

IFRC Situation Report: Regional Food Crisis in Africa – 21 June 2017



In Dila, Somalia, Ikran Mohamed takes care of her sheep's herd. Out of 200, half have already died of hunger and thirst. Photo Arie Kievit, NRC

SUMMARY OF MAIN IFRC APPEALS ¹

Country	Appeal (CHF)	Coverage (%)	Funding Gap (CHF)	Targeted beneficiaries	Start date	End date
Ethiopia (MDRET016)	13,686,550	17%	11,345,544	318,325	4 Jan 16	4 Jan 18
Kenya (MDRKE039)	25,062,572	16%	21,104,002	1,033,300	23 Nov 16	13 Dec 17
Somalia (MDRSO005)	3,308,035	80%	667,595	150,000	25 Mar 16	21 Dec 17
Regional Food Crisis Africa (MDR6003)	3,877,335	2%	3,788,759	—	19 April 17	19 Oct 18

To access directly to a specific country in this report, click on country's name:²

[Ethiopia](#)

[Kenya](#)

[Nigeria](#)

[Somalia](#)

[South Sudan](#)

[Regional Food Crisis in Africa Appeal](#)

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

² This report covers activities from May 27 to June 11. Appeal Funding's numbers though updated to publication, 21 June.

COUNTRY-BY-COUNTRY PROGRESS – Main focus countries

ETHIOPIA (MDRET016)	
Start Date: 4 January 2016	
End Date: 4 January 2018	
Targeted beneficiaries: 318,325 people	
Total amount: 13,686,550	Home

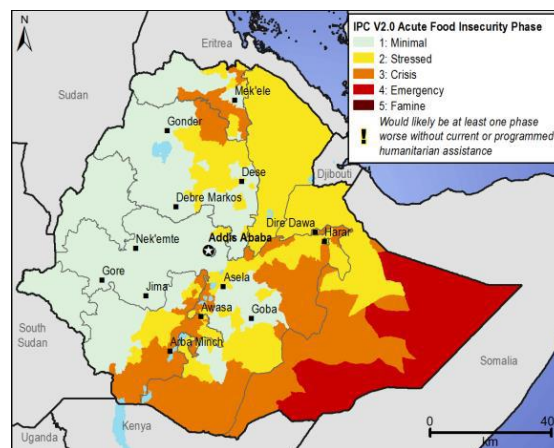
Funding: 2,341,006 CHF (17 percent of total target in hard pledges)

Program indicators:

Indicator	Target	Progress
Livelihoods, nutrition, food security		
n° of children U5, pregnant and breast-feeding mothers provided with supplementary food- CSB and Oil;	93,975	73,673 ³
n° hhds affected provided with livestock through Afar restocking program	1,000	0 (starting)
Water, Sanitation and Hygiene Promotion		
n° of households assessed by volunteers	4,447	4,447
n° of volunteers trained	75	75
n° of households benefiting from potable water.	36,000	24,509 ⁴
Health		
n° of children U5 registered with SAM and MAM case ⁵	9,500	2,415
n° households that go home with a food parcel;	100	20
n° of Pregnant Lactating Women registered for supplementary feeding;	3,700	770

- **Integrated Food Security Phase (IPC) Classification⁶**

Following poor performing spring rains, the number of people receiving humanitarian assistance has increased from 5.6 million to 7.8 million in the first quarter of the year, and is expected to heighten further in the second half of the year in many areas of Ethiopia. Food security outcomes are still expected to deteriorate, particularly in southern and pastoral areas. In portions of Somali Region, the accelerated loss of livestock has significantly expanded food consumption gaps, and Emergency (IPC Phase 4) outcomes are likely in the absence of sustained assistance during June to September. In lowland areas of SNNPR along the Rift Valley and in East and West Hararghe, southern Tigray, and portions of northern Amhara, projected outcomes are expected to move from Stressed (IPC Phase 2)



Projected Food security June to sept 2017. fewsnet

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

⁴ 10,400 households were supported by Canadian RC in Kindo Koysha while 14,109 households were supported by ERCS through IFRC Appeal in Moyale. In Ethiopia one households = 5 people.

⁵ The aim of the health intervention is to train and support ERCS volunteers to screen children U5 to identify SAM and MAM cases. SMM cases are referred to health units and ERCS intervene in the MAM cases by providing supplementary food. IFRC supported health centre in Bidu is still under renovation.

⁶ The [Integrated Food Security Phase Classification \(IPC\)](#) is a set of standardized tools that aims at providing a "common currency" for classifying the severity and magnitude of food insecurity. Follow hyperlink to know more about the index.

to Crisis (IPC Phase 3), beginning in June, due to low household purchasing power and a lack of confirmed humanitarian assistance. See FewsNet: [Ethiopia Food security outlook](#), Update April 2017 for more detailed information.

Context: During this reporting period, the overall assessment of the drought and food security situation in the country and the resulting needs have been the focus of contradictory conclusions, with recent [media reports](#) highlighting humanitarian actors deepening concerns over potential food pipeline ruptures while the [Ethiopian government](#) has sought to reassure the international community that the situation, while still acute, is manageable if further funding and other contributions are forthcoming.

Operational highlights: The Ethiopia Red Cross Society (ERCS) continues to implement planned activities in the Afar Region with a target completion date of end of June. The geographic focus is primarily the Bidu Woreda, specifically focusing on the following activities: communal latrines, health centre improvement (power for the cold storage capacity, building renovations), and the animal re-stocking component (including animal drugs and fodder) for some 1,000 families. Operational surge support in the form of Cash Transfer, Logistics, and PMER were deployed to the Afar Region and ERCS Addis Ababa to support the operation, focusing on procurement and distribution of livestock. The construction of communal latrines at the Bidu health centre is underway. In the South, with the rainfall deficits persisting in Kindo Koysha district in the SNNP region, the provision of water trucking will continue but at a reduced level.

Sector highlights:

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

- Total water distribution through water trucking in Kindo Koysha district and Moyale district reaching 122,545 people;
- In SNNPR region, the provision of water tanks and water purification have reached 17,297 people;⁷
- The distribution of water containers in Tigray, Amhara and Oromia regions has benefited 16,200 households.

Livelihoods, nutrition and food security: Identification and registration of 1,000 beneficiaries for re-stocking activities was completed. The beneficiary selection criteria are female-headed households, elderly and families that lost the most livestock because of the drought. With cash transfer and logistics technical support, the planned re-stocking activity (procurement and distribution of 5,000 goats as well as supplementary animal fodder) is well underway with a target completion of end-June 2017.

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

⁷ The total number of people reached with safe water access, 122,545, is inclusive of the 17,297-people reached with water storage tanks and water purification tabs. These are chosen based on criteria of vulnerability and risk of contamination at household level, to reduce risk of waterborne diseases and ensure safe water consumption at household's level.

