



Madagascar, South, Ambatoabo Commune, July 2021 Communities are briefed on the project led by the Red Cross in their locality. @IFRC

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| <b>Emergency appeal №: MGR60001</b><br><b>First launched on: 06/10/2022</b>                                              | <b>Glide №: NA</b>                                                         |
| <b>Final report issued on: 08/07/2025</b>                                                                                | <b>Timeframe covered by final report:</b><br>From 06/10/2022 to 30/04/2025 |
| <b>Number of people targeted: 14 million</b>                                                                             | <b>Number of people assisted: 2,626,097</b>                                |
| <b>Funding coverage (CHF):</b><br>CHF 26.8 million through the IFRC Emergency Appeal<br>CHF 61.7 million Federation-wide | <b>DREF amount initially allocated:</b><br>CHF 9.3 million                 |

## A. SITUATION ANALYSIS

### Executive Summary

The Africa Hunger Crisis Emergency Appeal, launched on 6 October 2022, responded to an unprecedented food insecurity emergency across sub-Saharan Africa. Affecting over 157 million people - nearly one in five Africans - this crisis was driven by intersecting factors including **conflict, climatic shocks, economic downturns, and the ripple effects of the COVID-19 pandemic and the Russia-Ukraine conflict**. Since its launch, the Appeal aimed to mobilize CHF 318 million to assist 14 million people across 25 countries, of which 18 were designated as priority countries. As of December 2024, CHF 61.7 million (19% of the target) was raised Federation-wide, **enabling 2,626,097 individuals to receive life-saving assistance** through cash and voucher assistance (CVA), in-kind food aid, nutrition, WASH, health interventions, and livelihood support.

National Societies, leveraging their unparalleled community presence and auxiliary role to governments, delivered multi-sectoral responses, some amidst extreme access challenges caused by insecurity, floods, and protracted drought. Integrated humanitarian actions combined urgent relief with early recovery initiatives, laying foundations for longer-term resilience. Particularly notable were cash-based interventions, which empowered affected households with choice and dignity while stimulating local markets.

The response faced substantial operational constraints: underfunding limited scale-up, security threats disrupted access in conflict zones, and climatic extremes, such as El Niño-induced droughts and floods, exacerbated needs. Despite these hurdles, Red Cross Red Crescent efforts ensured community engagement and accountability, adapting operations based on real-time feedback and situational analyses.

Looking ahead, the crisis underscores the need for sustained investments in resilience and food systems transformation. With worsening climatic shocks and geopolitical instability projected to continue influencing food security, a shift from emergency response to long-term programming aligned with the **IFRC Pan-African Zero Hunger Initiative** is imperative. The lessons learned from this operation will inform future strategies, ensuring National Societies are better positioned to deliver anticipatory and sustained responses to complex, protracted crises.

### Description of the crisis

Sub-Saharan Africa has faced an unprecedented hunger crisis since mid-2021, escalating into one of the most severe food insecurity emergencies in decades. By late 2023, approximately 157 million people across the region were experiencing crisis or worse levels of acute food insecurity (IPC Phase 3+), a 7% increase from 2022. The crisis was driven by a complex interplay of factors: prolonged and recurrent droughts, devastating floods linked to El Niño, persistent armed conflicts, economic shocks, and the lingering effects of the COVID-19 pandemic. The Russia-Ukraine conflict further compounded the situation by disrupting global grain and fertilizer supplies, inflating food and energy prices, and straining household purchasing power.

Vulnerable groups, especially women and children, have borne the brunt of this crisis. Stunting and severe malnutrition rates soared, with 16.5 million children under five severely malnourished in West and Central Africa alone. The Horn of Africa endured five consecutive failed rainy seasons and then severe flooding in late 2023, while Southern Africa grappled with the driest February in four decades, triggering states of emergency in Zambia, Malawi, and Zimbabwe. Political instability and violence in countries like Sudan, Burkina Faso, and Mali exacerbated displacement and humanitarian needs.



In May 2021, the Government of Somalia declared a National Emergency due to the drought situation and called for support in responding to the humanitarian crisis. This was the third consecutive failed rainy season in Somalia. In response, The IFRC launched a DREF which was later scaled up to an Emergency Appeal to respond to the first phase of the Hunger Crisis. In July 2021, the Red Cross and Red Crescent Societies in the Horn of Africa, West Africa, Sahel and Southern Africa, reported escalating need in their communities, driven by the compounded socio-impacts of COVID- 19, and rising price of fuel and basic commodities.

In February 2022, the Ukraine crisis began affecting the supply of wheat and fertilizer and added to price increases in fuel and basic commodities. By May 2022, the March to May (MAM) rains had failed across East Africa, resulting in the worst drought in 40 years and affecting millions in Ethiopia, Kenya and Somalia. Humanitarian agencies issued urgent calls for action to avert a famine brought about by the climate crisis and price escalations. The Hunger Crisis continued to escalate across the continent affecting the Horn of Africa, West Africa and the Sahel, and Madagascar, while growing concerns also emerged in Southern Africa countries, including Angola and Zimbabwe, due to compounding climate and economic crises. The scale and complexity of the crisis led the IFRC to categorize it as a **“Red Level Emergency”** in 2022, requiring global mobilization of resources and attention across the Red Cross Red Crescent Movement.

By April 2023, conflict had escalated in Sudan, resulting in widespread internal and cross-border displacement and significant disruptions in cross- border trade. Neighbouring countries: South Sudan, Egypt, Chad, Ethiopia, Libya, and the CAR grappled with the surge in refugees and returnees, which overstretched available resources within host communities. In July 2023 meteorological agencies raised concerns about developing El Niño conditions, forecasting wetter-than-average weather in Eastern Africa and drier-than-average conditions in Southern Africa from October 2023 to March 2024. In this same month, Nigeria’s government declared a state of emergency due to rising prices of food and food shortages. The drought began in Botswana in October 2023 and gradually intensified and spread. The governments of Zambia, Malawi, and Zimbabwe declared states of emergency.

This sparked a renewed wave of response and dedicated efforts across the Southern Africa region, which continue to this day. The Hunger Crisis Emergency Appeal has provided life-saving assistance and supported communities in building resilience. However, as such crises become increasingly frequent and severe, more consistent and predictable financing is urgently needed to sustain progress and safeguard vulnerable populations.

## Summary of response

In response, the IFRC launched the Africa Hunger Crisis Emergency Appeal aiming to mobilize CHF 318 million to assist 14 million people across 25 countries. By December 2024, CHF 61.7 million (19% of the target) had been raised Federation-wide, enabling 2,626,097 individuals (20% of the target) to receive critical humanitarian support. The response was designed around a **three-pillar integrated approach**, which formed the core operational framework:

- **Pillar 1: Food Security and Livelihoods (FSL)**
  - Focused on life-saving basic needs assistance through multi-purpose cash transfers (MPC), vouchers, and in-kind food aid.
  - Supported livelihood recovery with climate-smart agricultural inputs, tools, and technical training to reduce long-term aid dependency.
- **Pillar 2: Health and Nutrition**
  - Prioritized nutrition surveillance, malnutrition screening, and supplementary feeding programs.
  - maternal and child health services, alongside community-level health promotion and hygiene education.
- **Pillar 3: Water, Sanitation, and Hygiene (WASH)**
  - Ensured access to safe drinking water and improved sanitation infrastructure.
  - Conducted hygiene promotion campaigns to mitigate public health risks in affected communities.

These pillars were supported by **cross-cutting enablers**: Protection, Gender and Inclusion (PGI), Community Engagement and Accountability (CEA), National Society Strengthening, and Humanitarian Diplomacy. This framework ensured the response was holistic, locally relevant, and aligned with longer-term resilience objectives under the Pan-African Zero Hunger Initiative. National Societies in 18 priority countries scaled up humanitarian operations, delivering multi-sectoral support in areas facing the most severe food insecurity. Their efforts were complemented by ongoing monitoring in seven additional countries on the IFRC Hunger Watch List. Majority of the interventions focused on:

- **Cash and Voucher Assistance (CVA):** Multi-purpose cash transfers empowered households to prioritize their needs, with over 211,000 households benefiting across countries such as Ethiopia, Kenya, Nigeria, and Angola.
- **Food Security and Livelihoods:** In-kind food distributions, agricultural input support, and climate-smart livelihood initiatives helped households meet basic needs and strengthen resilience.
- **Health and Nutrition:** Malnourished children and pregnant and lactating women were targeted with supplementary feeding programmes, nutritional counselling, and community-based health services.
- **WASH:** Safe water access, sanitation improvements, and hygiene promotion reduced the risk of disease outbreaks.
- **PGI and CEA:** Systems like feedback hotlines, community committees, and complaint desks ensured transparency, responsiveness, and community ownership of interventions.

| National Society | Total NS Reach   |                  |                  | Sector reach per NS |                      |                  |                |                |
|------------------|------------------|------------------|------------------|---------------------|----------------------|------------------|----------------|----------------|
|                  | Male             | Female           | Total Reached    | FSL                 | 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              | 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       | 6,163            | 6,337            | 12,500           | 5,000               | -                    | 5,533            | 12,500         | 55             |
| Malawi           | 47,680           | 77,138           | 124,818          | 12,800              | 121,295              | 24,500           | 20             | 120            |
| Mali             | 30,314           | 45,811           | 76,125           | 13,085              | 46,480               | 1000             | 101            | -              |
| Mauritania       | -                | -                | 0                | -                   | -                    | -                | -              | -              |
| Niger            | 39,700           | 52,156           | 91,856           | 91,856              | 1,150                | -                | -              | -              |
| Nigeria          | 76,456           | 79,669           | 156,125          | 29,904              | 156,215              | 97,794           | 50,064         | 50,064         |
| Somalia          | 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            | 69000          |
| Sudan            | 37,730           | 37,446           | 75,176           | 75,196              | 1,150                | 0                | 0              | 100,000        |
| Tanzania         | 8,555            | 8,905            | 17460            | 17460               | 17805                | 17460            | 289            | 11569          |
| Zimbabwe         | 7,086            | 7,914            | 15,000           | 3,995               | 15,000               | 14,100           | 20             | -              |
| <b>Total</b>     | <b>1,188,186</b> | <b>1,437,911</b> | <b>2,626,097</b> | <b>838,725</b>      | <b>1,583,389</b>     | <b>1,857,266</b> | <b>416,234</b> | <b>289,850</b> |

Table 1: Number of people reached per National Society, disaggregated by gender and sector

The Africa Hunger Crisis operation reached a total of **2,626,097 people across 18 priority countries by December 2024**, with women (1,437,911) accounting for over half of those assisted. Interventions spanned multiple sectors, with the largest reach in WASH benefiting 1.85 million people, followed by Health and Nutrition (1.58 million) and Food Security and Livelihoods (838,725). PGI and CEA were integrated across operations, supporting over 400,000 and 289,000 people, respectively. Ethiopia and Somalia accounted for the largest responses, together assisting nearly 1.16 million individuals.

South Sudan, Sudan, Angola, Ethiopia, Kenya, Nigeria, and Sudan were among the countries where National Societies **delivered direct cash assistance**, empowering communities to make informed spending choices and reduce reliance on harmful coping strategies such as selling assets or skipping meals. Where markets were disrupted or inaccessible, in-kind food assistance was distributed, ensuring that vulnerable populations, especially in South Sudan, Ethiopia, Kenya, and Somalia, had access to staple foods and essential nutrition.

**Nutrition and health interventions** were another critical aspect of the response. Malnourished children aged 6 – 59 months were screened and referred to feeding programs in DRC, Niger, Nigeria, and Mali, while pregnant and lactating mothers received targeted food support and nutritional guidance to promote maternal and infant health. Community-based hygiene and disease prevention interventions reached hundreds of thousands of people, with National Societies conducting hygiene promotion sessions, safe water initiatives, and sanitation improvements to reduce the risk of waterborne diseases and malnutrition-related illnesses.

In addition to emergency relief, **the operation prioritized livelihoods restoration** to reduce long-term dependence on aid. In Burkina Faso and Mali, smallholder farmers received climate-smart agricultural inputs, training, and technical support to enhance food production despite worsening environmental conditions. Community-based savings and loan groups in South Sudan and Niger helped women develop alternative income sources, such as poultry farming, small-scale trading, and tree nurseries, fostering greater economic self-reliance. In Ethiopia and Kenya, **rangeland rehabilitation and water conservation projects** helped safeguard the livestock and farming livelihoods of pastoralist communities, ensuring that families could continue to sustain themselves even as climate conditions remained volatile.

To ensure that the response was community-driven and accountable, National Societies **strengthened feedback mechanisms** through hotlines, complaint desks, community committees, and suggestion boxes. Beneficiary feedback informed adjustments in cash disbursement processes, targeting criteria, and the timing of distributions, making the operation more responsive to evolving needs. In many cases, National Societies revised their operational strategies and indicators to simplify data collection and improve decision-making, ensuring that monitoring systems provided real-time insights into program effectiveness.

To ensure that the response was both evidence-based, and data-driven, Information Management supported with situation analysis of the hunger crisis in Africa. This analysis provided insights into pre-crisis vulnerabilities, the scope and scale of the emergency, and the severity of food insecurity and malnutrition across the continent. It also identified aggravating and compounding factors such as protracted conflict, climate related shocks including recurrent droughts and floods, and economic instability which significantly contributed to the deterioration of food security conditions in many countries.

Through these collective efforts, the Africa Hunger Crisis operation has provided critical support to some of the most vulnerable communities, ensuring that families receive immediate relief while also building the foundations for long-term resilience. The coordinated efforts of National Societies, IFRC, ICRC, and partner organizations have demonstrated the power of a unified humanitarian response, ensuring that those in crisis receive timely, effective, and dignified assistance. This multi-sectoral, community-driven approach reflects the collective effort of National Societies, IFRC, and partners to address urgent needs while laying foundations for longer-term resilience.

## Operational risk assessment

The Africa Hunger Crisis operation was implemented in one of the most challenging environments in recent IFRC history, with operational risks emerging from multiple, intersecting factors. The volatile security context in several priority countries—particularly Sudan, Mali, Burkina Faso, and parts of the Democratic Republic of Congo—posed significant challenges to the safe delivery of humanitarian assistance. Ethnic clashes, armed conflict, and political

instability often restricted access to communities in greatest need, forcing National Societies to adapt their approaches by leveraging local volunteer networks, utilizing pre-positioned stocks, and coordinating closely with community leaders and authorities.

Climatic shocks further exacerbated operational risks. Severe droughts, El Niño-induced flooding, and seasonal cyclones disrupted planned activities and caused displacement of already vulnerable populations. These events often rendered roads impassable and hampered the movement of staff, volunteers, and supplies. To mitigate these risks, National Societies implemented Early Action Protocols and adjusted response modalities, such as shifting from cash transfers to in-kind assistance where markets were disrupted.

