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# East Africa Region Mid-Year Report

 International Federation  
of Red Cross and Red Crescent Societies

**MAA64003**

**24 September 2012**

**This report covers the  
period 1 January 2012 to  
30 June 2012.**



*Child growth monitoring in Turkana Photo  
KRCS*

## Overview

The Eastern Africa Region, is characterised by the complexity of slow and fast onset emergencies, with some of the worst humanitarian statistics in the world, the term complex emergencies was coined within Eastern Africa. In 2010/11 the crisis in the Horn of Africa has been cited as the most severe crisis in the last century. More than 13 million have been quoted as effected, with a mixture of natural and man-made causes. The EA Regional team, have supported in the scale up of National Societies, response to the HoA crisis: Although the `CNN moment` of the crisis has decreased, learning from the response in building the on-going resilience work, surge capacity for National Societies working with their governments, continued advocacy within the wider humanitarian sector in Eastern Africa on relevant and appropriate response, M&E, learning and reporting are crucial aspects of the EA Regional Representation work going forward into 2012 in addition to ongoing National Society recovery work on the response.. At the time of writing this report ICPAC (Inter-Governmental Climate Information, Prediction, Early Warning and Application for Sustainable development) a specialised agency of IGAD have already predicted that the Eastern African regional will be facing El Nino (higher likelihood of floods) conditions in the later stage of 2012 and again La Nina (Drought conditions) from February 2013. The Eastern African Regional Representation will continue to position itself within its coordination, representation and influencing mandate for national societies not just as first responders to emergencies within the countries and region, but also a key player in the resilience debate and actions within the region. The EA Regional Representation will continue to promote and influence the wider sector on the National Societies niche and ability of the scope and scale of its work, within the countries and region. Please see EA RR LTPF

Over the last twenty years, the number of disasters has nearly doubled worldwide due to the effects of climate change. We are also beginning to see droughts, storms and floods of greater intensity, occurring in new areas and affecting more communities, this is increasingly apparent in Eastern Africa. Most countries do not have specific laws in place for facilitating and regulating international relief, and even if they do they are not always implemented. The result is a common set of problems, including unnecessary taxation or delays at customs, and restrictions in the operation concerning the use of communication equipment and a lack of overview over the quality of the assistance delivered to the affected communities. Other issues arise from the growing number and greater variety of international humanitarian actors, which make it much more difficult for the affected State to coordinate the assistance and monitor the type and quality of the relief offered to its population. It is widely accepted that the poor and marginalized will bear the brunt of these developments if we do not pass to action, both to reduce disaster risks and to be better prepared for responding to disasters when they strike. As affirmed in the Hyogo Framework for Action, law is a critical tool for empowering such action and adapting to a changing world.

The drought in the Horn of Africa, which began in November 2010, was predicted long before its onset. This drought is a case in point when it comes to the issues mentioned above. With operations in the Horn of Africa, several regulatory barriers to the provision of humanitarian assistance in the region were apparent. Examples of such regulatory complications relate to the clearance and transit of food aid, entry and registration of humanitarian personnel and to the many spontaneous efforts to provide relief in the Horn of Africa by both 'briefcase' NGOs as well as private entities, which have led to problems relating to transport and security measures. These barriers could have been avoided beforehand by legally facilitating and efficiently regulating the delivery of international humanitarian assistance by the affected States.

In 2012 the Eastern Africa region organized and co-facilitated with the International Disaster Laws (IDL) delegate for the Africa Zone, key workshops, in the region to analyze the problems experienced and to develop tools and strategies to avoid these issues in future. The first workshop in Rwanda in February brought together the Disaster Management Government Department of Rwanda (MIDIMAR), UN agencies and NGOs and another Horn of Africa Regional workshop co-hosted with UNOCHA brought together members of country governments (DM, Health and Legal Departments), National Societies, IGAD, AU, UN and INGOs. Other programmes and activities in IDL have continued in Uganda and a programme starting in Kenya during this year.

During the early period of 2012 increased population movement was witnessed in Rwanda and Uganda from the violence in the Democratic Republic of Congo and Burundians returning from Tanzania. The Government of Tanzania has indicated that approximately 38,000 Burundian refugees living in Mtabila refugee camp should return to Burundi. Additionally the Kenya Red Cross continues to operate in Daadab, the largest refugee camp in the world, responding to the Somalia refugee crisis with limited access and actions from the wider humanitarian sector, due to security concerns. As a result the East Africa Regional Representation office has developed a population framework and contingency plan to support the ongoing National Society operations, including ongoing work in Ethiopia, Sudan and South Sudan.

