



Ethiopia Red Cross Multipurpose Cash Transfer Distribution

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<p>Operation timeframe: 17 months</p>	<p>Number of people to be assisted: 14 million</p>

To date, this Emergency Appeal, which seeks CHF 318 million Federation-wide, is 19 percent funded with a gap of CHF 256,270,879. 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 18 countries are being supported through this appeal to improve food and nutrition security of vulnerable people in rural and urban areas.

Acronym	Meaning
AGM	Annual General Meeting
AHC	Africa Hunger Crisis
CaLP	Cash Learning Partnership
CBHFA	Community-Based Health First Aid
CBS	Community-Based Surveillance
CEA	Community Engagement and Accountability
CHV	Community Health Volunteer
CMAM	Community Management of Acute Malnutrition
CPoA	Country Plan of Action
CVA	Cash and Voucher Assistance
DM	Disaster Management
DREF	Disaster Relief Emergency Fund
eCBHFA	emergency Community Based Health First Aid
ECV	Epidemic Control for Volunteers (Toolkit)
EPiC	Epidemic Control
FAO	Food and Agriculture Organization
FEWS NET	Famine Early Warning Systems Network
FSL	Food Security and Livelihoods
FSPs	Financial Services Providers
HCT	Humanitarian Country Team
HH	Household (s)
ICRC	International Committee of the Red Cross
ICT	Information Communication Technology
IDP	Internally Displaced Persons
IEC	Information Education Communication
IFRC	International Federation of Red Cross/Red Crescent
IGA	Income Generating Activity
IM	Information Management
IPC	Integrated Food Security Phase Classification.
IYCF	Infant and Young Child Feeding
JMMI	Joint Market Monitoring Initiatives
KAP	Knowledge Attitudes and Practice

Acronym	Meaning
MEB	Minimum Expenditure Basket
MHPSS	Mental Health and Psychosocial Support Services
MIYCN	Maternal, Infant and Young Child Nutrition
MPC	Multipurpose Cash Transfer
MSR	Minimum-Security Requirements
MUAC	Mid Upper Arm Circumference
NFIs	Non-Food Items
NGEC	National Gender & Equality Commission
NS	National Society
NSD	National Society Development
ORS	Oral Rehydration Salts
OS	Operational Strategy
PDM	Post Distribution Monitoring
PGI	Protection Gender and Inclusion
PLW	Pregnant and Lactating Women
PMER	Planning Monitoring Evaluation & Reporting
PPE	Personal Protective Equipment
PPVH	Principle of Promotion and Human Value
PSEA	Prevention of Sexual Exploitation and Abuse
PWDs	People With Disabilities
RACI	Responsible, Accountable, Consulted, and Informed
RAM	Rapid Market Assessment
REACH	Resilient and Empowered African Community Health
RH-Kit	Reproductive Health-kit
SADDD	Sex, age, and Disability Disaggregated Data
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender based Violence
SMCC	Strategic Movement Cooperation and Coordination
SOPs	Standard Operating Procedures
SSP	South Sudanese Pound
USD	US-Dollar
WASH	Water Sanitation and Hygiene

Description of the crisis

By February 2023, the hunger crisis in Africa reached critical levels, with approximately 146 million people facing crisis or worse levels of acute food insecurity across sub-Saharan Africa. This crisis was driven by a confluence of climatic shocks, including prolonged droughts and recurrent flooding, compounded by conflicts, economic downturns, and the lingering effects of the COVID-19 pandemic. These global and local factors severely impacted communities, pre-existing vulnerabilities such as poverty and marginalization, and disproportionately affected vulnerable groups including women, children, the elderly, people with disabilities, and those in single or child-headed households.

In the Horn of Africa, the situation was particularly dire. The Famine Early Warning Systems Network (FEWS NET) reported five consecutive dry seasons, marking the longest dry spell ever recorded in the region. In Somalia, an estimated 8.3 million people were projected to face Crisis (IPC Phase 3) or worse conditions by mid-2023, with famine expected in rural parts of Baidoa and displaced populations in Baidoa Town. Despite ongoing humanitarian efforts, acute food insecurity and malnutrition levels were anticipated to deteriorate further without sustained food assistance.

The broader Eastern African region was also facing significant challenges. The poor performance of the March-May 2022 rainy season was followed by delayed and irregular rains, affecting crop production and rangeland conditions. In Ethiopia, the Meher season harvest concluded with below-average yields due to prolonged conflict and dry conditions, while widespread flooding in Sudan and South Sudan disrupted agricultural activities.

In contrast, West Africa experienced generally favourable conditions for the main and second season cereal harvests, except in conflict-affected areas. Southern Africa, however, was seeing mixed conditions with increasing dryness affecting countries like Angola, Namibia, Botswana, Zambia, Zimbabwe, Mozambique, and Madagascar, potentially threatening the main season cereal output.

The African Red Cross and Red Crescent National Societies launched emergency appeals in response to these crises. Seventeen national societies then engaged with limited resources, highlighting a critical need for more funding to scale up the response. The International Federation of Red Cross and Red Crescent Societies (IFRC) increased its operational and technical support in the region, particularly in Somalia, where it planned to expand its presence in Somaliland and Puntland, including setting up an office in Garowe and exploring access to communities outside of major towns.

Currently, **Angola** struggles with severe drought, impacting food insecurity, affecting approximately 1.58 million people in the southern provinces, exacerbated by the worst drought in 40 years. **In Burkina Faso**, over 2.27 million people face severe food insecurity due to a combination of armed conflict and inadequate agricultural production, especially in regions bordering Niger. **In Cameroon**, food insecurity has worsened, affecting over 3.2 million people nationwide due to internal conflicts and extreme weather events. **Djibouti** faces a critical hunger crisis, with approximately 192,168 people projected to face acute food insecurity due to compounded risk factors including drought and global economic impacts. **The Democratic Republic of Congo** confronts one of the world's most severe humanitarian crises, affecting millions due to ongoing conflict, displacement, and climatic adversities.

Ethiopia is in a protracted crisis with 28.6 million people needing humanitarian assistance. Conflicts, climate shocks, and economic instability led to massive food insecurity and displacement. **Madagascar's** Grand Sud experienced worsening food insecurity, with significant numbers facing acute malnutrition and restricted access to food due to poor weather conditions and economic factors. **In Mali**, the food crisis persisted with a projection of increased food

insecurity affecting millions due to climatic hazards, armed conflicts, and socio-political unrest. **Niger** saw a rise in food insecurity, with over 4 million people affected due to adverse weather, disease outbreaks, and insecurity impacting agricultural and pastoral activities. **Nigeria** grappled with a severe hunger crisis, particularly in the northern region, driven by conflict, economic difficulties, and climate-related disruptions. **Somalia** faced significant food insecurity with millions affected. Conditions are slightly improving due to better rainfall, but the overall situation remains critical due to ongoing conflict and climatic shocks.

Considering the alarming food crisis in Sub-Saharan Africa, the DREF Operational Review of October 2023 underscored the critical need for enhanced efforts in addressing the complex challenges. It advocated for integration of sustainable solutions, improved project monitoring, and innovative resource mobilization strategies to bolster the effectiveness of operations and ensure sustainability of actions. By focusing on long-term planning, enhancing coordination, and promoting the new DREF modality for slow-onset crises, the recommendations aimed to fortify the response to the hunger crisis across the prioritized countries. The review's findings emphasized the importance of addressing both the immediate and underlying causes of food insecurity, to ensure a comprehensive and resilient approach to mitigating the impacts of this unprecedented crisis.

The **Southern part of Africa** is also facing an exacerbated draught crisis. Since November 2023, the El Niño weather phenomenon has brought high temperatures and below-average rainfall to southern Africa, with significant negative impacts on agriculture, leading to water scarcity, food shortages, and disease outbreaks. The drought began in Botswana in October 2023 and has gradually intensified and spread to Angola, Zambia, Zimbabwe, and Namibia, affecting most of southern Africa today. In the last month and a half, the governments of Zambia, Malawi, and Zimbabwe have declared states of emergency. With the resources available, Red Cross-National Societies in Southern Africa provided the support they could to some of the most affected communities in the region. However, more support is urgently needed to provide immediate relief and avert an even worse situation soon.

The Southern African National Societies are responding through a combination of existing emergency appeals in Malawi, Zimbabwe, Angola, and Madagascar, and DREF operations in Eswatini and Zambia, and are currently appealing for CHF 34 million to meet the most urgent needs of 1.4 million people. Based on recent assessments and requests for support, the Africa Region Office is preparing emergency appeals for Zambia and Mozambique. For the other countries in Southern Africa, the exact needs are being assessed on an ongoing basis and, if necessary, they will also be supported through DREF operations or emergency appeals.

All operations are based on food security and livelihoods, health and nutrition and water sanitation and hygiene. As well coordination, humanitarian diplomacy, protection and gender inclusion and community engagement and accountability were considered key enablers. These align with the current IFRC Africa Region Hunger Crisis Appeal and contribute to the IFRC's pan-African Zero Hunger initiative. A call for action¹ was published on the IFRC website.

Key drivers of acute food insecurity

- **Climatic Shocks:** Drought and flooding which affect Ethiopia, Angola, Nigeria, Somalia, South Sudan, Djibouti, Madagascar and the Southern African countries led to failed crops, loss of livestock, and displacement thus eroding livelihoods and increasing vulnerability.
- **Economic decline:** High food prices and economic instability/crises are prominent in South Sudan, Tanzania, Nigeria, and Madagascar restricting access to essential resources and worsening food security.
- **Conflict and insecurity:** Ongoing armed Conflicts in countries like Burkina Faso, Cameroon, Democratic Republic of Congo, Mali, Nigeria, and Somalia continue to disrupt agricultural activities, displace communities, and hinder aid delivery.
- **Disease outbreaks and health crises:** In Niger and Ethiopia, disease outbreaks further stress already vulnerable populations, affecting nutritional status and increasing morbidity and mortality rates.