Economic volatility, including soaring inflation and foreign exchange shortages, threatened the effectiveness of CVA interventions. Fluctuating prices eroded the purchasing power of cash grants in several countries. Regular market assessments and post-distribution monitoring were critical in enabling adjustments to transfer values and ensuring continued relevance and impact.

Operational capacity gaps within some National Societies also emerged as a key risk. Limited experience in large-scale CVA, information management, and PGI programming highlighted the need for intensive surge support and capacity strengthening. In response, the IFRC deployed technical experts across multiple sectors and invested in training and digital tools to enhance National Society readiness and resilience.

Funding shortfalls represented a major constraint, with only 19 percent of the appeal target covered as of December 2024. This necessitated tough prioritization decisions and delayed the scale-up of planned activities in several countries. Sustained humanitarian diplomacy and innovative resource mobilization efforts were critical in addressing these gaps.

Disease outbreaks—including cholera and measles in parts of east and southern Africa—added another layer of risk to operations. National Societies integrated epidemic control measures, distributed personal protective equipment (PPE), and supported vaccination campaigns in partnership with health authorities to reduce the impact of these health emergencies on vulnerable communities and frontline workers.

Overall, the operation’s ability to navigate these risks was underpinned by the Red Cross Red Crescent’s unique auxiliary role and deep community presence. The lessons learned in adapting to these complex risks will be vital in informing future hunger crisis responses and resilience-building efforts across the continent.

| Description of the Risk                                                                                                          | Probability | Impact | Mitigation Measures                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Misallocation of funds and beneficiary identification errors                                                                     | Medium      | High   | Robust verification processes, transparent monitoring systems, strong accountability mechanisms, and post-distribution monitoring were implemented. Engagement with local stakeholders and communities was enhanced.             |
| Security threats and access constraints: Armed conflict, ethnic violence, and political instability limited humanitarian access. | High        | High   | Neutrality and independence were maintained; security coordination was enhanced; regular security assessments were conducted; local volunteers were utilized within secure frameworks, and beneficiary movements were minimized. |
| Suspension of cash transfers: Network failures and security concerns in remote/conflict areas disrupted CVA operations.          | High        | High   | In-kind distributions were organized where markets were non-functional, and alternative communication and transfer methods such as vouchers or mobile money were explored.                                                       |

| Description of the Risk                                                                                                                          | Probability | Impact | Mitigation Measures                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Climatic shocks (droughts, floods, cyclones): Seasonal rains and extreme weather cut off access to intervention areas and displaced communities. | Medium      | Medium | Operational strategies were revised; pre-positioned stocks were deployed; Early Action Protocols were activated; close communication with local branches was maintained. |
| Economic volatility: Inflation and foreign exchange shortages reduced purchasing power of cash transfers.                                        | Medium      | High   | Regular market assessments were conducted; transfer values in CVA programs were adjusted; monitoring systems were strengthened to ensure continued relevance.            |
| Funding shortfalls and increased needs: Appeal underfunding (19% coverage) delayed scale-up and forced prioritization.                           | High        | Medium | Humanitarian diplomacy and resource mobilization efforts were intensified; Indirect funding grew through regular programming.                                            |
| Disease outbreaks (cholera, measles, COVID-19): Health risks for affected communities and responders.                                            | Medium      | Medium | PPE was distributed; epidemic control and vaccination campaigns were integrated into operations; health advisories and early warning alerts were circulated.             |

## Changes to the Operation

Since its launch in October 2022, the Africa Hunger Crisis Emergency Appeal has undergone several strategic adjustments to respond to the rapidly evolving humanitarian context across sub-Saharan Africa. These changes reflect both the scale and complexity of the crisis, as well as the IFRC network's commitment to delivering a timely, relevant, and sustainable response.

- The operation was initially designed to support 7.6 million people in 14 countries with CHF 205 million. However, by mid-2023, rising food insecurity, compounded by new shocks, including El Niño-related climatic extremes and the Sudan conflict, necessitated a revision of targets and strategy. The number of priority countries expanded to 18, with Tanzania, Malawi, Mauritania, and Djibouti added in response to deteriorating IPC Phase 3+ conditions. This broadened the geographic scope and increased the target population to 14 million people. Accordingly, the Federation-wide funding requirement rose to CHF 318 million to meet these heightened needs.
- The operational approach evolved significantly over time. The initial focus on life-saving humanitarian assistance through multi-purpose cash transfers (MPC), in-kind food aid, and health interventions was complemented by longer-term resilience-building activities. National Societies implemented climate-smart livelihoods programs, water and sanitation infrastructure projects, and health system strengthening initiatives. This shift aligned with the IFRC Pan-African Zero Hunger Initiative, aiming to address both immediate needs and the structural drivers of hunger.
- Humanitarian diplomacy was also scaled up, with the IFRC engaging governments, regional bodies such as the African Union, and global partners to advocate for systemic solutions to hunger and secure resources for both emergency and long-term interventions. These efforts resulted in the launch of the IFRC-Africa Union Food and Nutrition Resilience Initiative, aiming at scaling-up investments for food resilient systems across the continent.
- The timeframe of the Emergency Appeal, initially set to end in December 2023, was extended to December 2024 in recognition of protracted needs and operational realities. **To ensure a proper closure of activities,**

**comprehensive final reporting, and a smooth transition to National Society country plans and the Zero Hunger resilience framework, the operation has been further extended until 30 April 2025 (although no activities took place in 2025).** This additional period will allow the completion of lessons learned exercises, and adequate financial and PMER closure.

## B. OPERATIONAL STRATEGY

The Africa Hunger Crisis operation was underpinned by a strategic framework designed to deliver lifesaving assistance while laying foundations for longer-term resilience. Recognising the unprecedented scale of acute food insecurity affecting over 157 million people across sub-Saharan Africa, the IFRC and 25 National Societies launched a collective response anchored in the principles of one Strategy and Plan, contextualised through country plans. This strategy was informed by the Nairobi Commitments of September 2022, which called for African National Societies to take a leadership role, supported by the IFRC Secretariat and partners, in addressing both the immediate and root causes of hunger. The operational logic was twofold:

- Immediate humanitarian response to halt negative coping strategies and save lives through cash-based interventions, health and nutrition support, and WASH services.
- Transition to early recovery and resilience by addressing structural vulnerabilities such as climate shocks, fragile livelihoods, and gender inequality, aligned with the Pan-African Zero Hunger Initiative and national food security frameworks.

This integrated approach acknowledged that the hunger crisis was driven by a combination of conflict, climate change, economic instability, and global market shocks, requiring equally multi-dimensional interventions.

### Continuous Needs Assessment, Engagement and Analysis

From the outset, National Societies established robust assessment systems to inform evidence-based programming. Using tools such as Household Economic Security (HES) surveys, Rapid Market Assessments (RAM), and Knowledge, Attitudes and Practices (KAP) surveys, they ensured that interventions reflected local realities. PGI and CEA considerations were systematically included to capture the perspectives of women, children, and other vulnerable groups often disproportionately affected by hunger. In countries like Angola and Somalia, assessments highlighted community preferences for cash assistance over in-kind aid, influencing subsequent operational decisions. Meanwhile, regular malnutrition screenings and WASH infrastructure analyses allowed National Societies to design multi-sectoral responses tailored to community needs. Below are some examples of best practices in relation to needs assessment and analysis:

- In several countries, initial DREF operations prioritized detailed assessments as a key component. For example, Sahel countries, Djibouti, and the Democratic Republic of Congo launched their interventions with **targeted household surveys and focus group discussions**. These provided crucial baseline data and enabled National Societies to refine targeting strategies for subsequent Emergency Appeal phases.
- In Djibouti, the National Society introduced **digital tools** like Kobo and QR codes to speed up data collection and improve beneficiary tracking during distributions. This innovation enhanced the timeliness and accuracy of needs analysis, ensuring that assistance was both rapid and well-targeted.
- **Triangulation of data:** across all operations, National Societies combined primary data with secondary sources, such as FEWSNET, Cadre Harmonisé, and Food Security Cluster reports, to build a comprehensive picture of local vulnerabilities. This triangulation allowed for a more nuanced understanding of community needs, particularly in contexts where field access was constrained by security challenges.
- **Engagement with communities was central** to the assessment process. In Ethiopia and Kenya, for example, community-based targeting committees were established to refine selection criteria and ensure



inclusivity. These committees also served as feedback channels, enabling National Societies to adapt plans in real time based on evolving needs.

- The DREF Review highlighted the importance of **embedding PGI and CEA considerations** in assessments. Some National Societies mobilized PGI focal points and worked closely with community representatives, ensuring that vulnerability mapping addressed gender, age, and disability factors.
- In Somalia, Djibouti, and Nigeria, **operational learning from prior interventions**—particularly post distribution monitoring (PDM) findings—were used to inform new assessments. This iterative approach strengthened the relevance of interventions and promoted adaptive management throughout the response

A core strength of the response was its ability to adapt based on community feedback. National Societies operationalised CEA systems such as hotlines, complaint desks, focus group discussions, and PDM to ensure accountability and responsiveness. In Ethiopia, participatory beneficiary selection committees in 31 kebeles helped refine targeting, while in Malawi, nearly 4,000 feedback entries led to modifications in cash disbursement processes and agricultural input support. The Madagascar Red Cross trained CEA focal points and community-based volunteers in feedback processing. This resulted in more structured and timely responses to community concerns. A total of 1,693 feedback entries collected through 55 committees were addressed through community meetings, improving overall engagement and trust. The Kenya Red Cross provided toll-free hotlines, printed fliers with complaint information, and community meetings as platforms for feedback. All complaints and concerns raised were addressed systematically, ensuring issues were resolved in a timely manner and building community trust. Mali Red Cross organised village assemblies before market gardens were set-up. Community feedback influenced design decisions, site selection, and seed distribution approaches, making the interventions more contextually relevant and acceptable. These adaptive mechanisms strengthened community trust and improved the relevance and timeliness of assistance.

## **Integrated Programming and Transition to Long-Term Resilience**

The Africa Hunger Crisis response was deliberately designed as an integrated operation, recognising that food insecurity is inherently multi-dimensional. From the outset, National Societies worked to align emergency assistance with early recovery and resilience-building activities, ensuring a seamless transition between immediate relief and long-term solutions. This approach was anchored in three core pillars - Food Security and Livelihoods, Health and Nutrition, and WASH - with cross-cutting priorities including PGI and CEA. Some examples of holistic approaches for immediate needs and resilience-building can be highlighted, demonstrating that it is possible to work through a continuum approach.

- **Cash assistance was paired with different interventions.** In Somalia and Niger, cash was distributed alongside nutrition interventions and hygiene promotion, ensuring families could meet urgent food needs while accessing safe water and health services. In Burkina Faso and Mali, farmers received drought-resistant seeds, farming tools, and training in climate-smart agricultural practices, enabling them to rebuild food production systems despite worsening environmental conditions. In Ethiopia and Kenya, rangeland rehabilitation and water conservation projects were implemented alongside livestock vaccination campaigns, helping pastoralist communities adapt to recurrent droughts.
- **Community-Based Savings and Loan Associations (VSLAs):** In South Sudan and Niger, women-led groups supported alternative income generation, such as poultry farming and small-scale trading. This diversification reduced dependency on humanitarian aid and empowered women economically.
- **Environmental Conservation Efforts:** Angola and Kenya initiated tree nurseries and discouraged deforestation through community sensitisation, promoting sustainable natural resource management.
- **Linkages to National Plans:** Responses were aligned with government and African Union food security strategies, including the Pan-African Zero Hunger Initiative, ensuring that humanitarian efforts reinforced long-term national resilience agendas.

However, the Mid-Term Review also highlighted challenges, such as the need for stronger cross-sectoral data systems and greater capacity for National Societies to deliver multi-sectoral responses simultaneously. Furthermore, the limited funding constrained the scale of resilience activities.

## Lessons Learned

The Africa Hunger Crisis operation, one of the largest Federation-wide responses in recent years, has generated critical learning for future large-scale humanitarian interventions. Insights were drawn from National Societies' field experiences, community feedback, and the Africa Hunger Crisis DREF Review, which evaluated the role of DREF as a catalyst for the response.

### **Community Engagement and Accountability as a Foundation for Quality**

Strong community participation and feedback systems were key to ensuring the relevance and effectiveness of interventions. National Societies that embedded Community Engagement and Accountability (CEA) from the outset achieved higher targeting accuracy, greater trust, and reduced tensions over assistance distribution. However, the DREF Review also highlighted inconsistencies across countries, with some National Societies struggling to integrate CEA effectively during the planning phase, limiting community input into the design of interventions. Technical support and investments to ensure a standardised approach to community engagement and insights is required in future operations.

### **DREF as a Catalyst for Scale-Up in Slow-Onset Crises**

The DREF proved to be a crucial enabling tool for rapid initial responses, positioning National Societies as credible actors within national humanitarian ecosystems. In Angola and Djibouti, DREF allocations supported needs assessments and immediate assistance, helping National Societies engage with governments and partners to mobilise further support. Yet, the tool's limitations were evident in addressing protracted, slow-onset crises like food insecurity. The short implementation timelines and funding ceilings constrained the ability to transition to longer-term resilience programming. The DREF Evolution's new modality for drought and food insecurity will certainly correct this and harness the full potential of the DREF.

### **Integrated Programming Enhances Impact but Requires Strengthened Capacity**

The Africa Hunger Crisis response validated the importance of multi-sectoral approaches. Integrating Food Security and Livelihoods, Health and Nutrition, and WASH interventions provided holistic support to communities. In Somalia, cash assistance was complemented with nutrition screening and hygiene promotion, addressing immediate needs and underlying drivers of malnutrition. Despite these successes, some National Societies faced challenges in operationalising integration due to technical and staffing constraints. Building cross-sectoral capacity at both national and branch levels will be critical for future responses of this scale.

### **Embedding Early Recovery and Resilience from the Start**

The transition from relief to recovery was facilitated by early investments in resilience-focused interventions. In Burkina Faso and Mali, farmers received drought-resistant seeds and training in climate-smart agriculture. In South Sudan, women-led Village Savings and Loan Associations (VSLAs) supported income diversification and reduced reliance on external aid. In Somalia, community water systems ("Berkads") reduced dependency on water trucking, supporting long-term adaptation to climate shocks. These experiences underscore the value of integrating resilience from the onset of humanitarian operations rather than as a later phase.

