches, strategies, and messages in the hunger crisis response. PGI surge has been deployed to the Antananarivo delegation for two months (from 24th November 2022–20th January 2023) to provide technical support to National Societies to ensure PGI integration in the response. Monthly coordination meetings continue with the PGI team and CEA teams with IFRC and National societies to ensure collaboration, coordination, and peer to peer learning.

¹⁶ **Note:** Data from Somalia is not included in the regional dashboard. From the narrative report submitted, Somalia reached **436,740** people through WASH. The data is reported cumulatively and will be reported in the next Ops update (30 days Ops update).

Community Engagement and Accountability

A CEA strategy in hunger crisis response have been developed and shared both in English and French with different national societies involved in the Hunger crisis response. The strategy carry out through the five key pillars in accordance with the CEA guidelines (1) Ensure the implementation of a set of minimum CEA actions in hunger crisis emergency responses, (2) Establish a feedback system to listen to and act on feedback throughout all stages of the response, (3) Promote community-driven and sustainable solutions to food insecurity to build community resilience (4) Strengthen coordination and experience sharing between the different countries and (5) Advocacy.

Community feedback tools for Hunger crisis response have been developed to set up and manage feedback mechanisms, including better Information Management systems to analyse and respond to feedback. A workshop to present these tools to the CEA country focal points involved in the hunger crisis response was conducted.

The collaboration between the CEA and PGI in response including on handling sensitive feedback is growing. This has developed with effective conducting coordination meeting with the PGINs's PGI and CEA focal points (one session in English and one in French). It was recommended that a monthly meeting between the CEA and PGI focal points in the different countries be held to share experiences and for improved coordination. A CEA bi-weekly technical meeting was set up to share information, identify challenges and strengthen coordination and complementarity between effective linkages between CEA approaches and activities within the hunger crisis operations and those within other programmes from IFRC and partner National Societies in the same countries.

Risk Reduction, climate adaptation and Recovery

The Zero Hunger Coordinator is working with Geneva, Senior Officer Livelihoods and Solferino Academy on the Food Security and Livelihoods (FSL) Strategic Innovation with 3 cohort National Societies [Kenya, Malawi and Zambia]. The driving motivation behind this initiative is urgency to understand the RCRC Movement's potential in FSL programming. The is to create an initiative that supports National Societies who are innovating and trying to reimagine how we work in the face of impending and long-term food security crises. This approach is building on what is already happening within National Societies (including work related to the Zero Hunger Initiative) and the wider sector and to support the move of the RCRC movement into a position of strategic and structural FSL management and change. This is to strengthen the capacity of National Societies to support community resilience and grassroots food systems whilst aligning to national and sub-regional initiatives.

Working with the Zero Hunger Coordinator, Senior Officer Livelihoods, Geneva, and FAO on 3 pagers on Anticipatory Action, Reaching the last mile and Managing Post Harvest Losses centred on Zero Hunger Initiative. This is part of the IFRC/NS - FAO partnership that is involving 7 countries [Kenya, Uganda, Ethiopia, Somalia, Democratic republic of Congo, Mali and Niger]. In these countries, IFRC and National Societies are partnering with FAO on the mentioned 3 areas as part of the Zero Hunger Initiative to scale impact and coverage and increase positioning of national societies with governments, regional institutions and donors. This is aimed at fostering linkages between the current emergency response with longer term response to the current food insecurity crisis.

The Zero Hunger Coordinator supported development of the Regional Operational Strategy. The Regional Operational Strategy provides an integrated implementation framework for responding to the food insecurity emergency with linkage to the recovery and longer-term phases whilst setting out foundations for resilience building. The implementation framework also outlines integration with Protection, gender, and inclusion (PGI) and Community engagement and accountability (CEA) processes as National societies responds to the food insecurity crisis.

The Tree Planting and Care and Coordinator Zero Hunger Coordinator worked with the African Union FSL technical team to develop plan for the IFRC-African Union Pan African Food and Nutrition Resilience Initiative. The Pan African Food and Nutrition Resilience Initiative is an integrated longer term resilience building programme centred on addressing the food insecurity crisis through strengthening livelihoods of affected populations, restoring rangelands, and planting & caring for trees, supporting strengthening of primary health and nutrition. The Pan African Food and

Nutrition Resilience Initiative is also focused on improving access to safe & clean water and access to acceptable sanitation services and strengthening institution to be resilient. The plan will be developed into a program jointly with the African Union.

Enabling approaches

Humanitarian diplomacy and representation with external partners

The focus of the developed engagement strategy, for the diplomatic communities across our respective countries and region, is on the long-term plans for addressing food security issues and to continuously provide updates on how the RCRC movement is addressing the immediate needs of the affected populations.

Implementation of the IFRC and FAO global partnership in Africa was initiated by focusing on the potential immediate to long term joint responses to the current food insecurity crisis. As part of the IFRC/NS - FAO partnership, a total of 7 countries [Kenya, Uganda, Ethiopia, Somalia, Democratic republic of Congo, Mali and Niger] are part of the engagement. The partnership focuses on collaborating on the following FSL components: 1. post-harvest loss management 2. Last mile 3. Early warning and response work. The governments of Intergovernmental Authority on Development (IGAD) have validated these areas of work of the partnership.

IFRC is aligned with the African Union (AU) on COP27 on the IFRC-AU Pan Africa Food and Nutrition Resilience Initiative. A communication document was jointly developed to show how the two organizations have set to collaborate on addressing the twin challenges of climate change and food insecurity impacting Africa. The initiative was developed following the High-level Food Security and Nutrition Conference held in October 2022. The African Union and IFRC jointly proposed to massively scale-up interventions for climate change adaptation to increase food resilience and reducing disaster risk and to focus on countries most affected by the food and nutrition insecurity. Additionally, IFRC participated in a World Bank-led Roundtable on Food Insecurity in November 2022. It focussed on longer-term issues and fostered future collaboration.

Regional stakeholder coordination

IFRC serves as a representative in global and regional policy platforms, and together with its National Societies is actively working in collaboration with Governments, International Organizations, and regional stakeholders such as the African Union, Intergovernmental Authority on Development (IGAD), Southern African Development Community (SADC). National Societies are engaged with relevant governments and partners to ensure all our plans are aligned to provide immediate support and prioritize longer-term resilience activities within existing programmes. To ensure the longer-term impact and sustainability of the recovery and resilience-building component, the responses are aligned with government policies to address climate change and enhance climate resilience and adaptive capacities of communities.

Between 9th to 11th October 2022 the African Union Commission- in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC), the Food and Agriculture Organization of the United Nations (FAO) and the African Development Bank (AfDB) - organized a high-level Food Security and Nutrition Conference to advocate for scaling-up efforts to address the humanitarian and longer term needs as outlined in global and regional commitments. IFRC presented the Zero Hunger Crisis Language Caution, Key messages, Fact and Figures as well as a call to action to African high level governmental officials.

IFRC is co-chairing the ESAR RCCE TWG and the Community Feedback Sub-Working Group that support regional and country-level partners with the creation of a resource bank¹⁷, social science research, community feedback trainings, sharing of community feedback tools, and producing an inter-agency feedback system.

¹⁷ <https://www.rcce-collective.net/resources/thematic-kits/drought/>

IFRC is a member of Humanitarian UN-OCHA Regional Office for Southern and Eastern Africa and participates in the regular inter-agency humanitarian briefing for the Horn of Africa Drought.

The Food Security and Nutrition (FSN) working group was activated and provides updates on climate change, humanitarian response needs, displacement and GBV issues. IFRC FSL colleagues participate in the FSN working group and provide updates to the IFRC country cluster delegations and national societies.

Secretariat Services

At a time of intense global humanitarian need and competing demands, 23 African National Societies, the ICRC and the IFRC, including 13 partner National Societies, met in Nairobi (on 8th September 2022) to address and discuss the severe and growing food insecurity crisis across sub-Saharan Africa. The IFRC and its members at the food insecurity crisis meeting in Nairobi committed to the 13 points of the Nairobi Statement. **To enable the commitments of the Nairobi Statement, a strong coordination and information platform at the country level is essential.** The concept of the technical working groups is building upon the commitment of: **“Make decisions as close to the operation as possible, capitalising on Host National Societies’ leadership role, which is empowered and supported through coordination structures, in line with the Movement Coordination for Collective Impact Agreement (Seville Agreement 2.0)”**.

Technical sectors

Technical support aims to ensure that the international efforts of the IFRC Secretariat, RCRC membership partners support National Societies as the lead in implementing the Federation Wide collective response for the Hunger Crisis. Technical support for National Societies continues, however an innovative approach is under development to enhance and leverage Federation Wide technical closer to operation as possible. A new approach combined with the existing mapping of human resources gaps will optimize support and fill resource gaps.

Strategic engagement and partnerships

A Resource Mobilization Strategy has been developed to fundraise for the Regional Emergency Appeal focusing on external and IFRC non-traditional partners as well as strengthening country level donor engagement led by the delegations. Technical support is continuing to be provided to National Societies and IFRC delegations to develop a resource mobilization and humanitarian diplomacy plan to increase support and funding for the Hunger Crisis. Bi-weekly meetings have been established with delegation teams and National Societies. A fundraising toolkit was developed and shared Federation Wide to support fundraising efforts. The Strategic Engagement and Partnerships and Humanitarian Diplomacy teams conducted induction sessions for colleagues in South Sudan and Nigeria. Two Partners Calls were held since the launch of the Regional Emergency Appeal. A briefing for the Permanent Missions in Geneva was held on October 20th to present the emergency appeal and to highlight funding gaps. To foster information sharing, bi-weekly updates continue for Federation Wide membership partners on the emergency appeal funding and operations overview.

Planning, Monitoring:

The PMER and Quality Assurance team is leading the Federation-wide reporting for the operation. The PMER team developed tools to collect indicator and financial data and subsequently facilitated orientation sessions with national societies, membership partners and IFRC colleagues. The data collected with this tool will contribute to an evidence-based decision making for the operations. National societies and membership partners are providing data on a monthly basis and the frequency will be re-evaluated after three months. A comprehensive PMER framework is being developed to further enhance PMER initiatives for the Hunger Crisis.

Risk Management

A risk management plan for the operation has been developed, outlining the roles, responsibilities and timelines for risk identification, prioritization, monitoring and reporting on potential risks that would impact the achievement of objectives defined for this operation.

Ongoing efforts are focused on operationalizing the risk management plan, with the priority at the regional level before subsequently cascaded to the country level. Key areas of focus are quality; timeliness; prevention of fraud and corruption; and the promotion of safeguarding for the response operations.

Information Management

The Information Management (IM) team developed a Storymap to present the hunger crisis to a wider audience. The Storymap is embedded in the IFRC GO landing page¹⁸. The team also developed a dashboard to display multiple types of information about the Hunger Crisis. The dashboard can be filtered to display figures of National Society response in each country. The dashboard is available on the IFRC GO¹⁹ website. Furthermore, the IM team supported the CEA team for data analysis products and supported the PMER team in developing and expanding the Federation Wide data collection tool.

The IM team plans to map the IM capacity of the region and subsequently cultivate the relationships with IM focal points in each country. This will develop a network of IM experts Federation Wide in Africa to enhance capacity by enabling IM colleagues to access technical support and foster collaboration.

Additionally, the IM team is maintaining and updating the Hunger Crisis profile on IFRC GO, including the links to country specific documents such as the Operations Strategy and Plans of Action. Regular review of secondary data continues to ensure information is updated.

Information Management Products



Figure 7: example of the latest IM products created for the Hunger Crisis Response

¹⁸ <https://go.ifrc.org/emergencies/6008#details>

¹⁹ <https://go.ifrc.org/emergencies/6008#data>

National Society Response



Angola Red Cross



**1,500
HHs
reached**



**4,282
people
reached**

Food Security and Livelihoods

Lifesaving basic needs assistance through multipurpose cash grants

The National Society with IFRC support is in the process of recruiting a cash and voucher specialist to Angola for 3 months. During this time, this role will be able to develop, together with the national society, systems and tools for Cash and Voucher approach. The expert will also work with government entities and humanitarian partners to ensure the integration of the Red Cross cash within the existing initiatives in the country, (e.g., Kwenda program). The specialist will also train staff and volunteers and will develop tools and materials for the use of the NS.

A technical engagement with the World Bank was held which led to an invitation to IFRC and CVA to be integrated in the partners Cash group meeting.

The National Society is also addressing the needs of the most affected population with the available resources. So far, the NS has provided relief to 2,500 people (500 households) affected in the three Southern Provinces of Huila, Cunene and Namibe for a period of five months. NFIs and Food were distributed to 500 households in May 2022. This was a once-off distribution combined with Hygiene Promotion campaigns provided by 60 community Red Cross Volunteers.

Health and Nutrition

The National Society developed and approved the Food security and livelihood FSL assessment tools (including beneficiaries' selection and confirmation assessment, market assessment, in-depth assessment, and criteria) and training packages for staff and volunteers (including criteria for volunteers' identification and selection). The tools have been adapted to the Angolan context and are ready to be used to complete the activities.

WASH

To support household-level water and hygiene needs, the National Society distributed buckets, jerry cans and Aquatab tablets to 500 families in the 3 provinces of Cunene, Huila and Namibe. Additionally, it conducted four hygiene promotion sessions conducted in each of the provinces reaching 4,282 people

PGI

CVA conducted PGI sessions to 68 members including staff and volunteers involved in the project. These staff and volunteers reached 2500 households with education sessions on PGI.

CEA

Sessions of community mobilization including RCCE, reached 12,082 people in Cunene, Huila, and Namibe from March to November 2022

Risk Reduction, climate adaptation and Recovery

A high-level meeting with the Minister of Agriculture with the IFRC and Angola Government was held on Tree Planting Initiatives. This meeting led to the development of a concept note that is under development.



Burkinabe Red Cross



**11,641
HHs
reached**



**3,256
people
reached**



**12,828
people
reached**



**6,234
people
reached**

Food security and livelihoods

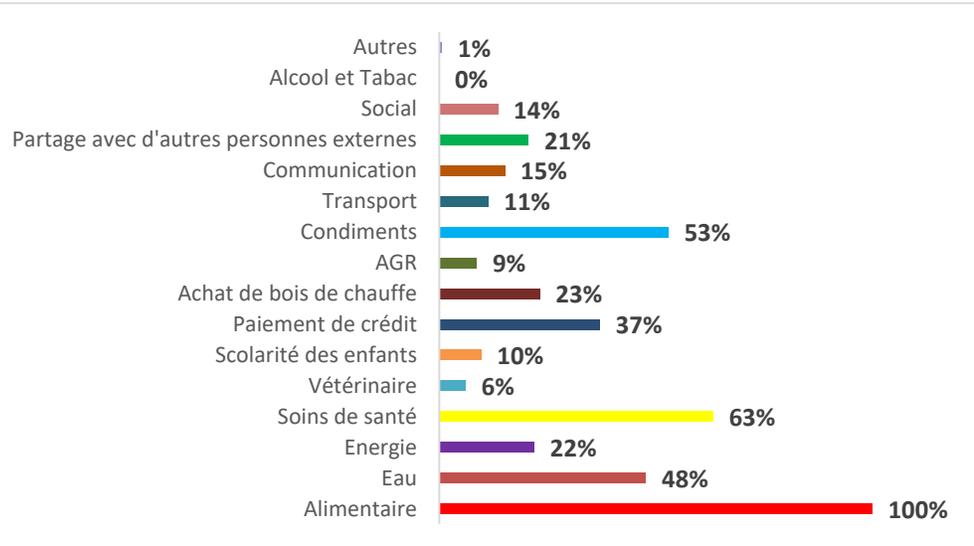
The CRBF operation was based on the analysis of Burkina Faso's harmonized framework with all stakeholders. This analysis resulted in the formulation of a DREF response with a planned emergency response in Seeba and a detailed needs assessment in six representative localities. The implementation of this intervention was supported by a technical resource deployed by the IFRC in June 2022.