¹ <https://prddsgofilestorage.blob.core.windows.net/api/sitreps/6984/Southern%20Africa%20Drought.pdf>

This ongoing crisis in food insecurity scenarios and their drivers underscore the urgent need for continued comprehensive humanitarian assistance and long-term strategies to address the root causes of food insecurity in Africa. The international community, along with local governments and agencies, must continue to collaborate to provide life-saving aid and work towards sustainable solutions that will tackle these complex and interlinked challenges.

Summary of response

The funding has enabled the National Societies (NSs) to reach 2,523,684 people as presented below:

National Society	Total NS Reach			Sector reach per NS				
	Male	Female	Total Reached	Food Security and Livelihoods	Health and Nutrition	WASH	PGI	CEA
Angola	106,956	109,449	216,405	15,000	42,325	12,082	216,405	12,281
Burkina Faso	72,130	79,903	152,033	151,433	46,480	128,430	654	-
Cameroon	9,600	10,400	20,000	20,000	-	-	-	-
Djibouti	14,194	18,057	32,251	32,251	657,750	-	-	-
DRC (COD)	22,776	27,954	50,730	8,080	28,495	20,019	46,480	46,480
Ethiopia	330,241	357,599	687,840	153,465	8,179	638,570	71,450	281
Kenya	86,000	129,000	215,000	74,220	76,125	215,000	5,742	-
Madagascar	18,233	17,405	35,638	35,638	42,325	24,757	11,790	159
Malawi	8,136	8,591	16,727	16,727	-	-	20	120
Mali	30,314	45,811	76,125	13,085	46,480	1000	101	-
Mauritania	-	-	-	-	-	-	-	-
Niger (NER)	39,700	52,156	91,856	91,856	1,150	-	-	-
Nigeria (NGA)	76,456	79,669	156,125	29,904	156,215	97,794	50,064	50,064
Somalia (SOM)	205,956	263,382	469,338	58,994	293,891	469,338	12,407	-
South Sudan	86,649	126,791	213,440	75,986	71,049	213,440	102	-
Sudan (SDN)	37,730	37,446	75,176	75,196	1,150	0	0	100,000
Tanzania	-	-	-	-	-	-	-	-
Zimbabwe (ZWE)	7,086	7,914	15,000	3,995	15,000	14,100	20	-
Total	1,152,157	1,371,527	2,523,684	855,830	1,396,659	1,834,530	415,235	209,385

Table 2: Number of people reached per national society, disaggregated by gender and sector

This represents an increase of 63% (from 1,555,000) in the total population reached, compared to the previous reporting period. The main increase happened in Angola in PGI, Sudan in cash transfer, Mali in health and nutrition, Ethiopia in health and WASH, and DRC in WASH, PGI and CEA. Nigeria, Cameroon, Burkina Faso, and Niger also increased their reach. Djibouti and Malawi also managed to reach a significant number of people, compared with the last period where they had not reported any reach. Mauritania and Tanzania are yet to begin reporting as they started their response very recently and will be able to do so in the next report.

Needs analysis.

Food Security and Livelihoods

Crucial to the identification of response options and interventions is an understanding of how the hunger crisis shocks and stresses have affected the ability of households to meet essential food and income-related needs and to cope and protect their livelihoods. The responses of government and other humanitarian actors should be assessed as well as projections of how food and nutrition security will evolve in the near future. The assessment and analysis

phase prior to the response prioritises the consolidation of information available from a variety of sources on food and nutrition security to provide an initial analysis of how the drivers have impacted the food security of households and communities within IPC 3+ targeted areas. Where there are gaps in secondary information and where National Society capacity is present, primary data can be collected using the Household Economic Security methodology, complemented by other tools such as the Oxfam “48 hours toolkit” and the IFRC RAM (Rapid Market Assessment).²

A feasibility assessment is needed for National Societies without cash experience, or which are intervening in new areas. Relevant guidance is provided through the Cash in Emergencies toolkit, Module 3.³ The contextual feasibility assessment and market assessment determines whether cash, vouchers or in-kind is the most appropriate response modality. Even in the case of in-kind, a sound market analysis must be conducted to understand any potential impacts on supply and price trends of local or national procurement versus imported goods.

Market assessment, analysis, and monitoring are integrated into all interventions, irrespective of the response modality. National Societies will, where feasible, participate in joint market monitoring initiatives (e.g. JMMI by REACH). IFRC cash officers and coordinators participate in Cash Learning Partnership (CaLP) regional meetings and coordination, especially to understand (sub)regional market dynamics and their impact on national and local markets.⁴

Health and Nutrition

It is essential that nutrition-related needs and priority actions be based on solid data from surveys and assessments. These surveys and assessments may also be useful to monitor and assess community perceptions, behavioural change, or changes in needs or to measure the impacts, as well as identify bottlenecks and best practices, of implemented activities. Regular malnutrition screening exercises, Knowledge, Attitudes, and Practices (KAP) surveys, observation of nutrition practices, and focus group discussions and key informant interviews will provide a better understanding of nutritional practices along the life course, identification of specific community practices and needs, and analysis of the combined impacts of an integrated food security, livelihoods, nutrition, and WASH response on the hunger crisis. Additionally, Epidemic Control for Volunteers/Epidemic Control (ECV/EPiC) and nutrition interventions which would most likely include cases of malnutrition may be accompanied by Community-Based Surveillance (CBS), which could include other health events (like diarrheal diseases), to be determined based on predictable health emergencies.

WASH

Insufficient access to drinking water and sanitation infrastructure is one of the underlying causes of undernutrition. WASH assessments, carried out by WASH specialists, will be critical in integrating the sector in the response design. WASH infrastructure for an immediate response but with long-term impacts on water security should have a key role in the assessment as the construction of WASH infrastructure is time consuming. KAP surveys will give valuable information on how WASH is impacting the nutrition status, and the overall public health standard and feasibility assessments should determine whether cash is appropriate in the WASH response design. Close coordination with the country level, WASH Cluster, or other relevant coordination bodies needs to be prioritised to maximise the outcome.

PGI and CEA

Gender and diversity will be incorporated into the design of all sectoral needs assessments, baselines and endlines, and monitoring and evaluation activities related to the hunger crisis response. community members should be involved in all phases of the assessment process and findings should be shared and discussed with them. PGI and CEA considerations will be integrated into food security, nutrition, and WASH assessment and tool design, data

² Assessment toolkits and support can be found through the IFRC Livelihoods Resource Centre – <https://www.livelihoodscentre.org/guidance-and-tools>.

³ <https://cash-hub.org/guidance-and-tools/cash-in-emergencies-toolkit/response-analysis/>

⁴ CaLP's regional cash working groups in East Africa, Southern Africa, West and Central Africa Cash Working Groups all have this on their agendas, especially in the current food insecurity context.

collection, and analyses as well as the identification of response options and specific interventions. Analysis will ensure sex, age, and disability disaggregated data (SADDD), Do-No-Harm principles will be incorporated throughout, and the impact interventions are having on the wider community will be monitored through cash and voucher assistance (CVA)/food assistance post-distribution monitoring exercises, focus group discussions, and community feedback mechanisms to make sure there are no unintended negative consequences that could cause harm to people. This includes market monitoring to understand if people not targeted by the response are facing any positive or negative impacts from the interventions related to the availability and access to services and goods. Finally, context analysis and community mapping will be carried out to understand community structures, power dynamics, capacities, vulnerabilities, beliefs, etc. with feedback collected to find out how all of this has been impacted by the response interventions.

The main operational constraint relates to the significant needs and the challenges of raising sufficient funds to address them. The crisis in Ukraine, Gaza and Sudan has attracted most of the attention since March 2022, and this has had an effect on available funding and consequently, the humanitarian response. Like other sectors, humanitarian agencies are struggling with widespread price increases. The cost of life-saving food aid, including therapeutic foods for malnourished children, and logistical costs have spiked. Where the operation was not fully funded, a prioritisation process was used to identify the most vulnerable communities and households. Where there are price increases, market-based approaches will be considered.

Operational risk assessment

Description of the Risk	Probability	Impact	Mitigation Measures
Misallocation of funds, and beneficiary identification errors in food distribution, agricultural tools, livestock, and cash and voucher assistance activities.	Medium	High	Implement robust verification processes, transparent monitoring systems, strong accountability mechanisms, and post-distribution monitoring as well as enhance engagement with local stakeholders and community involvement.
Security and safety issues, high volatility and access constraints including ethnic clashes and armed banditry in conflict zones affecting aid delivery.	High	High	Maintain neutrality and independence; enhance security coordination; analyse security situations; monitor field team movements; due diligence for staff and volunteer safety; utilize local volunteers within secure frameworks; minimise beneficiary movements; closely coordinate with local authorities; increased advocacy; strengthen risk response mechanisms; implement minimum-security measures; adapt travel plans to security assessments and implement safety SOPs in adverse situations.
Suspension of cash transfers due to lack of a telephone network and security concerns, affecting aid distribution and livelihood strengthening.	High	High	Organize in-kind distributions in areas where markets are not operational and explore alternative communication and transfer methods where possible.
Seasonal rains and floods cutting off access to intervention areas and affecting populations.	Medium	Medium	Revise operational strategies to address flood effects; coordinate with IFRC for possible additional operations or emergency appeals if needed; maintain close communication with local communities and branches to manage field interventions efficiently.

Description of the Risk	Probability	Impact	Mitigation Measures
Disease outbreaks posing health risks including resurgence of COVID-19 impacting operations.	Medium	Medium	Provide appropriate PPE, circulate health advisories; implement early warning systems as part of contingency plans; integrate COVID-19 preventive measures and vaccination campaigns into all response levels.
Inadequate capacity in food security programming and cash and voucher assistance.	High	High	Deploy CVA surge profiles and set up necessary systems with IFRC support to enhance local capacity.
Increased need for assistance and insufficient resource mobilization.	High	Medium	Enhance coordination with partners and donors to mobilize resources. Engage communities to manage expectations.
Lack of appropriate financial service providers in rural target locations.	Medium	Medium	Diversify and procure multiple FSPs to ensure a range of delivery mechanisms compatible with community cultures.


A. OPERATIONAL STRATEGY

Update on the strategy.

The strategy was revised in 2024, with the indicators being reviewed to strengthen data collection, management and presentation for decisions, actions, and accountability.

B. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Pillar 1: Food Security and Livelihoods (Including Lifesaving basic needs assistance, Inputs and tools, Emergency Livestock management) 855,830 people reached	Male 378,264	Female 477,566
Key indicators			Actual
Output 1.1 (FSL):	Targeted population receive relevant, adequate, and timely cash/voucher/in-kind support for essential food and other consumption needs during the crisis period(s)		
Number of households that successfully received cash/voucher support for basic needs and that meets the agreed Minimum Expenditure Basket (MEB) after being identified and processed for transfer.			148,262
Number of households that successfully received in-kind support for basic needs after being identified and processed for transfer.			32,523
Output 1.2 (FSL):	Targeted population receive support to protect and sustain existing production and/or income generation activities over crisis periods		

Number of households reached with essential on-farm, off-farm and non-farm inputs/materials/tools including for income-generation/support, sustain & protection production.		58,311
Number of people reached with essential services/information for income generation		6,531
Output 1.3 (FSL):	Targeted population receive support to protect valuable/breeding livestock and sustain production (including milk) over the crisis period(s)	
Number of households reached with essential on-farm, off-farm, and non-farm inputs/materials/tools for livestock production.		22,968
Number of people reached with essential services/information for livestock production		25,468
Output 1.4 (FSL):	Targeted population have gained practical knowledge to protect livestock and sustain production	
Number of people who have completed training in improved production/production risk management practices		314
Output 4.1: (Climate change and resilience building)	Increased community participation in risk reduction activities. (This includes practices like agroecological food production, tree planting, forest conservation, protecting wetlands, and enhancing coastal ecosystems)	
Number of community members, targeted by AHC who are engaged in risk reduction initiative		105

The National Societies together with the IFRC employed a multi-faceted approach combining in-kind support, cash assistance, and livelihood enhancement to address both immediate needs and long-term recovery efforts across the affected countries. Each component was geared towards stabilizing the food security situation and promoting sustainable economic recovery in the face of ongoing challenges.

National Society	Male	Female	Total
Angola	6,994	8,006	15,000
Burkina Faso	72,130	79,303	151,433
Cameroon	9,600	10,400	20,000
Djibouti	14,194	18,057	32,251
DR Congo	2,499	5,581	8,080
Ethiopia	70,594	82,871	153,465
Kenya	29,686	44,534	74,220
Madagascar	18,233	17,405	35,638
Malawi	8,136	8,591	16,727

National Society	Male	Female	Total
Mali	3,927	9,158	13,085
Niger	39,700	52,156	91,856
Nigeria	14,653	15,251	29,904
Somalia	24,820	34,174	58,994
South Sudan	23,477	52,509	75,986
Sudan	37,730	37,466	75,196
Zimbabwe	1,892	2,103	3,995
Total	378,264	477,566	855,830

Angola Red Cross reached 600 households through Multipurpose Cash Transfer (MPC), 1,500 through in-kind assistance, 200 households in livelihood support. Prior to the MPC a cash assistance delegate was deployed for 3 months establish the cash and voucher programme, including tools, materials, assessment (including market assessment) and training. Through the support of the Italian Red Cross, 78 volunteers and staff were trained in cash transfer programming. This MPC reached 600 households in the provinces of Huila and Cunene with multipurpose cash grants delivered in four instalments. All recipients sampled for the satisfaction survey, reported to be satisfied with the cash and voucher assistance.

Burkina Faso Red Cross reached 46,236 households with MPC together with essential farm inputs to support their livelihoods. As part of recovery efforts, the Spanish Cross had supported 356 households to carry out IGAs (market gardening, poultry rearing, fattening, petty trading, etc.) in Tougan by December 2023. Each of the households received 100,000 francs for these activities. In January 2024, 82 beneficiaries and 5 volunteers from Oula and Ouahigouya received technical training in poultry farming. The training was conducted by the Yatenga Provincial Department of Agriculture, Animal Resources and Fisheries. After the training, each beneficiary received 10 hens and 2 roosters, which were then vaccinated plus 60 kg of poultry feed products for vitamins and poultry parasite control.

Cameroon Red Cross reached 4,000 households with MPC to the most vulnerable households in Far North, Southwest and Northwest regions. The people reached, especially in Bamenda (North-West region), expressed satisfaction in the multipurpose cash. The main challenge was limited funding as only 20% of the target has so far been reached. The situation is worsening with the *Cadre Harmonisé* indicating an increase in the number of people with food insecurity in North-West, South-West, and Far-North regions.

Djibouti Red Crescent reached, 1,500 households (approx. 6,085 people) in Obock and Dikhil regions with unconditional cash transfer to enable people to meet their immediate food needs. To facilitate this, the IFRC deployed a CVA Coordinator for 4 months to support in implementing multipurpose cash transfer, while the Netherlands Red Cross deployed an Information Management (IM) delegate who supported with digitalization of the data and cash process. The PDM showed that the money was used for food, medication and paying back debt among other uses.

The Democratic Republic of Congo Red Cross reached 1,000 households with MPC, 396 with food distribution and in-kind assistance, 314 with farm inputs and 82 with livelihood production inputs. As well, 314 were reached with essential services/information for income generation together with training on production risk management practices.

Ethiopia Red Cross reached 153, 465 households with MPC. The beneficiary selection committees were responsible for identifying, handling, and registering the most vulnerable households in their respective kebeles. To allow the community to voice complaints about the beneficiary selection process, compliance and feedback committees were established. The selection committees discussed the vulnerability criteria set by the national society and adapted them to the local context.

As well, 10,396 and 9,074 households for Borana and Somali drought-affected communities, respectively. This included 3,086 quantal of wheat and Maize flour and 14,978 liters of cooking oil.



Figure 1: Ethiopian Red Cross Society (ERCS) distributing food relief response for affected Oromo and Borana communities.

To ensure that beneficiaries were appropriately targeted, the kebeles agreed on selection criteria based on participatory, transparent, and accountable principles, in consultation with the local community, relevant government sectors, and other stakeholders. The criteria for selecting beneficiaries included elderly individuals, people with disabilities (PWDs), orphans and families raising orphans. This approach aimed to aid those most in need in a fair and inclusive manner.

Kenya Red Cross reached 18,555 households with MPC and 7,850 with food distribution and in-kind assistance. 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 was done in the eight counties before targeting, and registration was done to the communities to ensure market feasibility. A post-distribution monitoring visit was done to sampled counties after the disbursement to assess 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.

Madagascar Red Cross focused the unconditional cash transfer on 1,000 of the most vulnerable households (with a pregnant woman/older people/disabled people/a child under the age of 5) based on the results of needs survey. In consultation with the national technical group or cash working group, each household received CHF 25 in 2 distributions. During this activity, the CEA was set up to objectively identify beneficiaries and worked with the MRCS teams (staff and branch) to create and formalize the final list of beneficiaries. During the operation, CRM worked closely with service providers to ensure and secure cash distribution. This cash allowed beneficiaries to meet their priority needs during the lean season.

To facilitate the process, 4 MRCS local staff and 36 volunteers were trained on cash transfer (with the support of IFRC team) especially on how to effectively implement cash distribution (principles, Cash transfer types, processes and conditions).

After each distribution, the beneficiary's satisfaction was measured by the PDM (Post Distribution Monitoring) survey, carried out 15 days after the distribution to ascertain and strengthen the transparency of the activities, assess the extent to which the expected results have been achieved, find out how the assistance provided by the project is used by the direct beneficiaries and assess the level of satisfaction of the households. According to the PDMs, 91% of those surveyed were satisfied with the CHF 25 received twice.

Mali Red Cross reached 2,256 households with MPC, essential farming inputs together as well as livestock inputs to support agro-pastoral activities and enhance food production capacities. The Danish Red Cross also engaged in similar activities, providing agricultural kits and seeds to enhance local food production capabilities.

Niger Red Cross reached 14,650 households with MPC and farm inputs that included stationery and farming equipment such as wheelbarrows rakes and shovels.

Nigeria Red Cross reached 4,984 households with MPC, households in 7 states of Kaduna, Katsina, Zamfara, Kebbi, Niger, Nasarrawa, and Benue. Two Post Distribution Monitoring (PDM) exercises were conducted for the MPC and the Nutrition CVA, which showed that 100% of the respondents were satisfied with the cash transfer and voucher assistance.

Somalia Red Crescent reached 9,999 households with multipurpose Cash Transfer (MPC), 152 with food distribution and in-kind assistance, 1,172 households with farming inputs, 100 with livestock production inputs and 150 people with essential information/services for income generation. The interventions focused on the most vulnerable areas

particularly the remote rural areas of Nugal Region where the infrastructure is rough, and accessibility is difficult. The vulnerability criteria prioritized persons with disabilities, female-headed families, the elderly, malnourished, minority clan groups, newly displaced families, and zero income households.

"I have never cleared my debts ever, before this year's SRCS cash grants."-Multipurpose cash transfer recipient (woman), Ceelmadoobe, Somalia.

South Sudan Red Cross reached responded to the needs of 8,734 households (40,625 people) in Juba, Kapoeta, Leer and Mundri counties through a one-off multipurpose cash assistance. Despite security and hunger crisis challenges, market assessments conducted by SSRC in these areas showed that traders have a high degree of resilience and continue to supply basic goods even to rural marketplaces. The assessments showed that people have access to local markets where basic commodities are available. Prices in these areas are highly driven by the challenges faced by traders in supplying goods. As such, transportation costs, taxation, and security-related costs such as protection charges and losses due to robberies along supply routes all affect prices in the local markets. Additionally, prices of goods are often affected by the depreciation of the South Sudanese Pound (SSP) vis-à-vis the US Dollar (USD, which is crucial for sourcing goods from outside South Sudan. Apart from these constraints, traders in the town marketplaces reported that they were free to set the prices they charged for their goods.

In addition, 22,479 households received in kind support through prepositioned disaster preparedness stocks. Besides 700 households (548 female and 152 males headed families), out of the 8,734 households that received multipurpose cash also received food vouchers, specifically, in Kapoeta. This is the first time the NS is using vouchers and was found to be an effective response modality only where markets are working and closer to those targeted. Majority of those targeted for the voucher assistance were women headed families whose vulnerabilities' rank was higher than those of men. The voucher assistance was informed by supplier feasibility and market assessments conducted in all affected areas. Each family received a food voucher comprising of the following items: 90 kgs of maize flour, 5.5 kgs of sugar, 9 kgs of pulse, 10 Litres of cooking oil and 1 kg of salt.