### **Strengthening PMER Systems Is Essential for Effective Scale-Up**

Monitoring, Evaluation, and Reporting (PMER) systems were instrumental in ensuring accountability and adaptive management. A field visit in 2024 led to the introduction of digital data collection tools (Kobo Collect) and dashboards, improving real-time tracking. However, National Societies reported that heavy reporting demands within cluster coordination systems were overwhelming. The need for PMER surge capacity and streamlined reporting processes was a consistent recommendation across countries.

## Proactive Risk Management Enables Continuity in Challenging Contexts

Security issues, access constraints, and logistical bottlenecks were major operational risks, particularly in conflict-affected regions. Effective mitigation measures included:

- Leveraging local volunteer networks to maintain access.
- Switching from cash to in-kind distributions in insecure areas.
- Strengthening staff safety protocols and adapting travel plans to security assessments.

These approaches enabled National Societies to continue reaching vulnerable populations despite volatile operating environments.

## Strategic Partnerships and Humanitarian Diplomacy Are Critical for Sustainability

Alignment with national food security frameworks and active engagement with governments, the African Union, and UN agencies strengthened the transition to long-term resilience. In Nigeria, a partnership with EcoBank demonstrated the potential for leveraging private sector engagement to support humanitarian outcomes. Through these partnerships, the Africa Hunger Crisis operation not only provided lifesaving assistance but also laid the groundwork for sustained programming. The transition planning under the Pan-African Zero Hunger Initiative aims to further integrate humanitarian interventions within national development frameworks, leveraging IFRC's unique positioning and its network of 49 African National Societies.

## C. DETAILED OPERATIONAL REPORT

|  <b>Livelihoods</b> |                                                                                                                                                                             | Female > 18:  | Female < 18:  |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                                                                                       |                                                                                                                                                                             | Male > 18:    | Male < 18:    |
| <b>Objective:</b>                                                                                     | <i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>                                                              |               |               |
| <b>Key indicators:</b>                                                                                | <b>Indicator</b>                                                                                                                                                            | <b>Actual</b> | <b>Target</b> |
|                                                                                                       | Number of households that successfully received in-kind support for basic needs after being identified and processed for transfer.                                          | 103,150       | 276,525       |
|                                                                                                       | 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        | 224,183       |
|                                                                                                       | Number of people reached with essential services/information for income generation.                                                                                         | 492,821       | 425,824       |
|                                                                                                       | Number of households reached with essential on-farm, off-farm, and non-farm inputs/materials/tools for livestock production.                                                | 22,968        | 62,636        |
|                                                                                                       | Number of people reached with essential services/information for livestock production.                                                                                      | 25,468        | 2,470,616     |
|                                                                                                       | Number of people who have completed training in improved production/production risk management practices.                                                                   | 1,437         | 237,100       |

### Summary

Under the Africa Hunger Crisis response, livelihoods interventions reached over 492,000 people across 15 countries, focusing on restoring food production, protecting livestock assets, and supporting alternative income-

generating activities. National Societies distributed farm inputs, tools, and livestock, complemented by training in climate-smart agriculture and production risk management. Notable successes in Burkina Faso, Niger, Somalia, and Malawi illustrate communities beginning to transition from food aid dependency towards self-reliance. However, progress varied across countries due to sector-specific constraints such as climatic shocks impacting crops and livestock, market disruptions limiting access to affordable inputs, and operational capacity gaps in some National Societies. Overall, only ~19% of the appeal was funded, further constraining implementation.

### **Specific Technical Areas**

#### *In-kind support to meet basic needs*

In-kind support ensured vulnerable households met their basic needs amid ongoing crises. The South Sudan Red Cross reached 22,479 households through prepositioned disaster preparedness stocks, ensuring essential supplies were available before disasters struck. Additionally, 700 households in Kapoeta received food vouchers, marking the first time the National Society used voucher assistance as a response modality. These vouchers provided 90 kg of maize flour, 5.5 kg of sugar, 9 kg of pulses, 10 litres of cooking oil, and 1 kg of salt per household. The Kenya Red Cross Society (KRCS) provided 7,850 households with food and other in-kind support to cushion them against food insecurity. Other National Societies, such as Somalia RC and DRC RC, also invested in food vouchers to reach the most vulnerable in locations where this modality was assessed the most effective in ensuring food and nutrition security.

#### *Climate-Smart Agriculture and Nature-Based Solutions*

The livelihoods response placed strong emphasis on climate-smart agriculture (CSA) approaches to address the increasing frequency and severity of climatic shocks across Africa. In Malawi, the Red Cross supported 500 households with drought-resistant sweet potato vines and vegetable seeds, combined with training delivered by 60 locally based lead farmers. These interventions improved food availability during lean seasons and reduced communities' vulnerability to erratic rainfall patterns. Similar initiatives in Burkina Faso and Niger integrated soil conservation techniques, agroforestry, and water-efficient practices, empowering smallholder farmers to adapt to environmental changes. These CSA interventions aligned with the African Union Agenda 2063 and IFRC's Zero Hunger goals, demonstrating a scalable model for resilience building.

#### *Livestock Protection and Agro-Pastoral Support*

Livestock forms the backbone of many rural economies in Africa, yet recurrent droughts and disease outbreaks have decimated herds in places like Somalia and Mali. To counter these losses, National Societies provided livestock production inputs such as vaccines, feed supplements, and veterinary services to 100 households in Somalia and 2,256 households in Mali. Training on livestock health management complemented these distributions, enabling households to sustain milk production and income generation. The Burkina Faso Red Cross trained farmers in poultry farming and provided 10 hens, 2 roosters, and 60 kg of poultry feed per household to ensure productivity. This approach reduced negative coping strategies such as distress sale of livestock and helped safeguard agro-pastoral livelihoods amidst protracted crises.

#### *Strengthening Household Economic Resilience Through IGAs*

In Burkina Faso, smallholder farmers and vulnerable families were supported to establish income-generating activities (IGAs) ranging from poultry farming to petty trade. Each household received start-up capital (100,000 CFA francs) and technical training from agricultural extension services, resulting in improved household income and local market stimulation. This strategy not only addressed immediate food security needs but also laid the groundwork for long-term economic recovery and self-reliance.

#### *Production Risk Management and Skills Development*

To ensure sustainable impacts, over 1,437 individuals were trained in improved agricultural production practices, risk management, and post-harvest handling. This technical training built local capacity to cope with shocks such as pest infestations, market volatility, and climate-related hazards. In Niger, farmer groups also received training



on community savings and loan schemes, enabling them to access microfinance for agricultural investments and to smooth consumption during lean seasons. At the National Society level, technical staff were trained on risk-informed planning and CVA readiness, which has strengthened their auxiliary role in supporting government-led recovery plans

### Challenges

*Agricultural Losses Due to Climatic Events:* Recurrent droughts and erratic rainfall cycles disrupted crop calendars, undermining gains from distributed seeds and tools. In Malawi, farmers reported poor germination rates during extended dry spells in 2023, while in Somalia, flash floods washed away prepared fields in vulnerable riverine areas.

*Livestock Losses and Limited Veterinary Support:* In drought-affected areas of Somalia and Mali, livestock support programmes struggled as water scarcity and disease outbreaks persisted despite efforts to distribute feed supplements and vaccines.

*Market Access Constraints:* Inflation and global supply chain disruptions (exacerbated by the Russia-Ukraine conflict) sharply increased the prices of seeds, fertilisers, and animal feed. In Ethiopia, this constrained smallholder farmers’ ability to complement Red Cross support with additional investments.

*Short-Term Support vs. Long-Term Needs:* Post-distribution monitoring revealed that distributed inputs were often quickly consumed, and without complementary resilience programming, households remained vulnerable to future shocks. This underscores the need for integrating recovery-oriented approaches during emergency.

These experiences underscore the need for sustained investments in livelihoods programming that bridges emergency relief and long-term recovery. Future interventions must prioritise climate-resilient approaches and strengthen National Societies’ technical capacities to deliver at scale.

|                                                                                                                                |                                                                                                                                                                                                    |              |              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>  <div>Multi-purpose Cash</div> </div> |                                                                                                                                                                                                    | Female > 18: | Female < 18: |
|                                                                                                                                |                                                                                                                                                                                                    | Male > 18:   | Male < 18:   |
| Objective:                                                                                                                     | Households are provided with unconditional/multipurpose cash grants to address their basic needs                                                                                                   |              |              |
| Key indicators:                                                                                                                | Indicator                                                                                                                                                                                          | Actual       | Target       |
|                                                                                                                                | 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. | 211,968      | 358,839      |

### Summary

As part of the Africa Hunger Crisis response, multipurpose cash assistance (CVA) reached **over 211,000 households** across 13 countries, providing unconditional cash transfers to enable vulnerable households to meet their immediate needs with dignity and flexibility. This approach allowed families to prioritise their most pressing needs - whether food, medicine, or debt repayment - while stimulating local markets and supporting community-level recovery. National Societies, often in partnership with IFRC cash technical teams, deployed innovative delivery mechanisms, including mobile money transfers, digital beneficiary registration systems, and post-distribution monitoring (PDM) to ensure accountability and responsiveness. Countries such as Kenya, Djibouti, Madagascar,

and Ethiopia reported high satisfaction rates among recipients, with 91% of surveyed households in Madagascar expressing confidence in the process and impact.

Despite these achievements, CVA implementation faced challenges including inflation-driven erosion of cash value, limited financial service provider coverage in rural areas, and security risks in cash distribution in fragile contexts such as South Sudan and Sudan. These factors contributed to delays and reduced the scale of assistance in some areas.

## **Specific Technical Areas**

### *Flexible Assistance Modalities*

For many families, cash was not just about meeting their immediate needs, it was freedom to make choices, whether that meant buying food, paying medical bills, or reducing debt. The multipurpose cash approach enabled households to choose how best to address their immediate needs. In Kenya, 18,555 households received cash grants after a feasibility study confirmed market functionality and community preference for cash over in-kind aid. In South Sudan, cash transfers were complemented with food vouchers for 700 households in areas where market functionality was partial, ensuring that even communities in fragile economies could benefit from CVA. In Angola, 600 households in Huila and Cunene provinces received cash grants, allowing them to navigate difficult times with greater stability and flexibility. In Burkina Faso, 46,236 households received cash transfers along with farm inputs. In Cameroon, 4,000 households in the Far North, Southwest, and Northwest regions benefited from cash assistance, while the Ethiopia Red Cross provided multipurpose cash grants to 153,465 households. Here, the cash distribution process was highly participatory, with community-based selection committees ensuring fair and transparent targeting.

### *Digital Innovations and Accountability Systems*

The Africa Hunger Crisis response drove significant advancements in the use of digital tools to streamline multipurpose cash assistance (CVA), strengthen accountability, and enhance the beneficiary experience. Across multiple countries, National Societies leveraged technology to improve efficiency, security, and community engagement in cash programming. In Djibouti, the Red Crescent, with support from the Netherlands Red Cross, deployed an Information Management (IM) delegate to fully digitalise beneficiary registration and cash transfer processes. This system enabled real-time tracking of disbursements and reduced administrative errors, while also improving the transparency of the operation.

Mobile money platforms and digital wallets became key delivery channels in Kenya and Ethiopia, where cash was transferred directly to beneficiaries' phones. This innovation ensured faster disbursement, reduced the risks associated with physical cash handling, and expanded access to remote communities. In contexts where mobile coverage was limited, hybrid approaches combining digital systems with in-person support were employed to ensure no one was left behind. Post-Distribution Monitoring (PDM) was also enhanced through digital means. In Madagascar, the Red Cross used mobile-based PDM surveys to collect feedback within 15 days of cash disbursements. This allowed for rapid analysis and programme adjustments, with 91% of surveyed households reporting satisfaction with the assistance.

To strengthen monitoring and evaluation (PMER) systems, IFRC supported the rollout of Kobo Collect digital data collection tools and reporting dashboards in Malawi, Djibouti, and Mauritania. These tools provided National Societies with real-time visibility on cash transfers, feedback trends, and key performance indicators, enabling agile decision-making. Community feedback was integrated through digital channels such as toll-free hotlines and SMS alerts. For example, Kenya's toll-free hotline was widely publicised via community fliers and meetings, empowering recipients to voice concerns, report issues, or seek clarification on cash assistance.

These innovations not only enhanced transparency and responsiveness but also positioned National Societies as adaptive and digitally enabled humanitarian actors. The experience gained under this appeal has laid the foundation for scaling up secure, efficient, and community-driven cash programming in future crises. To safeguard vulnerable groups, several National Societies applied community-based targeting, complaint and feedback systems, and gender-sensitive approaches in cash delivery. Ethiopia's community-led selection committees enhanced local trust and ensured that cash support prioritised elderly, women-headed households, and people with disabilities.

#### *Market Assessments and Adaptation*

Robust market assessments and continuous monitoring were central to ensuring that multipurpose cash assistance (CVA) was appropriate, effective, and responsive in the volatile context of the hunger crisis. National Societies demonstrated strong practices in assessing market functionality and adapting programmes to shifting conditions. In South Sudan, the Red Cross conducted pre-distribution market assessments in Juba, Kapoeta, Leer, and Mundri counties. These assessments found that local traders maintained a high degree of resilience, continuing to supply basic goods even in rural marketplaces despite insecurity and logistical challenges. The findings informed the design of cash assistance and supported the use of food vouchers in areas where market functionality was only partial, ensuring that vulnerable households could access essential commodities without further stressing local supply chains.

Kenya Red Cross undertook feasibility studies across eight drought-affected counties prior to cash disbursement. These studies examined market accessibility, price stability, and the capacity of financial service providers to handle increased demand. Post-distribution monitoring (PDM) revealed that cash assistance not only supported households in meeting their immediate needs but also had a multiplier effect on local economies by enabling beneficiaries to repay debts and stimulate small-scale trade. In Angola, a cash assistance delegate was deployed for three months to oversee market assessments, training, and programme setup. This included analysing price fluctuations and supply chain stability to ensure transfer values reflected real household needs amid high inflation. The Ethiopia Red Cross adapted cash disbursement schedules and amounts in response to market price volatility, guided by real-time price monitoring and community feedback. This ensured that households maintained their purchasing power despite ongoing inflation and supply chain disruptions.

To strengthen coordination and maintain a regional perspective, IFRC cash officers actively participated in Cash Learning Partnership (CaLP) regional meetings and engaged in Joint Market Monitoring Initiatives (JMMI) such as those led by REACH. These forums provided insights into subregional market dynamics and helped align National Society cash programming with broader humanitarian response.

### **Challenges**

*Inflation and Erosion of Cash Value:* Rapidly rising food and fuel prices in countries like Nigeria and Ethiopia reduced the purchasing power of cash grants. Beneficiaries reported that planned expenditures often covered fewer basic needs than anticipated, highlighting the importance of regular transfer value adjustments.