The assessment of the security situation revealed significant security challenges that could affect the feasibility of assistance to Seeba and impact the implementation of the project. Taking into account the insecurity situation – which included analysing commitments and gaps with the various partners of the food security cluster as well as with various government bodies - enabled the operations to adjust the intervention in Gorom-Gorom in the province of Oudalan.

To ensure quality, initial training of volunteers took place on the operational approach, food security, cash transfer programs, health, nutrition education, WASH, CEA, and Protection technical areas. Additional training was conducted on the beneficiary identification tool with Kobo Collect as well as the detailed assessment tool for Gorom-Gorom. The beneficiary's identification survey, with the assistance of the local authorities, selected a pre-selection of 1,195 households, including 957 IDPs and 238 hosts. The administration of a verification questionnaire resulted in the validation of a final list of 653 households, including 225 hosts and 428 IDPs as beneficiaries of assistance.

This process was carried out in a transparent manner and with the participation of local authorities, customary authorities and representatives of administrative authorities. The final selection was validated through a community meeting with representatives of local populations and displaced persons. The 653 beneficiary households received an average value of 75,000 CFA francs (113 CHF) for two distributions. In total, assistance was offered to 341 households headed by men and 312 households headed by women, i.e., a total population of 6,234 individuals (3,081 men and 3,153 women). In this population covered there are 141 living persons with disabilities, including 61 men and 80 women. This distribution was made possible thanks to a service contract between the CRBF and the service provider WIZALL.

The cash distributed was used as follows (source: PDM CRBF October 2022):



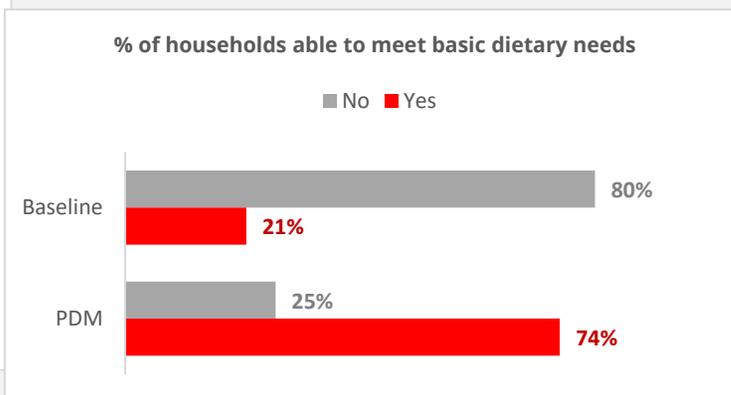
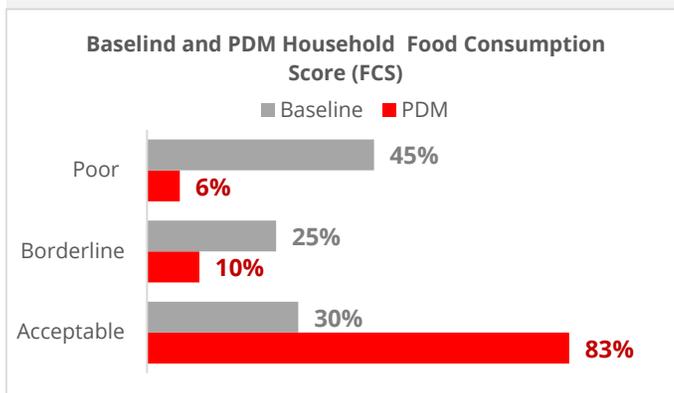
An IDP from Déou when receiving her Cash declared:
"You cannot imagine my relief with these 126,000 FCFA that I have just received. Imagine that we left Déou without taking anything for two months and until now we had received nothing as support. Words fail me to express my thanks to you."

Gorom-Gorom is a safe locality in Oudalan province where a large number of internally displaced people are currently concentrated. All surrounding villages and provinces are subject to attacks and blockades. The IDP population is more than two or three times the local population with few humanitarian actors involved.

The main challenges were related to the security context. Gorom-Gorom is surrounded by localities subject to blockade or incursions by armed groups, which makes the situation uncertain and difficult. Volunteer travel was risk-prone and required validation by the security focal point, which had a negative impact on the scheduling of activities.

The Spanish Red Cross, in the context of this food crisis, carried out the same approach in the locality of Tougan with 300 targeted households who received assistance on the same basis as assistance under the Emergency Appeal with the same methodology.

This assistance made it possible to provide an effective response to food insecurity. Thus, a proportion of 99.26% of people are less vulnerable and manage to cover their needs of 2100 Kcal / person / day during the period of assistance.



Source PDM CRBF October 2022

In the continuation of the activities, the National Society received an additional amount to continue the assistance activities. An additional 600 households will be identified to benefit from emergency food assistance with support in nutrition education, nutritional sensitization and WASH with a capacity building component of the CRBF.

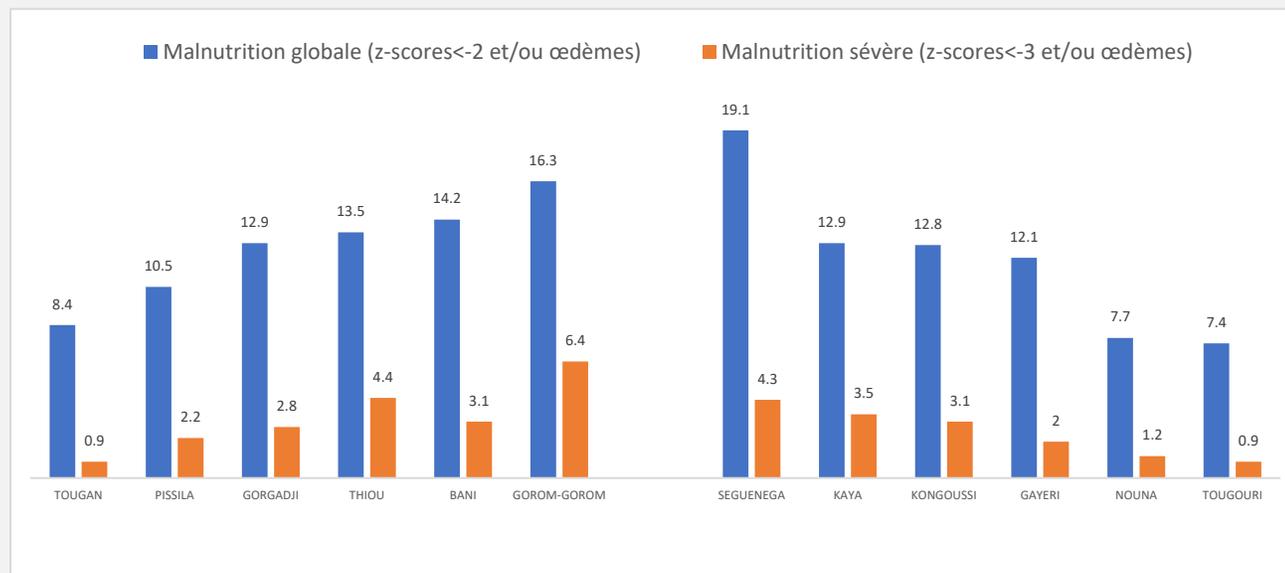
Health and nutrition

The CRBF as part of the initial DREF implemented a nutrition component as part of the cash distribution in the locality of Gorom-Gorom. From the target, it was a question of detecting cases of malnutrition by measuring the upper arm circumference. The volunteers were trained in taking BP and interpreting cases of malnutrition. Training in nutrition education and awareness was provided for volunteers. As nutrition health and education is one of the important components of this programme, emphasis has been placed on this aspect for field activities.

Thus, during the 10 days of targeting and market analysis, 1,222 children (636 boys and 586 girls) were measured (mid-upper arm circumference). The following cases were detected:

- 243 cases of moderate acute malnutrition including 130 boys and 113 girls
- 64 cases of severe acute malnutrition including 31 boys and 33 girls
- 307 cases of malnutrition were referred to the health centre, including 161 boys and 146 girls.

This detection also made it possible to assess the nutritional situation on site. It should be noted that the nutritional situation is a concern throughout Burkina Faso as shown in the table below.



To address this situation, a response based on awareness and nutrition education with home visits and radio messages on infant and young child feeding (IYCF) with training of volunteers on key messages and interpersonal communication tools, such as picture boxes, was conducted. These activities reached 312 women through home visits on IYCF, the causes and consequences and manifestations of malnutrition. These actions were also carried out with the Gorom-Gorom health centre to ensure continuity of actions.

An awareness-raising with a "One Health" approach was also implemented in collaboration with the health centre with the following results:

- About 600 people sensitized on hygiene issues, malaria, cholera etc.
- Radio broadcasts on healthy living environments, cholera, and other communicable diseases

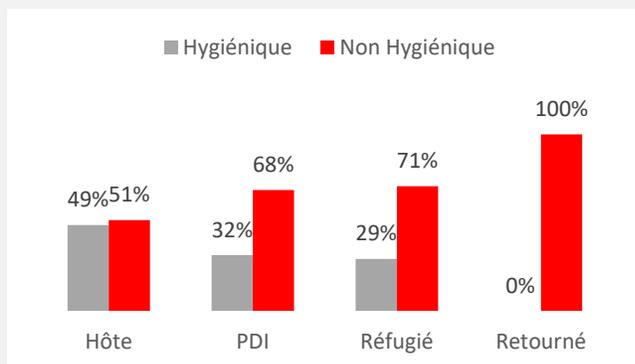
It is difficult to assess the impact of these actions in the short term but given the needs and situation on the ground in terms of nutrition and hygiene, our actions continue to be part of the mitigation framework. The state of needs requires a more elaborate program and especially on the medium or long term.

The challenges related to this activity include the difficulty of deploying the volunteers given the security constraints, the activities took time and there were issues for their deployment. Also, the follow-up of children and FEFA detected have posed problems because the populations are very mobile and security constraints do not allow for regular follow-up.

Nutrition and health activities are also included in the activity plans for the next steps, with a targeting of malnourished children as well as pregnant/lactating women during the beneficiary targeting stage. A community-based surveillance component as well as an epidemic preparedness component will be developed.

The activities of this pillar were initiated by the training of 20 community volunteers in the basic principles of WASH. This included basic hygiene practices, food hygiene and latrine use. As part of the initial DREF, the CRBF integrated hygiene promotion into nutrition awareness activities. In total, nearly 200 awareness-raising sessions were organized.

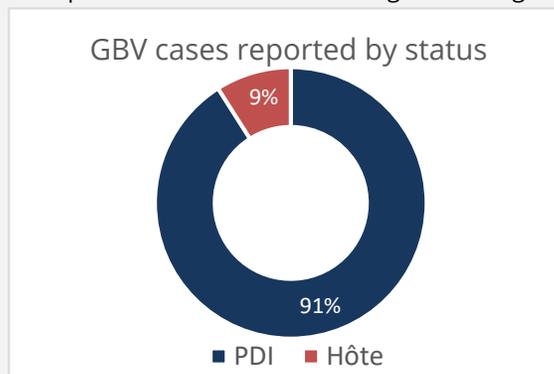
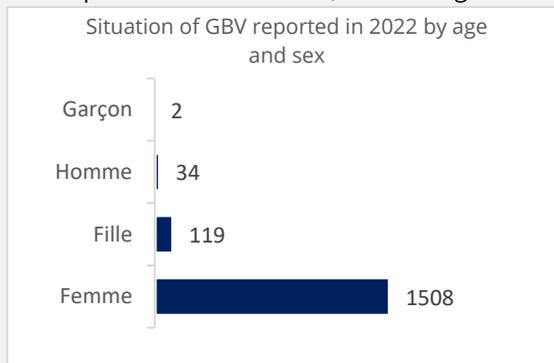
The main challenge has been the lack of funding for this activity, although the needs of the population are immense. The CRBF aims to increase WASH activities as part of the scale-up of the emergency appeal. Priority is given to hygiene awareness activities carried out by community volunteers. The detailed assessment showed significant needs for WASH and especially for access to drinking water according to the following diagram:



As the initial DREF intervention was part of an emergency context, our WASH intervention focused on the distribution of Aquatab tablets to treat water for the 653 households and awareness on WASH. Awareness-raising reached most households through radio messages and door-to-door visits to households.

PGI

A PGI module was discussed with the volunteers during the initial training with a particular focus on the PGI needs assessment. Ongoing communication with community engagement activities provided updates throughout the process. The needs analysis, carried out as part of the initial DREF, showed significant needs for protection activities according to the diagrams below:



Our interventions so far are limited to the assessment of needs and the training of volunteers. A detailed intervention plan is part of the Emergency response.

CEA

The implementation of the initial emergency assistance was one of commitment and accountability activities. The volunteers were trained and the CRBF approached the local authorities. A module on community engagement was shared with volunteers during the initial training.

The local and administrative authorities were involved in the targeting and community approach and throughout the process. The evaluation of the activity revealed the positive assessment of these authorities.

The CRBF has implemented a community engagement activity, with the establishment of a green line for beneficiaries, the establishment of complaints committees and ongoing communication with volunteers.



Cameroon Red Cross

Cash

The Cameroon Red Cross Society is preparing for cash distribution. With the DREF loan received from IFRC, the National Society has finalized the terms of reference for field missions in the Far North and Southwest regions. Teams were deployed to conduct a rapid market assessment in the Southwest including training of 22 volunteers who will be involved in cash transfer processes. The training included CEA and CVA technical knowledge as well as data collection and setting up beneficiaries' selection committees, feedback mechanisms and complaints management committees. The field teams are registering 700 households in Southwest (Fako division) and 2,800 households in Northwest regions (Mayo Danay and Logone-Chari divisions), 3,500 households in total.

These preliminary activities are planned to end in December 2022 and proceed with cash distribution activities in January-February 2023. The financial service provider agreement is being processed and the first round of transfer of fund to the National Society is expected soon.

CEA

Community Engagement and Accountability was taken into consideration while developing the terms of reference and CEA approaches are applied at all stages of the operation. The CEA technical team was involved and provided insight on setting up feedback mechanisms, beneficiaries identification and setting up complaints management committees.

Due to insufficient funding, the Cameroon Red Cross has not been able to implement all planned activities despite the continued increase in needs and vulnerability of affected communities. With available funding, only 2 out of 7 targeted regions are reachable.