Figure 2 SSRC volunteers supporting Cash assistance in Kapoeta, South Sudan

In each targeted location, beneficiary selection committees and chiefs (local authorities) were engaged in the distribution process in which they were assigned to organize and arrange the beneficiaries per their community sectors to ensure the right ones received the emergency relief items. At the distribution desks there were 2 chiefs, 2 at the complaint desk and 2 at the verification desks. The main challenge faced during the CVA exercises was the fact that SSRC has only one pre-selected financial service provider (FSP). One FSP was therefore not sufficient for large scale and localized disasters like this hunger crisis response. If the NS had more than one FSP, it could have been faster to respond to multiple areas at the same time and offer timely assistance.

In support for livelihoods South Sudan Red Cross trained 3 women groups comprising of 73 women on village savings and loan association. These groups were targeted after they were provided with tree seedlings where they have established tree nurseries and growing seedlings for sale. The sales and proceeds from this are then saved together and under which small loans are granted amongst the group members.

Sudan Red Crescent reached 13,672 households with Multi-Purpose Cash (MPC).



Pillar 2: Health and Nutrition
1,396,659 people reached

Male
659,604

Female
737,055

Key indicators

Actual

Output 2.1 (Health): *Targeted population have accessed/ used services for malnutrition prevention and treatment*

Number of children < 5 years who have been enrolled in a supplementary feeding programme of another agency following an assessment by the National Society	37,157
Number of households that successfully received cash support for Health after being identified and processed for transfer	1,697

Output 2.2 (Health): *Targeted population have gained knowledge to improve nutrition – including consumption, hygiene, and health-seeking behaviours and practices*

Number of people reached with messages on nutritional choices and/or food preparation	457,721
Number of people reached with health and hygiene promotion as a response to an emergency by community-based volunteers	1,265,559

Output 2.3 (Health): *Psychosocial support provided to the target population as well as to RCRC volunteers and staff*

Number of people in the targeted population provided with psychosocial support services	9,678
Number of RCRC volunteers and staff provided with psychosocial support services	1,458

The National Societies aimed to not only address immediate nutritional needs but also to improve long-term health outcomes and resilience against future crises by empowering communities with the knowledge and skills needed to sustain better health and nutritional practices.

National Society	Male	Female	Total
Burkina Faso	11,600	30,725	42,325
DR Congo	18,526	27,954	46,480
Ethiopia	330,421	327,329	330,421
Kenya	11,398	17,097	11,398
Madagascar	4,099	4,080	4,099
Mali	30,314	45,811	30,314

National Society	Male	Female	Total
Niger	383	767	1,150
Nigeria	76,546	79,669	156,215
Somalia	147,280	146,611	293,891
South Sudan	21,952	49,097	71,049
Zimbabwe	7,086	7,914	15,000
Total	659,604	737,055	1,396,659

Burkina Faso Red Cross enrolled 8,693 (4185 boys and 4778 girls) children to a supplementary feeding programme, reached 30,725 people with messages on nutritional choices and/or food preparation, 8,963 with health and hygiene promotion and trained 150 staff/volunteers on psychosocial support. As well, enriched flour was provided to 277 malnourished children for nutritional support. This assistance was provided in the Centre-Nord (Sanmatenga and Bam provinces), Sahel (Séno and Soum provinces) and East (Tapoa province) regions. The next stage will focus on providing nutritional support to the communes of Tougan and Kongoussi. The challenges in the health/nutrition

sector remain essentially in the care of malnourished children, whose numbers are increasing due to the blockade of several localities by armed groups.

The Democratic of Congo (DRC) Red Cross enrolled 4,120 children to a supplementary feeding programme and reached 42,360 people with messages on nutritional choices and/or food preparation, 20,019 with health and hygiene promotion and 14 people with psychosocial support services, having trained 6 volunteers and staff on psychosocial support.

To be able to combat acute malnutrition, the DRC Red Cross, trained 50 volunteers on screening children and women for malnutrition. A total of 500 women and children were screened with family MUACs bracelets facilitated the early detection of malnutrition, while cooking demonstrations reached 761 people in majorly four topics, namely, choosing and using locally available foods, combining different types of food, cleaning and disinfecting kitchen tools and preparing 4-Star porridges.

As well, 4,120 children aged 6-59 months were screened for SAM (Severe Acute Malnutrition) and referred to nearby health centers in the provinces of Kasai and Kasai Central. In addition, 2,270 women were screened, including 990 malnourished pregnant and breastfeeding women. The Kasai and Kasai-Central provincial branches are continuing to support communities in identifying malnourished children and giving advice within households, especially to women with children under the age of 5, on the importance of breastfeeding their children and respecting exclusive breastfeeding to ensure that their children are healthy. Several activities are being organized, including home visits, and raising awareness about optimal breastfeeding, changing behavior, and eating habits and essential family practices to prevent food insecurity and malnutrition.



Figure 3: Parents accompanied by their children receive explanations on how to prepare the 4-star porridge at Tkombe Health Center, DR Congo

Djibouti Red Crescent reached 25,000 people with health and hygiene promotion. Initially, 20 volunteers were to be deployed but only 10 were deployed due to budgetary constraints. Nevertheless, the hygiene promotion activities reached 25, 000 people with hand washing practice to prevent diseases, domestic hygiene maintenance, raising awareness, mass sensitization. Interventions in both access to clean and safe water and sanitation were crucial to prevent Cholera outbreaks and other waterborne diseases like Typhoid as well as other infectious diseases/ illnesses like COVID-19. The sensitization sessions reached the IDPs and host communities, in rural areas as urban areas.

Ethiopia Red Cross with support of IFRC trained 40 health extension workers and 281 volunteers in nutrition and community based Mid-Upper Arm Circumference (MUAC) screening, assessment levels of dehydration, nutrition & referral pathways. There was a particular focus on raising awareness about healthy child and infant feeding practices, with a focus on Infant and Young Child Feeding (IYCF) to promote appropriate feeding for infants and young children, especially in emergencies and ensure their survival, health, and growth. The volunteers conducted Community-Based Health First Aid (CBHFA) services such as malnutrition screening and trained 135,000 mothers on IYCF. This was all part of the "One Health Approach,". Hygiene promotion reached 638,570 people. In addition, to complement the referral mechanisms, 657,750 of sachets of ORS were distributed to the referral facilities.

In Mental Health and Psychosocial Support Services (MHPSS), the 281 volunteers trained in community based MUAC screening were also trained on MHPSS. This was a multi-thematic training focused on livelihoods, multipurpose cash, WASH, and protection to enhance the volunteers on their functions, roles and the risks involved.

Kenya Red Cross Society (KRCS) sensitized 33 County team members on Maternal-Infant and Young Child Nutrition (MIYCN) in Emergencies in two sub-counties of Wajir South. The health facilities mapped out high-risk areas in terms

of disease outbreaks and continue to monitor and conduct surveillance. 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. KRCS reached 1,800 people with health and hygiene promotion and trained 390 staff and volunteers on MHPSS, consequently reaching 1,000 people with psychosocial support.

Mental Health has been a challenge to communities affected by drought, and high cases are reported across the counties. KRCS has supported four counties (Tana River, Garissa, Lamu and Marsabit) with mental health assessment conducted MHPSS sessions and established safe spaces for SGBV victims. Vulnerable groups have also been reached to strengthen their mental capacity due to cope with the effects of drought. The county government applauded the initiatives in the response coordination meetings and are willing to have a long-term intervention in the four counties.

Mali Red Cross enrolled 7,308 children to a supplementary feeding programme, reached 13,125 people with messages on nutritional choices and/or food preparation, 7,308 with health and hygiene promotion and trained 101 staff and volunteers in psychosocial support. Health and nutrition activities were stepped up from January 2023 in the Segou Region, specifically in Kayes, Koulikoro and in the M'gétan commune.

Screening activities and nutritional demonstrations and awareness-raising were prioritised by the volunteers. A total of 21,810 people were screened, 75% of whom were women and 52 nutrition demonstration sessions conducted. As well 80 radio broadcasts on health and nutrition were conducted.

Mali Red Cross continues to follow-up referred children and those confirmed with acute malnutrition, active search for cases lost to follow-up through the volunteers based at the community level, extend activities to the other regions of the North where community players who support health and nutrition activities have already been trained.

Niger Red Cross trained 40 community volunteers from the four intervention regions (10 per region) in Infant and Young Child Feeding (IYCF), set up 5 nutrition centres in Dosso, 5 in Zinder and 10 in Maradi. Working meetings with regional committees and health districts continue, to facilitate identification of people vulnerable and people with severe cases of acute malnutrition. Awareness raising was conducted through community players and the media which includes radio, television, social networks, and mobile caravans equipped with loudspeakers to broadcast key messages in the local language. The communications department is also working on setting up a partnership with community radio stations to support in raising awareness about nutrition.

Volunteers also reached 1,027 women through awareness sessions conducted in Hamdara (Zinder Region) and Safo (Maradi Region) communes as well as Dosso Region focusing on the importance of exclusive breastfeeding. Some of the topics discussed included prevention of malnutrition through culinary preparations based on local food, WASH in nutrition and importance of utilising health services. Also, 5 members of nutrition centres were trained on Infant and Young Child Feeding (IYCF) as well as screening and referral of malnourished children.

As part of the response to the Meningitis Crisis affecting the populations of Maradi, Zinder, Dosso and Niamey, several working meetings have been held with the health department and the Niamey Cluster Team to strategize on awareness-raising sessions in vulnerable and at-risk areas and the field mission terms of reference is in progress.

Plans are also on-going for training of 100 more community members in Dosso, Maradi and Zinder.

Nigeria Red Cross enrolled 1,914 children to a supplementary feeding programme, reached 20,160 people with messages on nutritional choices and/or food preparation, 97,794 people with health and hygiene promotion and 8,344 with psychosocial support.