Cholera epidemics also occurred in Burundi and Uganda, prompting the issuance of respective DREF appeals. The WatSan and Health departments are developing and coordinating with the National Societies, pro-active proposals in response to the cyclical cycle of health emergencies in the region and basic research components regarding "social mobilization" in connection to cholera/epidemic outbreak management.

The Disaster Management department reorganized its role in supporting National Societies, through ongoing learning and feedback on support by dedicating focal persons for six national societies as well as the IFRC Country Representations.

For the first half of the year, PMER Department has been involved in planning at NS level and regional level, M&E capacity assessments, monitoring missions, trainings as well as quality assurance and submission of reports to relevant stakeholders. The department has also supported some NS in organizing high level meetings, learning and communications support. The overall PMER support is geared towards improving the quality of reports and other documents in such a way they present clearly our purpose and value in the interventions we are involved in.

In March 2012, the IFRC EA Regional Representation office, as co-chairs of the Inter-Agency Working Group (IAWG) and Regional Humanitarian Partnership team (RHPT) organised a Horn of Africa High Level Round table. It had been noted the large number of reports and initiatives that have been launched in the second half of 2011, analysing the response to the Horn Drought and making recommendations for areas and issues to be addressed collectively by the humanitarian community in order to ensure more effective recovery and disaster preparedness in the aftermath of this crisis, alongside recommendations for better response to future droughts.

These initiatives included, inter alia:

- Inter-Agency Horn of Africa Plan of Action (launched in 2010, yet finding new momentum of a result of the current crisis)
- IASC and DEC Real Time Evaluations
- IAWG Resolutions for 2012 and Briefing Note on CC/DRR
- Save/Oxfam Report "A dangerous delay"
- ODI Report "System Failure: Time to reboot"
- FSNWG " Food for thought on the HoA crisis"

Much of the analysis did not necessarily highlight new issues, but rather underlines issues that repeatedly emerge during drought crises, and for which the challenge remains effective implementation.

The start of 2012 represented an opportunity to take stock of lessons learned and propose collective action that could secure progress on implementation of recommendations. The RHPT IAWG, FSNWG therefore proposed the holding of a joint roundtable / workshop, identifying key themes emerging from these reports, and explored proposals for the way forward.

Outcomes from the workshop consisted of a set of action for follow up from key groups, including RHPT, IAWG, FSNWG, and Horn of Africa Plan of Action.

An advocacy strategy is being finalized to better position RCRC in the field of resilience by bringing evidence from the field on the benefits of RCRC volunteers' actions to key stakeholders in the humanitarian and development sector raising RCRC added value and key role in linking relief and rehabilitation for development in order to make communities more resilient to risks.

## Working in partnership

Operational Partners	Sectors			
	Disaster Management	Health	Organizational Development	Coordination
American Red Cross				
Australian Red Cross				
Austrian Red Cross				
British Red Cross				
British Red Cross (Land Rover)				

Canadian Red Cross				
Italian Red Cross				
Swedish Red Cross				
Japanese Red Cross				
Taiwan Red Cross				
Japanese Govt				
Norwegian Red Cross				
Netherlands Red Cross				
USAID				
DG ECHO				
DfID				

Others include AfDB, IGAD and the wider Eastern African humanitarian and donor community.

## Progress towards outcomes

### Business Line 1: Raise Humanitarian Standards

#### Outcome 1:

- EA NS effectively build preparedness, response and analytical humanitarian capacity in line with RC/RC and wider international quality, accountability standards. EA NSs will be at the forefront of advocacy on the domestication of IDRL within the region. EA NS will build on a regional collective voice of the strength of community and volunteer action to influence the wider EA humanitarian community.

#### Outputs

- IFRC supports EA NS to promote IDRL within government institutions
- IFRC supports National Societies to influence the wider humanitarian sector, through strong analysis of the role of national societies and their strength in community focused resilience building actions.
- IFRC supports National Societies in actions that are aligned with international humanitarian quality and accountability standards.