**CROIX-ROUGE
DE LA RÉP DÉM DU CONGO**

Red Cross of the Democratic Republic of the Congo



**14,996
HHs
reached**



**13,400
people
reached**



**17,750
people
reached**

Food security and livelihoods

Assistance with basic needs through cash grants for various purposes

During this reporting period, the DRC RC carried out the following activities in the provinces of Kasai and Kasai Central with the technical and financial support of the IFRC

- 1) Training of 50 volunteers (34 men and 16 women) in Cash transfer and collection of e-data with the Kobo Collect application for capacity building for the implementation of activities
- 2) Identification of 2,309 households of which 1,000 were targeted as households to receive cash transfer
- 3) Sensitization of community leaders and the 2,309 households affected, i.e., 13,854 community members on the targeting of affected population and communicating on selection criteria (households related to food insecurity for children under 5 years of age, pregnant women and tenants, women heads of households, displaced persons without support and minorities who are victims of prejudice (opinion, creed, etc.), households with persons living with disabilities, etc.). This allowed the public validation of the lists of 1,000 most vulnerable households in food insecurity in the provinces of Kasai and Kasai Central for cash assistance as shown below.

Stories from the communities impacted by the hunger crisis:

"Life is not peaceful here, we live a life full of difficulties because there was an exodus of those who left Angola. They also came to settle here with us. We don't have enough food here. It is the advent of "kamwenasapu" that made us lead such a life. Everything we had in the fields and in the grain stores was swept away by these elements. When they passed, they did not take anyone into account. They potted everything in their path. They have caused some households to have sleepless nights and now the children we have are starving to death; suffer from malnutrition because of the lack of food forecasts in our regions. Besides, I just buried a few not long ago. And as I tell you I am with me here, the women of the 3rd ages and many orphan children who have their parents who were killed by the damage of 'kamwenasapu'. And they couldn't reach this place because they didn't have strength caused by lack of therapeutic foods that can help their health or medicine for healing."

"In terms of diseases, several diseases are contracted such as jaundice, malnutrition, dysentery, amoebic diarrhoea as well as malaria. We don't have good drinking water, we suffer a lot about water and the wells we have are no longer in good condition. What makes the water is contaminated every minute that passes and besides the source of water that we use is so long distance with us. To get there we have to walk at least 15 to 30 minutes. All points detailed above constitute a major problem facing our community. So therefore, we urge you (Red Cross) in all that you can think of doing for us, do not forget to also provide us with a health centre at our disposal, because we are registering several children who suffer from malnutrition who these recent times show a great need for nutritional support. We cross an hour or more to reach the health centre which is a bit close to our village and there is even a river where there is not a bridge that you must cross before arriving at the health centre."

Province	Target site name	Health Zone	Health Area	Identified issues	Household valid for cash	% Households to attend
Kasai	Koto	Tshikapa	Kibulungu	251	123	49%
Kasai	Kamuesha	Kamuesha	Kamuesha	251	153	61%
Kasai	Katanga	Kitangua	Katanga	209	100	48%
Kasai	Kamisalu	Kamuesha	Biakabomba	360	124	34%
Kasai Central	Tukombe	KatoKa	Tukombe	639	270	42%
Kasai Central	Man	Mikalayi	Man	599	230	38%
Total				2309	1000	43%

The National Society conducted market studies and analyses to ensure the feasibility of money transfers. This step is linked to the broader analysis of response options and was important to inform the type of assistance to be provided to recipients' households (money, bonds, in-kind goods, services, or a combination of these modalities). Thus, based on the information and analyses, the team noticed that product prices have increased in the markets. All types of products that beneficiaries need is available in markets and distribution centres in Kasai and Central Kasai. As a result of insecurity and with rising prices, part of the population does not have easy access to food products due to lack of financial resources.

The DRC RC, with the support of Spanish RC, has been providing assistance, through in-kind distributions of food and non-food items, to people in Kwilu province, specifically in the towns of Bandundu and Kikwit, since 2014. Through this program, the Red Cross has strengthened the capacities of its volunteers and the departmental/provincial committees of the provinces of Kasai, Kasai Central and Kasai Oriental and they can contribute to the ongoing Hunger Crisis operation: The volunteers consist of

- 1) 750 volunteers trained in livelihood training.
- 2) 100 volunteers trained in cash and vouchers (CVA)
- 3) 100 volunteers trained in food security
- 4) 410 active volunteers in the provinces of Kwilu and the city of Bandundu.

The DRC RC provided multisectoral cash assistance to 10,500 households thanks to technical and financial support from the Spanish Red Cross. This is based on the three (3) active programs:

- (1) "Livelihoods and peace building" based in Kasai (funded by the EU). These are women's' macro cooperatives and individual agricultural initiatives to promote resilience and a malnutrition prevention approach. This also includes IYCF and WASH trainings. 1,600 households and 380 members of Civil Society (295 women and 85 men) grouped into 3 agro cooperatives in LWEBO, MWEKA and ILEBO).
- (2) "Programmatic Partnership" based in South Kivu (DG ECHO/IFRC). This includes two livelihoods pilot projects to build resilience for 100 households and distribute multi-purpose cash to 900 households.
- (3) "IDP Kwamouth CRISE" based in Kwilu (Bandundu). This includes the distribution of multi-purpose cash to 600 households.

The DRC RC also distributed food to 2,500 households or 4,496 people in the province of North Kivu (Kibati). This was done within the framework of the food security pledge that is being implemented in North Kivu and Tanganyika with USAID/BHA funding support.

Safeguarding/protecting livelihoods

The local branch of Kasai Central has provided its own funds to vulnerable families in agropastoral areas (for food security). It accompanied this support with promotion of vegetable and food crops to support economic and food self-management at the household level; by delivering seeds and a pair of rabbits with regular monitoring of technicians in phytotechnics and zootechnics. Thus

- Community fields have been created in 7 health areas.
- Twelve (12) households were provided with rabbit pairs for redistribution after rabbit birth and according to the need for vulnerability of the targeted households.

The DRC RC was able to reach 2,680 people with the technical and financial support of the Spanish RC

Challenges:

There was a delay due to a pending finalization of the contract with the financial service provider (FSP) for the distribution of cash transfers to 1,000 households (supported by the Hunger Crisis DREF). Additionally, poor road conditions make it difficult to access beneficiaries' sites.

Health and nutrition

Support for acute malnutrition

The Red Cross of the DRC, through the province of Kasai Centrale has taken the initiative to collect funds to help malnourished children (6-59 months) by purchasing nutritional inputs for their care. It has set up a nutritional team to care for malnourished children under 5 years of age, and pregnant and lactating women at the Kasai Central Red Cross nutritional support site. This team is composed of:

- 1) 10 men (head of household)
- 2) 10 mothers trained in nutritional health
- 3) 26 volunteers to recover malnourished children and malnourished pregnant and lactating women
- 4) Others include 9 nurses, 5 nutritionists and 2 cooks



Screening of women and children for malnutrition

The care of children against malnutrition is done in the Outpatient Therapeutic Nutritional Unit (UNTA) of Tukombe, in the Katoka Health Zone in Kasai province. To date, 1,144 children have been assisted in the centre, of which 253 have been discharged and 891 are still under supervision. There were 782 pregnant and lactating women assisted, 614 pregnant and lactating women discharged and 168 pregnant and lactating women under supervision.

The DRC RC trained 50 volunteers (34 men and 16 women) in nutrition to strengthen their capacities to implement hunger alleviation activities in the two provinces (Kasai and Kasai Central), in particular for the screening of children aged 6 to 59 months and pregnant and lactating women for malnutrition.

A total of 1,929 children aged 6-59 months have been screened of which 1,034 are cases of SAM (Severe Acute Malnutrition), or 53.6% but it has not yet been referred to the UNTA, because there is a shortage of nutritional inputs in the nearest UNTA and Hospitals. A total of 1,151 women were screened, including 506 poorly nourished FEFA, or 43.8%.

Province	Site	Activity	Child 6-59 months screened	FEFA screened	Children 6-59 months to refer	FEFA sick	(%)	
							Children 6-59 months to refer	FEFA Sick
Kasai Central	Man	Screening and referencing	321	270	161	90	50.16 %	33.30%
	Tukombe		419	312	198	151	47.26%	48.40%
	Kamisalu		229	56	102	34	44.5%	60.7%
	Kamuesha		202	44	127	25	62.8%	56.8%
Kasai	Katanga		305	254	196	106	64.2%	41.7%
	Koto		453	215	250	96	55%	44.6 %
Total			1929	1151	1034	506	53.6%	43.8%

As part of the USAID EPI/Nutrition support/pledge in Lomami province, the DRC RC was able to conduct a malnutrition screening campaign. A total of 3,899 children were screened for SAM (Severe Acute Malnutrition) and were referred to care centres.

2) Nutrition education

Red Cross teams organized mass sensitization to reach 2,309 people in Kasai and Kasai Central. This focused on the themes of nutrition, voluntary screening of pregnant and lactating women (FEFA) and then the screening of children aged 6-59 months and their referral. Awareness-raising activities on good nutrition reached 3,896 people in the province of Lomami.

WASH

Improving access to water and sanitation

A total of 50 volunteers were trained on WASH - conservation and purification of drinking water; and good hygiene practices in the two provinces (Kasai, Kasai central), then 2,309 people followed a mass awareness on WASH.

PGI

A total of 50 volunteers were trained in the two provinces for the conduct to be taken in the context of the implementation of the DREF Hunger Crisis with beneficiary households. Information on codes of conduct during humanitarian operations, especially of IFRC and DRC RC.

The 50 volunteers were trained in Kasai and Kasai Central were also briefed on Prevention against Sexual Exploitation and Abuse - as part of the operation. The volunteers also received information on the code of conduct during humanitarian operations and especially the IFRC/DRC RC.

CEA

As part of the operation, a training for 7 staff and 50 volunteers from two branches (Kasai and Kasai Central) on Community Engagement and Accountability (CEA) in connection with cash transfer was completed. The objective of this training was to strengthen the capacities of provincial staff in terms of CEA. This allowed the DRC RC teams to sensitize communities on the targeting of people affected and the criteria for selecting and starting to set up a complaint collection and management mechanism.

The CEA activities will:

- Lead to a better quality and impact response
- Improve acceptance and trust within the community
- Early detection of problems in communities
- To consolidate community belonging
- Improve the satisfaction and retention of volunteers and Red Cross staff.
- Contribution to strengthen the "Do not Harm" Principle
- Help manage expectations

CEA activities included the identification and commitment of 22 associations, clubs and Community Associations (CACs) to contribute to the implementation of community activities to mitigate malnutrition.



Ethiopian Red Cross



**13,418
HHS
reached**



**28,099
people
reached**



**37,826
people
reached**



**40,160
people
reached**

Lifesaving basic needs assistance through multipurpose cash grants

In Oromia and Somali regions, a cash-feasibility assessment was conducted in a sample of 50 homes (HHS) that represented the entire community in selected kebeles of drought response target woredas. The quantitative data was gathered using a standard household questionnaire by the branch project focal person, technical personnel from woreda government offices, staff from the zonal coordination office, and professional volunteers from woreda. For qualitative data, key informant interviews (KIIs) and focus group discussions (FGDs) are used.

Overall, the study identified one of the target zone's worst-affected districts. 98% of the sample reported that livestock losses, low yields from the Shebelle River deluge, and crop failures had all significantly reduced their agricultural output.

The community-based targeting committee has been established by the branch in a few kebeles, as the kebeles are new and such committees were not functional. But in many kebeles, the project staff used the existing committee and oriented them on beneficiary targeting, complaint handling related to CVA, and other cash-related activities. The targeting committees were composed of women's representatives, religious leaders, youth representatives, and community elders.

At each kebele, a committee of seven members was formed to raise awareness about beneficiary targeting, cash amount, and usage. The committee selections were participatory, and they are trusted by the whole community. To strengthen the safety and well-being, of drought-affected community members through a multi-purpose cash grant, the FW (Federation Wide) Drought Appeal contributed through the IFRC and bilateral PNS (Partner National Societies) support to accomplish targets related to multipurpose cash assistance.

In this reporting period, out of a total of 42,000 targeted households, 13,418 HHs (7,246 female-headed and 6,172 male-headed) have received CASH. These include 6,985 HHs (34,925 people) who received CASH from the IFRC in the Somali region of Kelafo and Dawa, as well as the Oromia region of Borana and Bale, 2,500 households (12,500 people) who received Cash from the German Red Cross in both Oromia and Somali regions, 3,483 household (15,015 people) who received Cash from the Moyale Oromia region in collaboration with the Swiss, Danish Red Cross, Finnish Red Cross, and Austria Red Cross, and 800 households who received Cash in the Somali region from Netherlands Red Cross through ERCS FW appeal bilateral resource.

ERCS trained and deployed 60 volunteers (45 Somali and 10 Oromia region) and 5 volunteers from the Netherlands Red Cross Support on the basic Cash Transfer Program and KOBO Toolbox registration.

The trained volunteers are engaged in the targeting process, and in the latter for kobo Toolbox, they detail beneficiaries' data registration. After the training provided on beneficiary registration tools, household profiles, and data collection for volunteers, a total of 3000 targeted beneficiaries' households were conducted by volunteers in both the Somali and Oromia regions in their respective target woredas with the Kobo Collect data collection tools.

A committee and volunteers chosen by the community oversaw the identification, selection, and registration of cash beneficiaries. Beneficiary targeting was carried out by woreda at all selected kebele, and those who did not have identification documents such as kebele ID were given by kebele, with the assistance of the woreda administration. Beneficiaries' data were received in both electronic and hard copy formats, and ERCS HQ conducted stringent verification to ensure that the most vulnerable households in each kebele were selected.

To ensure transparency and community engagement in all project activities, various tools were put in place, in addition to the compliance and feedback committees formed in all kebeles. The complaint and suggestion registration book, Suggestion boxes, and phone numbers were posted in the appropriate locations throughout each kebeles.

Safeguarding/protecting livelihoods

Given the severity of the drought, the Ethiopian Red Cross (ERCS), in collaboration with the International Federation of Red Cross (IFRC), launched a drought response project that is currently being implemented in Somalia and the Oromia region from February 24 to August 32. Accordingly, an inception workshop was conducted in Addis Ababa at the ERCS training center with the implementing regional branches. In addition, the German Red Cross also launched a workshop conducted at the end of April 2022 in both Addis and Moyale towns. 31 (M 21, F 10).

Project stakeholders from both the Oromia and Somali sides were invited to the workshop, and the major objectives of the workshop were to create a common understanding of the project objectives and a few households to be supported, identify target kebeles, and create clear roles and responsibilities for each stakeholder toward on-time service delivery and the achievement of overall project activities.

Subsequently, the project activities were discussed, including how cash transfers can be conducted in Somalia and Borena, the number of beneficiaries on CVA, woreda selection, malnutrition screening, WASH materials, and the provision of training.

After the launch workshop, the project team facilitated the formation of beneficiary selection and grievance committees in each of the identified 10 kebeles. The beneficiary selection committees were responsible for identifying and registering the most vulnerable households in their respective kebele. The compliance and feedback committees were formed to enable the mass community to report any of their complaints about the beneficiary selection process. Discussions were conducted with the selection committees on the vulnerability criteria of the national society. To ensure beneficiaries are appropriately targeted, Kebeles has agreed on beneficiary selection criteria based on participatory, account-based, and transparent principles in consultation with the local community, respective government sectors, and participating actors in all interventions.