This was achieved through mobilization and training of 140 volunteers across 7 states in Community Management of Acute Malnutrition (CMAM) Infant and Young Child Feeding (IYCF). A total of 34,051 children were screened for

malnutrition, 1,914 found to have acute malnutrition and referred accordingly, 1,855 moderately malnourished, and 904 severely malnourished.

A total of 168 mothers' clubs were set up in 21 Local Government Authorities across the 7 States of Sokoto-48, Katsina-20, Kebbi-20, Benue-20, Nasarawa-20, Zamfara-20, and Niger-20. They conducted house-to-house visits sensitizing mothers, fathers, and caregivers on mother and child nutrition, maternal and child health, and hygiene promotion. Reaching 16,299 HHs (approx. 97,794 people) in the 7 target states. Some of the best practices observed were that the mothers' clubs have been an instrumental entry point for health, nutrition, income-generating activities, and WASH interventions and second, their weekly meetings with the RCRC volunteers offer a platform for baby's Mid Upper Arm Circumference (MUAC) screening and referral.

The main challenge remains the low funding for the appeal.

Somalia Red Crescent enrolled 7,981 children supplementary feeding programme, reached 244,700 people with health and hygiene promotion, trained 50 staff and volunteers in psychosocial support, and reached 320 people on the same. As well, 95,020 households (570,120 people) were reached with health and hygiene promotion.

To achieve this, 78,661 children were reached through nutrition screening services while 274,195 have been reached with medical treatment services. Mobile clinics were also deployed, 2 in Togdheer, 2 in Sool, 1 in Eilafweine, 1 in Awdal and 4 in Bari Province. Their primary focus is 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 clinics are acute respiratory infections, urinary tract infections, skin infections, Watery Diarrhoea, and eye infections.

Several trainings were also conducted among them emergency Community Based Health First Aid (eCBHFA) for 35 branch volunteers (7M/28f). A total of 170 volunteers held community awareness, clean-up campaigns, and door-to-door visits in all the key major Somaliland cities to contain the outbreak Dengue Fever and reached 101,642 people.

South Sudan Red Cross reached 22,063 people with health and hygiene promotion as well as nutrition messaging mostly through community gathering and door to door visits. This was in support of the Ministry of Health with community social mobilisation in response to two outbreaks of Yellow Fever and Measles. One day orientation on Hepatitis E to 40 volunteers (38M & 2 F) was conducted for the volunteers to be deployed in the 8 bomas of Pibor County to conduct house to house visit and community meetings.

Zimbabwe Red Cross enrolled 32 children to a supplementary feeding programme, reached 15,000 people with health and hygiene promotion and trained 20 people on psychosocial support. To achieve this, registration, and verification of program participants, especially households was done where children < 5 years and food insecure households were identified and enrolled to benefit from the programme. Community based volunteers were trained on nutritional choices, hygiene promotion as part of the response to emergencies and messaging done on nutritional choices and food preparation to enhance the knowledge of the Mwenezi community.



Pillar 3: Water and Sanitation
1,834,530 people reached

Male
800,157

Female
1,034,373

Key indicators		Actual
Output 3.1: (WASH)	Targeted population have accessed/used essential water and sanitation infrastructure/services for consumption, hygiene/health, and crop/livestock production needs	
Number of water clean, and water sources constructed/rehabilitated		85
Number of households who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)		167,862
Number of households reached with water treatment chemicals and water storage equipment		54,944
Number of households who have been supplied by RCRC with an improved sanitation facility within 50 meters of their home.		1,769
Number of households that successfully received cash support for WASH after being identified and processed for transfer		1,000

Diverse Water, Sanitation, and Hygiene (WASH) interventions aimed at improving hygiene standards and ensuring access to clean water, which is crucial for preventing disease and maintaining health during crisis conditions. As well, they laid groundwork for longer-term improvements in public health infrastructure and community resilience against future crises.

National Society	Male	Female	Total
Angola	5,971	6,111	12,082
Burkina Faso	59,736	68,694	128,430
DR Congo	7,346	12,673	20,019
Ethiopia	280,971	357,599	638,570
Kenya	86,000	129,000	215,000
Mali	600	400	1,000

National Society	Male	Female	Total
Madagascar	12,349	12,408	24,757
Nigeria	47,919	49,875	97,794
Somalia	205,956	263,382	469,338
South Sudan	86,649	126,791	213,440
Zimbabwe	6,660	7,440	14,100
Total	800,157	1,034,373	1,834,530

Burkina Faso Red Cross distributed water treatment chemicals and water storage equipment to 21,405 households. In addition, 53 blocks of latrines with 3 cubicles were built in primary and post-primary schools in Dédougou, Toma, Tougan, Bousa, Boussouma, Kaya, Kongoussi, Gourcy, Ouguiyas and Yako, meeting the needs of 5,247 guests and 583 IDPs.

The Democratic Republic of Congo Red Cross reached 1,480 households with an improved protected source of drinking water, the same number with water storage equipment and 1,000 people with cash support for WASH.

Djibouti Red Crescent addressed the communities WASH needs by distribution of 800 jerricans to 400 household in the Obock and Dikhil regions for water storage. As well, communal water tanks were installed, and dignity kits distributed to women and girls of childbearing age.

Ethiopia Red Cross reached 53,561 households with improved protected sources of drinking water and 38,336 with water treatment chemicals and water storage equipment.



Figure 4: Rehabilitation of a berked in Somalia

To achieve this, and through the support of the IFRC, German Red Cross, Norwegian Red Cross and the Swiss Red Cross, 320 volunteers were trained and deployed for the Cholera outbreak prevention including demonstration of Cholera prevention methods, and to work on case identification, referral, and linkage. In addition, 90 T-shirts and 90 hats with hygiene promotion messages were distributed to volunteers, staff, and community members. Households also participated in practical hygiene sanitation sessions and received hygiene kits.

Borehole assessments were also conducted and based on the findings for Borana, the Oromia Regional Branch has completed the procurement process of spare parts for borehole maintenance for Somali/Shebelle.

Kenya Red Cross Society (KRCS) reached approximately 14,000 households with improved and protected drinking water sources where seven water points were rehabilitated and 6,350 with water treatment chemicals and storage equipment. Depending on the availability of funds, KRCS plans to continue constructing and rehabilitating community water points and water harvesting structures; water trucking, procurement and distribution of WASH NFIs and water treatment chemicals, sensitization of water committees and the community on sanitation and hygiene around community water points as well as hygiene promotion and sensitization.

Malian Red Cross distributed 150 simple hand washing devices, 15 wheelbarrows, 30 peels, 30 rakes, 30 household gloves, 120 nose covers, 192 pieces of soap, 30 peels and 150 buckets with lids were distributed in October 2023 in the commune of Méguétan (Gouni and Fégoun), cercle de Koulikoro. The distribution was accompanied by awareness-raising sessions for the beneficiaries on the use of these kits, which will help to promote good hygiene practices in the beneficiary communities.

Clean-up days were organised by women's groups who had received hygiene and sanitation materials in the Méguétan commune of Koulikoro. This brings the total number of clean-up days organised to 8.

"Since the women received the equipment, our village squares have become clean," Village Chief in Mali.

The Malian Red Cross aims to increase WASH activities as part of the intensification of the emergency appeal over the coming periods.

Nigeria Red Cross integrated WASH into the mothers' clubs where water, sanitation, and hygiene promotion, as sessions that reached 97,794 people (16,299HHs) 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. As well, community clean up sessions were conducted in 6 markets places by the mother's clubs working together with communities trying to curb epidemic outbreaks such as cholera, towards the rainy season.

Somalia Red Crescent reached 91,305 households with improved protected sources of drinking water and reached 8,788 people with water storage equipment and chemicals. This was accomplished through rehabilitation of boreholes/ *berkeds*, construction of water troughs, fuel subsidies, water trucking, construction of latrines as well as sanitation and hygiene promotion.

Some of the challenges identified in Somalia include:

Climate induced disasters affecting livelihoods. For example, El-nino storms affected the SRCS just covered berkedes in Dhinowd Dhigdhig and many other sanitation facilities in the flooded areas leaving them damaged by the strong speed of the water through the artificial water passages from the hills. One of the berkedes got hit at the inlet and another on the roof.


- The water needs in the communities continue to massively increase and funding remains insufficient to respond to these needs. the government is appealing to humanitarian partners to respond urgently especially with rehabilitation of boreholes.
- IDP camps and host communities in Puntland do not have access to safe and clean water for household and livestock consumption. Many people 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 families because they lack both access to water and knowledge of proper hygiene practices like fecal waste handling and proper use of latrines.
- These poor hygiene and sanitation conditions, combined with the high concentration of people living in camps, increase 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 Bosas.

*“Before SRCS’s support to Dhinowda Dhigdhig community, monkeys used to swim and contaminate the uncovered berkedes which we had initially covered with fishing nets to prevent monkeys from entering and spoiling the water. No other materials were available. However, the monkeys tore the nets and continued contaminating the water. We used the contaminated water since we didn’t have any other source of water. Luckily Somalia Red Crescent supported us in covering four big berkedes along with cash and water bags. Now the water is clean and accessible to everyone in the area for both drinking and other uses.”
One of the berkedes users*

South Sudan Red Cross rehabilitated 15 boreholes estimated to be covering 15, 438 people in Kapoeta, Mundri, Leer and Aweil counties. This was after procurement of repair parts and training of 15 water committees’ responsible maintenance. WASH NFIs were also distributed to 300 households, 60 volunteers trained in hygiene promotion and 16 hygiene promoters deployed reaching 9,006 people with awareness in hygiene in emergencies to prevent diarrheal diseases in Kapoeta South.

Zimbabwe Red Cross reached 3,000 people with improved protected sources of drinking water. Solarization of the Gudomutovhoti Borehole in Ward 14 in Mwenezi District was done, and the community fenced the garden and began land preparation for farming which supports 100 households.