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
1.1.1 IDRL training conducted in 3 countries to Government and National Societies		3	2
1.1.2 Regional/Horn of Africa IDRL Training conducted with Government, UN, INGOs and RC/RC		1	1
1.2.1 1 Country and 1 Regional Action Plan developed by Government representatives for the 'domestication' of IDRL		2	2
1.2.2 3 studies conducted on the role of Volunteer action in building resilience		3	1
1.3.1 International Joint Standards assessments, training and action plans developed in 3 National Societies.		3	0
Comments on progress towards outcomes			
<p>As indicated above in February 2011 a workshop was organised in Rwanda in which as an outcome the Rwanda Government is working on its DM Act to include ID. The IDRL delegate for the Africa Zone also delivered workshops, facilitated by the EA RR at the RC Net and Kenya Red Cross.</p> <p>From the 17th to 19th April 2012, representatives from countries in the Horn of Africa gathered in Mombasa, Kenya for an International Disaster Response Laws (IDRL) meeting, to review the lessons learned during the recent drought operations in the region as well as domestic legal framework for the receipt and transit of humanitarian relief. The event was co-hosted by UN OCHA, IFRC and the Kenya Red Cross Society. In attendance were senior government officials from ten countries and National Society representatives. The workshop outcome included country and regional plans of action going forward.</p> <p>IFRC EA RR also:</p> <ul style="list-style-type: none"> <li>hosted the ODI System Failure Launch for the regional humanitarian community (March 2012)</li> <li>Organised and facilitated the Regional Inter-Agency Working Group/Regional Humanitarian Partnership Roundtable on learning on the HoA Drought (March 2012) – as indicated above.</li> <li>Kenya (Samburu/Marsabit) Cash Transfer Research (field work/documentation)</li> <li>Worked with an Intern from the RC/RC Climate Centre to work on the identification and planning Seasonal Climate Forecasts and Early Action Article</li> <li>Research: Change in the Arid Lands Consensus SCUK, OXFAM, Norway RC – Somalia Red Crescent, IFRC Somalia. The research has started in August 2012.</li> </ul> <p>See Business Line 3 for further details.</p> <p>Discussions have started in 2012 on the assessment of National Societies within the framework of the International Joint Standards Initiative (JSI), it is planned that the ToR and PoA is developed in October, with the visit of the Director of one of the International Standards agency visit to the region in September.</p>			

**Business Line 2: To increase Red Cross Red Crescent services for vulnerable people****Outcome 2:**

- EA NS are the first community based responders to every natural and manmade disaster in East Africa

**Outputs**

- NS make effective use of early warning systems to allow for mitigation, preparedness and response to natural disasters and epidemics
- NS are supported continually to build the capacity of their volunteer networks to mitigate the risk of, prepare for and respond to natural disasters and epidemics
- NS are supported to provide timely and appropriate response to natural and man-made disasters and epidemics

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
2.1.1 National and regional risk maps and contingency plans developed in 4 NSs		4	3
2.1.2 1 Learning Curricula developed on the role of NS board and NS Management in Disaster management.		1	0
2.1.3 6 NSs have trained personnel in CBDRR, EW-EA and preparedness		6	
2.1.5 5 NSs have access to a standing emergency stock at either national or regional level sufficient for 5,000 people		5	2
2.1.6 4 NSs are active members in national EW fora		4	6
2.1.7 3 NS use MIS systems for early warning		3	
2.1.8 3 NSs roll out the use of mobile phone technology to expand the reach and speed of messages to and from volunteers (Burundi, Rwanda, Kenya and potentially Uganda)		3	2
2.1.9 3 NSs have volunteers trained and active community based malnutrition monitoring (Kenya and Uganda).		3	
2.1.10 All NSs have trained personnel in emergency response (two NDRT, one RDRT focused on WatSan and Epidemics).		3	1 completed, Planned end of Sept 2012 for Burundi and Rwanda
2.1.11 2 NSs have trained personnel in management of 'uncomplicated' acute malnutrition.		2	
2.1.12 WatSan emergency response tools, equipment and mechanisms reviewed and updated in 4 NS and at regional level (Kenya, Djibouti, Uganda, and South Sudan).		4	4
2.1.13 WatSan RDRT specialized member roster reviewed and updated.			Done
2.2.1 A minimum of 1 Health/WatSan focused RDRT training		1	

performed per year.			
2.2.2 3 specific governance, management and branch support programmes developed and implemented.		3	
2.3.1 DREF applications are turned around in 48 hours			11
2.3.2 Appeals are turned around in 4 days			3
2.3.3 3 NSs have Cash interventions part of their response options		3	
2.3.4 Emergency operations are regularly evaluated (4 per year)		4	
2.3.5 Operations Updates and reports are produced on time		See below	
2.3.6 IFRC facilitates deployment of surge capacity when required			Done in South Sudan
2.3.7 Refugee operation in Kenya is funded, reported on and supported			