In addition to these, as of January, Ethiopia Red Cross Society (ERCS) has reached 8,808 households (Oromia region: Bale, Borena, Harerge, and Wollega 33,623 people, SNNPR: Gamo Gofa, Wolaita & Dawuro 8414 and in Somali region: Fafan zone 2,000 people) provided food relief response to almost 3,086 quantal of wheat and Maize flour and 14,978 litter cooking oils with a total budget of 374,283 USD by their domestic funds.

Health and Nutrition

To improve the overall health of the drought-affected community, the FW Emergency Appeal provided funding through the IFRC and bilateral PNS support to carry out planned health activities. IFRC trained 40 health extension workers and volunteers in nutrition and community-based screening, as well as raising awareness about healthy child and infant feeding practices. Nutrition training was provided in the target woreda, with a focus on IYCF-E, which is concerned with the protection and support of safe and appropriate feeding for infants and young children in all types of emergencies to ensure their survival, health, and growth. In addition, the Netherlands Red Cross trained 120 volunteers in Gujji on CB MAM, nutrition screening, and referral. The total number of screened children is unknown (but will be included in the next reporting period). These volunteers are moving from kebele to kebele, providing community-based health first aid services such as malnutrition screening and MHPSS services, as well as being deployed in all intervention kebeles to conduct community mobilization.

For two (2) days, 15 community volunteers were trained in the Family MUAC Nutrition Screening Approach and Referral. The volunteers were chosen from the intervention kebeles, with three volunteers from each. The main goal of this training was to increase the capacity of volunteers to conduct nutrition screenings and raise community awareness about nutrition tracking and how to refer their children to the nearest health facility or any institution that provides nutrition support.

Following training, these volunteers are sent to their respective kebeles to conduct nutrition screenings and community mobilization campaigns to combat malnutrition. These volunteers managed 37,826 mothers with nutrition education for two

rounds in the months of June and July. As a result, mothers have begun to refer their children to the nearest health facility or any institution that provides nutrition support, and their nutrition status has improved.

Furthermore, health extension workers conducted family MUAC nutrition screening on 1,028 children and 1,391 PLW, with 387 children moderately malnourished and 87 severely malnourished, and 505 screened PLW moderately malnourished and none severely malnourished. Additionally, 270,000 sachets of water treatment chemicals for Borana and Shebelle (Kelafo) have been purchased and will be delivered to the project area, and a Dignity Kit (1,500) and weight scale (50) have been purchased and will be delivered within the next two weeks.

In addition, the IFRC provides support for RCCE and COVID-19 prevention training for 30 volunteers chosen from intervention kebeles. These volunteers have been deployed to their respective kebeles to conduct community mobilization and awareness raising regarding COVID-19 prevention measures as well as rumour tracking and RCCE for the past two months (June–July). More than 34,620 people were reached by these volunteers with the message of COVID-19 prevention measures. They reported that public awareness of COVID-19 prevention measures has increased and that no COVID-19 cases have been reported during this period. IFRC, with support from the FW Drought Appeal, trained 15 volunteers in Psychological First Aid (PFA). Furthermore, a total of 110 volunteers were trained and deployed to provide CBHFA service (80 volunteers by the German RC and 30 by the Swiss RC) through bilateral PNs. These volunteers deployed in their respective kebeles to mobilize their communities in their respective kebeles.

WASH

The IFRC and PNSs are assisting drought-affected people with cash assistance, water, sanitation, and hygiene provisions, and livelihood restoration through assessing drought appeal funds. WASH integrated skills promotion was trained to a total of 170 volunteers (IFRC multi-lateral support 60, 30 from Swiss Red Cross, and 80 from the German Red Cross). In addition, the IFRC and ERCS created 90 T-shirts and 90 hats with hygiene promotion messaging that were distributed to volunteers, staff, and community members. The Netherlands Red Cross purchased 40 water filters (tulip) and distributed them to 20 health posts and ten health institution assistance organizations that support the Gujji branch's supplemental and therapeutic food.

The primary goal of the WASH sector was to use hygiene promotion messaging to reduce the risk of water-borne diseases and water-related diseases, as well as to raise public awareness among the targeted community about disease transmission routes and how to avoid them by maintaining clean environments and hygiene. During this project's reporting period, hygiene promotion activities such as mass mobilization and campaigning, as well as mass education at community gatherings were conducted and reached 40,160 community members.

People participated in a hygiene and sanitation campaign which is organized by trained volunteers. Drought-related hygiene and sanitation messages were distributed, animal carcasses were burned and buried, and some volunteers went house to house to raise community awareness about the importance of keeping their environment clean.

Aside from these, borehole assessments were carried out based on the findings (for Borana, the Oromia regional branch has completed the procurement process of spare parts for borehole maintenance) and for Somali/Shebelle.



Figure 3: community sanitation and carcass disposal practice

PGI

The primary goal of the IFRC and ERCS humanitarian response during an emergency is to reach out to the most vulnerable members of affected communities, such as people with disabilities, children, pregnant and lactating women, female, and child-headed households, unaccompanied and separated minors/children, minority groups, elderly people, and others. There is a lack of knowledge and understanding about how to recognize and integrate PGI in general, as well as SGBV, child protection, PSEA, disability, and diversity inclusion. According to the IFRC basic minimum for protection, gender, and inclusion in emergencies, ERCS staff and volunteers must be briefed on SGBV, PSEA, Child Protection, Code of Conduct, disability, and diversity inclusion. As a result, the training's rationale is to bridge this knowledge gap.

As a result, the IFRC drought response appeal fund provided a sensitization training workshop on SGBV, child protection, and PSEA to 105 ERCS staff and volunteers. These volunteers were selected from the intervention kebeles to help with various project implementation processes. These volunteers were also given the RCRC movement's code of conduct for SGBV, child protection, and PSEA, as well as referral pathways for any cases reported at the grassroots level.

IFRC also provided psychological first aid (PFA) training to the 20 volunteers. This training increased the volunteers' ability to provide Psychological First Aid services to drought-affected communities during the project implementation life cycle process.

CEA

Each of the 31 target kebeles (IFRC 14, German RC 10, and Dutch RC 7) established a community-based targeting committee to focus on beneficiary targeting, complaint feedback mechanisms related to the beneficiary selection process, CVA and cash-related activities, and overall project implementation process. These seven-member committees included women's representatives, religious leaders, youth representatives, and elders. Aside from these activities, the Netherlands Red Cross provided CEA orientation in Gujji Brach for 180 participants, including volunteers.



Figure 4: Community-based targeting committee receiving orientation and practicing CEA tools

Different tools were in place to ensure transparency and community engagement in each of the project activities, such as the compliance and feedback suggestion registration book, suggestion box, and telephone numbers were posted in appropriate places of each Kebeles, and compliance feedback committees were formed in all 31 target kebeles.

Risk Reduction, climate adaptation, and Recovery

The operation targeted to engage 300 volunteers, however currently a total of 69 volunteers received training by integrating a multi-thematic approach. IFRC minimum standards for PGI in emergencies and was also included as a component of all sectors (livelihood, Multipurpose cash, WASH, and protection) training was provided who were involved in each thematic sector of the appeal operation and implementation process. In each training session, a multi-thematic integrated approach was implemented to ensure the volunteer capacity and they were briefed on their roles, risks, and functions.

The IFRC cluster office provided adequate coordination and technical support of both multilateral and bilateral components and sustained with a full-time head of delegate, operation manager, partnership, and resource development advisor, and senior PMER officer.

The National Society has a strategic three years NSD road map to strengthen its Red-ready capacities and the position of NSD advisor leading this Federation-wide effort is paramount to be sustained to ensure a good transition. The operation will mainstream NSD to ensure its strategies are aligned with the National society NSD road map.



Kenya
Red Cross

Kenya Red Cross



7,381
HHS
reached



39,250
people
reached



25,494
people
reached



550,000
people
reached

Food Security and Livelihoods

Lifesaving basic needs assistance through multipurpose cash grants

Direct cash assistance (half the monthly food basket of KSH 5,700 with a withdrawal charge of KSH 67 per HH) has been disbursed to improve the purchasing power amongst food insecure households and increase access to food (increase meal frequency). KRCS conducted a rapid market assessment and distributed cash to **7,381** families in seven counties: 996HH in Lamu, 1,298 HH in Wajir, 750HH in Kilifi and 1,250HH in Garissa, 1,000HHs Mandera, 1,287HH Tana River, 1,000HH Isiolo and 800HH in Samburu counties. The cash was disbursed in two tranches in all the counties to cushion the communities against hunger for two months.

Food security assessments done have revealed that communities preferred cash as the most effective modality to deliver assistance due to various reasons, including its flexibility, offers communities' choice, ability to enhance other economic activities due to the multiplier effect, its ability to support communities to repay any debts they have with shop owners and supporting savings by communities aside from supporting the immediate community needs. Cash feasibility assessments were completed in the eight counties before targeting, and registration was completed with the communities to ensure market feasibility. A post-distribution monitoring visit was completed for sampled counties after the disbursement to access the outcome of each distribution. The PDM findings show that the community has been able to reduce its negative coping strategies due to the cash support given to the community members. This involves reducing the number of coping strategies and the frequency at which they are used at the household level. It measures people's behaviour when they do not have sufficient food.

The CVA enabled the community members to access essential basic needs. However, rapidly increasing prices of key food and non-food items such as maize flour, sugar, cooking oil and petrol were exacerbating the food insecurity among community members, hence seeking more cash or more frequency during the exercise. Most of the community members were not well informed on the feedback mechanisms in place and used existing channels of complaints and feedback. The few that used the mechanisms got responses within three days. A total of 144 pieces of feedback were received and addressed.

KRCS, through the support of IFRC, has revised the appeal to align with the ongoing food insecurity crises happening in the horn of Africa. For all the significant activities in the field, like in-kind food distribution and cash transfer, KRCS has been conducting internal and external documentation through the local media. The beneficiary who received cash transfers and food distribution participated in giving their interesting human stories in the media, for example, in Star Newspaper and [Star Newspaper](#) and [Standard Media](#).

Other stories include:

<https://nation.africa/kenya/counties/turkana/red-cross-in-sh65m-support-programme-for-starving-turkana-families-3956944>

<https://www.youtube.com/watch?v=DmXPoHCy2kl>

https://twitter.com/ntvkenya/status/1574332605243265025?s=20&t=UcwPEW_tQhGEf4-ZjGrSIQ

Safeguarding/protecting livelihoods

In-Kind food distribution was carried out in areas where cash was not feasible. These areas do not have functional markets to buy commodities, and no financial service providers can aid in cash when distributed. Where the community could purchase items in case cash assistance is available is so remote for them to access cash transfer values. This targeted 7,850 households from eight counties, Turkana 2,000HH, Isiolo 1,000HH, Wajir 500HH, Garissa 500HH, West Pokot 350HH, Kilifi 1,000, Lamu 1,000HH and one joint food distribution activity done jointly with IFRC in Marsabit county for 1,500HH. All the food distributions have been targeting vulnerable communities with the elderly, pregnant and lactating mothers, people living with disability and the poor in the community. Commodities being distributed included cereals (rice or maize meal), pulses (pulses especially green grams or beans), cooking oil and salt. Each family is entitled to the ration, representing 50% of the household food ration per month, comprising of 10Kgs of Cereal per household; Pulses – 7 kilograms per household; Cooking Oil – 3 litres; Salt – 0.5kg. This food is what has been procured through the IFRC Appeal. However, KRCS has been receiving in-kind food donations from local donors and supporting these foods' operational costs and transportation to counties affected.

There is a need to continuously support communities' livelihood security by enhancing food production in the affected areas. The country depends on rain-fed agriculture, which has not been available for so long, hindering activities such as providing drought-tolerant seeds. There are two rain seasons within the country, and there is a need to enhance proper timing for the distribution of such sources.

Health and Nutrition

Hunger affects health including an increased likelihood of disease outbreaks and an increased rate of malnutrition. This revised appeal has supported KRCS activities in targeted communities and geographical areas in the ASAL areas of Kenya to enhance access to health and nutrition services, promote the sustainable reduction of health and nutrition risks and improve health and nutrition practices in targeted communities.

Outreaches are done on nutrition and mental health activities in counties affected by drought. The nutrition situation has deteriorated from the onset of the drought to the current period. Counties affected and supported through health outreaches include Turkana, 6,682 people, Baringo 1,671 people, Marsabit 5,250, Garissa 3,818, Mandera, 4,534 people: and Tana River, 1,909 and Lamu 1,630 people. A total of 25,494 people were reached through health sensitization activities, while 8,780 were reached through nutrition interventions.

KRCS, since the start of the Emergency Appeal, has sensitised 33 county team members on maternal-infant and Young Child Nutrition in Emergencies in two sub-counties of Wajir South. Since August, the health facilities have been mapping out high-risk areas in terms of disease outbreaks, and continuous monitoring and surveillance have been activated. In continued partnership with MOH and other stakeholders, which include the local administration, health facilities in-charge, religious leaders, community health assistants and police officers, KRCS has continuously sensitised the community on sexual and Gender-Based Violence.

Wajir county conducted rapid health assessments in Wajir sub-counties, including Elias, Wajir West, Wajir East and Wajir South. The data was collected through the key informant and has been administered to the Sub-County coordinators and FGD group to mothers with children below five years old. One of the key issues picked during the targeting is that most of the breastfeeding mothers affected by drought are still unable to practice exclusive breastfeeding to children below six months as they must leave their siblings when in search of daily meals and water for the family.

Since the start of the Emergency Appeal, KRCS has sensitised 33 County team members on maternal-infant and Young Child Nutrition in Emergencies in two sub-counties of Wajir South. Since August, these health facilities have been mapping out high-risk areas in terms of disease outbreak, and continuous monitoring and surveillance has been activated. In continued partnership, KRCS with other stakeholders, which include the local administration, health facilities in-charge, religious leaders, community health assistants and police officers, will also be conducting a continuous sensitization on SGBV.

Mental Health has been a challenge to communities affected by drought, and high cases are reported across the counties. KRCS has supported four counties with mental health assessment and established safe spaces for SGBV victims in Tana River, Garissa, Lamu and Marsabit counties. Sessions have also been conducted in these counties to communities, including vulnerable groups to strengthen their mental capacity due to the effects of drought. The county governments have applauded the initiatives and are willing to have a long-term intervention on the same through the response coordination meetings in the four counties.

WASH

The prolonged drought coupled with limited access to water has limited access to safe water and sanitation services. KRCS has carried out integrated activities aimed at ensuring the provision of clean drinking water for the community. The integrated activities were informed by an assessment, planning, and regular coordination with the county governments and other stakeholders where leadership and supportive management has done. All these have provided an understanding of how the target population have access to water during this dry season. As stated, the distance from water sources has increased and thus, there is always a need to ensure the provision of water is close to the community.