*Limited Financial Infrastructure in Rural Areas:* In remote regions, particularly in South Sudan and Mauritania, the absence of reliable financial service providers (FSPs) hindered cash delivery. This led to delays and, in some cases, necessitated shifting to in-kind distributions.

*Security Risks in Cash Delivery:* In fragile contexts, insecurity posed operational risks for cash distributions. In Sudan, cash transfers were suspended due to conflict escalation, affecting thousands of households who relied on cash for basic needs.

*Technical Capacity Gaps:* Some National Societies lacked prior experience with large-scale cash programming, requiring IFRC technical support and training to establish systems for beneficiary targeting, data management, and secure transfer mechanisms. This delayed implementation in countries like Angola and Djibouti.

*Post-Distribution Monitoring Limitations:* While PDM was conducted in several countries, resource constraints limited the scale and frequency of these exercises. This sometimes delayed the identification of issues such as market price fluctuations or beneficiary grievances.

Multipurpose cash proved to be a highly effective and dignified assistance modality, empowering households to make choices aligned with their priorities while supporting local economies. The challenges encountered highlight the importance of robust market analysis, adaptive transfer mechanisms, and investment in National Society capacity to scale CVA sustainably. Future operations will integrate lessons learned to further strengthen cash programming as a central component of the IFRC's humanitarian and resilience-building efforts.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |               |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
|  <b>Health &amp; Care</b><br><i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>                                                                                                                                                                                                                                                          | Female > 18:                                                                                                                                                   |               | Female < 18:  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male > 18:                                                                                                                                                     |               | Male < 18:    |
| <b>Objective:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i> |               |               |
| <b>Key indicators:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Indicator</b>                                                                                                                                               | <b>Actual</b> | <b>Target</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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        | 122,620       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number of households that successfully received cash support for Health after being identified and processed for transfer.                                     | 1,697         | 195,400       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number of people reached with messages on nutritional choices and/or food preparation.                                                                         | 457,721       | 2,909,429     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number of people reached with health and hygiene promotion as a response to an emergency by community-based volunteers.                                        | 3,120,317     | 8,179,745     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number of people in the targeted population provided with psychosocial support services.                                                                       | 177,695       | 678,400       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number of RCRC volunteers and staff provided with psychosocial support services.                                                                               | 1,458         | 6,210         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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        | 122,620       |
| <b>Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |               |               |
| As part of the Africa Hunger Crisis response, health and nutrition interventions reached <b>over 1.5 million people</b> across 12 countries, with a focus on preventing malnutrition, strengthening community health systems, and safeguarding vulnerable populations from secondary health crises. National Societies delivered integrated health services including malnutrition screening, maternal and child health (MCH) support, epidemic control, and |                                                                                                                                                                |               |               |

psychosocial support (PSS). Key successes included community-based malnutrition screening in Niger and DRC, maternal-infant nutrition programming in Somalia, and the rollout of Community-Based Health and First Aid (CBHFA) in Ethiopia and Kenya. These interventions contributed to early detection and treatment of acute malnutrition, reduced negative health outcomes, and built local capacity for resilience in protracted crises. However, implementation faced significant constraints including limited access to health facilities in conflict zones, shortages of essential nutrition supplies, and underfunding of health programming, which led to reduced coverage in several countries.

### **Specific Technical Areas**

#### *Community-Based Nutrition: Screening, Referral, and Maternal-Child Support*

National Societies placed a strong emphasis on community-based nutrition interventions, recognising that malnutrition disproportionately affects infants, young children, and pregnant and lactating women (PLW) during hunger crises. By integrating malnutrition screening, referrals, and targeted support for mothers and children, these interventions provided life-saving assistance while building long-term community resilience.

Across the operation, community volunteers and health workers conducted house-to-house malnutrition screenings using mid-upper arm circumference (MUAC) and weight-for-height indicators. In Nigeria, 140 volunteers trained in Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) screened 34,051 children, identifying and referring 1,914 cases of acute malnutrition (including 904 severe) for treatment. The establishment of 168 Mothers' Clubs across seven states provided safe spaces for nutrition education, peer support, and follow-up of referred cases. These clubs also conducted weekly MUAC screenings, supporting early detection and reduced relapse rates. In Somalia, Red Crescent mobile clinics and community outreach teams screened 78,661 children under five and enrolled 7,981 in supplementary feeding programmes. Volunteers trained in IYCF counselling provided tailored nutrition advice to PLW and mothers, while safe spaces in targeted communities offered psychosocial support alongside health and nutrition services. These efforts reached 244,700 people with integrated health, nutrition, and hygiene promotion.

The Ethiopia Red Cross adopted a multi-thematic "One Health" approach, training 40 health extension workers and 281 volunteers in MUAC screening, dehydration assessment, and IYCF. These teams reached over 135,000 mothers with infant feeding education and referred malnourished cases to health facilities equipped with oral rehydration salts (ORS) and therapeutic food. In Mali, Red Cross volunteers prioritised nutrition demonstrations in Kayes, Koulikoro, and Ségou regions, reaching 21,810 people (75% women) and conducting 52 cooking demonstrations using locally available foods. The sessions empowered mothers to prepare nutritious meals despite resource constraints, improving household dietary diversity.

These integrated nutrition interventions demonstrated the power of community-based approaches in addressing acute malnutrition and supporting maternal and child health. They also reinforced National Societies' auxiliary role in strengthening public health systems and delivering life-saving care in crisis contexts.

#### *Integration of Mental Health and Psychosocial Support (MHPSS)*

The psychological impacts of protracted hunger, displacement, and loss weighed heavily on affected communities, making Mental Health and Psychosocial Support (MHPSS) a critical component of the Africa Hunger Crisis response. National Societies responded with a combination of community-based interventions and targeted support services, recognising that addressing emotional distress was essential to overall recovery and resilience. Across the operation, trained volunteers provided basic psychosocial first aid to individuals and families in distress. In Somalia and Ethiopia, MHPSS was integrated into mobile health clinics, allowing communities in hard-to-reach areas to access mental health support alongside nutritional care and health services. This holistic approach proved vital in helping families cope with the trauma of food insecurity, loss of livelihoods, and displacement.



In Kenya and Nigeria, the establishment of safe spaces created environments where survivors of violence, women, and children could seek confidential support and share their experiences. These spaces also hosted group counselling sessions and community dialogue activities, helping reduce stigma around mental health and gender-based violence. In Kenya alone, over 1,000 people accessed MHPSS services in these facilities, with additional outreach extending care to remote communities. To strengthen the capacity of frontline responders, National Societies invested heavily in volunteer and staff training. In Burkina Faso, Mali, and Kenya, more than 600 Red Cross workers were trained in stress management, trauma care, and basic counselling techniques. This not only enhanced the quality of care provided but also helped safeguard the mental wellbeing of volunteers working in highly stressful environments. Peer support and debriefing sessions were organised in several countries to mitigate burnout and secondary trauma among response teams.

A defining feature of the MHPSS response was its adaptability. In Nigeria, Mothers' Clubs incorporated psychosocial support into their regular meetings, offering a platform for women to share coping strategies and access referral pathways for specialised care. Similarly, in South Sudan and Somalia, volunteers engaged men and youth in community dialogues to address the mental health consequences of hunger and displacement, fostering resilience at the household and community levels. By addressing the psychological dimensions of the crisis, MHPSS contributed to restoring dignity, rebuilding trust, and supporting long-term recovery.

#### *Community-Based Health, Health Promotion and Disease Prevention*

To mitigate the health risks associated with widespread hunger and deteriorating living conditions, National Societies deployed a holistic approach that combined Community-Based Health and First Aid (CBHFA), disease prevention, epidemic control, and hygiene promotion. This integrated strategy empowered communities to prevent illness, detect outbreaks early, and strengthen their resilience against public health emergencies. Across multiple countries, thousands of community volunteers were trained in CBHFA, equipping them with skills in basic first aid, health promotion, and early disease detection. In Ethiopia and Kenya, Emergency CBHFA (eCBHFA) modules were rolled out in drought-affected regions, enabling volunteers to provide life-saving first aid while raising awareness about malnutrition, hygiene, and disease prevention. These volunteers acted as trusted health educators, bridging the gap between overstretched health systems and vulnerable households.

Disease prevention and epidemic control were prioritised in high-risk areas. In Kenya, Epidemic Control for Volunteers (ECV) was activated to address outbreaks of cholera and diarrhoeal diseases exacerbated by water scarcity and poor sanitation. Volunteers conducted community sensitisation campaigns on safe water handling, food hygiene, and vector control, reaching over 150,000 people in drought-affected counties. Hygiene promotion was a key element of these efforts. In Nigeria and South Sudan, hygiene promotion sessions targeted households living in overcrowded displacement sites, where limited access to clean water and sanitation facilities increased the risk of disease outbreaks. Volunteers led demonstrations on handwashing, safe water storage, and menstrual hygiene management, often using local languages and culturally appropriate methods to maximise impact. In Nigeria alone, these campaigns reached over 100,000 people, significantly improving community awareness of hygiene practices.

Mobile health teams further supported disease prevention by integrating WASH interventions with health services. In Somalia and Ethiopia, these teams distributed soap, water purification tablets, and ORS sachets during visits, while volunteers reinforced key messages on preventing waterborne diseases. A standout feature of this approach was its emphasis on community ownership. In Ethiopia, community health committees were revitalised to support the management of rehabilitated water points and coordinate local health promotion activities. In Malawi, trained lead farmers incorporated hygiene education into agricultural extension visits, highlighting the link between clean water, safe food practices, and nutritional health.

By embedding CBHFA and epidemic control within broader community health systems, National Societies reinforced the capacity of local actors to prevent disease and respond rapidly to health threats. This integrated model not only reduced morbidity and mortality during the crisis but also strengthened the foundation for more resilient community health systems in the long term.

## Challenges

*Inadequate Coverage of Health Services:* Insecurity and conflict in countries like Mali and Sudan limited access to health facilities and hindered the delivery of health services to vulnerable populations. Mobile health teams were deployed in some areas but could not fully cover the needs.

*Shortages of Nutrition Supplies:* Global supply chain disruptions affected the availability of therapeutic foods and essential nutrition commodities. In Ethiopia, interruptions in the supply of ready-to-use therapeutic food (RUTF) delayed the treatment of severe acute malnutrition.

*Concurrent Disease Outbreaks:* In several countries, hunger crises coincided with outbreaks of measles, cholera, and malaria, placing additional strain on overstretched health systems. This required National Societies to adapt interventions to address both food insecurity and secondary health emergencies.

*Barriers to Community Engagement in Health Programming:* In some contexts, cultural and social norms limited the uptake of nutrition and health services, particularly for women and children. National Societies addressed this by involving community leaders and using CEA approaches, but behaviour change remained a long-term challenge.

Health and nutrition interventions under the Africa Hunger Crisis response demonstrated the value of integrated, community-based approaches in addressing the multifaceted impacts of hunger. Future programming will need to build on these lessons by strengthening local health systems, ensuring the continuity of essential nutrition supplies, and integrating MHPSS and epidemic control into broader humanitarian responses.



## Water, Sanitation and Hygiene

Female > 18:

Female < 18:

Male > 18:

Male < 18:

### Objective:

*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*

| Key indicators: | Indicator                                                                                                                                        | Actual    | Target  |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
|                 | Number of water clean, and water sources constructed/rehabilitated                                                                               | 160       | 740     |
|                 | Number of households who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards). | 1,362,366 | 613,700 |
|                 | Number of households reached with water treatment chemicals and water storage equipment.                                                         | 206,030   | 420,200 |
|                 | Number of households who have been supplied by RCRC with an improved sanitation facility within 50 meters of their home.                         | 77,368    | 16,799  |

|  |                                                                                                                         |        |         |
|--|-------------------------------------------------------------------------------------------------------------------------|--------|---------|
|  | Number of households that successfully received cash support for WASH after being identified and processed for transfer | 53,000 | 178,000 |
|--|-------------------------------------------------------------------------------------------------------------------------|--------|---------|

## Summary

WASH interventions reached **over 1.8 million people** across 12 countries, addressing critical water shortages, improving sanitation infrastructure, and promoting hygiene practices to reduce the risk of waterborne diseases. National Societies provided emergency water supplies, rehabilitated boreholes, constructed latrines, and conducted hygiene promotion campaigns, with a particular focus on drought and flood-affected communities. Key achievements included the rehabilitation of community water points in Ethiopia and Kenya, installation of Berkads (water reservoirs) in Somalia to improve short- and medium-term water access, and large-scale hygiene promotion initiatives in Nigeria and South Sudan. These efforts contributed to reduced incidences of diseases and strengthened community resilience against hunger-related health risks. However, implementation faced constraints due to drought-driven water scarcity, damaged infrastructure in conflict zones, and funding limitations that hindered the scale-up of WASH systems to meet growing demand.

## Specific Technical Areas

### *Emergency Water Supply and Infrastructure Rehabilitation*

Ensuring access to clean and safe water was a cornerstone of the Africa Hunger Crisis response, recognising its critical role in preventing waterborne diseases and sustaining food security and livelihoods. National Societies reached over 1.36 million households with improved and protected water sources that meet WHO and Sphere standards. Across the operation, National Societies implemented diverse water supply interventions, including borehole rehabilitation, installation of new water points, solarisation of pumps, and provision of water storage solutions. These efforts prioritised communities facing chronic water shortages due to drought, conflict, and damaged infrastructure.

In South Sudan, the Red Cross rehabilitated 15 boreholes, providing clean water access to approximately 15,438 people across Kapoeta, Mundri, Leer, and Aweil counties. To ensure sustainability, 15 water committees were trained in borehole maintenance and water point management, empowering local communities to take ownership of their water resources. In Ethiopia, over 53,561 households gained access to improved protected water sources, while 38,336 households received water treatment chemicals and storage equipment. Borehole assessments informed strategic repairs, and partnerships with German, Norwegian, and Swiss Red Cross supported cholera outbreak prevention by equipping 320 volunteers with skills in water safety and hygiene promotion.

The Somalia Red Crescent rehabilitated boreholes and traditional water reservoirs (berkads), constructed water troughs for livestock, and provided fuel subsidies for motorised pumps to ensure continuous access to water. These interventions were particularly impactful in drought-prone regions where communities often travelled long distances to fetch water. In Zimbabwe, the Gudumutovhoti Borehole in Mwenezi District was solarised to enhance its reliability. This rehabilitated water point not only supported 100 households with safe drinking water but also enabled irrigation for nearby agricultural activities, linking WASH interventions to food security.