KENYA ([MDRKE039](#))

Start Date: 23 November 2016

End date: 23 November 2017

Targeted beneficiaries: 1,033,300 people

Total amount: 25,062,572

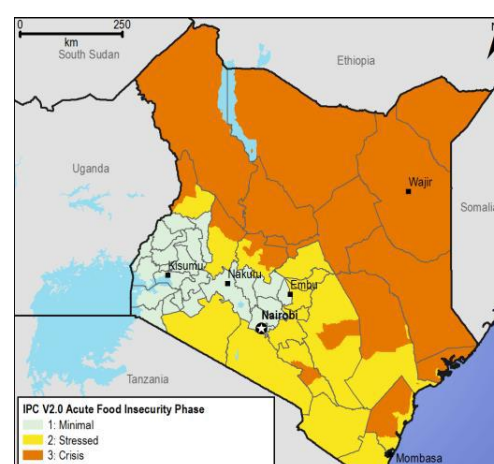
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Funding: 3,958,570 (16 percent of total target in hard pledges)

Programs indicators:

Indicator	Target	Progress (Cumulative)
Livelihoods, nutrition, food security		
Number of households that received cash transfer	60,000	38,858
Number of complaint and feedback documented	N/A	184
Number of feedback and complaint addressed in a timely manner	100%	66%
Total amount of Cash disbursed (CHF)	6,813,560	2,517,290
Water, Sanitation and Hygiene Promotion		
Number of people reached through Hygiene promotion activities	225,000	48,799
Number of people in targeted communities accessing safe water sources for drinking	225,000	97,599
Number of water supply schemes rehabilitated/equipped.	90	25
Number of hygiene related goods (NFIs) which meet SPHERE standards provided to the target population	N/A	1,624
Health		
Number of people reached with program of basic nutrition services	263,500	67,525
Number of Community Health Workers (CHWs) sensitized on epidemic preparedness and community level surveillance	N/A	924
Number of nutrition outreaches conducted	N/A	462
Number of people reached through nutrition outreaches	263,500	67,525

IPC global: Acute food insecurity is expected to worsen in pastoral areas. Access to milk and income remain limited. Low household purchasing power is leading to growing food consumption gaps, with the likelihood of more households moving into Crisis (**IPC Phase 3**) in Turkana, Marsabit, Garissa, Samburu, Isiolo, Mandera, Wajir, Tana River, Baringo, Laikipia, and West Pokot. Poor households in northern parts of Marsabit and Turkana could possibly face Emergency (**IPC Phase 4**) outcomes, and more so than previously projected, especially during the June-September period. For additional information see FewNet: [Kenya Food Security Outlook](#), April 2017 and The Kenya [National Drought bulletin](#)-June 2017



Projected Food insecurity June to Sept 2017.

Context: Political related conflicts, incidents of violence continue to be reported as the country is moving towards the General Elections to be held on 8 August. KRCS has prepared a Contingency plan for countrywide preparedness, with attention to 29 Counties which are at a higher risk of conflicts triggered by the political process. During this reporting period, there has also been a general increase in the number of attacks by suspected terror agents. The attacks take the form of explosives planted on roads and have so far led to at least 20 deaths, mostly security officers. The most affected areas are Mandera, Garissa, Wajir, Tana River and Lamu counties. These attacks constrain humanitarian access to populations affected by drought in these areas.

Disease outbreaks including AWD/Cholera (Garissa, Nairobi, Vihiga, Mombasa, Murangá, Kiambu, Turkana, Kericho), Measles (Dagahaley, Dadaab and Ifo refugee camps in Garissa County), Kala-azar (Marsabit county) and Dengue fever (Mombasa and Wajir counties) have been reported in different counties in the country, complexifying the implementation of KRCS's drought response. KRCS, supported by IFRC is currently assessing the situation to see how to adjust response to additional needs.

Prices of basic food commodities have soared with overall inflation for the month of May 2017 reaching a five-year high of 11.7 per cent, adversely affecting the purchasing power of drought affected population.

Operational Highlights:

KRCS has continued implementing planned activities during this reporting period. The NS has so far reached 506,284⁸ people.




- **Livelihoods and food security:** 341,160 have been reached with cash transfer, food distribution and livestock destocking activities. On destocking, animals bought to date are 8052 sheep/goats and 798 cows which are slaughtered and distributed back to the community; 2HHs per goat and 6HHs per cow. KRCS has carried out food distribution in counties where assessments established that CTP was not appropriate for delivery of assistance. The number of people reached with food has exceeded the number that has been planned for in the Appeal due to many beneficiaries targeted mainly in Baringo and Turkana counties due to conflict and drought. The numbers were not anticipated at the time of revising the appeal and may thus have been underestimated. Food distributions are currently ongoing in the two counties and the population reached with this intervention will continue to rise.
- **Water, sanitation and Hygiene:** 97,599 have so far been reached with various activities such as hygiene promotion and water supply through rehabilitation of water facilities, and NFI distribution.
- **Health:** 67,525 persons were reached health services specifically through community sensitization activities, psychosocial support, reproductive health services and epidemic prevention. Door to door outreaches are intended to reach the disadvantaged groups in communities e.g. the elderly, and the disabled who may otherwise be unable to reach the designated outreach clinics. Psychosocial support sessions are mainly being implemented in conflict affected areas.





⁸ The number is lower than in previous Sitrep (610,372 people) reflecting a modification of the number of people reached with water and sanitation, following a revision to avoid double counting. Hygiene promotion activities and water supply schemes rehabilitated/equipped aim same target population of 225,000 people.

The Kenyan Red Cross Society conducted an Internal Evaluation of its current Drought response operations, with a focus on the cash transfer program. Results of this evaluation, including key learnings, were presented to partners and the report is being finalized.

Movement Coordination update:

KRCS and IFRC in the country continuously coordinate with both Movement and Non-Movement partners as shown in the table below:

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

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

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

Funding: CHF 2,640,440 (*hard pledges of 80 per cent*)

Programs:

- *Health and nutrition:*
 - *69,745 people reached with regular medical treatment (through six mobile and static clinics from 1 April 2016 to 31 March 2017)*

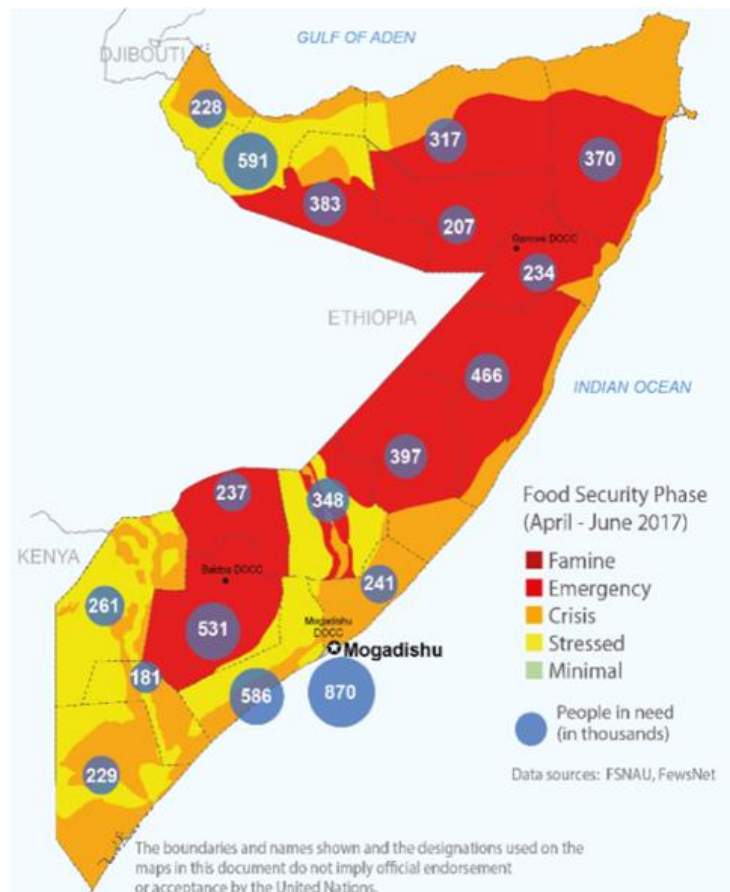
- 25,096 people received nutritional treatment and supplement (through six mobile and static clinics from 1 April 2016 to 31 March 2017)
- 2,499 patients admitted to the ERU Treatment Centre focusing on AWD/Cholera (CTC) (from 25 May to 11 June 2017). Establishment of 25 ORPs with expansion to another 11 locations by 18th June and training in progress to establish eight more.
- Shelter: Under revision
- Livelihoods: 5,400 people reached with cash transfers (CTP) for purchase of food and water
Water, sanitation and Hygiene: 15,352 people reached (includes distribution of aquatabs, water filters and construction of berkedds)