Water also available is highly contaminated and hence the need to provide water treatment chemicals. The affected people who have been supplied with the water treatment chemicals include those receiving any in-kind food donations from the National Society. The chemicals provided are usually the Pur and Aquatabs which are provided enough for two months to 6,350HHs. Water trucking has also been done to areas where there was no water for the community by truck or cash for wash activities. Seven water points were rehabilitated, benefitting approximately 43,000HHs, the population in the target area. Below are the water rehabilitations and the counties under the IFRC appeal

- Abaqelye water supply in Garissa County
- Habajot borehole in Garissa County
- Lafey Borehole in Wajir County
- Hullo Water supply in Wajir
- Kulmis water point
- Barmanish water supply
- Dertu Borehole in Daadab county

As the drought response continues in the country, KRCS will also ensure continuous access to safe water for households and livestock, as hygiene and sanitation services when funds are availed by:

- Constructing and/or rehabilitating communal water harvesting structures, including desilting earth pans.
- Construction and/or rehabilitation of water storage facilities in Counties
- Rehabilitation of boreholes and water pipelines.
- Water trucking
- Procurement and distribution of WASH NFIs (20litre Jerrycans, Bar soaps)
- Procurement of point-of-use water treatment chemicals (PUR sachets & Aquatabs)
- Sensitization of water management committees and community on maintaining hygiene and sanitation at water points.
- Hygiene education and promotion campaigns to reach approximately 550,000 people to support adherence to good hygiene and sanitation practices

These interventions will reduce the impact of the current drought on the communities.

PGI

The drought crisis in ASAL counties affected men and women differently. Women often do not have a voice in decisions that affect the use of resources that families rely on in such times. Often, they must take extra responsibilities of being household heads since men have migrated, searching pasture and water for livestock or petty employment in urban centres. The drought disproportionately impacts the most vulnerable groups of female and children-headed households, orphans and vulnerable children, widows, people with human immunodeficiency virus (HIV), chronic illnesses and People with disabilities (PWDs). Women and children are the highest percentages of those affected by the drought. People with disabilities (PWDs) and the elderly are often at risk of being left behind or marginalised. The Appeal has been prioritising these groups across the implementation of activities. Pregnant and lactating women (PLW) and children under five are prioritised as the most vulnerable and at the highest risk of malnutrition. Thus, through the response, PLW and children 6-59 months who are at risk of malnutrition are identified through screening and referred for treatment. These women and children will get the necessary treatment to prevent complications leading to further deterioration of health.

The proposed food assistance through cash has considered the needs and preferences of women, girls, men, and boys of the affected population, as identified from community feedback during the food security assessment.

KRCS has inclusive processes and activities, considering the views and needs of women, girls, boys, persons living with disabilities, and the elderly. Persons at risk of being discriminated against based on their sexual orientation or identity have also had their voices and needs heard. When targeting and identifying beneficiaries, KRCS staff ensures that communities

include the participation of all age groups. Registration tools have ages and slots for those with special needs. Single women, PWDs, unaccompanied children, and others prone to stigmatisation and exploitation/abuse are registered in their names.

In collaboration with relevant actors, including the community, KRCS has ensured the safety and security of all beneficiaries to and from any distribution points. Accountability mechanisms through participatory community forums allow all age groups, people living with different chronic illnesses or with human immunodeficiency virus (HIV) and the PLWDs to express concerns or needs regarding their roles and treatment. These special groups have had representation in the village committees and coordination structures that ensures everyone's voice is listened to and that the proposed interventions do not harm but ensure protection. Cash and Voucher Assistance targeting women-headed households have also strengthened their place and role in the communities and their dignity.

KRCS is a member of the National Gender and Equality Commission (NGEC) technical working group and sits as a co-chair in the forum. Additionally, the National Society has trained community health volunteers (CHVs) and community leaders who provide support to identify SGBV survivors, Psychological First Aid and effective referral/ linkages to quality support services. KRCS continues to engage existing government structures to strengthen and enforce laws and policies towards SGBV prevention and response, preposition the RH-Kit 3 to health facilities to support survivors of SGBV, and distribute dignity kits to the affected communities for men, women, boys, and girls.

KRCS has a PSEA policy that guides the prevention and response of sexual exploitation for staff and volunteers. This policy will be disseminated to all staff and volunteers engaged in the project to enhance their awareness and minimise the risk of exploitation of communities. KRCS has mechanisms in place for monitoring and reporting such cases for appropriate action to be taken against staff and volunteers involved in violating the policy.

CEA

KRCS already has a well-established platform for community engagement and accountability where it provides suitable channels to interact with the communities. Responsibility to the community is enhanced and mainstreamed through actively seeking feedback, closing the loopholes on input from the district and sharing feedback to improve drought response. KRCS fliers with complaints/ feedback toll-free contact are distributed in the targeted communities, and some are pinned on surfaces of public places.

All the complaints received have been resolved by the community or the KRCS staff through a mutual understanding. The community has also appreciated KRCS for receiving cash and other livelihood support due to the ongoing drought. Similarly, during the post-distribution monitoring, there was feedback on all the activities done, and a lesson learnt to ensure that the feedback and complaints received are all implemented for future or related interventions.



Malagasy Red Cross



**6,880
HHS
reached**



**8,179
people
reached**



**2,555
people
reached**



**24,757
people
reached**

IFRC is processing a CHF 500,000 DREF loan to Malagasy RC to kick-start the activities. With the funds, the National Society targets 1500 households with 2 monthly cash transfers, 2,000 households with WASH kits, nutritional activities for 1,000 children, support 2 nutritional centres with equipment, train volunteers and set up CEA committees.

The project agreement is being reviewed to facilitate the transfer of funds to the National Society. However, funding is limited for the plan to scale-up to reach the proposed new affected areas.

MRC has been able to take part in coordination meetings, Contact the authorities and other stakeholders, Preparation of volunteers' training, Preparedness Market Assessments, Cash distribution, and procurement of WASH kits. The NS recruited for key positions to support in the appeal (WASH, Project Coordinator, Health and Nutrition, FSL & Cash, Log, Finance).



Mali Red Cross



**256
HHs
reached**



**20
people
reached**



**1,861
people
reached**

Food security and livelihoods

The main priority activity in the food security and livelihood sector during the DREF has been the assistance to basic needs through multi-purpose CASH.

To assist the most vulnerable population and to assure transparency and accountability of this selection process the Mali Red Cross has conducted a thorough beneficiary selection process. The NS has explored the gaps in the current response through participation in the food cluster meetings and meetings with governmental authorities. This coordination is important to prevent duplication of work of other actors. The community of Dilly in Koulikoro region has been selected for the distribution of cash through the DREF response.

To assure the selection of the most vulnerable households, 20 community volunteers of Dilly were trained in a five-day training on: digital collection techniques using KoBo collect, basic principles of the Red Cross Movement, PGI, CEA and Nutrition. After training and equipment, the volunteers conducted a market assessment and selection of beneficiaries. Community meetings were organized through engagement of community leaders and in these meetings, committees were set up and information regarding the selection criteria was distributed. The committees had the responsibility to collect complaints and feedback. The selected beneficiaries were validated by the community. Once all the preparatory work was completed cash worth 80,000 XOF (CHF 120), was transferred through mobile money to 256 households (1,792 persons)

The main challenges in the distribution of cash were the rapidly deteriorating security situation in Mali. Security assessments had to be conducted before interventions and sometimes missions had to be postponed due to insecurity events. During the PDM exercise, the set-up of feedback and complaint committees was evaluated positively, and this will be replicated in the next cash distributions of the Emergency Appeal. In Mali, the most secure way to provide cash is through mobile money and it was confirmed during the PDM that all 256 households received the cash without any security problems and in a relatively short period. A 19.53% of the households (203 out of 256) were female headed with an average of 5 children per household.

For the next period of intervention, Mali Red Cross will continue to distribute cash to the most vulnerable people and will accompany this with longer-term, sustainable, interventions aiming at improving the livelihood of households. This will be done through training and equipment of farmers, set-up and training of mother clubs and stimulation of income-generating activities.

Health and Nutrition

Awareness and screening activities were carried out five days per week per volunteer for one month. The referrals, care and follow-up of the children were done in close collaboration with the staff of health centres of Dilly and Nara. In addition, radio spots were broadcast on appropriate nutritional practices to reach a wider population in safety-sensitive areas. In one month, 4,308 people were reached through direct actions of the community volunteers. On top of this beneficiaries were reached through community radios.

1) Support for cases of acute malnutrition

Twenty (20) volunteers trained in health and nutrition and screening for malnutrition cases in Nara Circle (Nara Commune and Dilly Commune) led the activities. After the training, the volunteers conducted screening, referral, and follow-up of cases of acute malnutrition in children aged 6 to 59 months and pregnant and lactating women (FEFA). A total of 2,008 children were screened using MUAC screening and of these and 267 were moderately malnourished, 50 were severely malnourished, there were no cases of nutritional oedema. 122 FEFA were screened, of which 19 had a mid-upper arm circumference of less than 230 and were therefore moderately acutely malnourished. The volunteers followed up on the cases of malnutrition through regular visits to the families.

2) Nutrition education to enhance adequate nutritive behaviour

The 20 trained and equipped volunteers conducted sensitization activities at the community level aiming at changing the nutrition practices of the population. A total of 190 awareness sessions were carried out where 1,861 people were reached (1,485 women and 376 men).

The main challenges encountered were the follow-up of the cases of malnutrition and the encounter of malnutrition cases in the communities. The screening of children and active search were evaluated positively by the local health authorities. The deployment of community volunteers made it possible to carry out the activities despite the deteriorating security situation.

Health and nutrition activities are planned to be scaled up during the emergency appeal to the new areas of intervention. Activities on epidemic preparedness in communities, community-based surveillance and psychosocial first aid will be added to the package of activities.

WASH

During the five-day introduction training the 20 community volunteers were trained in the basic principles of WASH. This included basic hygiene practices, food hygiene, and the use of latrines. As part of the DREF Red Cross integrated hygiene promotion in nutrition sensitization activities. A total of 190 awareness sessions were carried out where 1,861 people were reached (1,485 female and 376 males).

The main challenge has been the lack of funding for WASH activities, though the needs of the population are immense. Mali Red Cross aims to increase WASH activities in the scale-up of the Emergency Appeal. Priority is the hygiene sensitization activities through community volunteers.

PGI

Protection, Gender, and Inclusion stand at the centre of the response and is cross-cutting through all sectors. Mali Red Cross recognized that women, girls, men and boys of different ages, disabilities and backgrounds have very different needs, risks and adaptation strategies. Throughout the response, particular attention was given to the protection and inclusion of the most vulnerable people. In the selection for the cash distribution, the most vulnerable were selected based on protection, gender and inclusion criteria. During the five-day training of the 20 community volunteers of Dilly, Kolikouro, the volunteers were trained on basic PGI principles. The feedback and complaint committees assured as well that at protection principles were respected and each committee had at least one female representative.

CEA

The objective of Community Engagement and Accountability is to put the community at the centre of the response at each step of the project design and its implementation.

The priority has been to strengthen the capacity of Mali Red Cross on CEA. Mali Red Cross has recently appointed a new CEA/PGI focal point, and two surge CEA IFRC Delegates went on mission to Mali to strengthen her capacities. CEA is relatively new in Mali and this Emergency Appeal is an opportunity to improve CEA within all interventions. The twenty volunteers in Dilly, Kolikouro, have been trained on CEA.

Nine complaint and feedback committees have been established in the districts of Nara and Dilly. The committees consist of at least five members including the community leader, one woman, one youth, one religious leader and one community volunteer. The committees are responsible for improving communication with the communities and assuring transparency in the implementation of the response.

The committees collect feedback from the communities and share this with the project team. In case of conflicts, they provide a mediator role, and they provide security to program staff. The committees collected a total of 407 feedback of which 233 were from pregnant and breastfeeding women.

Feedback collected from the impacted communities:

"The newborn must first take goat's milk to be intelligent" (Nara Commune Quartier Liberté)

"When the pregnant woman eats vitamin foods the baby grows" (Nara Commune Liberty District)

"We need your help during this lean season" (Commune of Nara DABAYE II)

To assure quality sensitization activities the CEA principles were implemented in the nutrition activities. This includes assuring two-way communication, implementing different communication methodologies, and adapting messages to the target population. Different methodologies of community sensitization were implemented including household visits, focus group discussions and community meetings. In all dialogue with the communities, the fundamental principles of the Red Cross movement were emphasised.

Messages on adequate nutrition behaviour were broadcasted on community radios to reach out to a larger population in more hard-to-reach areas. Two interactive radio shows were broadcasted on four local radios (Radio Dagnè of Nara, Radio Ouagadou of Nara, and Radio Sambory Dilly of Dilly) with the participation of a local imam, a member of the complaint committee, the mayor, and the head of the district health centre. Material for sensitization activities have been translated to the local language Bambara.

Lastly, a documentary on the activities in Dilly and Nara was produced and a media-event for the launch of the Emergency Appeal organized. The event took place on 2 November and had a large participation of representatives of the Ministry of Humanitarian Action, embassies, and humanitarian organizations.

The main lessons learned are:

- It is very important for NS to dialogue with communities to know their real needs and to have their assessments on the collaboration we have with them throughout the process.
- Communities have the right to express their views, demands, ask questions, or make suggestions. Their feedback allows us to adjust our actions and ensure that we meet their needs and improve existing collaboration.
- Home visits, educational talks and community dialogues build trust between communities and the Red Cross and allow communities to share their daily fears and give feedback in a nutshell
- Knowing the sources of information deemed reliable by communities allows you to use the best channels to reach out to them and dialogue on issues in order to share key and vital information
- The involvement of community leaders in periodic meetings helps to combat rumours, facilitate acceptance of volunteers, and raise awareness of good practices
- The use of the media helps to reach more people in record time and is a credible source of dialogue and information sharing.
- The use of image boxes and flyers allows volunteers to better illustrate their communications; the majority of the target population cannot read or write
- The implementation of feedback management system has made it possible to detect as early as information gaps, rumours and beliefs that could hinder or hinder the dissemination of real information and allow us to adjust our actions



Red Cross Society of Niger



7,815
HHS
reached

Food Security and Livelihoods

Lifesaving basic needs assistance through multipurpose cash grants

Multi-purpose cash was identified as a priority activity during the emergency phase. Families classified in IPC phases 3 and 4 relied entirely on cash distributions. Household selection has been an important phase of the response to ensure that the most vulnerable people will be reached. To this end, the Niger Red Cross and its partners participated in several bi-weekly meetings on food security where the coordination aspects of the response were discussed under the guidance of the government body responsible for the response to the food security crisis. These meetings reinforced the Nigerien Red Cross in the application of predefined criteria for the selection of intervention areas, namely: number of people in IPC phases 3 and 4, socio-economic vulnerability, lack of other support, detachment and female-headed households.

The first phase of each distribution focused on carrying out a feasibility study to evaluate the market assessment for cash distribution, followed by a selection of beneficiaries. For the selection of beneficiaries. Meetings were held with regional and district government authorities to avoid duplication between the efforts of other humanitarian organizations and the same beneficiaries.

As a next step, meetings with community leaders, including religious leaders, were held to verify and confirm the list of beneficiaries. To ensure the effective involvement of the target communities in the follow-up of the response, complaint management committees have been set up. These committees allowed for comments and complaints to be collected. They also ensure that all beneficiaries' questions are dealt with accordingly for a better service.