Cross-cutting

	Protection, Gender, and Inclusion (PGI)	Male	Female
	415,235 people reached	204,088	211,147
Key indicators			Actual
Output 5.1 (PGI):	Enhance protection, equity and inclusion, safety, and well-being		
Number of people trained on implementing the PGI Minimum Standards			1,208
Number of people reached by protection, gender, and inclusion services			318,501

Protection, Gender, and Inclusion (PGI) ensured that interventions are not only effective but also equitable, inclusive, and respectful safeguarding the dignity and rights of the most vulnerable groups including children, people with disabilities, elderly, minority groups, and those affected by gender-based disparities.

National Society	Male	Female	Total	National Society	Male	Female	Total
Angola	106,956	109,449	216,405	Malawi	10	10	20
Burkina Faso	326	328	654	Nigeria	24,532	25,532	50,064
DR Congo	18,526	27,954	46,480	Somalia	6,218	6,189	12,407
Ethiopia	39,203	32,247	71,450	South Sudan	51	51	102
Kenya	2,296	3,446	5,742	Zimbabwe	10	10	20
Madagascar	5,909	5,881	11,790	Total	204,088	211,147	415,235
Mali	51	50	101				

Angola Red Cross trained 140 people on PGI minimum standards and reached 216,405 people with PGI inclusion services.

Burkina Faso Red Cross trained 150 people on PGI minimum standards and disseminated the PGI code of conduct, prevention of Sexual Exploitation and Abuse (PSEA) and child protection to 654 staff and volunteers. Throughout the process, the Burkina Faso Red Cross advocated for promotion of gender and diversity to guarantee equitable access to services for the most vulnerable people and people living with disability.

The Democratic Republic of Congo Red Cross trained 57 staff and volunteers were trained on the PGI Minimum Standards. In addition, 159 employees and volunteers were briefed on the code of conduct, the PSEA (Prevention of Sexual Exploitation and Abuse) and child protection. A total of 202 national society volunteers were involved in the response to the hunger crisis reaching 42,360 people with the PGI services.

Ethiopia Red Cross sensitized 250 staff and volunteers on SGBV, child protection, and PSEA including their codes of conduct and the referral pathways for cases reported. 91,450 PGI IEC materials were printed and distributed to 71,450 (39,203 male and 32,247 female) people in Tembaro Zone, Bale, Borana and Somali. Further, 1800 women in the target areas were supported with dignity kits.

Kenya Red Cross Society (KRCS) trained 390 people on implementing the PGI minimum standards and reached 5,352 people with PGI services. KRCS has a PSEA policy that guides the prevention of sexual exploitation for staff and volunteers. This policy has been disseminated to all staff and volunteers engaged in the project to enhance their awareness and minimize the risk of exploitation of communities.

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.

Pregnant and lactating women (PLW) and children under five were prioritized as the most vulnerable and at the highest risk of malnutrition to prevent complications leading to further deterioration of health. The proposed food assistance through cash considered the needs and preferences of these vulnerable groups, as identified from community feedback during the food security assessment.

KRCS inclusive processes listened to and took into account the views and needs of women, girls, boys, persons living with disabilities, the elderly, and persons at risk of being discriminated against based on their sexual orientation or identity.

Malagasy Red Cross Red Cross trained 40 staff and volunteers on PGI minimum standards and reached 2,500 people with PGI services. Principles of the Malagasy Red Cross and the notion of PPVH (Principle of Promotion and Human Value) were shared periodically to 4 staff and 36 volunteers. The approach ensured the safe and equitable provision of basic services, considering different gender needs and other diversity factors. PGI activities were integrated into the hunger crisis operation.

Mali Red Cross trained 101 people on PGI Minimum Standards. Throughout the response, particular attention was paid to the protection and inclusion of the most vulnerable. During the selection process for the distribution of cash and seed varieties in Dah, Nara, Dilly, Kayes, Ségala and recently in Koulikoro in the commune of Méguétan, the most vulnerable were selected based on protection, gender, and inclusion criteria. This was facilitated by the targeting committees in all regions. Each committee had three women as part of the gender quota. As a result, out of the households that received, cash, 50.4% were female headed and 82% of the feedback collected was from pregnant and breastfeeding women.

Malawi Red Cross trained 20 staff and volunteers on PGI minimum standards and reactivated the Social Grievance/ Social Mobilization Committee whose key role is addressing protection, gender, and safety well-being for the people through oversee all the complaints and response mechanisms including follow-up on key sensitive issues as part of its mandate.

Niger Red Cross trained 40 staff and volunteers on PGI minimum standards. Mass awareness-raising sessions are conducted by community volunteers trained in the communes of Dosso (Dosso region) and Hamdara (Zinder region) reaching approximately 1,838 people, including 1,152 women.

Nigeria Red Cross trained 210 volunteers across 7 states on PGI minimum standards. 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 protection issues and to have a safe space to discuss issues around gender-based violence and steps to take in reporting such issues. Another 27 staff were trained on core Protection Gender and Inclusion issues such as the overarching principles of PGI, how to mainstream PGI in programmes and how to have an inclusive organization.

During CVA activities PGI and PSEA communication was provided to the affected persons and target people. A total of 50,064 were reached with PGI information and services during multipurpose cash transfer. Brochures of PGI guidelines were also produced and distributed to volunteers actively working in the project.

The major challenge is that the PGI focal persons doubles up as CEA focal points for IFRC and NSD for Nigeria Red Cross considering the critical role played by PGI in humanitarian response. It is necessary to engage persons that will fully focus on PGI and champion its integration fully in the operations.

Somalia Red Crescent trained 195 volunteers (111 SGBV, 55 Protection, gender and Inclusion and CEA, 29 menstrual hygiene management in PGI. In in Galkacyo, 21 schoolteachers and school committees were trained on female genital mutilation and reached 105 people. The 16 days of activism against gender-based violence reached 12,091 people.

The main challenge in PGI in Somalia is that there is still a very low-level understanding on PGI which negatively affects patients/survivors' referral process for additional services that do not yet exist in most areas SRCS is working. This is further complicated by difficulty in getting funding.

Zimbabwe Red Cross trained 20 volunteers on Protection, Gender, and Inclusion. (PGI) is an approach and way of working for ZRCS to address the causes, risks, and consequences of violence, discrimination, and exclusion in an integrated manner. The aim was to help participants understand the issues of protection, gender & inclusion better while gaining confidence in implementing these principles in their everyday community grassroots work.

	Community Engagement and Accountability (CEA) 209,385 people reached	Male 123,812	Female 85,573
Key indicators			Actual
Output 6.1 (CEA):	Strengthened engagement with and accountability to communities through integrating mechanisms for communication, participation and feedback and complaints.		
Number of complaints/feedback received through feedback mechanisms.			4,604
Operational decisions or changes made based on community feedback			50%
Percentage of complaints or feedback about the operation which receive a response through established community communication			100%

Community Engagement and Accountability (CEA) has proven crucial in building community trust, ensuring transparency, and enhancing the effectiveness of the Africa Hunger Crisis Response. By prioritizing community feedback and inclusive participation, these initiatives have helped tailor humanitarian efforts to the specific needs and conditions of affected populations, leading to more targeted and effective interventions.

National Society	Male	Female	Total
Angola	6,070	6,211	12,281
DR Congo	22,776	23,704	46,480
Ethiopia	141	141	281
Madagascar	80	80	159

National Society	Male	Female	Total
Malawi	61	59	120
Niger	18,685	31,379	50,064
South Sudan	76,000	24,000	100,000
Total	123,812	85,573	209,385

Democratic Republic of Congo received 1,450 feedback from the community regarding the operation. Overall, 100% of distribution interventions were preceded by at least one information/awareness-raising meeting with community members. These meetings enabled the communities to be made aware of the operation and its implementation, thus answering all the questions raised by the communities, on the reasons why the selected groups were targeted, on the way in which the interventions will be implemented, on the duration and on the benefits for the community.

Ethiopia Red Cross established a community-based targeting committees in 31 kebeles 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 Branch for 180 participants, including volunteers. A total of 50,064 people were reached in CEA activities.

Different tools such as the compliance and feedback suggestion registration book, suggestion box, and telephone numbers were posted in proper places of each Kebeles, and compliance feedback committees were formed in all 31 target kebeles.

Kenya Red Cross 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 community feedback toll-free number 0800720577 were distributed in the targeted communities, and some are pinned on surfaces of public places. All the feedback received from community members have been resolved by Kenya Red Cross Society.

The community consistently expressed gratitude to KRCS for providing cash, food and other livelihood support in response to the ongoing drought. Likewise, during the post-distribution monitoring, feedback was received on all conducted activities and lessons were documented to ensure that all feedback received is utilized in future or similar drought interventions.

Madagascar Red Cross developed and deployed standardized approaches to community engagement through the collection and use of qualitative community feedback data to better understand community perspectives. The PMER Officer trained 4 staff and 36 volunteers in CEA approaches. Another 13 volunteers and 106 CEA committees were trained by the national CEA focal point on the processing of feedback and the responses provided to communities.

A total of 1,693 feedback was collected through 55 of the committees and all of them responded to, through community meetings.



Figure 5: Feedback analysis by the CEA Committee in Elonty, Madagascar

Malawi Red Cross has an established Community Engagement and Accountability (CEA) approach that was used to improve the quality of the response. Face-to-face meetings with beneficiaries, local leaders, district, and area-level stakeholders was conducted to allow free discussion and inclusion of the community views. As well, suggestion boxes, toll-free lines, and the existing complaints and feedback mechanisms in the district were used for effective feedback. Currently the response has recorded a total of 120 feedback, through face-to-face meetings with community members with most being appreciation for the support, with both cash and Agri-Inputs.

Mali Red Cross trained 101 volunteers in CEA and set up 21 complaints management committees, which supported the targeting process. The NS also conducted 80 awareness-raising radio messages on health and nutrition in Kayes and Ségou regions. As well, in the commune of Dah, a testimonial video was conducted about the households that received the rice and millet seeds and shared with stakeholders.

Village assemblies were also conducted before constructing the market garden areas to inform the participants and listen and include their opinions in the construction work. Several questions were asked by the community members and responded to, so that they understand the intervention their role and share, the conditions for selling market garden produce, market garden seeds and the maintenance of water points.