Context:

IFRC operations in Somalia are concentrated in Somaliland and Puntland in the north of the country. Both regions have been severely affected by drought-induced food insecurity since 2016. The situation is expected to further deteriorate as Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of acute food insecurity persist in many areas of Somalia, with an elevated risk of Famine (IPC phase 5). According to [FewsNet](#), between June 1st and 10th, no rainfall was reported in nearly all areas of the country. The exception to this was a small area of Northwest Agro-pastoral livelihood zone of Hargeisa District in Woqooyi Galbeed that received 10-25 millimetres of rainfall. Throughout the country, the lack of rainfall was approximately 10 mm below the short-term mean and this was the third consecutive reporting period of either below-average rainfall or no rainfall in large parts of southern, central, and northern Somalia.

The situation is exacerbated and rendered more complex by an outbreak of AWD/Cholera which is impacting not only general morbidity and mortality but will likely increase rates of malnutrition in the coming weeks. The first cases in Somaliland occurred in October 2016, with the epidemic reaching alarming levels since April 2017. During week 20 to 25 of 2017, cases of AWD/Cholera have doubled from 6243 to 12,705 with 281 deaths reported over Somalia. So far, 15 out of 18 regions in Somalia have reported cases of AWD/Cholera⁹.

Togdheer region is the primary location for cases (78 percent). The Health Cluster Somalia monthly bulletin of May 2017 reports that since January 2017, 45,400 AWD/cholera cases and 738 deaths (case fatality rate of 1.6 percent) have been recorded in 52 districts across 15 regions. For more details see: [FewsNet; Somalia Food security outlook](#), Update April 2017.



⁹ For mapping of AWD/Cholera distribution in country, see [Somalia Humanitarian Snapshot](#), June 2017

More recently other diseases outbreaks have been reported, among which a suspected measles outbreak in all regions of Somalia. As of June 4th, 9,813 suspected measles cases had been reported (WHO, June 2017). Many of the worst affected locations are in Somaliland and Puntland. 1,754 cases have been reported in Togdheer Region, Somaliland this year. MoH's Measles vaccination campaign was completed in early May 2017 in Somaliland. The outbreak increasing trends continue in Puntland.

In response to the complex crisis:

Since the end of March 2016, with the Somalia Drought and Food Security Appeal (MDRSO005), IFRC has been supporting Somalia Red Crescent Society (SRCS) with health, nutrition, cash transfer as well as water and sanitation measures, to assist the population affected by food shortages and malnutrition. As part of the Appeal, six SRCS clinics in Puntland and Somaliland have been supported with contribution of salaries and capacity building. From April 1st, 2016 to March 31st, 2017, the six clinics, could provide health services to 69,745 people and nutrition services to 25,096 people.

The Drought and Food Security Appeal was revised initially in March 2017. As part of the revision, the IFRC support was extended from 6 to 24 clinics (12 mobile clinics and 12 static clinics), belonging to the network of SRCS' eighty-two clinics across Puntland and Somaliland. Cumulative data covering for April, May and June 2017 (Quarter 2) will be reported in alternative reports.

In parallel to the Drought and Food Security Appeal, and to respond to the worsening AWD/cholera outbreaks, IFRC issued a AWD/Cholera outbreaks DREF (MDRSO003) on 15 March 2017. Furthermore, in April 2017, the IFRC deployed an Emergency Response Unit (ERU) Treatment Centre focusing on AWD/Cholera (CTC) to the most affected part of Somaliland. The AWD/Cholera CTC also support existing operations at AWD/Cholera Treatment Units (CTUs) in outlying districts where SRCS is active. As mentioned above, Togdheer region, has recorded the highest number of AWD cases along with neighbouring Sool and Sanaag regions. The ERU CTC and FACT team provide remote capacity-building support to the regions of Somalia that are non-accessible for security reasons.

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

Operational Highlights:

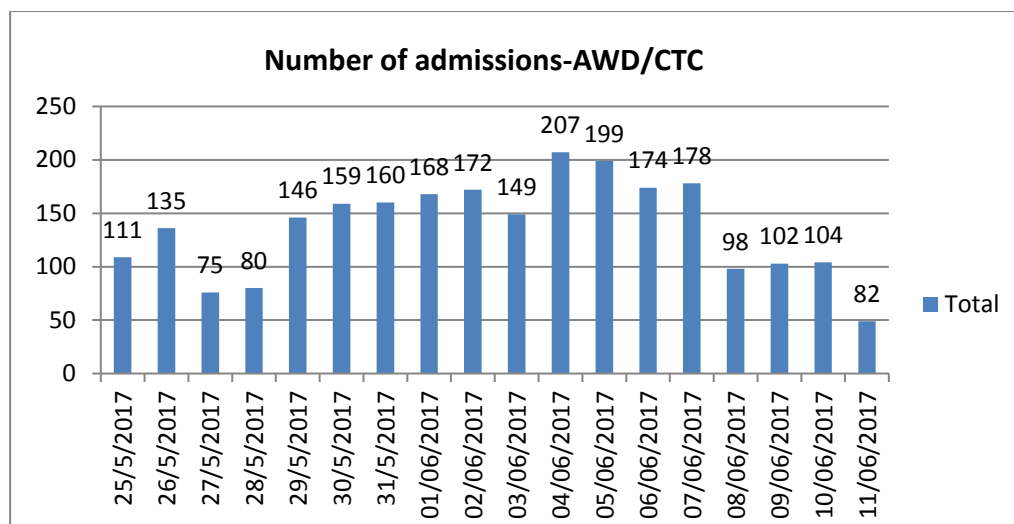
- Main highlights for this reporting periods revolve around the revision of the emergency appeal and activities surrounding the AWD/Cholera CTC (presented under section Sectors' highlights below).
- Final adjustments are being made within second Revision of the Drought and Food Security Appeal. While the Somalia Red Crescent Society has now a clear vision on the activities to undertake, adjustments remain to be done regarding final targeting and the numbers of people to be reached.
- The revision of the response and Emergency plan of action is done jointly with SRCS, IFRC, ICRC and Partner National Societies. A workshop at the Africa Regional Office, was organized with all stakeholders on June 1st, to reflect on a common strategy and plan of action. As for now, some common agreements, however still to be confirmed within second revision are:

- Support to additional numbers of functional clinics in both Somaliland and Puntland who are receiving AWD patients and/or providing supplemental and therapeutic feeding in static and mobile clinics.
- Emphasis on Hygiene Promotion
- Support to livelihoods' activities later in the year or in 2018' when indicated to be most likely beneficial to households.
- Greater focus on SRCS capacity building in operational management, Disaster Management, Information Management and Logistics
- Preparations for expanded Cash Transfer Program (CTP) activities in consortium with the German Red Cross are currently under way, targeting 2500 households with cash for food in regions of Somaliland that have been severely affected by food insecurity crisis.
- An IFRC office in country was established in Hargeisa, which will cover operations in Somaliland and in a more remote way, Puntland.
- An IFRC surge team, including an Operational Manager, and capacities in WASH, Emergency Health, Health Epidemiology, Finance, PMER, Logistics, IT/Telecoms and Security are currently in Somaliland supporting the implementation of Food security/nutritional interventions, as well as AWD response. Longer term staffing is underway. A Hygiene Promotion delegate will be deployed shortly. To ensure security to the CTC, establishment of a comprehensive VHF system is underway to support communications.
- FACT WASH has been deployed to initially support activities at the AWD/Cholera Treatment Centre, particularly in the provision of clean water for populations around the AWD/CTC. Eventually FACT WASH will expand activities to support the wider water and food security crisis.
- Four rub halls have also been dispatched to provide immediate warehousing capacity until permanent warehousing can be established.
- The Appeal Mobilization Table has been posted for mobilization of non-food items and health supplies.

Sectors' highlights:

- **Health and nutrition:**
 - The AWD/Cholera Treatment Centre has been fully operational since 25th May. The first rotation arrivals started on 17 May and the second on June 10.
 - While the AWD/Cholera Treatment Centre was being physically set up, the ERU health staff supported the local hospital in coping with the AWD caseload. At this first stage of the operation AWD patients accounted for half of admitted patients. The ERU had an initial 60-bed capacity in the nursing school, next to the hospital. However due to higher than expected numbers, this was gradually transferred to the 100 bed-capacity CTC which was opened on the same site. The full transfer of patients. and medical care was completed on 25 May 2017.
 - The AWD/Cholera treatment centre, from 25 May to 11 June, has admitted 2,499 patients¹⁰ distributed daily as follows:

¹⁰ The number of patients attended in the hospital before the 25th May, from the arrival of the ERU until setup of the AWD/Cholera centre were not captured.



- As shown in the above graph, the caseload at AWD/Cholera treatment centre was very large before stabilizing in recent days. The AWD/CTC has now about 70 in-patients and assist about 100 patients/day. The potential reasons behind this stabilization include: Ramadan, increased WASH and community awareness sessions, awareness among community members that the CTC only treats AWD/Cholera and not all health complaints, water points chlorination by Ministry of Water, 12 ORP setups by SRCS in Burao. Too early to draw conclusion, as caseload is expected to increase again.
- Patients diagnosis are reported as data, after treatment, when discharged. As such, over the period, 421 patients were formally diagnosed with AWD/Cholera. However actual caseload with AWD/Cholera is likely more important¹¹. During the reporting period 14 patients' death were confirmed for a Case-fatality ratio (CFR) of 3.5 percent¹². The gender distribution is 43 percent female and 57 percent male.
- *On Elderly affected by AWD:* Many malnourished elderly people have been admitted to the CTC with AWD. Many of the elderly AWD patients are in severe condition. Their average length of stay is three days compared to 1.3 days for adults and children, showing the toll that the outbreak is taking on older patients. Around 40 per cent of the deaths in the CTUs have been elderly patients who arrived with severe AWD.
- 25 ORPs were installed with expansion planned to another 11 locations for ORPs by 18th June and training in progress to establish eight additional ORPs.
- The IFRC has provided the Somaliland Ministry of Health (MoH) with equipment and supplies for running two CTUs to reduce the CTC's caseload. As part of the scaled-up operation the IFRC is also providing treatment to AWD patients through three

¹¹ In the first eight days of the operation, due to limited data management, skill of the locally employed national team and the inability to provide supervision due to high levels of patient presentations, outcomes were not captured. This has meant that the true reflection of AWD/cholera diagnosis can only be counted in the cases since 1st June (i.e not in the first 1490 cases). 2.Despite education and supervision, registration of discharge data remains a challenge due to patients (loss of patient records, patient taking home their record). 3.Three of the four stool samples collected and taken to a lab in Hargeisa in early June have tested positive for AWD/cholera. The data now reflects almost 50:50 ratio of AWD/cholera to other diarrhoea although clinical observation of patients would suggest that it is higher. 4. Given the ratio AWD/cholera to others being close to 50/50 it is plausible to think this also applies to first 1300 or so records that were not registered by outcome and diagnosis due to no systems being set up at CTC the first week of operation

¹² Important to note that CFR only considers those AWD/Cholera cases that have been clinically diagnosed and recorded as such, and excludes the high number of likely AWD/Cholera cases seen in the first week of operations, which have not been recorded. Thus, real CFR likely to be lower.

AWD/Cholera treatment units (CTU) in selected health clinics across Somaliland and Puntland and 76 oral rehydration points (ORP) run by volunteers in communities.

- All SRCS supported clinics (56) are providing treatment to AWD patients through respective clinic. 29 oral rehydration points (ORPs), either attached to the clinic or the CTC are activated.
- Since 23rd May, there have been three AWD/Cholera Management and Surveillance Training Workshops including training on mobile data collection, for 112 people (a mix of trained nurses, one doctor and volunteers). Team leaders were trained in Magpi, a mobile data collection tool, and SMS data reporting whilst ORP volunteers focused on AWD, ORP and SMS reporting. The nurses are team leaders in their respective clinics and will report daily on HMIS data, AWD and stock levels. Volunteers have been trained in running the Oral Rehydration points (ORPs) and are reporting daily using a simple SMS.
- An Additional two-day training for 34 volunteers on ORP and AWD was conducted on 2-3 June, and one-day scale-up training for ORPs is planned for 17th June for an additional 26 volunteers.
- 70 ORP kits have been dispatched to operational areas in both Puntland and Somaliland, where they will be used by the trained ORP volunteers to provide timely treatment to mildly affected AWD patients. 30 ORP kits are being stored as contingency stock.
- Somalia Red Crescent Society is already engaged in the AWD through prevention and hygiene promotion at households' level as well as in public places through social mobilization programs across Puntland and Somaliland. SRCS provided 97 volunteers to support UNICEF in their mass town chlorination campaign.