At the end of the validation of the lists of beneficiaries, the Nigerien Red Cross proceeded with cash distributions to beneficiaries. The action was carried out through microfinance institutions (MFIs), by telephone companies per the rules and principles of cash transfers. It should be recalled that the distribution campaigns have been supported by awareness-raising/prevention actions on essential family practices encouraging savings and 'Access to livelihoods, targeting households identified as the poorest according to predefined criteria and modalities. A few weeks after the cash distributions, post-distribution follow-up sessions were organized. These evaluations included assessing how recipients used cash, the level of satisfaction, and gathering recommendations for future distributions.

Safeguarding/protecting livelihoods

Livelihood activities have not yet started as interventions during emergency phases have focused on cash distributions to meet the urgent needs of beneficiaries. During the recovery and development phase, more sustainable activities that meet long-term needs will be implemented. This response is in line with the pan-African Zero Hunger initiative and the Nigerien government's revised priorities. The IFRC secretariat and the Partner National Societies are actively seeking funding opportunities to fill the funding gap for livelihood activities, as currently most of the funds earmarked are earmarked for cash transfer activities.

The priority activities planned are as follows:

- 1) Support to 20,000 farmers:** To improve their stocks and secure their assets during the lean season, 20,000 **vulnerable** farming households will receive certified improved cereal seeds. The seeds will be purchased from approved stores for distribution.

2) **Support for 12,000 market gardeners:** This will involve distributing seeds to **12,000** market garden households previously targeted to encourage the production of off-season crops. These producers will be monitored and supported by the technical services of agriculture who will carry out three monitoring missions in each region (Dosso, Maradi, Zinder, Niamey) in the field.

3) **Support for 500 women.** To improve the incomes of vulnerable households, at least 500 women gathered in 2,00 mothers' clubs in areas affected by the food crisis will be trained, assisted and accompanied in the implementation of income-generating activities (IGAs). Each mothers' club (consisting of at least 25 women) will receive 2. 000,000 CFA francs, an average of 80. 000FCFA per woman, for the development of collective or individual IGAs.

Operation "05 Morenga plants for a woman": To ensure the nutritional security of households and promote the protection of the environment, it will be initiated with the 500 members of the Mothers' Clubs and the 7,500 mothers of malnourished children followed, the campaign "Morenga Plan 05 for a woman". Thus, each woman will benefit from the morenga feet that she will have to plant and maintain.

Health and Nutrition

Activities have not yet started, with priority given to the distribution of CASH. The training of nutrition trainers is scheduled for December and 24 regional volunteers will be trained during a three-day session in Niamey. Following this training, the trainers will train community volunteers in nutrition. All training will be provided in cooperation with the Ministry of Health to ensure that all programs are in line with government plans.

Priority actions planned:

- 1) **Capacity building of community actors (volunteers)** in health and nutrition who will then lead actions on these themes at the community level.
- 2) **Establishment and management of 20 community nutrition centres:** to improve the nutritional status of children, nutritional learning and rehabilitation centres will be established or strengthened in communities affected by the food crisis.
- 3) **Raising awareness among affected populations:** This will be done through community actors and the media. To reach a wider audience, outreach will also be provided through the media (radio, television, social networks) and mobile caravans equipped with loudspeakers to broadcast key messages in the local language.
- 4) **Community-based surveillance of diseases with epidemic potential**

WASH

WASH activities were included in the revised operational strategy of November 2022 as the initial strategy focused solely on livelihood, cash transfer and nutrition activities. Based on the information received during field missions for market assessment and distribution of CASH, the need for WASH interventions has become more visible. The rapid desertification of some parts of Niger, combined with the late start of the rainy season and flooding, has led to a lack of access to drinking water.

Priority action will include

- **Improving access to water and sanitation in target communities:** As access to water and sanitation is a corollary to the reduction of several diseases and food security, the program provides for the construction of water supply and sanitation facilities in affected communities.
- **Procurement and distribution of emergency kits:** to respond quickly to emergencies affecting water, hygiene, and sanitation,
- **Raising awareness among affected populations:** promoting good practices is at the heart of all our actions in the field of water, hygiene, and sanitation.

PGI

To ensure that services to affected communities are inclusive and meet the needs of the most vulnerable, the protection, gender and inclusion component was included from the beginning of the response. The PGI coordinator of the Niger Red Cross Society played an active role during the emergency appeal planning sessions and ensured that protection considerations were included in each of the intervention sectors. In the selection of beneficiaries and the establishment of feedback and complaint committees, protection, gender, and inclusion criteria were included. During the emergency phase, information sessions on protection, gender and inclusion were given. Measures have been put in place to protect personal and sensitive data throughout the implementation of protection activities. In the response, it was ensured that the needs and rights of the beneficiaries are respected to guarantee access to the best living conditions. For the next phase of the response, it is planned to train Niger Red Cross staff and volunteers in PGI. Other priority activities include:

- i) Collect and analyse data disaggregated by sex, age, and disability.
- ii) Organize a workshop to discuss the implementation of the PGI and possible adaptations to the PGI policy.
- iii) Integrate an PGI assessment into the sectoral needs assessment, including consultation with men, women, sexual minorities, persons with disabilities, IDPs, refugees and migrants.

CEA

The Community Engagement and Accountability Delegate of IFRC has supported Niger Red Cross to increase its capacity. Training of the national staff of CRN has taken place with the objective to train the community volunteers that will be doing the sensitisation activities.

In the process of selection of beneficiaries for the CASH distributions, the CEA approach has been applied. Local leaders were asked to identify the people most affected by the food security crisis and the beneficiary lists were verified in community meetings. Red Cross community volunteers supporting the beneficiary selection were briefed on CEA and PGI. In each commune of intervention, feedback and complaint committees were set up including a system to collect and share feedback. A total of 33 committees were set up and this was evaluated positively by the community during the PDM.

The Trainer of Trainers on Community Engagement and Accountability has been planned to follow the training of volunteers.



Nigerian Red Cross



**4,984
HHs
reached**



**10,106
people
reached**



**152
people
reached**

Food Security and Livelihoods

The National Society is adopted Cash and Voucher as the preferred modality to provide humanitarian support to those affected by the crisis. To date, the following activities have been conducted.

- A total of 4,984 households (29,904 people) were reached with multipurpose cash grants.
- A total of 665 pregnant and lactating mothers were reached with conditional cash grants for supplementary feeding.
- A total of 7 states were reached with the above two tranches of cash distributions namely, Benue, Katsina, Kebbi, Nasarawa, Niger, Sokoto, and Zamfara. These are the states that were initially targeted before the scale-up of the Emergency Appeal from 7 to 11 states.
- Two Post Distribution Monitoring assessments were conducted for the MPC and the Nutrition CVA. 100% of the respondents reported having been satisfied with the MPC and CVA.
- 210 NRCS volunteers were trained on cash transfer protocols in 7 states (30 volunteers per state).
- Three financial service providers (FSP) were selected, and contracts were approved (UBA, UBN, TASSHI)

Challenges

- Scale-up of activities to the additional 4 states hugely dependent on funding availability.
- Registration of 55,000 HHs highly dependent on funding availability to at least initiate 1 cash transfer.
- The cash transfers ideally should be done monthly for both the MPC and Nutrition CVA. However, due to erratic funding, only two cash distributions out of a proposed 3 have been done to date.

Health and Nutrition

- A total of 140 volunteers from 21 targeted LGAs across the 7 states were mobilized and trained on CMAM and IYCF.
- A total of 12 trainers were trained on ECV/RCCE and Cholera ORT. The trainers are expected to cascade the training to 420 volunteers in branches and 72 volunteers for ORT. Four ORP kits are already deployed to 4 states and ready for use in the event of a cholera outbreak.
- A total of 34,051 children screened for malnutrition, 1,914 screened as malnourished and referred accordingly, 1,855 were moderately malnourished, and 904 severely malnourished children were identified as having signs of acute malnutrition and were referred to health centres.
- Mothers' club volunteers have conducted house-to-house visits sensitizing mothers, fathers, and caregivers on mother and child nutrition, maternal and child health, and hygiene promotion. They have been able to reach 16, 299 HHs (97,794 beneficiaries) in 7 target states.
- A total of 168 mothers' clubs were set up in 21 Local Government Authorities across the 7 States - Sokoto 48, Katsina 20, Kebbi 20, Benue 20, Nasarawa 20, Zamfara 20, and Niger 20. The target of the Appeal was 140 mothers' clubs.

Challenges

- There has been no third disbursement of cash grant for the mothers' club due to low funding for the Appeal. It is expected that the activities would be reactivated.

Best practices/Innovation

Mothers clubs have been an instrumental entry point for health, nutrition, income-generating activities, and WASH interventions and have been featured in IFRC website “Nigeria hunger crisis: Creative ways to improve nutrition”²⁰. The mothers’ clubs through their weekly meetings with the RCRC volunteers offer a platform for baby’s MUAC screening and referral.

The Mothers’ Clubs also engage in Income Generating Activities (IGA) where the women learn new skills to enable low-scale income. The women engage in the making of liquid soap, and mats, how to bake the local cake and other pastries, how to prepare shea butter, etc.

The Mothers Clubs have created a platform for the general population that includes men and women where they carry out healthy cooking demonstrations where women come with a variety of nutritious food items and showcase their cooking skills, while others share ideas and learn the recipes. They discuss the various classes of food and their nutritional benefits to mother and child, and how to combine the meals for a child from 6 months old. Water, Sanitation, and Hygiene promotion sessions are also conducted during these meetings where the MC groups discuss risky hygiene behaviours and how to promote good hygiene practices to improve maternal and child health.

WASH

The mothers’ club activities contributed to Water, Sanitation, and Hygiene promotion, as sessions that reached 152 people were conducted during the mother’s club meetings to discuss the risk hygiene behaviours can pose and how to promote good hygiene practices to improve maternal and child health.

Challenges

- The WASH activities have not been prioritized due to inadequate funding.
- PNSs requested to donate relief items such as WASH/NFI items. However, due to high costs to import items this remains a constraint and the NS has not been able to receive in-kind donations from PNSs.

PGI

A total of 210 volunteers were trained in 7 states on PGI minimum standards in an emergency and in anti-SGBV, and a further 87 staff and volunteers were trained in PGI, and the training was conducted for 7 branch focal points and 80 mothers club leaders in 4 branches of Benue, Nasarawa, Niger, and Sokoto states. The training was geared towards mainstreaming PGI into the mothers’ club group which is key for women to learn about protection issues and to have a safe space to discuss issues around gender-based violence and steps to take in reporting such issues.

A total of 27 (12 females, 15 males) NRCS staff were trained on core Protection Gender and Inclusion such as the overarching principles of PGI, how to mainstream PGI in programmes and how to have inclusive organization.

Challenges

The PGI focal point is also currently the CEA focal point for IFRC and NSD focal point for NRCS. PGI is an essential cross-cutting part of the response operation and more PGI support would be welcomed.

CEA

After the cash distribution, an exit survey was conducted to collect immediate responses from the beneficiaries during the activity so that the feedback would be used to make informed decisions in subsequent cash distributions. Similarly, the CEA Help Desk is being used as a standby inquiry/complaint desk to collect immediate responses from the beneficiaries and general community members during the CVA activities for feedback to be utilized to make informed decisions in subsequent cash distributions. Additionally, a hotline number was provided to the communities.

The CEA IFRC officer based in Abuja, with support from the Surge Regional CEA Coordinator, organized a community feedback workshop (held in Abuja- from 28th November to 1st December 2022) with 22 staff from 11 branches from PMER, DM and CEA. The workshop focused on how to collect, document, analyse and present data.

²⁰ <https://www.ifrc.org/article/nigeria-hunger-crisis-creative-ways-improve-nutrition>

The British RC has been working closely with NRCS in mainstreaming CEA to further support the CEA activities for the Hunger Crisis.

Challenges

The IFRC and NRCS do not have dedicated Information Management focal points to support the development and analysis of products from CEA to enhance feedback and drive decisions. NRCS has an IM focal point as ICT offering ICT support services as well.

Major milestone

NRCS through its Annual General Meeting (AGM), held on November 2022 approved the mainstreaming of CEA paving way for recruitment for staff to fully engage on CEA. Currently, the CEA functions sit with the communication department of NRCS.

Risk Reduction, climate adaptation, and Recovery

The National Society at the branch level has carried out advocacy visits to stakeholders involved in Disaster Risk Reduction efforts to coordinate activities at the targeted communities. Community Resilience Committees (CRC) made up of 5 members per LGA in 3 LGAs per state in 6 states have been set up as the first point.

Challenges

Lack of funding for DRR activities.



Somali Red Crescent



**6,604 HHS
reached**



**516,238
people
reached**



**436,740
people
reached**

Food Security and Livelihoods

Most activities focused on multipurpose cash for basic needs to meet the urgent needs of food-insecure families across the three regions, specifically to the most vulnerable and drought-affected households. The cash transfer values were based on the latest regionally disaggregated transfer value rates presented by the Somalia Cash Working Group dashboard in September 2022.

SRCS provided livelihoods- and basic needs support through cash support through cash. Cash transfers were all done through mobile money, through the financial service provider agreement with Golis in Puntland. Mobile money is deemed the most appropriate method for CVA, as approximately two-thirds of households own mobile phones and even 59% of nomadic households. Mobile money has been confirmed as the preferred modality by targeted communities through community surveys with affected people in a form of community gatherings, individual interviews, and consultation with other stakeholders, such as Somalia Cash Working group.



SRCS volunteer registering drought displaced HH around Darresalam village in Mudug for cash distribution

Other activities planned under the Emergency Appeal are pending new income, and livelihoods and resilience-building activities will be prioritized alongside the life-saving cash response in the upcoming months.

Households reached with multipurpose cash for basic needs

Mogadishu Coordination Office – Puntland

SRCS responded with unconditional cash distribution targeting **5,564hhs (33,384 peoples)** in Puntland. Training/orientation of volunteers on assessment and registration of eligible beneficiaries was carried out in each of the three branches:

- **Galkayo branch**, Mudug Region - **1,161 HHS**
- **Garowe branch**, Nugal Region – **2,842 HHS**
- **Bosaso branch**, Bari Region - **1,287HHS**

Unconditional cash distributions were conducted as part of 3-5 months cash grants instalments. Targeted households have been identified for eligible cash grants based on criteria that consider the PGI minimum standards in emergencies.

With additional funds from Kuwait Red Crescent and Finnish Red Cross, the Garowe branch is now planning to target 274 households from Garowe IDPs and displaced people from Dangoroyo district with three months of cash and in-kind support

for emergency lifesaving while 113 households in Bosaso branch will also receive cash under the recent affected floods in Qardho district.

For the Kuwait Red Crescent pledge was earmarked for in-kind distribution in Bari province which is one of the three regions of Puntland. The region experiences an intolerably hot seasonal weather condition which has forced many residents to move to other places like Gardho and Garowe, especially women and children. At the same time, the country is going through exceptionally severe drought conditions which caused a lot of people from the rural villages and pastorals to move to the main towns in search of assistance.

An assessment conducted by the SRCS branch and local authorities showed that Jurile is among the villages worst hit by the drought and the existence of burden from the people who had fled from the rural areas. For that reason, it has been identified that people from this village are in urgent need of humanitarian assistance including health, shelter and food assistance.