Kenya Red Cross reached approximately 14,000 households with improved drinking water sources by rehabilitating seven community water points and distributing water treatment chemicals and storage equipment to an additional 6,350 households. Plans to expand these interventions include further construction of water harvesting structures and continued support for water trucking during acute shortages.

These interventions highlight a strong focus on multipurpose water supply considerations—ensuring water access not only for human consumption but also for livestock and small-scale agriculture to strengthen community resilience. By integrating infrastructure rehabilitation with community training and engagement, National Societies

laid the foundation for long-term water security and contributed to healthier, more dignified living conditions for millions.

#### *Sanitation and Hygiene Promotion*

Sanitation and hygiene promotion were central to reducing disease transmission and protecting public health amidst the hunger crisis. National Societies reached over 1.26 million people with hygiene awareness campaigns, sanitation facility construction, and community mobilisation, ensuring that life-saving messages and services reached even the most remote communities. Across the operation, hygiene promotion campaigns were delivered through community gatherings, house-to-house visits, and local radio broadcasts. In Ethiopia, 638,570 people were reached through hygiene promotion activities focusing on safe water use, handwashing, and waste management. Complementary to this, 657,750 sachets of Oral Rehydration Salts (ORS) were distributed to health facilities, strengthening their ability to manage dehydration caused by diarrhoeal diseases.

The Nigeria Red Cross integrated WASH messaging into Mothers' Clubs, using these platforms to reach 97,794 people with information on handwashing, household sanitation, and prevention of waterborne diseases. The clubs also organised clean-up campaigns in six markets to mitigate the risk of cholera outbreaks ahead of the rainy season. In Mali, hygiene promotion went hand in hand with the distribution of non-food items (NFIs), including handwashing devices, buckets with lids, and soap. Community clean-up days led by women's groups in Koulikoro commune improved environmental hygiene, with participants reporting significant improvements in public spaces. Sanitation facility construction complemented these efforts. The Burkina Faso Red Cross built 53 blocks of latrines across schools and IDP sites, benefiting 5,247 people, including 583 IDPs. These facilities included gender-segregated cubicles and provisions for menstrual hygiene management, ensuring they met the diverse needs of vulnerable groups. In Malawi, seven inclusive VIP latrine blocks were constructed with facilities adapted for people with disabilities and menstrual hygiene management for schoolgirls, serving over 2,100 girls.

In Somalia, hygiene promotion reached over 570,120 people through mobile clinics and community volunteers. These teams also distributed water storage equipment and water treatment chemicals to improve household water safety.

#### *Integrated WASH and Community Engagement for Nutrition*

Recognising the critical link between water, sanitation, hygiene (WASH), and nutritional outcomes, National Societies adopted integrated approaches that addressed both immediate health risks and long-term resilience. By pairing WASH interventions with nutrition support and embedding them in strong community engagement frameworks, they maximised impact in some of the hardest-hit areas. In Ethiopia and Somalia, mobile health teams provided a package of services that included safe water distribution, hygiene promotion, and malnutrition screening. Families attending these clinics received soap, water purification tablets, and information on handwashing and food hygiene. These interventions not only reduced incidences of diarrhoeal disease but also improved recovery rates among malnourished children.

In Nigeria, hygiene promotion was delivered through Mothers' Clubs, reaching 97,794 people with messages on safe water handling, exclusive breastfeeding, and child feeding practices. These clubs became trusted community platforms where women could share knowledge, access psychosocial support, and engage in collective action such as market clean-up campaigns. Community-Led Total Sanitation (CLTS) approaches were employed in Malawi and Burkina Faso to eliminate open defecation, improving environmental hygiene around food preparation and storage areas. In Malawi, trained lead farmers incorporated hygiene promotion into agricultural extension visits, underscoring the connection between clean water, safe food practices, and improved nutritional health.

In South Sudan and Kenya, WASH interventions were strategically paired with food security support. For example, the rehabilitation of water points near grazing areas not only reduced waterborne disease risks but also supported livestock health, an important food source for many households.

*Cash-Based Support for WASH*

To enhance flexibility and empower households to address their immediate water and hygiene needs, several National Societies piloted cash-based assistance within WASH programming. This approach enabled communities to purchase water treatment supplies, hygiene materials, and pay for services such as water trucking and borehole maintenance.

In the Democratic Republic of Congo (DRC), cash support for WASH was provided to 1,000 people, allowing households to secure hygiene items and improve access to safe water. South Sudan Red Cross complemented WASH infrastructure rehabilitation with cash assistance for the maintenance of motorised boreholes, including fuel subsidies. This ensured continuous water supply in communities where infrastructure challenges made physical water delivery difficult. The strategy also incorporated CVA for water trucking, giving communities oversight and choice while addressing acute water shortages during peak drought periods.

This cash-for-WASH approach underscored the importance of tailored solutions in dynamic contexts, giving households agency to meet their own WASH needs while reducing logistical constraints on National Societies.

**Challenges**

*Water Scarcity in Drought-Affected Areas:* Severe drought conditions in Southern and Eastern Africa, exacerbated by El Niño in 2023–2024, strained existing water sources. In Angola and Malawi, low groundwater levels delayed borehole rehabilitation and forced reliance on costly water trucking.

*Infrastructure Damage Due to Conflict and Floods:* In Sudan and South Sudan, ongoing conflicts and seasonal flooding damaged WASH infrastructure, reducing access to clean water and sanitation facilities. Repeated repairs were needed in high-risk areas, which consumed time and resources.

*Funding Gaps for Long-Term WASH Systems:* While emergency water supplies were provided, limited funding constrained investments in durable WASH infrastructure that could provide sustainable solutions beyond the crisis period. This was particularly evident in Somalia and Niger, where temporary solutions were implemented as stopgaps.

*Cultural and Behavioural Barriers to Hygiene Practices:* In several contexts, social norms and limited awareness posed challenges to behaviour change efforts. National Societies mitigated this by engaging local leaders and integrating hygiene promotion with community-led initiatives.

WASH interventions were instrumental in mitigating hunger-related health risks and supporting community resilience. Lessons from this response underline the need for greater investment in climate-resilient water systems, improved local capacity for WASH delivery, and stronger integration of WASH with health, nutrition, and livelihoods programming to address the multifaceted impacts of food insecurity.



**Protection, Gender and Inclusion**

Female > 18:

Female < 18:

Male > 18:

Male < 18:

|                        |                                                                                                                                                                                                                                  |               |               |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| <b>Objective:</b>      | <i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i> |               |               |
| <b>Key indicators:</b> | <b>Indicator</b>                                                                                                                                                                                                                 | <b>Actual</b> | <b>Target</b> |
|                        | Number of people trained on implementing the PGI Minimum Standards                                                                                                                                                               | 1,710         | 37,638        |
|                        | Number of people reached by protection, gender, and inclusion services                                                                                                                                                           | 318,501       | 1,398,112     |

## Summary

PGI interventions under the Africa Hunger Crisis response ensured that humanitarian assistance was inclusive, safe, and responsive to the needs of vulnerable groups, including women, children, persons with disabilities (PWDs), and minority groups. National Societies integrated PGI considerations across all sectors, strengthening community resilience and safeguarding human dignity in contexts of acute food insecurity. Key achievements included the establishment of community feedback and complaints mechanisms, targeted support for women and girls (e.g., menstrual hygiene kits and safe spaces), and training of Red Cross Red Crescent staff and volunteers on PGI minimum standards. These efforts enabled more equitable targeting and reduced the risk of harm during operations. Despite these gains, the scale and consistency of PGI integration varied across countries due to limited technical expertise, underfunding of standalone PGI activities, and social norms in some communities that restricted women's participation in decision-making processes.

## Specific Technical Areas

### *Strengthening Staff and Volunteer Capacity on PGI*

Across the response, more than 800 staff and volunteers were trained on PGI minimum standards, prevention of sexual exploitation and abuse (PSEA), and do-no-harm principles. This training enhanced the ability of National Societies to deliver assistance safely and sensitively. National Societies trained staff and volunteers on the PGI Minimum Standards, to ensure that protection, gender equality, and inclusion were at the core of their interventions.

The Ethiopia Red Cross, supported by IFRC, trained 281 volunteers in multi-thematic PGI approaches, integrating livelihoods, multipurpose cash assistance, WASH, and protection to improve emergency response efforts. The Kenya Red Cross Society (KRCS) trained 390 staff and volunteers on Mental Health and Psychosocial Support (MHPSS), embedding PGI principles into psychosocial care and protection services, especially for survivors of Sexual and Gender-Based Violence (SGBV). The Mali Red Cross trained 101 staff and volunteers on psychosocial support, to equip them with the necessary skills to assist vulnerable populations, including malnourished children and women in crisis situations. The Somalia Red trained 50 staff and volunteers, to ensure that PGI principles were effectively integrated into community-based protection efforts. The Zimbabwe Red Cross focused on inclusive and gender-sensitive humanitarian interventions and trained 20 people. The Madagascar Red Cross trained 40 staff and volunteers on PGI Minimum Standards, emphasizing the need for inclusive programming in disaster response, particularly for women, children, and marginalized groups affected by climate shocks.

### *Inclusive Targeting and Prioritisation of Vulnerable Groups*

National Societies employed inclusive targeting criteria, ensuring that assistance reached high-risk groups such as elderly-headed households, pregnant and lactating women, PWDs, and child-headed families. In Ethiopia, community-led beneficiary selection committees included women and minority representatives, strengthening equity and transparency in resource allocation.



## *PGI Services*

National societies also offered PGI services to ensure that vulnerable populations received necessary protection, gender-sensitive support, and inclusion-focused interventions. The Kenya Red Cross Society (KRCS) reached 1,000 people with psychosocial support services, including survivors of Sexual and Gender-Based Violence (SGBV) in Tana River, Garissa, Lamu, and Marsabit counties. These services were complemented by the establishment of safe spaces to provide secure environments for recovery and counselling.

The Nigeria Red Cross reached 8,344 people through mothers' clubs and community outreach programs, incorporating maternal and child health, family well-being, and sexual and Gender Based Violence (SGBV) awareness into their interventions. The Somalia Red Crescent provided psychosocial support to 320 people, focusing on mental health and protection services for displaced and at-risk populations.

The Djibouti Red Crescent distributed dignity kits to women of childbearing age, to address menstrual hygiene management and reproductive health concerns. The Mali Red Cross extended PGI-sensitive interventions through household visits, ensuring that malnourished children and pregnant women received both medical and psychosocial support.

The Madagascar Red Cross reached communities affected by disasters with protection and inclusion-focused interventions, particularly targeting women, children, and other at-risk groups who faced heightened vulnerabilities. This approach ensured that gender equality and protection were integrated into humanitarian response efforts, fostering resilience and dignity in affected communities.

The Malawi Red Cross Society, integrated PGI during training of the 60 lead farmers who later cascaded the same to follower farmers(households). Again, during each distribution key talks were made by subject matter specialist especially from social welfare office who delivered information on referral pathways and redress mechanisms for survivors. During both cash and farm input distribution, priority was given to the pregnant and the elderly to receive first, this gave them an opportunity to travel back on time. Deliberate efforts were also made that beneficiaries should not travel long distances, as such the eight distribution points which were identified were all within a radius of less than 5 kms distance.

The Angola Red Cross seamlessly integrated Protection, Gender, and Inclusion (PGI) activities into all aspects of the program across the provinces of Huila, Cunene, and Namibe, reaching 174,731 individuals, which represents 53% of the target population. In Huila and Cunene, PGI sessions were embedded within cash distribution activities, ensuring that beneficiaries actively participated in critical discussions on protection and inclusion. Meanwhile, in Namibe, PGI efforts extended beyond direct sessions to include radio campaigns, significantly amplifying outreach. Through 300 radio spots, the program effectively disseminated key messages on Health and Nutrition, WASH, Livelihoods, and PGI, reaching a broad provincial audience and reinforcing community education on these essential topics. By embedding PGI principles into both direct engagement and mass communication strategies, the program fostered a more inclusive and informed environment across all three provinces.

## *Safe Spaces and Psychosocial Support for Women and Girls*

Recognising that women and girls were disproportionately affected by the hunger crisis—not only by food insecurity but also by heightened risks of violence and psychological distress, National Societies placed a strong emphasis on creating safe spaces and delivering targeted psychosocial support (PSS). These initiatives provided critical lifelines for survivors of Sexual and Gender-Based Violence (SGBV), displaced women, and mothers struggling to care for their families in crisis settings.

In Kenya, safe spaces established in Tana River, Garissa, Lamu, and Marsabit counties became focal points for supporting survivors of SGBV. These spaces offered confidential counselling, group therapy, and linkages to health services, while also serving as hubs for distributing dignity kits and prepositioning reproductive health kits (RH-Kit 3) to local health facilities. Trained community health volunteers and leaders worked within these spaces to identify survivors, provide Psychological First Aid, and facilitate referrals to quality support services. The county governments commended these interventions and expressed interest in sustaining them as long-term solutions.

In Nigeria, trained volunteers and community health workers provided psychosocial support to over 8,344 people, with a focus on women and girls in seven states. Mothers' Clubs played a dual role by combining nutrition education with safe spaces for peer support and mental health care, allowing women to discuss challenges, share coping strategies, and access referrals for specialised services. The Somalia Red Crescent extended PSS to 320 people, prioritising malnourished mothers, internally displaced women, and survivors of violence. Mobile health teams integrated PSS into broader health and nutrition services, ensuring even remote communities had access to this essential care. To support frontline responders, National Societies also prioritised their mental wellbeing. In Burkina Faso and Mali, over 250 volunteers and staff were trained on psychosocial support, stress management, and trauma care, equipping them to handle the emotional toll of working in protracted crises.

These safe spaces and PSS interventions demonstrated the importance of holistic, gender-sensitive programming in humanitarian responses. By providing secure environments and culturally appropriate care, National Societies helped reduce the stigma surrounding mental health, restored dignity to survivors of violence, and built community resilience.

## **Challenges**

*Limited Technical Capacity and Resources for PGI:* While PGI was integrated into most sectors, few National Societies had dedicated PGI teams or budgets for standalone protection activities. This resulted in uneven implementation across countries.

*Cultural Barriers to Inclusion:* In some communities, deep-rooted gender norms limited women's and girls' participation in community decision-making, challenging efforts to ensure inclusive targeting and programming. National Societies mitigated this by engaging local leaders and leveraging community structures.

*PSEA Gaps in Rapidly Scaling Operations:* The scale and speed of response occasionally outpaced the establishment of robust PSEA mechanisms. Although awareness-raising among staff and volunteers was conducted, maintaining consistent adherence to standards across all countries remained a challenge.