#### Comments on progress towards outcomes

The IFRC EA regional representation has been working over the period to pilot the innovative use of mobile technology for data collection and beneficiary communications in the National Societies of Burundi and Rwanda. The team provided support for the equipment and training on Episurveyor skills to staff and volunteers in Burundi and Rwanda National Societies. The trained teams are now able to design forms, collect data using mobile phones and be able analyze data and create reports for evidence based decision making .A total of 24 participants (21 males and 3 female) from Burundi 19 (14males and 5 females) from Rwanda benefitted from this training. The two National Societies have continued to use the tool in surveys and needs assessments. Lead teams were selected from the two National Societies to champion the use of Episurveyor as well as roll out other trainings to support more volunteers.

Reflection sessions on Episurveyor use are planned with the two NSs to draw lessons and plan for scale up which shall include; documentation and reporting on activities related to programmes, projects and operations; training of new volunteers and staff on the use of Episurveyor, mainly using coaching so as to minimize costs; documentation of lessons learned, monitoring and evaluation and measuring the impact of the use of Episurveyor in the two National Societies.

The WatSan/Health and DM units supported the National Disaster Response Team (NDRT) training that was carried out at the Red Crescent Society of Djibouti (RCSD). A total of 25 staff from 6 branches participated in the training. The trained NDRT were deployed to assist in emergency response during a recent outbreak of Diarrhoea. A joint NDRT WatSan /Emergency Health training is planned for Burundi and Rwanda in the second week of October 2012. In addition, a Regional Disaster Response Team (RDRT) WatSan /Emergency Health training will be conducted in October 2012. The training targets to 25 participants from the Eastern Africa Region.

The Health/WatSan unit offered technical support in the review of the Disaster Relief Emergency Fund (DREF) operations launched in Kenya, Uganda, South Sudan and Rwanda. The unit also replenished a Cholera emergency kit for the Uganda Red Cross Society (URCS) during a cholera operation.

Preliminary discussions between URCS, IFRC-Geneva and IFRC-Nairobi have indicated that momentum seems there for the initiation of a basic research component, looking into the effectiveness of “social mobilization” activities in connection to cholera/epidemic outbreak management and containment. Kenya Red Cross Society (KRCS) and IFRC EARR are currently working on the regional WatSan emergency response

kit.

An European Commission Humanitarian Office (ECHO) funded Disaster Risk Reduction (DRR) project was launched in June 2012, aiming to train 945 and 335 volunteers in Kenya and Uganda respectively in detection and management of acute malnutrition. The project period is June 2012 to June 2013.

The IFRC East Africa Regional Representation Office is seeking to support the Kenya and Uganda National Societies to pilot new approaches to respond at scale to nutritional crises and to build community resilience and preparedness in between crises. This action plans to establish community-based Red Cross volunteers capable of assisting government and other actors in the provision of essential nutrition, WatSan and education services. Red Cross (RC) volunteers from selected vulnerable, drought prone communities will receive training, primarily within the fields of nutrition and WatSan, but also to some extent within education. In addition, National Societies will engage with a range of stakeholders, including national DRR and drought early warning to advocate for new approaches to DRR and response to drought, food-insecurity and nutritional crises. This component aims to bring about a sustained change in policy and practice .The Red Cross volunteer workforce will provide two main results: Provide essential nutrition, WatSan and education services, during and in between drought, food-insecurity and nutrition crisis;. Advocate for inclusion of new approach to DRR with stake holders. Once trained, Red Cross volunteers will be supported technically at field/community level on a regular basis by relevant technical counterparts from the respective RC branch.