Movement Coordination update:

- Due to security and access restrictions, the IFRC's support to Puntland is limited to remote support with health supplies, material and equipment as well as bringing key health staff and volunteers into Somaliland for training. In close coordination with the ICRC it is intended that as security allows, technical support and assessments will be undertaken for limited periods as necessary to be able to provide comprehensive assistance to the branches.
- The SRCS Health Coordinator for Somaliland and FACT Health Coordinator are present at all MoH emergency meetings. FACT WASH is present at the newly established WASH coordination meetings being held weekly.
- To ensure alignment of interventions by all Movement partners supporting SRCS activities in Somaliland and Puntland, particularly through the SRCS network of health clinics, a mapping of all Movement Partners activities has been completed.
- In meetings with UN OCHA, MoH and other external partners, gaps were identified in the overall emergency response for NFIs, mats, kitchen sets, tarpaulins and hygiene kits. Large gaps were also identified in provision of safe water, particularly regarding chlorination.
- It has also been highlighted in coordination meetings with UNOCHA that nomadic populations and some IDP's were receiving minimal support. The revised appeal will look to provide specific support to these groups.

Documents of reference or key events to come:

- IFRC FACT/ERU Situation Reports and [Somalia Dashboard](#)
- IFRC MDRSO005, [12 Months operational update](#), 1 May 2016-31 April 2017
- IFRC MDRSO005, [Drought and Food security Ops Update no7](#), and IFRC MDRSO003, [AWD/Cholera DREF Ops Update no 1](#).
- IFRC [Somalia Health Assessment Report - Horn of Africa Food Security Crisis Somaliland and Puntland](#) 23rd - 28th April 2017

SOUTH SUDAN	
Start Date: Emergency Plan of Action under draft	
Targeted beneficiaries: 10,000 Households	
Total amount: To be defined – funding mechanism under discussion	Home

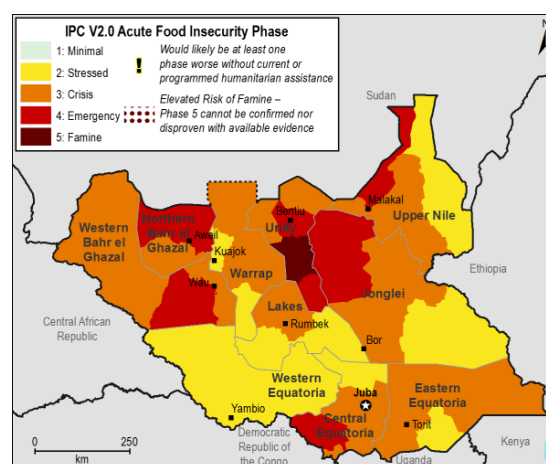
Implementation rate:

Targeted Beneficiary: Plan is to reach 10,000 households

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

Programs: Key indicators are currently being developed

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



Projected food security June to Sept 17, fewsnet

Context:

About 3.1 million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.97 million people internally displaced (with 50 percent estimated to be children) and more than 1.83 million who have fled as refugees to neighbouring countries, bringing the total number of South Sudanese refugees in the region to more than 1.3 million.

Civilians face violations, including widespread sexual violence. Although there is no formal death toll for the South Sudan conflict, tens of thousands of people are estimated to have been killed since December 2013. One study of 24 communities in Unity found that nearly 8,000 people had been killed or had drowned fleeing fighting over a one-year period during the conflict. Mortality has been exacerbated by conflict, acute malnutrition and disease, with 13 out of 44 counties surveyed in 2016 having Crude Death Rates (CDR) above the emergency threshold of 1 death per 10,000 people per day. There continue to be reports of sexual violence, committed by parties involved in the conflict.

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

The economic crisis has escalated, leaving the urban poor increasingly desperate and destitute. The South Sudanese Pound (SSP) rapidly depreciated in 2016, reaching an all-time high of more than 100 SSP to 1 US Dollar in November 2016. The cost of living has risen exponentially. In September 2016, 51 per cent of households in Juba were food insecure, more than double the 2015 level of 23 per cent, and this number is expected to continue to increase.

Operational Highlights:

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

Sectors' operations highlight:

Food Security and Nutrition needs: The nutrition situation in many parts of South Sudan remains critical with a global acute malnutrition (GAM) rate above the WHO 15 per cent emergency threshold. This is as result of deteriorating food insecurity where 100,000 population are declared famine-affected with additional of one million population famine-threatened¹³. The highest proportions of populations in crisis, emergency and catastrophe are observed in Northern Bahr el Ghazal (about 61 percent), Yirol and Kapoeta counties. The disrupted livelihood, increased prices of food commodities, low purchasing power, poor access to services, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and poor hygiene practices are underlying causes of high levels of acute malnutrition among the affected population.

Healthcare Needs: The health systems in the country remain in a state of disrepair following continues fighting across the country and lack of government investment to improve quality of healthcare, not even preventative healthcare. The distinct shortage of skilled health workers and non-functional health facilities has resulted into inadequate access to healthcare for large populations¹⁴. Routine immunisation is relatively weak, renewed outbreaks of AWD/Cholera and measles continue, while malaria remains the primary cause of morbidity among children under 5 years. Therefore, the situation

¹³ UNICEF Nutrition situational update: April 15, 2017

¹⁴ South Sudan Humanitarian needs overview 2017

requires a need for health as part of food insecurity response that should focus on promotive and preventive measures i.e. prevention and control of disease outbreaks such as AWD/Cholera, measles as well as carrying out nutrition education among mothers and caretakers of under 5 years children as well as establishment/strengthening of breast feeding support and Infant and Young Child Feeding (IYCF) groups. Currently there is a AWD/Cholera outbreak in Kapoeta East and Yirol east with interventions from the Red Cross Movement. As at the 10th May 2017, there are already 981 confirmed cases of AWD/cholera in Yirol East with a case fatality rate of 5.91 percent and a population of close to 106,000 people at risk. In Kapeota, there are 44 confirmed cases with a population at risk of 117,000 people¹⁵. There is currently no data for Aweil, but as the rains begin, the cases will continue to raise as the area has been affected by AWD/cholera in the past.

WASH Needs: The continued conflict and displacements continues to affect the already limited access to safe WASH needs in many parts of the country including the locations in demand (Kapeota, Aweil East and Yirol East), placing especially children, pregnant and lactating mothers at-risk to water borne diseases. The situation is multifaceted by the continued AWD/Cholera epidemic in the country, with active transmission reported in Kapeota and Yirol East counties in Eastern Equatoria and Lakes States. Furthermore, as water stress increases, distances to water points and pasture will lengthen hence putting women and girls more at risk of SGBV. UNICEF-WHO joint monitoring report indicates only 41 percent of the country population have access to safe drinking water, with 14 percent sanitation coverage. Nearly 74 percent of the population practices open defecation. ¹⁶The worsening economic crisis has exacerbated the situation in terms of access to basic hygiene facilities. Government WASH institutional capacity is completely fragmented and communities have resorted to use of unclean water due to breakdown of water pumps and high cost of fuel price in the country which compel people to use unclean/unsafe water, will further increase waterborne diseases including AWD/Cholera cases resulting increase in morbidity and mortality.

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

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

Movement Coordination update:

Currently, various discussions are ongoing between ICRC and IFRC at all levels on how to channel the funds in line with the principles of Strengthening Movement Coordination and Coordination (SMCC). Technical meetings between IFRC and ICRC on the Movement response plan were also held. The Head of Disaster and Crisis: Prevention, Response, and Recovery Department – Africa Region was in Juba

¹⁵ WHO report on AWD/Cholera Epidemiological week 19 2017

¹⁶ South Sudan Humanitarian needs 2017

the week of 5th June, to be part of the technical discussions, and a HeOps is being deployed, prior to Nairobi and then to Juba, from 15th June, 2017.