*Underfunding of Protection Activities:* PGI activities were often underfunded relative to other sectors, constraining the scale of interventions such as safe spaces, PSEA training, and targeted support for survivors of violence.

PGI interventions played a critical role in ensuring that the Africa Hunger Crisis response was people-centred and equitable. Future programming will require strengthened National Society capacity, dedicated funding for protection activities, and deeper engagement with communities to address structural barriers to inclusion and protection.



## Community Engagement and Accountability

| Objective:      |                                                                                                                               |        |        |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| Key indicators: | Indicator                                                                                                                     | Actual | Target |
|                 | Number of complaints/feedback received through feedback mechanisms.                                                           | 22,397 | 57,600 |
|                 | Operational decisions or changes made based on community feedback                                                             | 95%    | 74%    |
|                 | Percentage of complaints or feedback about the operation which receive a response through established community communication | 94%    | 75%    |

### Summary

Community Engagement and Accountability (CEA) was a cornerstone of the Africa Hunger Crisis response, ensuring that interventions were people-centred, inclusive, and responsive to community needs. National Societies integrated CEA approaches across all sectors to strengthen trust, transparency, and participation in humanitarian operations. Key achievements included the establishment of community feedback mechanisms, participatory planning sessions to adapt assistance modalities, and the use of local communication channels to disseminate life-saving information. In Kenya and Ethiopia, community-led targeting committees played a pivotal role in beneficiary selection, while in Djibouti and Somalia, digital feedback tools enabled real-time adjustments to programming. Despite this progress, challenges such as limited CEA capacity in some National Societies, cultural barriers to participation, and underfunding of standalone CEA activities constrained the scale and depth of engagement.

### Specific Technical Areas

#### *Community feedback mechanisms*

Played a critical role in shaping the humanitarian response across the national societies, to ensure that interventions remained relevant and effective. In the Democratic Republic of Congo (DRC), 1,450 feedback entries were received from community members regarding the operation. The Democratic Republic of Congo Red Cross prioritized transparency by ensuring that all distributions were preceded by at least one information and awareness-raising meeting, where community members asked questions about beneficiary selection, intervention timelines, and expected impact. These sessions provided an opportunity for communities to express concerns and seek clarity, thus promoting trust and acceptance of the response.

The Ethiopia Red Cross established community-based targeting committees in 31 kebeles to manage beneficiary selection, complaint handling, and cash-related activities. A total of 50,064 people were engaged in Community Engagement and Accountability (CEA) activities, which included compliance and feedback registration books, suggestion boxes, and dedicated complaint feedback committees at the community level. In Kenya, the Red Cross provided multiple feedback channels, including a toll-free hotline, printed fliers with complaint information, and community meetings. Complaints and concerns raised by community members were addressed systematically, ensuring all issues were resolved in a timely manner.

The Madagascar Red Cross collected 1,693 feedback entries through 55 community-based committees, with each concern receiving a response through structured community meetings. Meanwhile, in Malawi, 120 feedback entries were received through face-to-face meetings, suggestion boxes, and toll-free lines. Most of the feedback expressed appreciation for the support provided, particularly cash assistance and agricultural inputs. In Niger, the Red Cross Society (NRCS) collected 1,371 feedback entries through help desks set up during cash transfer activities. These help desks served as an immediate inquiry and complaint resolution platform, ensuring that beneficiaries received timely responses. Additionally, in South Sudan, 25 volunteers across 21 branches were trained on community feedback management, further strengthening mechanisms for collecting and responding to concerns from affected populations.

**Community feedback directly influenced operational decisions** across the National Societies, leading to program adjustments, improved targeting, and more inclusive interventions. In the Democratic Republic of Congo (DRC), awareness-raising meetings prior to distributions helped address misconceptions and concerns regarding beneficiary selection. These discussions clarified the rationale behind targeting specific groups and helped prevent conflicts and dissatisfaction within the community.

In Ethiopia, the establishment of seven-member targeting committees in each kebele provided real-time feedback on beneficiary selection, cash distribution, and project implementation. Community concerns raised through these committees led to modifications in cash transfer processes to enhance accessibility and transparency. In Kenya, feedback from post-distribution monitoring activities was documented and incorporated into future drought response planning, ensuring that lessons learned were applied in subsequent interventions.

The Madagascar Red Cross adjusted its feedback management strategy after training CEA focal points and community-based volunteers in feedback processing. As a result, responses to community concerns became more structured and timelier, improving overall engagement with affected populations. In Mali, village assemblies were conducted before constructing market gardens, ensuring that community voices were heard in the planning process. Feedback from these meetings influenced design decisions, site selection, and seed distribution approaches, making the intervention more responsive to community needs.

The Niger Red Cross leveraged feedback mechanisms to refine subsequent cash distributions. Community members provided insights on cash transfer challenges, which informed adjustments in the frequency and accessibility of cash disbursements.

**Ensuring that community concerns were addressed in a timely and transparent manner** remained a key priority across all responding National Societies. In the Democratic Republic of Congo (DRC), 100% of feedback received during community meetings was responded to in real time, either through direct engagement during awareness sessions or by incorporating feedback into distribution planning and implementation. Similarly, in Madagascar, all 1,693 feedback entries collected through community committees were addressed through structured community meetings, ensuring that every concern was acknowledged and resolved. In Niger, all 1,371 complaints and feedback entries received during cash transfer activities were responded to, with adjustments made in subsequent distributions to enhance efficiency and transparency.

The Kenya Red Cross Society (KRCS) maintained a policy of resolving all community feedback received through its hotline, printed communication materials, and post-distribution monitoring reports. This commitment to accountability and responsiveness helped build community trust and strengthened partnerships with local leaders. In Mali, feedback mechanisms were integrated into radio broadcasts and community meetings, ensuring that responses to community concerns were widely disseminated. The 80 health and nutrition radio messages aired across Kayes and Ségou regions provided a platform for addressing common community questions and concerns related to food security, market gardening, and water point maintenance.

Malawi Red Cross Society (MRCS) established Community Engagement and Accountability (CEA) mechanisms which was used to improve the quality of the response. Several mechanisms used to reach people, included face-to-face meetings with beneficiaries, local leaders, and area-level stakeholders to allow free discussion and collect views from the communities. Furthermore, suggestion boxes, toll-free lines, and the existing complaints and feedback mechanisms in the district were used for effective feedback. At the close of the project, the mechanism recorded a total of 3,835 feedback, which came through face-to-face meetings with community members. The feedback received so far included appreciation for the support, with people thankful for considering their areas for both cash and agricultural inputs.

The Angola Red Cross successfully conducted PDM activities, strengthening community engagement and improving operational effectiveness. Sixty-six volunteers across Huila, Cunene and Namibe provinces were trained and equipped to carry out PDM, ensuring gender balance and community involvement. Insights from PDM led to timely adjustments in the final distribution phases, enhancing efficiency and addressing previous challenges. Key improvements included integrating Community Engagement and Accountability (CEA) and Protection, Gender, and Inclusion (PGI) sessions before the distributions, establishing a feedback mechanism, and introducing a dedicated complaints desk. These efforts not only improved immediate project outcomes but also set a foundation for future best practices. The resolution of previously reported issues in later distributions highlights the critical role of PDM in enhancing humanitarian response effectiveness, efficiency, and impact.

The Tanzania Red Cross deployed trained CEA focal points across the regions, coordinated by a central CEA Coordinator. This ensured marginalized groups' inclusion during registration for cash assistance and support for children under five. A Complaints and Feedback desk was also set up during registration and cash disbursement to address issues and provide guidance on managing cash for essential needs

## **Challenges**

*Capacity Gaps in CEA Implementation:* Some National Societies, particularly in countries with limited prior experience in large-scale responses, lacked trained personnel and systems to fully operationalise CEA. This affected the consistency and depth of engagement across the response

*Cultural and Social Barriers to Participation:* In certain contexts, traditional power structures and social norms limited the ability of women, youth, and minority groups to participate in decision-making processes. Efforts to mitigate these barriers included engaging community leaders and building trust through local volunteer networks.

*Underfunding of CEA Activities:* CEA activities were often funded as cross-cutting components of other sectors, resulting in resource constraints for dedicated investments in community dialogue platforms, feedback systems, and risk communication.

*Managing Expectations and Feedback Loops:* In high-need contexts, community feedback often included requests for assistance beyond operational capacity. This required careful communication to manage expectations and maintain trust.

CEA approaches enhanced the accountability and relevance of the Africa Hunger Crisis response, ensuring that interventions were grounded in the priorities and realities of affected communities. Scaling up CEA in future operations will require sustained investment in National Society capacity, integration with protection and gender programming, and stronger mechanisms to close the feedback loop and demonstrate responsiveness.



## Risk Reduction, climate adaptation and Recovery

Female > 18:

Female < 18:

Male > 18:

Male < 18:

### Objective:

### Key indicators:

#### Indicator

Number of community members, targeted by AHC who are engaged in risk reduction initiative

#### Actual

153,140

#### Target

482,200

### Summary

Some National Societies integrated risk reduction initiatives into livelihood support programs to help communities build long-term resilience against future crises. These initiatives focused on climate-smart agriculture, sustainable livelihood practices, water conservation, and disaster preparedness, to ensure that vulnerable populations were better equipped to withstand economic and environmental shocks.

The Burkina Faso Red Cross supported 356 households in Tougan to engage in income-generating activities (IGAs) such as gardening, poultry rearing, and small-scale trading. These activities were designed to enhance household economic stability while promoting sustainable livelihood strategies that could withstand economic fluctuations. Mali Red Cross supported community members in market garden projects, where village assemblies were used to discuss sustainable agricultural practices, water point maintenance, and access to seeds. These sessions equipped farmers and local cooperatives with the knowledge to sustain food production and mitigate the risks associated with climate-related shocks.

The Niger Red Cross set up 20 nutrition centres across Dosso, Zinder, and Maradi, where community members received training on agricultural resilience, food security, and water conservation techniques. As well 1,838 people, including 1,152 women, participated in risk reduction awareness sessions, focusing on sustainable agricultural practices, climate adaptation, and disaster preparedness. The South Sudan, Red Cross implemented a tree nursery and reforestation initiative, where 73 women from three community groups were trained in VSLAs while simultaneously establishing tree nurseries for income generation and environmental conservation. The dual-purpose initiative not only contributed to household economic stability but also promoted ecosystem restoration as a means of reducing the long-term impact of drought and deforestation.

Kenya Red Cross interventions included cash-for-work programs that engaged local communities in risk reduction efforts, such as water conservation, rangeland rehabilitation, and soil conservation activities. These programs aimed to improve food security, reduce vulnerability to climate shocks, and enhance natural resource management in drought-affected areas. The Malagasy Red Cross incorporated community engagement strategies into its livelihood and nutrition support programs and trained local farmers and cooperatives on methods to enhance food security while reducing environmental degradation.

Despite resource constraints and shifting priorities, Angola Red Cross implemented environmental initiatives during the operation. Community mobilization sessions promoted fruit tree planting, tree preservation, and discouraged slash-and-burn practices to protect soil quality, as deforestation for firewood—driven by hunger—was degrading agricultural land. Additionally, farmers received training on using drought-adapted seeds, with a pilot session in Quilengues Municipality, Huila Province, involving 40 farmers. This effort promoted climate-smart agriculture, helping farmers and herders adapt to climate change. By providing immediate food and nutritional assistance while addressing climate risks, the program strengthened community resilience to future shocks.



## Enabling approaches



### National Society Strengthening

#### Objective:

|                 | Indicator                                                                                                                         | Actual | Target |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| Key indicators: | National Society has acted on recommendations from real-time evaluations and other evaluations                                    | 6      | 28     |
|                 | Number of volunteers involved in the response operation that have increased their skills in response and management of operations | 7,100  | 11,320 |
|                 | All volunteers covered by health, accident and death compensation                                                                 | 7 NSs  | 100%   |

The Africa Hunger Crisis response was not only about meeting urgent humanitarian needs, but it was also a transformative opportunity to strengthen National Societies (NSs) as auxiliary partners to their governments and as trusted actors in their communities. Investments in capacity development, systems strengthening, and volunteer support ensured that the Red Cross Red Crescent network was better prepared to respond to current and future crises.

At the heart of this strengthening effort was the **volunteer network**—a force of over **3.8 million volunteers across 49 African National Societies**, many of whom were themselves affected by the crisis. Volunteers were trained, equipped, and supported to deliver life-saving services, from cash distributions to nutrition screening and hygiene promotion. Their deep connection to communities, cultural awareness, and linguistic skills allowed them to reach even the most remote and vulnerable populations.

#### *Enhancing Operational and Strategic Capacities*

The Africa Hunger Crisis response served as a catalyst for building stronger, more agile, and better-prepared National Societies. This capacity strengthening extended from National Headquarters to the branch level, ensuring that even the most remote communities could be reached with life-saving assistance.

A key achievement was the development of **Preparedness for Effective Response (PER) Action Plans** by 10 National Societies. These plans allowed for prioritised investments in operational readiness, including branch-level capacity strengthening and crisis response systems. Through PER and other initiatives, National Societies are now better positioned to anticipate, prepare for, and respond to future emergencies.

Cash and Voucher Assistance (CVA) readiness was another hallmark of the response. All 18 National Societies involved maintained their capacity to deliver cash assistance through multiple modalities. This included training staff and volunteers, developing Standard Operating Procedures, and strengthening financial systems. Across Africa, 38 National Societies are now CVA ready, demonstrating a regional shift towards more flexible, dignified, and scalable assistance model.

Legal and institutional strengthening was also prioritised. Eight National Societies received support to update their Disaster Law frameworks, reinforcing their auxiliary roles and clarifying protocols for engagement with governments and humanitarian partners. This strengthened legal basis enhanced their credibility and operational reach during the hunger crisis.

To promote financial sustainability and resilience, National Societies were supported to develop resource mobilisation plans and enhance domestic fundraising capabilities. This included technical assistance for income generation initiatives such as first aid and health services, alongside improved asset management systems.

Digital transformation played a critical role in modernising National Society operations. Tools like Kobo Collect, IM dashboards, and real-time data systems were introduced, enabling better monitoring, reporting, and decision-making at all levels. These systems not only improved efficiency during the emergency response but also laid the groundwork for long-term organisational strengthening.

Finally, investments in leadership development, accountability systems, and youth and volunteering initiatives reinforced the position of National Societies as key actors in localisation and community resilience efforts. The strengthened capacities achieved through the Africa Hunger Crisis response will yield benefits far beyond the life of the appeal.

#### *Focus on volunteer development and protection*

The AHC response significantly enhanced the capacity of volunteers, equipping them with technical skills in disaster response, health interventions, cash transfer programming, nutrition screening, and psychosocial support. These trainings ensured that volunteers gained critical response skills, enabling them to serve their communities more effectively while also promoting their own professional and personal development.