During the Kenya Drought, ECHO funded the operation through the Provision of Emergency Health care in drought affected areas. In line with the National Health Sector Strategic Plan II (2005-2010) The Kenya Essential Package for Health (KEPH) in empowering Kenyan households and communities to take care of improving their own health, KRCS reached 6 community units with 30,688 people in north eastern and 3 Community Units with average of 5,000 people (15,000) in Turkana. Community Health Workers and KRCS volunteers during the months of January to June were involved in house to house education on messages of Cholera prevention and Control, proper hygiene and sanitation practices. The Community Health Workers were assigned specific number of household to visit regularly which did not exceed 20 households. A total of 419,580 people were reached through these house to house visits (75,600 – Isiolo, 276,480 North Eastern and 67,500 in Turkana). From the visits, it was evident that the community was responsive to the message passed as sanitation structures made from locally available materials such as dish racks and latrines fully fitted with leaky tins/tippy taps could be seen being used for hygiene and sanitation purposes. During the second quarter of the project, KRCS procured and distributed 2,800 (20L) water jerry cans, 135 hand washing facilities, 173 boxes of sanitary towels, 244 boxes of bar soaps, and 130 buckets of detergent. 2,622 households benefited from the hygiene promotion materials that comprised of a water jerry can and 2 bars of soap. 66 schools were provided with 2 hand washing facilities that were accompanied with two buckets of powder soap for hand washing. These same schools were provided with sanitary towels especially targeting those communities leading a pastoralist kind of life.

The IFRC EA Regional Health Coordinator participated in the annual Global Health Team Meeting held in Geneva, on 26-30 March 2012. The aim of the meeting was to share updates and hold discussions on relevant technical health related issues such as HIV/AIDS, Tuberculosis (TB), Malaria, Community Based Health and First Aid (CBHFA), maternal, newborn and child health (MNCH), WatSan, Climate change, among other topics.

The Tanzania Red Cross National Society (TRCS) participated in national meetings following the crop and food security assessment. A Final assessment report is yet to be approved by the government. A discussion has been going on to strengthen cooperation and access to early warning reports from metrological departments. Similarly, KRCS through the climate change adaption project negotiated access to early warning and weather reports for Kenya to ensure KRCS preparedness for potential risks.

A total of 11 DREFs were supported and approved, mainly in response to disease outbreaks, floods and population movements in Uganda, Kenya, Rwanda and Sudan. Three (3) emergency appeals were supported for South Sudan, Sudan and Kenya. The IFRC EA Region's Technical Support Unit (TSU) team provided technical feedback and input during the preparation of these DREFs and Appeals, and negotiate them through with colleagues in GVA to secure timely approval.

The planned cash transfer intervention through the drought response appeal in Tanzania was stopped by the government as they saw it as an inappropriate way of response. TRCNS and IFRC explained this to the Prime Minister's Office in Tanzania in order to demonstrate the effectiveness of this approach based on experience in neighbouring countries. More education and awareness rising will be needed for buy in by the Government to this innovative approach. Discussions have been conducted and plans are being finalized with the American Red Cross, Kenya Red Cross and Uganda Red Cross so as to carry out cash transfer training in Kenya and Uganda. The above initiative is part of a partnership with financial support from the American Red Cross.

The possibility of pre-positioning emergency stocks for 5,000 beneficiaries at IFRC EA Region is being discussed. However, Burundi RC has pre-positioned stocks for relief supplies in all its provinces for a total of 5,000 beneficiaries in the country.

The regional office signed off an agreement to support Kenya and Tanzania National Society to implement Tsunami residual funds. The KRCS Supply Chain Unit is a support function that aims to deliver efficient, effective and quality service to the organization. It is responsible for managing the logistics, warehouse, procurement and Business Development functions. The residual funds will be used to support this unit. Tanzania Red Cross secured funding for 2 years to build relevant capacity to address community vulnerabilities. The project will focus on enhancing the NS's institutional capacities and strengthening DM capacity in order to improve the emergency response. The DM activities will involve replenishment of stocks of essential response items and to equip response teams, developing community resilience strategy and DRR activities to enhance community resilience including urban populations and training teams on NDRT, Vulnerability Capacity Assessment (VCA) and Participatory Hygiene and Sanitation Transformation (PHAST). Another focus will be strengthening the institutional capacity building by reviewing and updating the NS Strategic Development plan for the period 2012-2015 and reviewing the finance function of the NS in terms of systems and procedures

The IFRC EA Regional Representation Office is supporting National Societies of Kenya and Uganda to develop risk maps. Four branches in Kenya (Samburu, Tana River, Marsabit and Moyale) have developed risk maps to guide them on the project design and areas that are on high risk. The maps will also be used for resource mobilization at branch level. This exercise will be done in other National Societies to support branches in awareness and mitigation of risks.