In this regard, Bosaso branch distributed in-kind food to 152 households which were among the most vulnerable Households in Jurile through the donation of Kuwait Red Crescent Society.



In-kind distribution by Bosaso Branch

The planned livelihood interventions include the procurement and distribution of start-up kits to 47 youth TVET skill trainees to support their livelihood, particularly this time of the hunger crisis.

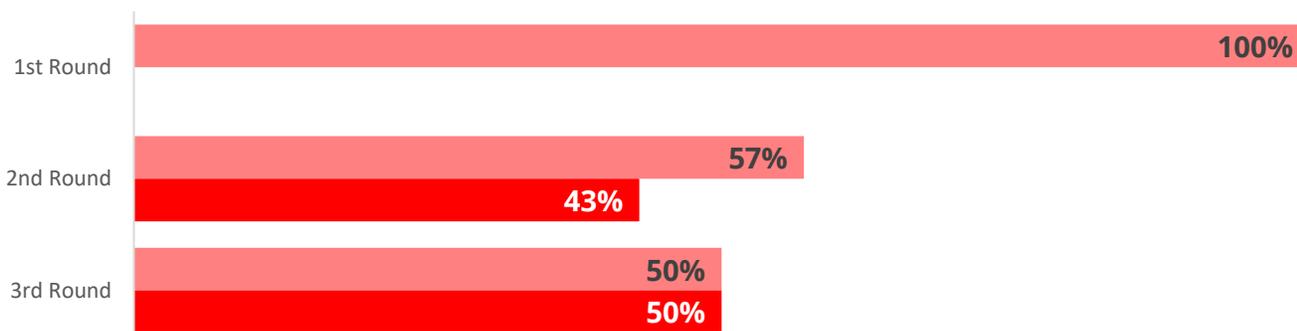
The National Society along with IFRC partnered with Save the Children International (SCI) in complementarity of their transferrable life skill pilot project in Garowe where the SCI has been supporting the training of the participants and the National society will only contribute through the distribution of 47 start-up kits to the graduates from the SCI supported pilot project. In addition to this support, the National Society may continue this initiative separately to support the livelihood of the drought-affected youth in the country based on an assessment.

The PMER and operations team conducted post-distribution Monitoring (PDM) assessments on 1 August 2021, 2 December 2021, and 3 May 2022. The PDM findings mostly reflected that the assistance was suitable and complemented community needs.

All interviewed beneficiaries were either satisfied or very satisfied with the selection process in all three PDMs. The table below shows findings on beneficiary satisfaction with the distribution process for all three PDMs conducted. The positive feedback has made it easier to continue using the same intervention strategy that the beneficiaries are happy with.

Overall, satisfaction with the cash distribution process

■ Satisfied ■ Very Satisfied



Somaliland

Community mobilisation on cash transfer was completed which engaged communities in the identification and selection of beneficiaries by ensuring inclusion. The process involved women, elders, youth, and community leaders who openly discussed the criteria for beneficiary selection set, and ensured that all vulnerable groups were included such as household-headed women, pregnant and lactating mothers, families with malnourished children under the age of five and also paying attention to disabled people (physically and chronically ill), orphaned, elderly people/aged with no source of income, etc. Identification of beneficiaries was done through community leaders and local authorities, and 20% of the beneficiaries were verified. Inception meetings were held in all four branches, and 32 volunteers and staff were trained on cash transfer programs (8 per region). From December 2021 to February 2022, 540 households received cash assistance for three months (3 instalments) in targeted locations.

To date, 6,240 people (1,040 HHS) have received 2nd-month cash assistance. Communities in Sool, Sanaag, Togdheer, Awdal, Sahil, and Maroodijeex have received multi-purpose cash grants planned for 3-month disbursements. Some communities are yet to receive the third disbursement of cash, due to the limited funding, but these communities will be targeted with a 3rd distribution with incoming funding.

Sixty (60) displaced drought-affected women were given one-off cash grants (250 USD per woman) in the six branches as livelihood support/income-generating activities. 10 women in each of the following districts: Lasanod (Sool Region), Erigavo (Sanaag), Odweine (Togdheer), Zeila (Awdal), Sheikh (Sahil), Hargeisa (Marodijeex)

Community mobilization, inception meetings, verification of beneficiaries, and post-distribution monitoring (PDM) were done using Kobo Collect data platforms. Registration of beneficiaries was also completed in six regions.

Lesson learnt workshops were conducted on 30th September in Burao (Togdheer), Lasanod (Sool), Erigavo (Sanaag), and Borama (Awdal) branches. Participants were representatives from the targeted population, community leaders/local authorities, volunteers involved with the cash-based project, representatives from the Somalia National Disaster Preparedness and Food Reserve Authority (NADFOR) Cash Working Group, and branch coordinators to see the overall impact of the operation as well as identify gaps for future resource mobilization.

Challenges

Limited resources and funding income coupled with increasing needs have been the greatest impediment to implementation. The compounding impacts of the drought, desert locusts, and increased displacement from both other regions of Somalia as well as from Ethiopia have further strained the resources and increased the population in need. The current challenge is the severity of the drought situation in Somalia where high food insecurity, water scarcity and health-related problems are reported especially the pastoral and agropastoral communities are highly affected both in terms of the livelihood of the people and livestock lost. Communities continue to advance their expectations to SRCS.

Lesson learnt

Initially, the recommended cash transfer values by the Somali cash working group were not fully in practice due to its low value. However, after concerns were raised by the humanitarian actors and the authorities it was updated and from SRCS side, it is

fully practical. In the planned livelihood for Multi-Purpose Cash Grants (MPCGs) activities, a minimum of 3-month instalment will be implemented as the recipients of the SRCS livelihood were against the one-off and two-month instalments.

Health and Nutrition

Most of the activities remained unfunded and activities are planned in the coming months. To date 147,8265 people have been reached through nutrition screening services while 516,238 have been reached with medical treatment services.

Assessment of health needs and health facilities

No new assessments have been conducted. In 2019 Norcross supported SRCS to conduct a baseline assessment in the seven health facilities in the Galkayo branch to establish needs and gaps of the health facilities and in 2021, conducted an endline evaluation on the Primary Health care program. The findings of the assessment informed the activities carried out under the Emergency Appeal.

Regular monitoring of the static and mobile health clinics continued including supervision of the status of the physical infrastructure of the clinics, the quality-of-service provision, and patient satisfaction level through interviews of the clients, monitoring of disease outbreaks, and among areas.

Some of the challenges that have been identified through these assessments include a dysfunctional E-warn system due to gaps in funding, lack of incinerators and placenta pits in all clinics in Bosaso and Garowe branches and some in Galkacyo branch, poor physical appearance in some of the clinics, limited water facilities in some of the clinics, and limited staff in some of the clinics. Both branches also identified that a lack of funding for the static health clinics would be critical, as the clinics will not be able to continue operating.

Emergency Mobile Health Clinics

The mobilization and deployment of the Emergency Mobile Health Clinics (EMHC) remain critical in reaching the remote, nomadic areas, and hard-to-reach communities with health services. The EMHCs remained the same:

- Routine immunization of children under the age of 5 years against the childhood vaccine-preventable diseases
- Immunization of women of child-bearing age (pregnant and non-pregnant) against tetanus
- Screening of children less than 5 years to monitor their growth, provision of nutritional supplements for those assessed to be malnourished, and referral of complicated cases for enhanced management.
- Safe motherhood (Ante-Natal Care, Delivery, and Post-Natal Care) with the provision of supplements and referral of complicated cases to the hospitals.
- Treatment of common ailments and referral of complicated cases for further management at the next level of care.
- Management of diarrhoea through the Oral Re-Hydration Corner.

Mobile health clinics deployed - Puntland:

The needs remain high and exceed the capacities of the two clinics in Puntland. The branches have deployed two emergency health mobile clinics in the Galkacyo branch and Bosaso branch, respectively. The mobile clinic under the Galkayo Branch has been operating in the Galdogob district to deliver health and nutrition interventions to the people affected by the drought, though the mobile clinic's operational period has come to an end. The branch has re-established the emergency mobile clinic to work in the Jarriban district and its surrounding areas which are among the severe drought-hit areas. The Bosaso Branch deployed an emergency mobile clinic operating in the area of Iskushuban district to deliver health and nutrition interventions from June until September.

SRCS held a meeting with the Ministry of Health for Puntland and HADMA, regarding concern about the influx of nomadic communities from the most severely hit provinces (Mudug, Nugal, Sool, and Gardafu) moving to Karkar and Hayland in the Qardo district in search of water and pasture. HADMA and MoH reported that overcrowding was leading to disease outbreaks including measles, water-borne diseases, flu-like symptoms, and malnutrition cases, leading to an urgent need for increased mobile health clinic support. SRCS relocated the 2 mobile health clinics under the Bosaso branch to the Qardho and Jarriban districts.

Overall health responses to the hunger crises

The table below captures the health data from SRCS clinics and emergency mobile clinics in Puntland from July 2021- Sep 2022. The intensity of the drought has had severe impacts on the health of the affected populations in Somalia. The operational areas of the health services both the static and the emergency mobile clinics were the most affected areas in Puntland as such the continuation of health services supported the improve the health status of the affected people.



SRCS Emergency mobile clinic in Bosaso branch providing Ready-to-use therapeutic feeding sachets to severely malnourished children in Dharoor village

Challenges and lessons learnt

The funding for four static health clinics in Garowe and Bosaso in Puntland ended on February 28th, 2022. Despite the 2 clinics, under the Bosaso branch, that were supported under the hunger crises appeal and the temporary support from the Ministry of health respectively, a gap remains. SRCS and IFRC continue to mobilize for funding from the PNSs to ensure continuity of the mobile and static clinics.

Mobile health clinics deployed - Somaliland:

Six MHCs have been deployed in Togdheer (2 clinics), Sool (2), Eilafweine (1), and Awdal (1) with a primary focus of reaching the infants and young children, children under 5 years, pregnant and lactating women, immunization of women of child-bearing age (15-49 years, pregnant and non-pregnant), and ante-natal, delivery, and post-natal care, with health services. The five top diseases observed in the clinic are Acute Respiratory Infections, Urinary tract infections, Skin infections, watery diarrhoea, and eye infections.

The activities done in the six mobile clinics are:

- A total of 255,223 people were treated
- 26,388 reached with Ante-Natal Care services
- 2,313 normal deliveries assisted
- 51,044 children screened to monitor growth

WASH

The drought situation has contributed to severe water shortage and complete or almost complete drying of water points. SRCS has prioritized the provision of emergency WASH services to communities in late 2021/2022. As a result, WASH activities have reached 436,740 people, particularly through hygiene and sanitation promotion campaigns which have a large reach, as well as a larger number of people reached with water trucking and fuel subsidies to the motors of 6 strategic boreholes due to acute water needs.

Priority was to meet acute needs in terms of emergency water provision and sanitation. In addition, the low funding has led to a delay of some activities including latrine construction, solid waste, management training, CHAST training in schools, and distribution of ceramic water filters and NFIs. These activities are important to ensure sustainable WASH outcomes for communities, and thus further funding is highly needed.

WASH Activities - Puntland

The Garowe Branch delivered fuel subsidies to the motors of 6 strategic boreholes in Nugaal (Eyl, Dangoroyo, Godobjiran, Burtinle, Awrculus & Yombeys) reaching a total population of 18,000 households (3,000 households per borehole²¹). In October 2022, Garowe branch distributed an additional 40 barrels of fuel to 4 strategic boreholes with 2 of them among the 6 boreholes that already benefited from the past fuel distributions. As such, an additional 6,000 households were covered.

As part of the scale-up, the rehabilitation of 2 more boreholes is in progress in Nugal province by Garowe branch. A total of 5 water points were rehabilitated in Nugal province (4 boreholes – Xudun, Falfalax, Qabal and Cuun and 1 berked - Balley).

Galkayo Branch has rehabilitated 4 boreholes (Gobsho, Fardaharis, Agoonta and Cagaaran boreholes) reaching 9,270 households (approx. 55,620 people) and around 10,000 animals including camels, goats, and sheep. The first phase of fuel subsidization to the most strategic boreholes has been distributed in Bubi, Balanbal, Barwago, and Balibusle reaching a total of 12,000 households and 20,000 animals including camels, goats, and sheep. SRCS Galkacyo branch distributed fuel in Oct 2022 to 6 key boreholes in different areas to support pastoralist communities and their livestock with water which is the biggest need in this time of the drought. Fuel subsidy aims to support motor-run boreholes to keep providing water to the drought-affected community in the area and to prevent further displacements and death from water shortage. The provision of fuel subsidies to run the boreholes at the height of the drought was a rapid impact measure that alleviated water stress in communities which had exhausted their capacity to pay for water.

6 boreholes will cover 3000hhs per each with (total approx. 108,000 ppl) in the recent distribution.

Water trucking services reached **2,713 HHs** as shown below:

- Shakaal (11 water trucks to 470HHs),
- Labilamane (11 water trucks to 500HHs),),
- Tulo xabibo (11 water trucks to 300HHs),
- Kheyrdon IDP (10 water trucks and distribution of water storage tanks to 393HHs),
- Ceelgocosaale (11 water trucks to 600 HHs)
- Ceel Xagar (11 water trucks to 450 HHs).

In addition to the old water trucking services, Galkacyo branch managed to provide water trucking in the hotspot areas of Mudug with 64 trucks in Oct 2022.

The following communities benefited from this water truck service:

- Habibo – (12 water tankers to 240hhs)
- Kalabayr--(12 water tankers to 240hhs)
- Laandheere- (10 water tankers to 200hhs)
- Ina huuraan – (10 water tankers to 200hhs)
- Daressalam – (10 water tankers to 200hhs)
- Afgub – (10 water tankers to 200hhs)

PHAST and CHAST training were conducted for 14 community volunteers (7 male, 7 female) in Gacnafale village, a strategic village that accommodates two strategic boreholes and serves two communities from Puntland and Galmudug.

Bosaso branch distributed sanitation tools to 16,000HHs while through hygiene promotion, 2,000HHs were reached in Benderbeyla. Hygiene promotions covered the same beneficiaries who received sanitation tools. The branch recently rehabilitated 5 Barkedes for Jidad, Qormoburcad, Adizone, Alhamdulillah and Gabanti communities and decommissioned them all to the affected communities while further planning for the rehabilitation of 2 strategic berkads (Guudcad and Jidad) communities is planned in the coming month.

²¹ 3000 HHs per borehole is the estimated number of households benefitting from boreholes provided by the WASH cluster and used by Somali authorities. The number includes households using boreholes for drinking water, as well as households that use boreholes for livestock. **(NB: A standardized figure of 3,000HHs per borehole has been agreed within the WASH cluster)**

Bosaso branch distributed fuel subsidies to two key strategic boreholes in Bari particularly Jidad and Adizone for purpose of pumping more water to the drought affected people while 70 households among the drought displaced people in Qardho will be reached with water bags for water conservation in the month of October.

There is a high number of drought-displaced communities who have settled around Ceel Gocosaale in the Mudug region in search of pasture and water resources. SRCS procured and distributed water storage bags and shelter NFIs, to reach the 400 displaced HHs (2,400ppl) and 393 HHS (2,358ppl) in Kheyrdon IDP in Galkacyo.