Niger Red Cross Society (NRCS) trained 40 volunteers, 4 focal points and mothers clubs on CEA who in turn conducted mass awareness sessions in in the communes of Dosso (Dosso region), Safo (Maradi region), Niamey and Hamdara (Zinder region) reaching 1,838 people including 1,152 women. With the support of the IFRC CEA Officer, supported by the Surge Regional CEA Coordinator conducted community feedback workshop that reached 22 staff from the 11 target branches, and drawn from PMER, DM and CEA functions. The CEA help desks were used for inquiry/complaint and to get immediate responses from the beneficiaries and general community members during the CVA activities and the feedback used to make informed decisions in subsequent cash distributions. A total 1371 feedback were received, and responses provided. The workshop mainly focused on how to collect, document, analyze and present data.

CEA mainstreaming was approved in the Niger Red Cross Annual General Meeting (AGM) paving way for recruitment for staff to fully focus on CEA.

The major challenge faced by Niger Red Cross is that don't have a dedicated Information Management focal point to support the development and analysis of CEA products, enhance feedback and drive decisions. NRCS has an IM focal point that sits as ICT thus they also offer ICT support services.

South Sudan Red Cross trained 25 volunteers from all the 21 branches, in CEA underscoring the importance of community involvement in ensuring the sustainability and effectiveness of humanitarian interventions.

Enabling approaches

 National Society Strengthening	
Key indicators	Actual
Output 7.1 (NSD):	Enhanced operational reach and effectiveness
National Society has taken action on recommendations from real-time evaluations and other evaluations	Mid-term review on-going
Number of volunteers involved in the response operation that have increased their skills in response and management of operations	1,087
All volunteers covered by health, accident and death compensation	7 NSs

The aim of this enabling approach is to build robust local Red Cross and Red Crescent national societies and branches capable of responding effectively to emergencies. By focusing on National Society Development (NSD), these initiatives not only enhanced immediate response capabilities but also contributed to the long-term resilience of communities facing recurring crises such as food insecurity and natural disasters. This strategic approach ensures that local entities are better equipped to manage and mitigate the impacts of such crises, leading to more sustainable outcomes. Through various NSD interventions across multiple countries, there has been a concerted effort to enhance organizational capacities, volunteer training, and community engagement to ensure sustainable humanitarian services.

The midterm reviews for Burkina Faso, Mali, Niger, Kenya, and Somalia are currently underway. Once the reports are submitted, the PMER Team will guide the cluster and NS Teams on utilising the Management Response to Evaluations Template to make decisions and monitor their implementation.

Seven national societies supported volunteers to enhance their skills in conducting and managing operations as shown below. These include Burkina Fas0-150, Mali 101, Niger-240, Nigeria-210, DR Congo-202, Malawi 10, Ethiopia-281 and Zimbabwe-215.

In Djibouti, the National Society staff and volunteers received training in several areas crucial for disaster response, including WASH, CVA and community engagement and accountability (CEA). These training sessions equipped them with the skills necessary to conduct needs analyses and disaster risk assessments, improving their confidence and readiness for managing future Disaster Relief Emergency Funds (DREFs).

The Democratic Republic of Congo witnessed significant strides in integrating food security strategies with long-term development goals. Following an in-depth food security analysis, the Red Cross collaborated closely with the Ministry of Agriculture and FAO to address systemic issues contributing to food insecurity. A notable development was the recruitment of a food security focal point and the enhancement of cash transfer capabilities to better support affected communities.

In Ethiopia, the operation targeted the engagement of 300 volunteers, successfully training 281 in a multi-thematic approach that included PGI standards for emergencies and sector-specific skills such as malnutrition screening and mental health support. This comprehensive training ensured that volunteers were well-prepared to support the diverse needs of the community effectively.

Somalia focused on strengthening branch capabilities through the Branch Organizational Capacity Assessment (BOCA), which is crucial for the self-assessment of branches and the development of strategies aligned with National Society Development frameworks. This assessment aimed at increasing the relevance, quality, reach, and sustainability of services provided to communities.

Nigeria emphasized National Society development by conducting branch capacity assessments using the BOCA tools, which helped to identify and strengthen necessary capacities within local branches. Additionally, 210 volunteers and staff received training to enhance their operational capabilities, with a focus on disaster management and health emergency response profiles.

Cameroon, Democratic Republic of Congo, Angola, Burkina Faso, Mali, Niger, and Nigeria had all their volunteers covered for health, accident, and death compensation



Coordination and Partnerships

Key indicators

Actual

Output 8.1 (Coordination's and National Societies are members of, and regularly engage in, relevant partnerships):

Number of FSL coordination/partnership meetings conducted with partners and stakeholders.	93
Number of monthly SMCC and movement coordination meetings conducted	50

Effective coordination and partnerships have been crucial in enhancing the impact and efficiency of the response by the participating national societies. These collaborative efforts span multiple levels, from local to international, involving a range of stakeholders, including government agencies, international organizations, the private sector, and the media. This has informed a comprehensive strategy that includes have tried to ensure that the efforts are not just reactive but also contribute to long-term resilience and sustainability.

The Democratic Republic of Congo conducted 16 partnership meetings and 7 SMCC movement meetings. The IFRC played an integral role in the Food Security and Livelihoods Cluster (FSL), participating in both national and provincial coordination meetings. The DRC Red Cross is engaged actively in these meetings, which has led to the formulation of a substantial proposal for an accelerated response plan aimed at achieving sustainable food security by 2030. This collaborative framework not only addresses immediate food distribution but also aims at a long-term resolution to the underlying issues of food insecurity in the region.

Ethiopia Red Cross Society (ERCS) conducted 12 partnership meetings. It is deeply involved in national disaster management efforts, working closely with the National Disaster Risk Management Commission (NDRMC) and other crucial entities. The ERCS is a key player in the Humanitarian Country Team (HCT) and actively participates in various sector clusters such as cash, food security, nutrition, and protection. This extensive engagement is supported by the IFRC and partner national societies through the Strengthening Movement Coordination and Cooperation (SMCC), ensuring a unified approach to planning, coordination, and resource sharing across the movement.

Nigeria Red Cross conducted 12 partnership meetings. The IFRC and the Nigerian Red Cross Society (NRCS) are engaged in the Humanitarian Country Team and the Inter-Cluster Coordination Team. They participate actively in local and state coordination platforms, which are crucial for aligning the national response to the localized needs, particularly in regions most affected by the hunger crisis. Additionally, the NRCS has leveraged media engagement and private sector involvement to enhance visibility and support for the hunger crisis interventions, organizing events that align with significant occasions such as World Humanitarian Day.

Somalia has demonstrated a robust Federation-wide approach in its emergency appeal, incorporating expertise from various partner national societies active within the country. The Somalia Red Crescent Society (SRCS) ensures there is no duplication of efforts through close coordination with local authorities and other agencies. Notably, SRCS maintains significant involvement in local disaster response mechanisms and participates actively in relevant cluster meetings. The International Committee of the Red Cross (ICRC) also supports the response, focusing on sectors such as health and economic security, while coordinating with IFRC and SRCS to enhance the overall effectiveness of the intervention.



Secretariat Services

Key indicators

Actual

Objective: Effective and coordinated international disaster response is ensured.

Number of global and regional surge deployed.	45
Minimum security regulations updated against the changing situation.	Yes
Resource Mobilization strategy completed and operationalized	Yes
Risk matrix established and updated regularly.	Yes
Logistics assessment carried out and operationalized.	Yes
Communication strategy updated.	Yes

Security

The IFRC Global Security Unit continued to provide technical assistance and guidance to the Africa Region Country Cluster delegations in managing security risks and compliance to laid down management policies. Country Cluster Delegations initiated the review of their respective Minimum-Security Requirements (MSR) to ensure that mitigation measures and contingency plans were within the acceptable standards of risk management. The Country Cluster Delegation security teams supported and worked together with the respective National Societies to conduct security assessments, training of volunteers and networking with different stakeholders for purposes of information sharing. This collaboration with NS contributed to effective and coordinated disaster response.

Communications

Communications provided technical assistance to bring visibility to the crisis and assist in the fundraising efforts working in conjunction with cluster and National Society communications focal points. Guided by a strategy, was able to achieve the below:

- South Sudan, Djibouti, Malawi and Mauritania Red Cross and Red Crescent showcased following content gathering missions. Article detailing the situation in the ground and the response were posted on the global IFRC website.
- A communications pack consisting of key messages, fact sheets and country profiles were developed and used regionally.
- A unified social media brand identity was developed to highlight the crisis, featuring coordinated posts across both the global IFRC and IFRC Africa platforms.
- Coordinated a successful Media Café event in Kenya and Nigeria where over 60 regional and international journalists attended. Good engagement as well as coverage resulted from the event- news article, TV and radio interviews from our key spokespeople. This resulted in established contact with key editors to cover future hunger crisis news and events.

Planning Monitoring Evaluation and Reporting (PMER)

For PMER strengthening a field visit from February 4 to 17, 2024, was conducted to enhance Planning Monitoring Evaluation and Reporting (PMER) systems in the response. It covered Malawi, Tanzania, Djibouti, and Mauritania. The findings in the report were subsequently validated with the relevant clusters and NSs. The following was concluded:

Action	Tasks
Immediate	
Database development and operationalization	Development approval operationalization of participants and distribution lists Development approval and operationalization of Kobo collect forms Training of staff and volunteers at field level Development of dashboards
Medium term	
Development and operationalization of PMER policy, guidelines, and tools	Conduct policy, guidelines/manuals/SoPs, and tools development workshops for the four NSs Recruit adequate PMER Officers, procure PMER equipment and develop routine PMER activities for the NSs
Longer term	
Consolidate, finalize document, and approve the PMER Systems for each of the four NSs	Follow up review, finalization, and approvals of the PMER policies and guidelines for each of the four NSs. Continuous use and documentation of the policies and guideline
Review and documentation of the experience with functional and adequate PMER systems	Conduct reflection sessions to review, learn from and further customize the PMER systems

Based on the lessons, then the same can be done for other NSs as per need and preferences.

The Mid-Term Review (MTR) is in progress for Niger, Burkina Faso, Mali, Kenya, and Somalia to assess the relevance, effectiveness, efficiency, sustainability, and impact of the Africa Hunger Crisis (AHC) activities and strategies. It will assess alignment with IFRC's Nairobi commitments and propose recommendations for future operations, highlighting a RACI matrix approach. The primary audience includes implementing and partner National Societies, the ICRC, and IFRC cluster and regional offices, with the initiative commissioned by the Emergency Operations and AHC Manager.