Surge capacity support was provided to IFRC South Sudan Office and South Sudan Red Cross in response to the Population Movement Operation. RDRT members from Burundi, Rwanda, Uganda Red Cross societies as well as EARRO's communications department and PMER were deployed to provide support in terms of response and documentation.

Plans are underway to implement CBDRR initiatives on EW-EA. Specifically, the EARRO plans to:

- Provide support to National Societies to build capacities at headquarters and branch levels to undertake effective adaptation and crisis management activities.
- Promote learning on DRR and climate change adaptation pertinent to the work in National Societies.
- Representation and coordination with regional DRR groups and initiatives

## Challenge

Transfer of funds related to a number of pledges has finally started to arrive, which has been one of the key causes of delays in accomplishing a number of key deliverables in the plan.



**A Pillar of Support for Once Vulnerable Communities:** Judith a Burundi Red Cross volunteer, together with 21 other women volunteers, have a vegetable farm, an income generating initiative, and this is the source of her joy.

**Business Line 3: To strengthen the specific Red Cross Red Crescent contribution to development**

**Outcome 3:**

- EA NS effectively build community resilience to slow, onset disasters in the region.

**Outputs**

- 3.1** IFRC support NS to promote volunteer action to mitigate risk and respond to emergencies in three key slow, onset disaster settings – Arid Lands, Wetlands (through the Lake Victoria Programme) and Urban areas

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
<b>3.1.1</b> Needs assessments conducted and development programmes started in urban settings in 3 countries (Tanzania, Uganda, Kenya)		3 NS	In preparation
<b>3.1.2</b> 3 pieces of research/analysis pieces conducted on changing vulnerability, the role of volunteer action in building		3	4

community resilience in Arid Lands, and Urban areas (Kenya, Somalia, Ethiopia)			
3.1.3 3 NS have established new risk reduction programmes in vulnerable communities – ARID lands and Urban areas		3	2
3.1.4 30 Volunteers trained in 3 National Societies in ToT-monitoring acute malnutrition in arid lands.			
3.1.5 Sustainable food security programming scaled up in arid lands			
3.1.6 Branches, from 5 National Societies along Lake Victoria and other neighbouring lakes supported to mitigate local risks in wetlands, based on a baseline survey and subsequent 'cross border' plan of action developed for 2012.		5	5
3.1.7 A minimum of 2 regional learning/coordination events facilitated annually for National Societies.		2	0
3.1.8 Support provided to all NS in long term strategy prioritization and formulation		6	4
3.1.9 Support provided to all NS program/proposal development			

#### Comments on progress towards outcomes

Under the Lake Victoria Program (LVP), a planning and Annual General Meeting (AGM) for 5 NS working around Lake Victoria was held. The outcome of the two meetings was a consolidated LVP Logical Framework for the East African Region that will guide the revision of 2012 National Societies' Plans of Action.

The overall goal of the LVP is to strengthen community resilience, improve quality of life and livelihood of communities around the Lake Victoria in Uganda, Kenya, Tanzania, Burundi and Rwanda. Support was given to all the 5NSs in reviewing their plans of action, indicators and targets. Monitoring and Evaluation visits have been planned with the 5NSs to draw lessons and case studies for learning, advocacy and fundraising. A regional learning forum is scheduled for November 2012.

Uganda RC was supported in the development of a 3-year proposal for a Global Water Sanitation Initiative (GWSI) WatSan project.

1,000,000 USD has been contributed by the Land Rover Company in conjunction with British RC, who will also manage the partnership. The project will support 45,000 beneficiaries in Uganda with sustainable clean water, adequate sanitation facilities along with hygiene. The overall aim of the project is to improve the living conditions and health status of vulnerable rural communities in Uganda by increasing their access to safe water, improved sanitation and better hygiene practices. The project further aims to reduce hygiene related diseases such as cholera and increasing the capacity of communities to manage water and sanitation facilities that will be availed by the project in a sustainable manner. The Participatory Hygiene and Sanitation Transformation (PHAST) approach will be applied to mobilize communities to address their sanitation and hygiene problems and work with the project management team to identify appropriate technological options for provision of safe and adequate water and sanitation facilities.