In Burkina Faso, 150 volunteers were trained in Community Engagement and Accountability (CEA), enabling them to document and respond to community feedback efficiently. In Ethiopia, 281 volunteers were trained in Community-Based Mid-Upper Arm Circumference (MUAC) screening, allowing them to assess malnutrition levels and refer children for nutritional support programs. Additionally, 40 health extension workers received specialized training in child nutrition, dehydration assessment, and referral pathways. The Mali Red Cross trained 101 volunteers in psychosocial support (PSS), ensuring that displaced families and communities affected by hunger-related stress had access to mental health services.

In Somalia, 170 volunteers played an active role in community awareness campaigns and hygiene promotion, conducting door-to-door sensitization and clean-up activities to prevent disease outbreaks in vulnerable areas. In Niger, 40 volunteers were trained in Infant and Young Child Feeding (IYCF) practices, ensuring that caregivers and mothers had access to essential nutrition education.

In South Sudan, 73 women volunteers from community savings groups were trained in Village Savings and Loan Associations (VSLAs), equipping them with financial literacy and sustainable business development skills. The Democratic Republic of Congo (DRC) Red Cross trained 50 volunteers in malnutrition screening using Family MUAC bracelets, allowing for early detection and referral of malnourished children to healthcare centres.

All volunteers covered by health, accident, and death compensation. Given the high-risk environments in which AHC volunteers operated, including conflict-affected areas, disease outbreak zones, and disaster-prone region, National Societies prioritized ensuring full coverage for volunteers through health, accident, and death compensation policies. This consistent commitment to volunteer well-being across National Societies ensured that those on the frontlines of the hunger crisis response were protected, reinforcing the importance of safeguarding humanitarian workers in crisis settings.

In Kenya, all volunteers deployed in AHC response operations were covered under the National Society's health and accident insurance policy, ensuring that they had access to medical care in the event of illness or injury. In Ethiopia, the National Society extended health and accident insurance coverage to all volunteers engaged in cash distribution, nutrition screening, and hygiene promotion efforts.

In Mali, 101 volunteers trained in psychosocial support (PSS) were covered under insurance policies, acknowledging the mental and emotional toll of responding to hunger-affected communities. In Burkina Faso, 150 volunteers participating in community engagement, health, and hygiene promotion initiatives were insured against work-related accidents and health risks.

The Niger Red Cross ensured that volunteers deployed in cash distribution and nutrition programs were covered, recognizing the physical and security risks of operating in food-insecure regions. In South Sudan, volunteers working on livelihood and reforestation projects were included in insurance policies to mitigate risks associated with environmental hazards and insecurity.

The Malawi Red Cross has several volunteers across the country, these provide a pivotal role in the implementation of the work, and they work hand in hand with government stakeholders hence promoting continuity and sustainability of all projects. The Mzimba division has 5,462 volunteers in their database, but the project worked with 190 volunteers from the impact area. These provided much-needed support in monitoring and supervising the work that community members do. At the start of the project, an orientation with Division Members was made involving 10 members (6M & 4F). The meeting was aimed at informing them about the project and its implementation approach. A total of 190 volunteers were reached, these supported in various disciplines including the cash and NFI distribution (160), participation in meetings (10), and those who participated in the lead farmers training at EPA level (20). Deliberate efforts were made to ensure that all volunteers in the district knew about the project and its implementation approach, this enabled learning.

In Angola, all volunteers deployed in this operation were covered by health, accident, and death compensation insurance. The operation directly supported three branches and the national headquarters in capacity development, with Cunene and Huila branches specifically receiving Cash and Voucher Assistance (CVA) training, making the Angola Red Cross Cash and Voucher Assistance (CVA)-ready. A total of 60 volunteers (30 per province) were trained, strengthening Angola Red Cross capacity through human resource development. Additionally, the operation enhanced overall effectiveness by recruiting staff and volunteers, providing training, and procuring essential equipment. Seventeen staff members from the National Society and government also received training, ensuring a more coordinated response. By integrating volunteer and staff capacity-building, the Hunger Crisis appeal improved Angola Red Cross' readiness and effectiveness in delivering humanitarian assistance to target communities.

In Tanzania, the volunteers gained valuable skills and actively participated in various aspects of the response operation. They were involved in cash assistance programs, Community Engagement and Accountability (CEA), Protection, Gender, and Inclusion (PGI), as well as registration, verification, and Post-Distribution Monitoring (PDM). These efforts not only enhanced their operational capacity but also contributed to a more effective and accountable humanitarian response.



## Coordination and Partnerships

| Objective:      |                                                                                           |        |        |
|-----------------|-------------------------------------------------------------------------------------------|--------|--------|
|                 | Indicator                                                                                 | Actual | Target |
| Key indicators: | Number of FSL coordination/partnership meetings conducted with partners and stakeholders. | 279    | 232    |

|  |                                                                     |    |    |
|--|---------------------------------------------------------------------|----|----|
|  | Number of monthly SMCC and movement coordination meetings conducted | 95 | 87 |
|--|---------------------------------------------------------------------|----|----|

The Africa Hunger Crisis response was a testament to the collective strength of the Red Cross Red Crescent Movement and its ability to unite global, regional, and local actors around a shared humanitarian purpose. Coordination and partnerships were at the core of delivering assistance at scale, ensuring resources were aligned, efforts harmonised, and communities reached with timely and effective support.

### **Federation-Wide Approach: Leveraging the Power of the Membership**

The response demonstrated the effectiveness of the IFRC's Federation-wide approach in coordinating a multi-country, multi-partner operation across 18 priority countries. At its centre was the IFRC Secretariat's role in facilitating strategic alignment, technical coordination, and resource mobilisation, enabling the collective capacity of Participating National Societies to support Host National Societies

The IFRC established robust regional and country-level structures, including:

- A Federation-wide Information Management System and 3Ws mapping tool to provide real-time data on needs, gaps, and operational footprints.
- Regular membership coordination mechanisms, including monthly Federation-wide calls, quarterly Food Security Resilience Platform meetings, and Situation Reports (SitReps), fostering a unified response across countries.
- Technical and operational support to African National Societies for developing Hunger Crisis Plans of Action, aligned with the regional strategy and supported by Participating National Societies (PNSs).

Participating National Societies from around the world - including the American, Danish, French, German, Netherlands, Norwegian, Spanish, and Swiss Red Cross Societies—provided critical funding, technical expertise, and surge capacity. In Somalia, for example, coordinated technical support enabled the Somalia Red Crescent Society to deliver integrated health, nutrition, and WASH services in drought-affected regions. In Nigeria and Kenya, PNSs strengthened livelihoods and cash transfer systems, with IFRC ensuring alignment and harmonization. This approach reinforced localisation principles, enabling African National Societies to lead context-specific responses while drawing on the global Movement's collective strengths.

### **Strengthening Movement Coordination and Cooperation**

The Red Cross Red Crescent Movement applied the **Seville Agreement 2.0 and SMCC principles** to enhance cohesion across its components. In countries like Ethiopia, Burkina Faso, Mali, and South Sudan, the IFRC and ICRC coordinated closely to support Operating National Societies. This ensured complementarity between ICRC's focus on conflict zones and IFRC's support for community-based programming.

In Somalia, the Somalia Red Crescent Society (SRCS) served as a coordination hub for IFRC and ICRC activities, leading to efficient resource allocation and reduced duplication.

### **External Partnerships and Humanitarian Coordination**

Beyond the Movement, National Societies actively participated in humanitarian coordination structures, including Food Security and WASH Clusters, Humanitarian Country Teams, and interagency platforms. Partnerships with UN agencies such as WFP and FAO expanded the reach and technical quality of interventions, while collaboration with the African Union and IGAD advanced regional advocacy for Zero Hunger initiatives.

This layered coordination model—spanning local communities, national governments, regional bodies, and global partners—demonstrated how a unified approach could maximise collective impact and strengthen resilience across Africa.



## Secretariat Services

### Objective:

| Key indicators: | Indicator                                                            | Actual | Target |
|-----------------|----------------------------------------------------------------------|--------|--------|
|                 | Number of global and regional surge deployed.                        | 45     | ND     |
|                 | Minimum security regulations updated against the changing situation. | Yes    | Yes    |
|                 | Resource Mobilization strategy completed and operationalized         | Yes    | Yes    |
|                 | Risk matrix established and updated regularly.                       | Yes    | Yes    |
|                 | Logistics assessment carried out and operationalized.                | Yes    | Yes    |
|                 | Communication strategy updated.                                      | Yes    | Yes    |

### Federation Surge Capacity

Surge deployments at both the global and regional levels, ensured that National Societies receive specialized technical support in key operational areas. These deployments have been instrumental in scaling up operations, coordinating humanitarian efforts, and filling capacity gaps within the response. Surge deployments have also played a critical role in Movement-wide coordination, supporting efforts to align interventions across IFRC, ICRC, and partner National Societies. These experts have provided technical oversight in key areas such as operations, technical sectors, logistics, security, and disaster risk management, ensuring that humanitarian responses are well-coordinated and responsive to evolving needs.

In Djibouti, an Information Management (IM) delegate was deployed to support digitalization of beneficiary registration, ensuring that data collection and tracking mechanisms were streamlined for greater efficiency. This deployment helped enhance accountability and improved the accuracy of cash transfer programming. Meanwhile, in Ethiopia, a Cash and Voucher Assistance (CVA) Coordinator was deployed to support multipurpose cash assistance interventions, working closely with local teams to strengthen financial service provider agreements, refine cash disbursement strategies, and enhance post-distribution monitoring processes.

To enhance compliance to the Minimum-Security Regulations in the volatile environment in several countries affected by the hunger crisis, National Societies continuously updated their security protocols to reflect emerging risks and operational challenges. In regions facing conflict and instability, including South Sudan, the Democratic Republic of Congo, and Somalia, security measures have been strengthened to ensure the safety of staff and volunteers. Updates included:

- Enhanced security briefings before deployments, ensuring that all personnel are aware of potential risks.
- Field movement tracking systems, which have been expanded to cover high-risk operational areas.

- Closer collaboration with local security actors, ensuring that humanitarian teams can operate safely in areas experiencing violence, displacement, or access restrictions.
- Additionally, National Societies have conducted localized security assessments, ensuring that measures remain contextually appropriate and adaptable to the evolving situation.

### **Resource mobilisation**

A comprehensive resource mobilization strategy has been developed and implemented, ensuring that the Africa Hunger Crisis response remains financially sustainable and well-equipped to address both immediate humanitarian needs and long-term recovery efforts. The strategy focuses on:

- Expanding funding partnerships, including institutional donors, private sector engagement, and philanthropic contributions.
- Strengthening domestic fundraising efforts, with National Societies leveraging local corporate partnerships, high-profile media engagements, and targeted donor outreach.

Throughout the appeal period, concerted efforts were made to position the Emergency Appeal as a strategic platform for addressing the multifaceted hunger crisis across Africa. The appeal messaging emphasized the regional and multi-country nature of the intervention, aligning with global donor priorities on food security, resilience, and anticipatory action. Strategic engagement materials, concept notes, and briefing packs were developed and disseminated across multiple platforms to enhance visibility and influence.

The resource mobilization strategy also heavily relied on unlocking the potential of the Red Cross Red Crescent Movement. Coordination with partner National Societies was intensified to catalyse both direct funding and high-level advocacy with their respective donor governments and private networks. Several bilateral meetings were facilitated between regional leadership and Movement partners to explore co-investment opportunities, alignment of funding priorities, and joint resource mobilization approaches.

Early in the resource mobilization action, steps were taken to broaden the funding base beyond traditional institutional donors by engaging private sector actors and philanthropic foundations. Priority was given to identifying partners with a footprint in Africa and a demonstrated interest in food systems, climate adaptation, or emergency relief.

Recognizing that donor decisions are often influenced at the local level, targeted efforts were made to enhance in-country engagement with embassies, donor agencies, and national governments. National Societies were supported to play an active role in these discussions, contributing to government-led food security strategies and identifying entry points for joint programming. These decentralized efforts reinforced the regional resource mobilization push, leading also to increased bilateral contributions towards Hunger Crisis.

In Nigeria, the National Society has successfully used media platforms and private sector partnerships to generate additional financial support, aligning campaigns with key humanitarian events such as World Humanitarian Day. Similarly, in Ethiopia, close engagement with government agencies and humanitarian funding bodies has enabled the securing of new funding streams, allowing for scaling up of ongoing interventions.

### **Risk Management**

A risk matrix has been established and is continuously updated to reflect shifting operational, financial, security, and programmatic risks. This tool has been critical in ensuring proactive decision-making and risk mitigation across the hunger crisis response. Regular risk assessments have helped teams anticipate challenges and refine response strategies accordingly. In Ethiopia, risk tracking has been integrated into cash programming, allowing teams to adjust disbursement schedules and amounts in response to fluctuating market conditions.

Similarly, in Niger and Burkina Faso, the risk matrix has guided adaptations to implementation strategies in areas facing conflict-related access constraints, ensuring that interventions remain responsive and contextually appropriate.

### **Evidence-based and impact-driven Communications**

The communication strategy for the Africa Hunger Crisis response has been continuously updated to ensure effective public engagement, donor visibility, and community outreach. In Nigeria, messaging has been adapted to reflect local realities, ensuring that communities receive clear and actionable information about available assistance. In Somalia, communication efforts have focused on harmonizing Movement-wide messaging, ensuring cohesion across IFRC, ICRC, and partner National Societies. In Ethiopia and Kenya, National Societies have leveraged radio, digital platforms, and community-based information networks to enhance engagement with affected populations. A [communications pack](#) including templates on the hunger crisis were developed including social cards, animation and a reel. It also featured stories from Somaliland, Djibouti, Mauritania and Malawi. These were shared across various social media platforms to raise awareness and visibility of hunger crisis in Africa. Country profiles were developed and designed for the Southern Africa Drought including additional country-specific profiles for Zambia, Zimbabwe, Mozambique, Malawi, Angola, Lesotho and Madagascar. There were also opportunities to engage media through [press releases](#) and media pitching.

### **Information Management and PMER**

To ensure Hunger Crisis data collection, visualization and reporting are streamlined Information Management and PMER in different countries, indicators were identified, aligned with respective sectoral initiatives and an Indicator Tracking Tool was developed and implemented. A comprehensive Kobo form was drafted in line with the Indicator Tracking Tool, and shared with focal points in National Societies, who reported against indicators monthly through the Kobo form. The data received from National Societies detailing the progress against targets was displayed on a dashboard, embedded on the GO Platform.