Challenges and lessons learnt:

- Due to the widespread and increasing critical water shortage, the government is appealing to humanitarian partners to respond rapidly, despite the procurement processes that often may take longer processes. There are many water boreholes waiting to be rehabilitated.
- The water needs in the communities continue to massively increase and funding remains insufficient to respond to these needs.
- IDP camps and host communities in Puntland do not have access to safe and clean water for household and livestock consumption. Many nomadic populations travel long distances for fodder and water hence the urgent need to ensure the water points in these remote villages are rehabilitated and protected.
- Access to sanitation facilities has been an issue in the IDPs settlements for internally displaced people (IDPs) in Puntland, which are often overcrowded with limited sanitation facilities. Diseases spread easily within the IDP communities because they lack both access to water and knowledge of proper hygiene practices like faecal waste handling and proper use of latrines.
- These poor hygiene and sanitation conditions, combined with the high concentration of people living in camps, increases exposure to diarrheal diseases. Recently, it has been reported that the drought has displaced people (to various data, some 340 thousand people were displaced because of the droughts as of August 2022), leading to overcrowding in the IDP settlements, which exacerbates the poor conditions of the settlements in Galkacyo, Garowe and Bosaso.

WASH Activities – Somaliland

A total of 16 berkads rehabilitated in the six regions of Somaliland:

- Sool (4) – 2 in Hudun, and 2 in Ainabo
- Sanaag (3) – Both in Erigavo
- Togdheer (3) – Both in Burao
- Awdal (2) – Borama & Baki
- Sahil (2), both in Sheikh.
- Maroodijeex (2), 1 in Farawayne, and 1 in Cadaadley.

The rehabilitated berkads supplied a total of **11,520 people** with access to water.

A total of 48 volunteers (8 under each branch) were trained on PHAST and Operation & Maintenance (O&M).

A total of 33 additional berkads will be rehabilitated between November –Dec 2022, as the procurement process is on-going.

In addition, ECHO PPP partners conducted a monitoring visit to the Emergency Appeal supported communities on WASH and CVA interventions in Awdal region.

PGI

PGI has been integrated into the other response activities, with the application of gender analysis to targeting and implementation of FSL, health, and WASH activities. Gender Focal Persons were identified to coordinate gender activities in the respective operational areas

Through SRCS programming, staff and volunteers followed the DAPS principles, which allows everyone to have an equal opportunity, and no one is left behind, left out or left unsafe when targeting the vulnerable groups to be included through the implementation initial stage of projects. It also supports ensuring communities have full participation during the initial stage of the project. The volunteers' teams are balanced in terms of gender representation to avoid gender biases and strengthen gender participation, and to ensure women's participation in community engagement sessions.

Volunteers are trained by PMER or branch teams before engaging with communities and are accompanied by supervisors to ensure the inclusion of CEA and PGI. There is still a need for more SRCS volunteers to be trained on PGI and CEA before conducting targeting activities, as well as refresher training for those who have previously received the training.

The Icelandic Red Cross is supporting SRCS in conducting a PGI organization assessment, which will also help inform and strengthen PGI interventions through the Emergency Appeal.

In the Galkacyo branch, 2 female officers have been trained on CMR/PFA by the Ministry of Health, to be ToTs. The training was cascaded to the clinic staff and volunteers, reaching 75 SRCS volunteers (45 female and 30 male) and 14 clinic-based staff (12 female and 2 male) in the SRCS Galkayo branch.

PNS continue providing training on PSEA aspects to SRCS in Somaliland bilaterally. To date, 524 volunteers and staff were trained to make this capacity available to SRCS for further integration into its operations across the board.

Challenges and lessons learned:

There is a low level of understanding at the community and a lack of funding for PGI to strengthen its impact on existing projects. There is lack of PGI integration and the poor performance of patients/survivors' referral process for additional services that do not yet exist in most areas SRCS is working.

330 dignity kits have already been distributed out of the targeted 1,200 and the demand continues for more dignity kits. This support is a critical gap planned to be addressed with further available funding. There is also an urgent need to address critical water shortage and health risks connected to displacement and severe drought as prioritized by the Government. With the limited funding, it was not possible to reach the targeted people in the emergency appeal, and the need for further PGI support in the emergency is urgently required.

CEA

Somali Red Crescent Society has established strong community engagement and accountability for good interaction with the community. In late 2021 a complaint phone number was launched to increase community feedback data collection, unfortunately, SRCS was unable sustain it due to limited funding. This channel had been helping the National Society operations before it was suspended.

SRCS PMER team conducted post-distribution monitoring to establish beneficiary satisfaction and the channels that the community depend on to increase data sharing and identify gaps in the operation. There is no good foundation for community feedback which is accessible to everyone and reliable as well. To come close to the target communities, there's a need for a dedicated staff and a reliable feedback channel. As usual volunteers and staff receive CEA briefing before they dispatch to the field as it increases community ownership of SRCS interventions and collaboration between SRCS and the community. If staff and volunteer capacity increase on CEA, immediately community satisfaction of SRCS interventions becomes high.

Challenges

- The collection of community feedback and complaints in some areas took a very long time since there were no systematic community feedback mechanisms at the time of implementation. Following this challenge, a strong community feedback mechanism was established in the areas where it was lacking. This mechanism includes several modes: a toll-free hotline, community-based surveillance (CBS) through trained community volunteers, regular monitoring visits by the Programme staff and referral systems operated by mobile and community clinics operated by SRCS.
- There's no CEA strategy for the National Society and all CEA activities are not harmonized resulting in each sector having a parallel community feedback mechanism in place. Furthermore, the National Society doesn't have a dedicated staff for the CEA. This triggers the additional technical support to be provided by the IFRC to SRCS on harmonizing CEA channels currently in use.

Lesson learnt

As CEA activities expand, there is need for increased human resources and mobilization of trained volunteers with CEA to help with feedback data collection and giving satisfactory responses to the target community as well as prevent underreporting of the activities.

Risk Reduction, climate adaptation and Recovery

The Emergency Appeal operation is planned to support disaster preparedness in communities through community-based disaster risk reduction activities such as mobilizing communities for risk assessment for prevalent risks and identifying mitigation strategies, involving community resilience committees and other community representatives in analysing risks and

community preparedness action plans, training of community members in first aid, disaster preparedness and response, and establishing multi-hazard early warning systems contributed to reducing risks and enhancing their preparedness. These activities remain highly important to secure sustainable outcomes of the intervention, however at this reporting period, and due to the low funding of the appeal, life-saving interventions in FSL, WASH, and Health were prioritized.

Challenges and lessons learnt:

- The lack of adequate pre-position stocks e.g., NFIs makes it hard to respond immediately as needs arise with drought and displacements.
- Funding gaps have led to prioritization of life-saving responses over disaster risk reduction initiatives, which are also much needed to build the resilience of communities towards the impacts of climatic shocks.
- Lack of an emergency warehouse to store the needed DP stocks for Puntland operations despite the government's plans to provide land for the course.



South Sudan Red Cross



**12,776
people
reached**



**7,873
people
reached**



**12,258
people
reached**



**213,440
people
reached**

Food Security and Livelihoods

Lifesaving basic needs assistance through multipurpose cash grants

With increased needs from prevailing drought and floods, the number of target beneficiaries to be reached with cash assistance has been revised upwards from 4,000 to 15,000 households. The NS has so far supported 13,186 households with multipurpose cash out of which 5,501 households were through secretariat emergency appeal while 7,685 households were through movement partners bilateral support (from Danish, Swedish RC, Finnish RC, and Swiss RC). Considering the vastness of the areas to distribute cash, the NS employed the use of Cash Voucher Assistance (CVA) National Disaster Response Team (NDRT) who have been deployed to support target branches in the registration and verification of beneficiaries. SSRC through the deployed CVA NDRT, helped in mobilization, organizing queues, and supporting the contracted Financial Service Providers (Discovery forex bureau) in making payments to targeted households. Each beneficiary household received 40,000 SSP (South Sudan Pound) equivalent to 100 USD. IFRC has supported SSRC to tender for a new FSP for at least two years with consultation held at national level with in-country PNSs before final selection was done.

All market assessments were completed in the first six months into the operation that informed the Cash response modality. Five post-distribution monitoring exercise has so far been conducted in Malakal, old Fangak Gogrial, Tonj South, and Aweil and others were ongoing at the point of this reporting. According to the PDM report, respondents indicated that the cash distributed helped them to purchase needed food supplies as well as meet other needs like health and education bills. Most of the respondents were female (65%) while males were 35%. Additionally, a majority (63%) of respondents were fully aware of the cash distribution process and were duly informed about the cash distribution processes) while 60% reported that they were aware of cash amounts that were received. This learning will see SSRC dedicate more time to educating target populations on the cash distribution process in the future and will be done immediately after targeting. The cash was also distributed in time and during the time they needed the cash most.

Health and Nutrition

A total of 48,030 people (9,606 households) reached through health education sessions on the prevention of communicable diseases, especially cholera. These sessions were integrated with some hygiene promotion sessions. The health campaigns have been integrated to include ongoing Covid-19 messaging.

So far, 1,339 people have been reached with PFA and psychosocial support. Many of these sessions have been individual sessions conducted during the response.

WASH

The number of households reached during hygiene promotion sessions totals 29,645 people. These sessions have mostly been conducted by the 153 trained volunteers and the established and trained 15 water management committees. The messaging included how to treat water, personal and communal hygiene, and general sanitation.

Twenty-three (23) boreholes were rehabilitated reaching 11,500 people (based on 500 people per 1 borehole in emergencies) with 23 water management committees established as reported in the last update. The trained water management committees have been engaged in raising awareness of safe drinking water

PGI

A total of 908 women and girls have received menstrual hygiene and dignity kits conducted during the distribution of emergency household items. Engagement on child protection issues has been ongoing.

CEA

At the start of the operation, SSRC set up complaints and feedback mechanisms to ensure affected population have a platform to communicate back to NS on any arising concerns. This includes setting up staffed desks at all activities with a record book where community members report, and matters are recorded. SSRC has recorded 43 respondents from the operation so far during ongoing activities. Most of the feedback coming from the communities were appreciation messages to the Red Cross and complaints about increased unmet needs.

CEA was employed to have a clear selection process of targeted beneficiaries that was openly communicated, and selection committees were established with the representation of target community including, local leaders, different groups, and the Red Cross. Those provided with cash distributions and emergency household items were selected based on a set and agreed selection criterion prioritizing the old, the sick, and the physically challenged. SSRC as a member of the selection committee provided oversight.



Sudanese Red Crescent



**900
people
reached**



**5,400
people
reached**

For practical reasons, Sudan RC (SRCS) have prioritized Red Sea and Kassala states in the commencement of the appeal activities. With support from IFRC, SRCS conducted stakeholders' consultation and visit to implementation areas. Precisely, in Red Sea state, meetings were done with Al Ganab locality executive director to create working relationships and the local administration. The teams visited Kamosana, Obo and Al Saloum areas where the project will be implemented to gain buy-in

from and understand the contextual local leadership set-up. In Kassala, ongoing communication with various stakeholders in Rural Kassala locality Dabulawat, Alhomadab and Sinkat Kinab areas.

The Hunger Crisis operation is targeting 380,401 people in five states as shown below.

State	Districts	Population	Emergency IPC4	Overall target
Blue Nile	Al kurmuk	190,167	38,033	38,033
Kassala	Reifi, hamashkureib	401,009	80,201	80,201
Red Sea	Jubayt, elma'aadin	112,463	22,492	22,492
South, Kurdofan	Abu Gubaiha	485,000	120,000	120,000
West Darfur	Kereneik	499,119	99,824	99,824
	Total	1,787,014	380,401	380,401

Food Security and Livelihoods

Lifesaving basic needs assistance through multipurpose cash grants

Whereas no implementation activities have commenced, the focus during this period was on training key program staff and volunteers on cash assistance programming skills required to design, implement and monitor. The training was funded by Danish Red Cross and facilitated by the German Red Cross CVA delegate. As part of collaboration and coordination, contact and participation in cash and voucher forums were initiated and meetings done with UNICEF. By the time of writing this report, market assessment needed to inform response was ongoing. The cash transfer tendering process for a service provider was ongoing and the designated bank accounts opening process and approvals have commenced.

The country-level response is federation-wide and Partner National Societies contribute to the objectives of the appeal. German Red Cross cash and livelihoods project in Blue Nile state in Bau locality, Wadaboak administrative unit Eltedamon area has so far reached 900 households receiving 75,000 SDG (CHF 124) each for purchase of seeds and tools. Swedish Red Cross DRR trained 19 SRCS staff from 7 state branches including Red Sea, West Darfur to conduct Enhanced Vulnerability and Capacity Assessment (EVCA) participatory tool for communities to assess and analyse risks and identify actions to reduce these risks for resilient purposes.

Health & Nutrition

No major implementation activities have been conducted apart from the initial assessment which is ongoing in Red Sea and Kassala states. Activities will focus on health services, psychosocial support, Nutrition- screening, referrals, education/awareness-raising, and follow-ups. Activity implementation updates will be provided in the next reporting cycle.

WASH

Activities will aim to strengthen the health and sanitation environment with a focus on WASH for consumption, human/animal, sanitation/hygiene, and production. No major implementation activities have been conducted apart from the initial assessment which is ongoing in Red Sea and Kassala states. Activity implementation updates will be provided in the next reporting cycle.

PGI

The use of cash transfer and livelihood opportunities and nutrition assistance shall be used as entry points to widen empowerment gender dynamics. PGI shall form a core section of the assessment that will inform needs and actions. PGI activities will be reported once implementation commences and will be included in the next reporting cycle.

CEA

SRCS is guided by the CEA approach and works based on vulnerable people's needs, priorities, and perspectives. CEA activities will be reported once implementation commences and will be included in the next reporting cycle.



Zimbabwe Red Cross

Food Security and Livelihoods

ZRCS has adopted Cash and Voucher as the preferred modality to provide humanitarian support to those affected by the crisis targeting 850 Households with three-month cash transfers. These Households have been prioritized in Mwenezi District to benefit from the CHF500,000 loan availed to the National Society for the Response.

- Project Inception Meeting in Mwenezi District – 21st November 2022. Introduction of project to the stakeholders as well as communicating the objectives to have their buy-in. The Inception Meeting was conducted with the District Drought Relief Committee (DDRCC) members and other Department of Social Development (DSD), the Ministry of Health and Child Care (MoHCC), Office of the President and other humanitarian organisations.
- ZRCS has planned for a volunteer training on markets assessments, Cash and Voucher Assistance, including beneficiary identification and distribution.

Health and Nutrition

ZRCS has integrated a Health and hygiene promotion and nutrition education targeting the volunteers with on CBHFA and PFA training.

Water, Sanitation and Hygiene

Under rehabilitation of existing boreholes to solarized, reticulated systems, ZRCS will repair 15 hand pumps under this prioritized phase in Mwenezi District.

Protection, Gender, and Inclusion

PGI activities will be reported in the next period once activities commence.

Community Engagement and Accountability

Development of CEA tools ongoing. To be reported further in the next reporting period.

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Reference documents



Click here for:

- [Previous Appeals, Operational Strategies and updates](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.