Documents of reference or key events to come:

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

NIGERIA	
Start Date: 24 April 2017	
End date: 30 September 2018	
Targeted beneficiaries: 300,000 people (50,000 families)	
Total: CHF 5,096,838 (for 2017) through One International Appeal launched by the ICRC	Home

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

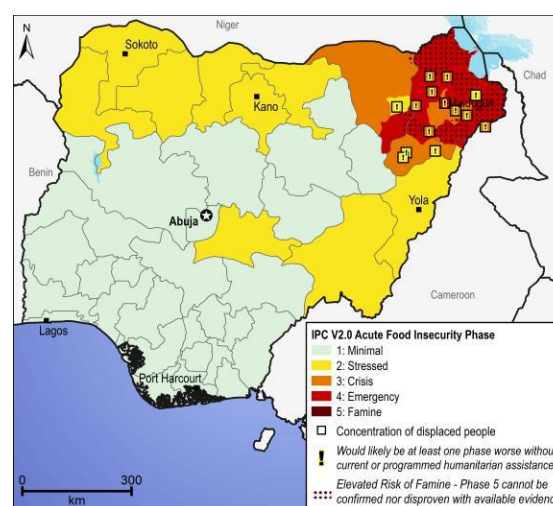
Funding: 5,096,838 (for 2017) funded through One International Appeal launched by the ICRC

Programmes:

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

IPC: The worst-affected local government areas of northeast Nigeria are facing Emergency (**IPC 4**) food security conditions. Areas of Borno with limited access, such as Konduga, Bama, KalaBalge, Mafa, Ngala, Dikwa, and Marte, have between 39,000 and 250,000 people in Crisis (**IPC Phase 3**) to Famine (**IPC Phase 5**) food security conditions, according to the Cadre Harmonisé (Cadre Harmonisé 10/03/2017).

([ACAPS-Nigeria](#))



Projected food security June to Sept 2017. fewsnet

Context: The humanitarian context has not changed during reporting period. Much of Nigeria has been plagued by conflict, deep poverty, weak health systems, food insecurity, marginalized populations, environmental degradation and poor governance long before the current crisis began. Eight-years of violence and conflict in north eastern Nigeria, has forced 1.9 million people (IOM) to flee their homes. In three states of North East Nigeria, 8.5 million people, more than 5 million of whom are women and children, need critical humanitarian assistance in the face of a potential severe food scarcity and exposure to the elements due to poor sheltering conditions.

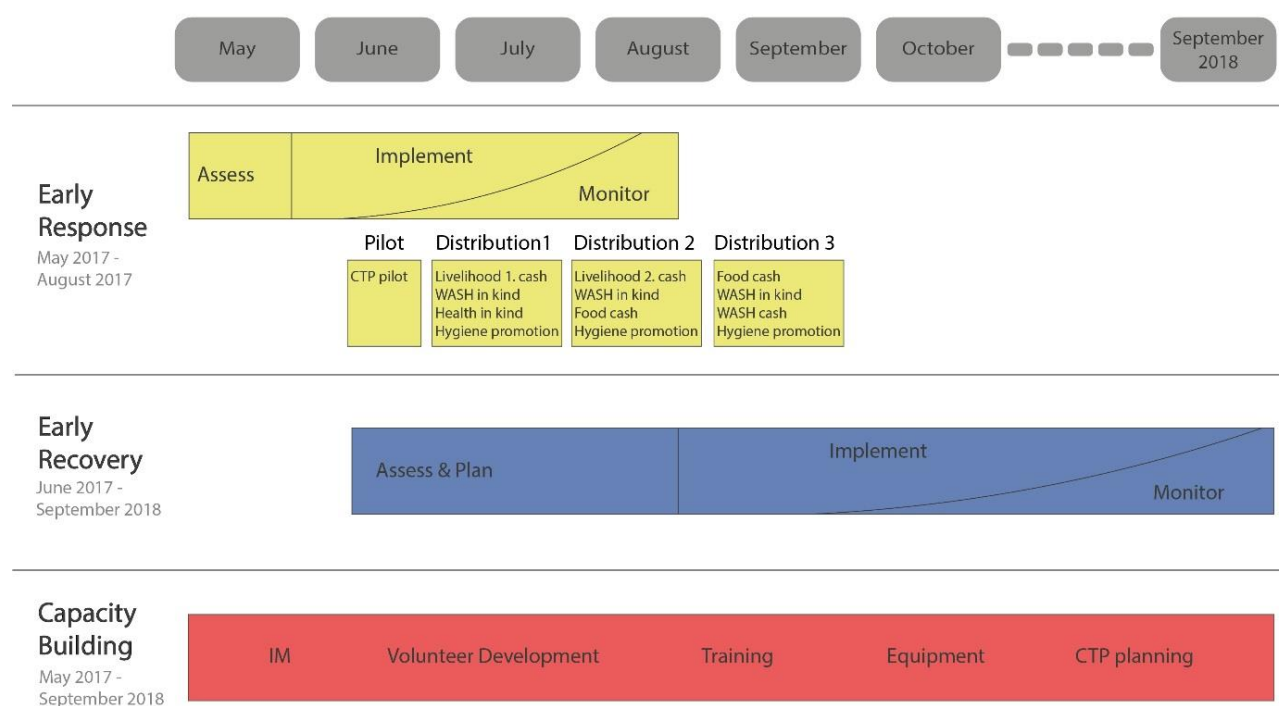
Assessments carried out by the Red Cross and Red Crescent Movement, FACT assessment of December 2016 and the subsequent detailed assessment carried out from 28 February to 6 March 2017 by the IFRC Abuja Cluster Support Team (CCST), RDRT and NRCS also revealed the intensity of the humanitarian crisis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

Analysis of secondary and assessment data reveals that 8.5 million people in three states in need of immediate humanitarian assistance ([OCHA Sitrep no 12](#), issued on 31 May). 1.9 million people are internally displaced, of whom 56 per cent are children. 68 per cent of those displaced are living in host communities, with friends and relatives or in rented houses where access to resources and

infrastructure remains a challenge while 32 percent are living in camp and camp-like settings. Access to resources and infrastructure remains a challenge for the affected people, with 69 percent of displaced people saying that food is their main unmet need. In addition, 1.1 million people have returned to Nigeria, with many finding their homes and livelihoods damaged. Many of those who have rebuilt, have put up makeshift structures which leave them vulnerable to the harsh elements and therefore susceptible to disease. 5.2 million people are food insecure with the onset of the rainy and lean season (June to August).