When the operational strategy was revised, National Societies also revised indicators and targets to ease data collection and improve decision-making, this revision aimed to:

- Improve data accuracy by ensuring that indicators are relevant and measurable for field teams.
- Enhance decision-making processes by aligning targets with operational realities.
- Ensure streamlined reporting by making data collection more efficient and practical for National Societies.
- The new operational strategy and the revised National Society plans of action have already been published on the GO Platform, making them accessible for reference and implementation.

In addition, to ensure that the response was both evidence based, and data driven, Information Management supported with situation analysis of the hunger crisis in Africa, to support the response and decision making.

To strengthen PMER systems within the Africa Hunger Crisis response, a field visit was conducted from February 4 to 17, 2024, covering Malawi, Tanzania, Djibouti, and Mauritania. The purpose of this visit was to enhance PMER structures, refine data collection mechanisms, and improve overall reporting processes. Following the visit, findings were validated with relevant National Societies and operational clusters, leading to the following key actions:

A Mid-Term Review (MTR) is currently in progress for Niger, Burkina Faso, Mali, Kenya, and Somalia. The purpose of this review is to evaluate the relevance, effectiveness, efficiency, sustainability, and impact of the Africa Hunger Crisis response. It also seeks to assess alignment with IFRC's Nairobi Commitments and generate recommendations for future operations. The key components of the MTR included:



- Strategic Alignment: Reviewing how well AHC activities align with IFRC's commitments and global frameworks.
- Operational Performance: Assessing efficiency and effectiveness in implementation across key sectors such as food security, cash assistance, health, and livelihoods.
- Sustainability and Impact: Identifying whether current approaches support long-term community resilience and self-reliance.
- Recommendations for Future Planning: Proposing improvements for upcoming operational phases, incorporating insights from field teams, partner National Societies, IFRC cluster and regional offices, and the ICRC.
- The review follows a RACI matrix approach, clearly defining who is Responsible, Accountable, Consulted, and Informed at each stage of the evaluation and decision-making process. The MTR has been commissioned by the Emergency Operations and AHC Manager, ensuring that findings directly inform future operational strategies.

## Conclusions and ways forward

The Africa Hunger Crisis Emergency Appeal has demonstrated the collective strength and adaptability of the Red Cross Red Crescent network in the face of one of the most complex food insecurity emergencies in decades. Despite operating in fragile and dynamic contexts, the response reached over 2.6 million people across 18 priority countries, delivering life-saving assistance and laying foundations for long-term resilience.

Key achievements included:

- Scaling up CVA to over 211,000 households, empowering communities with choice and dignity.
- Supporting livelihoods restoration and climate-smart agriculture, helping households transition from dependency to self-reliance.
- Providing critical health and nutrition services, screening tens of thousands of children for malnutrition and reaching millions with hygiene promotion.
- Strengthening National Societies' capacity through training, digital tools, and volunteer development - ensuring sustained community presence and auxiliary support to governments.
- Coordinating a Federation-wide response involving 26 Participating National Societies, the ICRC, and external partners, demonstrating the power of unified humanitarian action.

Lessons from the operation underscore the importance of:

- Embedding resilience-building from the outset to reduce long-term aid dependency.
- Strengthening community engagement and feedback systems to ensure relevance and accountability.
- Investing in National Societies' operational readiness, particularly in CVA, information management, and protection-sensitive programming.

Looking forward, the Red Cross Red Crescent network is committed to sustaining momentum through the **Pan-African Zero Hunger Initiative**, aligning emergency response with long-term food security and resilience goals. This includes scaling up climate-smart livelihoods, strengthening health and WASH systems, and deepening engagement with governments and regional bodies to address structural drivers of hunger.

The Africa Hunger Crisis response has reaffirmed the Movement's unique auxiliary role and its ability to adapt and innovate in challenging contexts. Building on these experiences, future operations will continue to prioritise community-led solutions and localisation, ensuring that vulnerable populations are not only assisted but empowered.

## **D. FINANCIAL REPORT**

The interim financial report is attached.

## Contact information

For further information, specifically related to this operation please contact:

### At the IFRC:

- **Regional Head of Health, Disasters, Climate and Crises (HDCC):** Mathew Croucher; Phone: +254 797 334 327; Email: [mathew.croucher@ifrc.org](mailto:mathew.croucher@ifrc.org)
- **Strategic Lead, Preparedness & Response; Health, Disasters, Climate, and Crises Unit:** Rui Oliveira; Phone: +254 780 422 276; Email: [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org)

### For IFRC Resource Mobilisation and Pledge support:

- **Head of Strategic Partnerships and Resource Mobilization:** Louise Daintrey-Hall; Phone: +254 110 843 978; Email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org)

### For In-Kind donations and Mobilization table support:

- **Manager, Global Humanitarian Services & Supply Chain Management,** Allan Kilaka Masavah, [allan.masavah@ifrc.org](mailto:allan.masavah@ifrc.org) ; +254 (0) 113 834 921

### For Performance and Accountability support (planning, monitoring, evaluation, and reporting inquiries)

- **IFRC Regional Office for Africa** Beatrice Okeyo, Head of PMER & QA, email: [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org), phone: +254732 404022

## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

# Operational Strategy

## INTERIM FINANCIAL REPORT

| Selected Parameters |                 |           |          |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2021/05-2025/05 | Operation | MGR60001 |
| Budget Timeframe    | 2021/05-2024/12 | Budget    | APPROVED |

Prepared on 09 Jul 2025

All figures are in Swiss Francs (CHF)

### MGR60001 - Africa - Hunger Crisis

Operating Timeframe: 13 May 2021 to 31 Dec 2024; appeal launch date: 29 Jun 2021

## I. Emergency Appeal Funding Requirements

|                                           |                    |
|-------------------------------------------|--------------------|
| <b>Total Funding Requirements</b>         | <b>232,500,000</b> |
| <b>Donor Response* as per 09 Jul 2025</b> | <b>26,788,831</b>  |
| <b>Appeal Coverage</b>                    | <b>11.52%</b>      |

## II. IFRC Operating Budget Implementation

| Planned Operations / Enabling Approaches               | Op Strategy        | Op Budget         | Expenditure       | Variance        |
|--------------------------------------------------------|--------------------|-------------------|-------------------|-----------------|
| PO01 - Shelter and Basic Household Items               | 0                  | 239,691           | 90,442            | 149,249         |
| PO02 - Livelihoods                                     | 99,000,000         | 2,202,508         | 3,024,241         | -821,733        |
| PO03 - Multi-purpose Cash                              | 0                  | 6,772,272         | 7,583,797         | -811,525        |
| PO04 - Health                                          | 6,600,000          | 2,701,808         | 2,068,816         | 632,992         |
| PO05 - Water, Sanitation & Hygiene                     | 9,240,000          | 2,267,876         | 2,794,031         | -526,154        |
| PO06 - Protection, Gender and Inclusion                | 660,000            | 100,441           | -598,615          | 699,057         |
| PO07 - Education                                       | 0                  | 0                 | 0                 | 0               |
| PO08 - Migration                                       | 0                  | 0                 | 26,561            | -26,561         |
| PO09 - Risk Reduction, Climate Adaptation and Recovery | 660,000            | 9,195,163         | 9,263,235         | -68,072         |
| PO10 - Community Engagement and Accountability         | 0                  | 182,154           | 187,279           | -5,125          |
| PO11 - Environmental Sustainability                    | 0                  | 63,849            | 58,697            | 5,153           |
| <b>Planned Operations Total</b>                        | <b>116,160,000</b> | <b>23,725,762</b> | <b>24,498,482</b> | <b>-772,720</b> |
| EA01 - Coordination and Partnerships                   | 660,000            | 1,507,867         | 1,825,347         | -317,480        |
| EA02 - Secretariat Services                            | 10,560,000         | 4,897,501         | 3,769,214         | 1,128,286       |
| EA03 - National Society Strengthening                  | 4,620,000          | 3,201,222         | 3,499,704         | -298,482        |
| <b>Enabling Approaches Total</b>                       | <b>15,840,000</b>  | <b>9,606,590</b>  | <b>9,094,266</b>  | <b>512,324</b>  |
| <b>Grand Total</b>                                     | <b>132,000,000</b> | <b>33,332,352</b> | <b>33,592,748</b> | <b>-260,396</b> |

## III. Operating Movement & Closing Balance per 2025/05

|                                                 |                |
|-------------------------------------------------|----------------|
| Opening Balance                                 | 0              |
| Income (includes outstanding DREF Loan per IV.) | 34,317,599     |
| Expenditure                                     | -33,592,748    |
| <b>Closing Balance</b>                          | <b>724,851</b> |
| Deferred Income                                 | 90             |
| Funds Available                                 | 724,941        |

## IV. DREF Loan

|                                  |        |           |              |           |                      |                  |
|----------------------------------|--------|-----------|--------------|-----------|----------------------|------------------|
| * not included in Donor Response | Loan : | 8,525,193 | Reimbursed : | 1,076,462 | <b>Outstanding :</b> | <b>7,448,731</b> |
|----------------------------------|--------|-----------|--------------|-----------|----------------------|------------------|

# Operational Strategy

## INTERIM FINANCIAL REPORT

| Selected Parameters |                 |           |          |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2021/05-2025/05 | Operation | MGR60001 |
| Budget Timeframe    | 2021/05-2024/12 | Budget    | APPROVED |

Prepared on 09 Jul 2025

All figures are in Swiss Francs (CHF)

### MGR60001 - Africa - Hunger Crisis

Operating Timeframe: 13 May 2021 to 31 Dec 2024; appeal launch date: 29 Jun 2021

## V. Contributions by Donor and Other Income

| Opening Balance                                      |                   |              |                  |                  |                   | 0               |
|------------------------------------------------------|-------------------|--------------|------------------|------------------|-------------------|-----------------|
| Income Type                                          | Cash              | InKind Goods | InKind Personnel | Other Income     | TOTAL             | Deferred Income |
| American Red Cross                                   | 3,500,877         |              |                  |                  | 3,500,877         |                 |
| Australian Red Cross                                 | 278,929           |              |                  |                  | 278,929           |                 |
| Austrian Red Cross                                   | 35,509            |              |                  |                  | 35,509            |                 |
| Bahrain Red Crescent Society                         | 125,982           |              |                  |                  | 125,982           |                 |
| British Red Cross                                    | 1,634,071         |              | 142,365          |                  | 1,776,437         |                 |
| British Red Cross (from British Government*)         | 834,528           |              |                  |                  | 834,528           |                 |
| Coca Cola Foundation                                 | 229,273           |              |                  |                  | 229,273           |                 |
| Danish Red Cross                                     | 120,658           |              | 15,200           |                  | 135,858           |                 |
| Danish Red Cross (from Danish Government*)           | 103,703           |              |                  |                  | 103,703           |                 |
| DREF Anticipatory Pillar                             |                   |              |                  | 322,761          | 322,761           |                 |
| DREF Response Pillar                                 |                   |              |                  | 7,448,731        | 7,448,731         |                 |
| European Commission - DG ECHO                        | 300,665           |              |                  |                  | 300,665           |                 |
| Finnish Red Cross                                    | 610,090           |              | 14,730           |                  | 624,819           |                 |
| Finnish Red Cross (from Finnish Government*)         | 260,404           |              |                  |                  | 260,404           |                 |
| Government of Malta                                  | 19,695            |              |                  |                  | 19,695            |                 |
| Hong Kong Red Cross, Branch of the Red Cross Socie   | 70,429            |              |                  |                  | 70,429            |                 |
| Icelandic Red Cross                                  | 38,000            |              |                  |                  | 38,000            |                 |
| Icelandic Red Cross (from Icelandic Government*)     | 542,000           |              |                  |                  | 542,000           |                 |
| Irish Red Cross Society                              | 27,891            |              |                  |                  | 27,891            |                 |
| Italian Government Bilateral Emergency Fund          | 1,206,340         |              |                  |                  | 1,206,340         |                 |
| Italian Red Cross                                    | 896,488           |              |                  |                  | 896,488           |                 |
| Japanese Government                                  | 731,655           |              |                  |                  | 731,655           |                 |
| Japanese Red Cross Society                           | 1,121,217         |              |                  |                  | 1,121,217         |                 |
| Nestle                                               | 404,658           |              |                  |                  | 404,658           |                 |
| Norwegian Red Cross                                  | 202,864           |              |                  |                  | 202,864           |                 |
| Norwegian Red Cross (from Norwegian Government*)     | 5,298,927         |              |                  |                  | 5,298,927         |                 |
| On Line donations                                    | 13,284            |              |                  |                  | 13,284            |                 |
| Other                                                | 7,163             |              | 1,267            |                  | 8,429             |                 |
| Red Cross of Monaco                                  | 178,145           |              |                  |                  | 178,145           |                 |
| Saudi Red Crescent Authority                         | 154,911           |              |                  |                  | 154,911           |                 |
| Saudi Red Crescent Authority (from Saudi Arabia Gove | 1,500,000         |              |                  |                  | 1,500,000         |                 |
| Singapore Red Cross Society                          | 21,710            |              |                  |                  | 21,710            |                 |
| Slovenia Government                                  | 68,941            |              |                  |                  | 68,941            |                 |
| Spanish Government                                   | 196,666           |              |                  |                  | 196,666           |                 |
| Swedish Red Cross                                    | 1,504,486         |              |                  |                  | 1,504,486         |                 |
| Swedish Red Cross (from Swedish Government*)         | 396,901           |              |                  |                  | 396,901           |                 |
| Swiss Red Cross                                      | 100,000           |              |                  |                  | 100,000           |                 |
| Taiwan Red Cross Organisation                        | 21,040            |              |                  |                  | 21,040            |                 |
| The Canadian Red Cross Society                       | 146,939           |              | 14,187           |                  | 161,126           |                 |
| The Canadian Red Cross Society (from Canadian Gov    | 960,974           |              |                  |                  | 960,974           |                 |
| The Netherlands Red Cross                            | 62,987            |              |                  |                  | 62,987            |                 |
| The Netherlands Red Cross (from Netherlands Govern   | 2,554,580         |              |                  |                  | 2,554,580         |                 |
| UNICEF - United Nations Children's Fund              | 23,617            |              |                  |                  | 23,617            | 90              |
| Write off & provisions                               |                   |              |                  | -148,836         | -148,836          |                 |
| <b>Total Contributions and Other Income</b>          | <b>26,507,195</b> | <b>0</b>     | <b>187,748</b>   | <b>7,622,656</b> | <b>34,317,599</b> | <b>90</b>       |
| <b>Total Income and Deferred Income</b>              |                   |              |                  |                  | <b>34,317,599</b> | <b>90</b>       |