The operational strategy indicators and targets were reviewed by the national societies to ease collection and enhance their suitability in collecting data for decisions and actions. The new operational strategy and the NSs plans of actions have already been published on the go-platform.

Human Resources / Surge

In the AHC operation, so far there has been 45 surge deployments as presented in the table below.

No	Title	Country	Duration
1	Operations Manager, Hunger Crisis, Angola	Angola	3 Months
2	Food Security and Livelihoods Officer, Drought, Angola		1 Months
3	Finance and Administration Officer, Drought, Angola		1 Month
4	Operations Manager, Food Insecurity, Burkina Faso	Burkina Faso	2 Months
5	Operations Manager, Hunger Crisis, Cameroon	Cameroon	3 Months
6	Procurement Officer, Hunger Crisis, DRC	DRC	3 Months
7	CVA Coordinator, Hunger Crisis, DRC		4 Months
8	CVA Coordinator, Hunger Crisis, Djibouti	Djibouti	3 Months
9	PMER Officer, Hunger Crisis, Djibouti		2 Months
10	Food Security and Livelihood Coordinator, Hunger Crisis, Djibouti		2 Months
11	Deputy Operations Manager, Hunger Crisis, Ethiopia	Ethiopia	3 Months
12	Communications Coordinator, Hunger Crisis, Ethiopia		6 weeks
13	Food Security & Livelihoods Coordinator, Hunger crisis, Kenya	Kenya	1 Month
14	Communications content producer / editor, Hunger Crisis, Kenya	Kenya	2 Months
15	Proposal writer, Hunger Crisis, Kenya		4 Months
16	PRD Officer 2nd Rotation, Hunger Crisis, Kenya		3 Months
17	IM Coordinator, Hunger Crisis, Kenya		4 Months
18	Nutrition Coordinator, Hunger crisis, Kenya		3 Months
19	HEOPs, Hunger Crisis, Kenya.		3 Months
20	WASH Coordinator, Hunger Crisis, Kenya		3 Months
21	PRD Officer, Hunger Crisis, Kenya		1 Month
22	Communications Coordinator, Hunger Crisis, Kenya		3 Months
23	Operations Coordinator, Hunger Crisis, Kenya		3 Months
24	PGI Coordinator, Hunger Crisis, Madagascar		Madagascar
25	CEA Coordinator, Hunger Crisis, Mali	Mali	2 Months
26	Operations Manager, Hunger Crisis, Mali		3 Months
27	Livelihoods and Basic Needs Coordinator, Hunger Crisis, Mauritania	Mauritania	3 Months
28	Operations Manager, Hunger Crisis, Mauritania		3 Months
29	Finance Officer, Hunger Crisis, Mauritania		2 Months
30	CVA Officer, Hunger Crisis, Mauritania		3 Months
31	Security Coordinator, Hunger Crisis, Niger	Niger	3 Months
32	PRD Officer, Food Insecurity Crisis, Niger		2 Months
33	Operations Manager, Food Insecurity Crisis, Niger		3 Months
34	IM Coordinator, Hunger Crisis, Nigeria	Nigeria	1 Months
35	Food Security and Livelihood Coordinator, Hunger Crisis, Nigeria		3 Months
36	PMER Officer, Hunger Crisis, Nigeria		2 Months
37	Finance Officer, Drought, Cape Verde	Senegal	2 Months
38	Operations Manager, Drought, Cape Verde		3 Months
39	Communications Coordinator, 2nd Rotation, Hunger Crisis, Somaliland	Somalia	2 Months
40	Operations Manager, Hunger Crisis, Puntland	Somalia	2 Months
41	Health Coordinator, Hunger Crisis, Somaliland		3 Months
42	IM Coordinator, Hunger Crisis, Puntland		3 Months
43	Communications Coordinator, Hunger Crisis, Somaliland		6 weeks

No	Title	Country	Duration
44	Security Coordinator, Hunger Crisis, Somalia		3 Months
45	Food Security and Livelihoods Officer, Drought, Tanzania	Tanzania	4 Months

C. FUNDING

National Society	Funded amount in CHF	% of CPoA Budget	National Society	Funded amount in CHF	% of CPoA Budget	National Society	Funded amount in CHF	% of CPoA Budget
Angola	1,595,405	16%	Madagascar	908,334	16.50%	South Sudan	3,303,502.07	20.50%
Burkina Faso	953,229	9.5%	Malawi	1,109,528	-	Sudan	1,125,052	-
Cameroon	633,333	6.3%	Mali	1,383,569	17.30%	Tanzania	275,000	-
Djibouti	905,264	113.2%	Mauritania	453,229	22.70%	Zimbabwe	737,241	5.27%
DRC	500,000	3.10%	Niger	2,415,503	30.19%	IFRC Coordination	1,902,634	-
Ethiopia	3,451,129	27.61%	Nigeria	2,371,938	8.78%	Total	34,105,881.49	14.7%
Kenya	2,786,144	10.76%	Somalia	7,295,847	-			

Funding relative to the amount budgeted in the CPoAs⁵ and the revised emergency appeal⁶

⁵ <https://go.ifrc.org/emergencies/6008/additional-info/country-documents>

⁶ <https://adore.ifrc.org/Download.aspx?FileId=769280>

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Reference documents

Click here for:

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

Emergency Appeal

Operations update 4 FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/10-2024/3	Operation	MGR60001
Budget Timeframe	2022-2024	Budget	APPROVED

Prepared on 14 May 2024

All figures are in Swiss Francs (CHF)

MGR60001 - Africa - Hunger Crisis

#MULTIVALUE

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	-1,301,000
AOF2 - Shelter	-1,066,000
AOF3 - Livelihoods and basic needs	80,717,000
AOF4 - Health	1,053,000
AOF5 - Water, sanitation and hygiene	5,736,000
AOF6 - Protection, Gender & Inclusion	-44,000
AOF7 - Migration	0
SF11 - Strengthen National Societies	1,523,000
SF12 - Effective international disaster management	-272,000
SF13 - Influence others as leading strategic partners	-175,000
SF14 - Ensure a strong IFRC	8,700,000
Total Funding Requirements	94,871,000
Donor Response* as per 14 May 2024	26,571,538
Appeal Coverage	28.01%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	7,017,767	2,657,685	4,360,082
AOF2 - Shelter	184,244	54,314	129,930
AOF3 - Livelihoods and basic needs	6,044,018	7,381,758	-1,337,740
AOF4 - Health	2,105,774	1,024,851	1,080,922
AOF5 - Water, sanitation and hygiene	725,406	1,551,594	-826,188
AOF6 - Protection, Gender & Inclusion	49,031	48,662	370
AOF7 - Migration	0	20,739	-20,739
SF11 - Strengthen National Societies	2,749,612	1,778,262	971,350
SF12 - Effective international disaster management	2,490,235	1,141,093	1,349,142
SF13 - Influence others as leading strategic partners	140,328	43,460	96,869
SF14 - Ensure a strong IFRC	3,112,164	1,686,509	1,425,656
Grand Total	24,618,579	17,388,926	7,229,654

III. Operating Movement & Closing Balance per 2024/03

Opening Balance	5,649,260
Income (includes outstanding DREF Loan per IV.)	19,123,571
Expenditure	-17,388,926
Closing Balance	7,383,906
Deferred Income	153,702
Funds Available	7,537,608

IV. DREF Loan

* not included in Donor Response	Loan :	8,525,193	Reimbursed :	1,076,462	Outstanding :	7,448,731
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Emergency Appeal

Operations update 4 FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/10-2024/3	Operation	MGR60001
Budget Timeframe	2022-2024	Budget	APPROVED

Prepared on 14 May 2024

All figures are in Swiss Francs (CHF)

MGR60001 - Africa - Hunger Crisis

#MULTIVALUE

V. Contributions by Donor and Other Income

Opening Balance							5,649,260
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	1,466,739				1,466,739		
Australian Red Cross	278,929				278,929		
Austrian Red Cross	14,692				14,692		
Bahrain Red Crescent Society	1,684				1,684		
British Red Cross	1,047,446		142,365		1,189,811		
British Red Cross (from British Government*)	834,528				834,528		
Danish Red Cross	15,001				15,001		
Danish Red Cross (from Danish Government*)	103,703				103,703		
DREF Response Pillar				3,600,094	3,600,094		
European Commission - DG ECHO	96,483				96,483		
Finnish Red Cross	292,111		14,730		306,840		
Finnish Red Cross (from Finnish Government*)	260,402				260,402		
Government of Malta	19,695				19,695		
Hong Kong Red Cross	46,906				46,906		
Icelandic Red Cross	17,977				17,977		
Icelandic Red Cross (from Icelandic Government*)	161,794				161,794		
Italian Red Cross	801,515				801,515		
Japanese Government	578,653				578,653	153,002	
Japanese Red Cross Society	855,699				855,699		
Nestle	400,000				400,000		
Norwegian Red Cross	0				0		
Norwegian Red Cross (from Norwegian Government*)	4,283,877				4,283,877		
On Line donations	6,927				6,927		
Other	7,461		1,267		8,728		
Red Cross of Monaco	98,899				98,899		
Saudi Arabian Red Crescent Society (from Saudi Arabi	1,500,000				1,500,000		
Singapore Red Cross Society	21,710				21,710		
Slovenia Government	68,941				68,941		
Spanish Government	195,911				195,911	755	
Swedish Red Cross	489,421				489,421		
Taiwan Red Cross Organisation	18,030				18,030		
The Canadian Red Cross Society			14,187		14,187		
The Netherlands Red Cross	62,987				62,987		
The Netherlands Red Cross (from Netherlands Govern	1,305,425				1,305,425		
UNICEF - United Nations Children's Fund	-2,607				-2,607	-64	
United States Government - USAID	-10				-10	10	
Total Contributions and Other Income	15,350,929	0	172,548	3,600,094	19,123,571	153,702	
Total Income and Deferred Income					24,772,832	153,702	