Operational Highlights:

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



- *Human Resources:* A multi-sector surge team – comprising technical specialists deployed via the FACT, HEOps, NDRT and RDRT mechanisms – is working alongside NRCS headquarters and Adamawa branch. A Facility Management Team – comprising of two Base Camp ERU members – has been deployed by the Danish Red Cross. Further deployments – of relief technical support, CTP technical support, and shelter technical support – are in the pipeline.
- *Human Resources:* Rotations are planned for the CTP Technical Lead, Finance and Admin Technical Lead, Information Management/IT Lead, Logistics Technical Lead, Operation Head, and Shelter Technical Lead. The IFRC Asia Pacific Regional Office (APRO) will second its IM Delegate to support the operation – as Information Management/IT Lead – initially for two months, with the option of extension to three months.
- *Human Resources:* Recruitment of longer-term delegates is ongoing with interviews concluded for the Operations Manager, Disaster Management Delegate, Cash and Livelihoods Delegate, Finance and Admin Delegate, Procurement and Logistics Delegate as well as Public Health Delegate. Recruitment for several national staff positions is underway, with the Programme Assistant already in place. The positions of Communications Officer, Drivers (six), Finance and Administration Officer (Yola), IM/IT Officer and PMER Officer, and Community Engagement and Accountability Officer have been advertised – with interviews planned for third week of June. The process of engaging a local legal counsel to handle matters relating to labour, property, immigration, aviation and maritime related issues and legal opinions, among others, has been initiated.
- *Communications, Reporting and Information Management:* The joint Movement communications and reporting plan has been finalized following feedback from ICRC. The IM Technical Lead ended mission on 3 June and will be replaced by an IM Delegate seconded by IFRC Asia Pacific Regional Office. However, SIMS continues to provide remote support to the Surge Team, especially in the analysis of assessment data. In readiness for relief and cash distributions, equipment for beneficiary registration and data management has been procured and a training on its use is planned for third week of June. From mid-June, in-country IT technical support will be provided by the IM Delegate seconded by IFRC Asia Pacific Regional Office.
- *Security:* No major security concerns for Abuja but vigilance should be maintained always. Focus has been in the state of Adamawa where implementation of the operation will be in the first months. Security briefs are sent to all personnel heading to Nigeria prior to their departure from ports of origin while detailed briefing is provided by the CCST upon arrival. All personnel must get security clearance from the HCCST before proceeding to the field, where further briefing is provided by IFRC and ICRC. NRCS and ICRC (Abuja and Yola) are informed about the movement of personnel from Abuja to Yola. Any travels out of Yola City requires that vehicles must be in pairs.

Movement's and External Coordination update:

- *Movement coordination:* Movement coordination mechanisms are in place, with regular meetings being held with ICRC and NRCS at Abuja and Yola levels to ensure a shared understanding of approaches and find ways where ICRC can share technical advice and provide logistics support. Signing of framework documents – including the Movement Security Framework Agreement, Tripartite Project Cooperation Agreement – is expected to be done in

June, once NRCS inputs are included.

- *External coordination:* Coordination with all main actors in Adamawa, including local authorities and OCHA, continues. The CCST had meetings with ECOWAS and UNICEF on complementary needs in areas covered by the Complex Crisis operation.

Documents of reference or key events to come:

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

Regional Coordination Food Crisis Appeal Support

Regional coordination Food Crisis in Africa ([MDR6003](#))

Start Date: 19 April 2017

End date: 19 October 2018

Total amount: 3,877,335 CHF



Funding: 88,576 CHF (for 2 percent coverage, however approximately 13 percent, considering in-kind personnel donation)

Main Highlights:

- The priority focus for the Regional Food Crisis team remains on Somalia, Nigeria, South Sudan, Kenya and Ethiopia, where acute needs are prevalent, and particularly in Somalia and Nigeria where activities are currently scaling and ramping up. The Regional Food Crisis in Africa Appeal aims at ensuring smooth coordination of operations within and between countries, adequate technical support, mainly in health, logistics, CTP and PMER for all countries; as well as support for the deployment of Surge FACT and ERUs in Somalia and Nigeria. It supports countries as well to ensure efficient recruitment process for longer term position at regional and country level with proper procedures.
- The Regional Food Crisis Appeal (MDR6003) initially supported the following in-country Appeals: Ethiopia Drought (MDRET016), Kenya Drought (MDRKE039), Malawi Food insecurity (MDRMW012), Mozambique Food (MDRMZ012), Namibia Food insecurity (MDRNA009), Somalia drought (MDRSO005), and Zimbabwe Food insecurity (MDRZW011).
- Among these, operations in Mozambique and Zimbabwe completed their activities, pending final reports. [Malawi's](#) and [Namibia's](#) Food-security Appeals have been extended for two months, until July 2017 to complete remaining activities. Final evaluation will provide information on lessons learnt and contribute in designing steps to prepare for next drought season.
- These countries will remain closely monitored although, in most countries of Southern Africa, household food availability is now improving with harvests. According to [Fewnet](#), Following the severe drought in 2016, household food security is improving across Southern Africa with the harvesting of the 2016/17 crops. Humanitarian assistance has concluded in most countries, and areas have been experiencing Stressed (IPC Phase 2) and Minimal (IPC Phase 1) outcomes in May as household food availability was improving with harvests. From June to September, most of the region should experience Minimal (IPC Phase 1) outcomes, and increased livelihoods opportunities for very poor and poor households, due to increased labour demand, except for eastern parts of the DRC, where Crisis (IPC Phase 3) outcome are expected because of conflict.

- The scope for the Food crisis regional team is also expanding to Sahel countries, where humanitarian needs are expected to worsen between June and September. DMIS Food Security reports were posted for six countries on May 8th (Senegal, Niger, Mauritania, Mali, Chad and Burkina Faso) reporting that the population to be assisted is estimated at 417,900 people, i.e. 69,650 most vulnerable households. The countries of intervention are Chad 89,100 people, Niger 131,300, Senegal 83,000 people, Mali 60,100 people, Mauritania 28,100 people and Burkina Faso 25,700 people.
- To address this issue, the National Societies of Sahel Countries with Movement partners (IFRC, ICRC, PNSs of Belgium, British, French, Spanish, Netherlands and Swedish Red Cross) met for a three-day workshop on Resilience and Food Security in Sahel. The workshop was held in Ouagadougou Burkina Faso from May 22 to 24, 2017 and aimed at defining a concerted, coordinated, multi-annual approach to recurring food security crisis, on which the Movement's partners will align themselves for the next five years.
- On June 1st, Movement partners met at Nairobi regional office to work on a common revised Plan of Action for Somalia and the development of a coherent coordination mechanism between partners. The Regional Food Crisis Ops Coordinator will be going to Somalia from June 13 to 17, to support finalization of the EPoA, that should be submitted to SRCS in coming weeks.
- Somalia's, [Drought and Food security Ops Update no7](#), and [AWD/Cholera DREF Ops Update no 1](#), were published on June 8.

Sectoral and support highlights:

Health and Nutrition

- Reviews were done of Movement and IFRC operational documents – such as the review of logistics Emergency Items Catalogue for nutrition product ordering between ICRC and IFRC and the review of nutrition documentation to edit ECV toolkit and increase the nutrition profile within the toolkit.
- Within the Somalia activities:
 - Participation in the Movement Partners' Appeal revision meeting for Somalia.
 - Finalization of logistics procedures for Somalia nutrition contingency stock.
 - Review and cleaning of Somalia IHPC data for 2016/2017 with Information Management team.
- Meeting with Puntland SRCS health department to obtain nutrition data, and try to clarify issues related to the ceasing of the WFP PCA with SRCS in December 2016.
- Review of FACT Health Nigeria assessment report and UNICEF PCA with Nigeria's National Society
- Upcoming Plans:
 - Interviews for Nigeria Public Health delegate position,
 - Meeting with FACT Health Nigeria, Regional Health Coordinator and GVA Senior Public Health in Emergencies Officer to discuss recent assessment and plans moving forward,
 - Review and update the Scenario Planning for the Food Crisis in Africa
 - Preparation of field monitoring visit with the Kenya Red Cross Society.

Cash Transfer Programming (CTP):

General technical support to the countries' response during this reporting period:

- Ethiopia: The regional CTP surge delegate went on a field mission to support ERCS restocking program in Afar from June 2nd to 10th. While in the field, the CTP surge visited different areas

to target distribution sites and participated in the bid process for the selection of an animal cooperative and animal feed suppliers. The CTP surge also conducted a training for the program's staff on:

- The design of efficient beneficiary lists for better management of beneficiaries and distributions
- The design of automated beneficiary cards, merging beneficiary list with beneficiary card template
- The distribution workflow to improve planning of distributions

Pictures and videos from the field mission in Afar, Ethiopia are available [HERE](#).

- **Somalia**: Support was provided to the country Cluster Support Team (CCST) finance and FACT finance officer for a financial analysis of past CTP distributions. Continuous coordination with German Red Cross on cash transfer activities in Somalia was also ensured. The CTP surge delegate also participated at the partners' coordination meeting for the revision of the Appeal and Plan of Action.
- **Nigeria**: Offered support for Cash/Relief Information Management related matters, especially those regarding the Relief ERU deployment; and, participated to the recruitment process of a long-term CTP delegate position for the Nigeria operation.

Information Management (IM):

- During this reporting period, the IM team has continued working on the dashboard, gathering information on the regional and country specific operations to be displayed for some, publicly and others, internally. A jump-off page has been set up with links to the country pages. The Dashboard Jump-Off page can be found [HERE](#).
- The country specific pages can be found from the jump-off page or the direct following hyperlinks – *please note that it is work-in-progress*:
 - [Kenya](#)
 - [Somalia](#)
 - [Ethiopia](#)
 - [Nigeria](#)
 - [Regional Appeal](#)
- The dashboard reports on the 4Ws, key indicators, donors' funding for the drought appeals, main contacts for the operations, appeal related documents and internal documents.
- The dashboard is a work in progress. Notifications on missing information or ideas on improving the tools are welcomed. Comments can be sent to FACTIM.Africa@ifrc.org.
- In parallel to the construction of the dashboard, work is being done to enhance data flows. Internal documents are currently being updated onto the IFRC SharePoint, and relevant documents for DMIS, shared.
- For Kenya, key indicators and the 4Ws have been collected and will be updated regularly (bi-weekly for key indicators and monthly for 4Ws). For Ethiopia, some key indicators on WASH and the 4Ws have been collected but indicators on other activities remain to be received. For Nigeria, the 4Ws is displayed on the dashboard. Key indicators will be collected once activities are starting for this new operation. For Somalia, the 4Ws have not been received. The IM team is currently working together with the regional nutrition surge delegate and team in Somalia on data collection and analysis to support health operations in the field.

PMER:

- The Ops update no 7 for the Somalia Drought and Food Security Appeal (MDRSO005) and the Ops Update no 1 for the Somalia AWD/Cholera DREF (MDRSO003) were completed and published on ifrc.org.
- Preparation and revisions of Plans of Action are ongoing for Somalia, South Sudan and Nigeria.
- The Regional Sitrep is prepared every two weeks and contributions from countries' Ops Managers are expected every second Thursdays. The Regional Sitrep aims at presenting an operational overview of the Food Crisis operations at country level, to be a sharing space for best practices, and documents that might be of interest for others, or announcement of special activities. The report can feed in other reporting requirement (ops Update, presentations during meetings, communications' products, for example) and its production is an opportunity to work with teams in-country on data.
- Each operation is required to have M&E and ITT table with clear definition and ways of measuring. This should be given special attention with current preparation and revision of plans of action and current presence of PMER surge in-countries. Data collection and management is key to sound monitoring but challenging in times of emergencies. Teams have been working hard these last weeks at data management and reconciliation.

Logistics

- During this reporting period and until June 21st, the Logistics surge delegate is deployed to Hargeisa, Somaliland to ensure smooth arrival of three planes (727) transporting additional medical items for the AWD/Cholera Treatment Centre, which is recording a case load higher than expected. The logistics surge delegate finalized the trucking tender together with the British logistics delegate at the CTC and supervised the off-loading of the three planes in Hargeisa airport as well as the loading of trucks transferring the material to the CTC.
- No issues with landing permits this time. Lessons learned, all requests went directly to relevant authorities. Despite pre-advice to airport handling company and airport management, off-loading and loading the first day was a slow process. For the arrival of the second and third planes, the trucks could be on the tarmac (inside the airport), which speeded-up the whole process. Due to the lack of insurance in Somalia, an escort service was organized for the trucks on the way to the CTC. The logistics surge delegate is investigating with IFRC global insurance on how to proceed with the insurance.
- Pipeline is being established for additional items for the CTC and the drought operation. The Mobilization Table for the drought appeal was published on 31 May 2017. Unfortunately, no PNS has yet shown interest in supporting in-kind donations. Procurement of relief, WASH and nutrition items have been initiated both internationally and locally.
- Contacts for coordination purposes have been established with WHO logistics, Save the Children logistics and WFP in Hargeisa as well as with the Logistics Cluster for Somalia. The logistics surge delegate participated in the Logistics Cluster meeting in Nairobi on 25 May.
- The logistics surge delegate is in the process of implementing fleet procedures, for example, on how and what to verify when renting local vehicles.
- Assessing additional storage in Hargeisa area to possibly establish a contingency stock.
- A FACT logistician for Somalia is expected to arrive in Hargeisa on 18 June. The logistics surge delegate will hand-over to the FACT logistician and then return to Nairobi.
- IFRC office established in Hargeisa. Procurement of office furniture and supplies have been undertaken. Well-functioning internet established as well as printer/copier/scanner.

Communications:

During the first week of June, the regional Food crisis team has welcomed a new member with Jessica Van Spengen, seconded by the Netherlands Red Cross. As Communications focal point for the Food crisis until August, Jessica will be responsible for all the communication around the team; to maintain close contact with the communications team in Geneva while building bridges with the communications teams of the national societies in countries of focus. As part of her role, Jessica will:

- Connect with the national societies, and see where it is possible to share content and information about the actual situation in the countries concerned.
- Travel to the countries of focus, to gather specific operations' content (e.g. videos, photos. Story-material) for communications and accountability purposes. Other contents will be gathered through contacts established in the field or delegate and staff on mission in countries. To this end, it would be appreciated if people travelling would kindly notify the communications delegate when planning a mission.
- Share content material with teams in the field, at the regional office and in Geneva.
- Liaise with media to share information and stories, when requested.
- Participate in organization of communications' events

Human Resources: Priority HR needs for MDR60003- Regional Food Crisis Africa Appeal¹⁷:

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

¹⁷ Needs from specific countries Appeals to be shared when received.

Contact information:

For further information specifically related to these operations please contact:

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How we work

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

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



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

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



Somali Red Crescent Society mobile health clinic midwife and nurse Hibak daind Abdi checks the health of pregnant and lactating women living in remote, drought-affected communities. Photo: Alison Freebairn / IFRC