The Home Management of Malaria (HMM) project was implemented in 113 hard to reach villages in Malindi and Lamu districts between January 2009 and June 2010 as phase one supported by Canadian Development Agency and phase two supported by IFRC from July 2010 to December 2011. The project has however been provided with a nine month transition period-as it phases out its strategy of community case management to Integrated Community Case Management (ICCM). In the old strategy of community case management, the project targeted children under the age of five, whereby the Community Health Workers (CHWs) provided fever assessment, treatment of uncomplicated malaria fever cases while referring complicated cases which are

beyond them for further management to the local health facilities within the catchment area. In addition to this, the CHWs also carry out other Public health related activities to improve the health status of their communities. However in the next phase which includes ICCM, there is also the component of diagnostic treatment of malaria as part of policy shift from clinical fever assessment and treatment to diagnostic treatment of malaria at community level.

HMM project has been reducing the focus on clinical diagnosis and treatment of malaria as it slowly phases out this activity without creating a service provision gap in this period. As a result of this, the project has been able to address other public health issues such as water and sanitation in the community through the use of volunteers as articulated in the transition phase. These efforts have been successful: In Bungale, latrine coverage has improved substantially from 30% to 70% according to the public health officer in the area. Through the collaboration between the coaches/Community Health Extension Workers (CHEWs) and the CHWs, the strategy of pulling community resources together towards community health service was adopted and community members have been able to carry out communal work to facilitate latrine digging.

In addition, the volunteers together with the District Health Management Team (DHMT) officials conducted campaigns on measles mop up and integrated outreaches in areas affected by the floods given the heavy rains witnessed in the country in the past months. The HMM volunteers have been playing crucial community service roles given the fact that the Ministry of Public Health and Sanitation (MoPHS) relied on them consistently to implement health activities such as the polio campaign carried out first quarter of 2012. On 25 March 2012, KRCS hosted the National World Malaria Day in Msambweni District, where a mass distribution of mosquito nets took place. KRCS team through HMM Project are currently preparing a national documentary on World Malaria Day that will be shared with all partners.

Community Health Workers (CHWs) have been trained in 113 villages in Malindi and Lamu districts to administer Artemether Lumefantrine (AL) to clinical malaria cases in under-fives in order to ensure timely access to life-saving treatment. The village that HMM is being implemented in is characterized by being remote areas with High Malaria burden, poor access to health care services, difficult topographical features and high poverty rates.

The malaria cases reported and treated in 2012 were a bit low compared to previous years. CHWs reported to have assessed 2,911 fevers out of which 94% were treated within 24 hrs which indicates that prompt treatment is being effectively carried out. Community awareness on prevention measures and the knowledge of the causes of Malaria have contributed greatly to the decrease in cases being reported. Adequate and timely supply of AL has also contributed to effective management of cases.

The success of HMM in Malindi and Lamu districts has contributed in policy change. The project will be scaled up in some high malaria burden areas in Kenya through the Global Fund Round 10 Malaria Grant of which KRCS is one of the sub-recipients. Parts of Western Kenya will soon be implementing HMM in line with the revised policy. The implementers will be Kenya Red Cross volunteers of that region in collaboration with the MoPHS.

In April 2012, Japanese Red cross through the support of EARR supported Rwanda and Burundi NSs by funding a nutrition project which aims at empowering communities to prevent diseases, identify, and promote community nutrition through enhanced capacity and also improved accesses to quality maternal and child health services for vulnerable groups in the community.

A harm reduction project is being implemented by Uganda and Kenya NS to change behaviour amongst the youth in regard to drug and substance abuse. The project will continue in mapping out the groups involved in drug/substance abuse, those at risk and orienting Red Cross volunteers to be engaged in implementing behavioural change strategies among youth. The 2 NSs are targeting to reach a total of 120 current and former

drug users in life skill and peer assistance sessions and a further 30 former users in peer education and drug abuse.

The ABCs of DRR including Top Up (small grants by branch to support local initiatives), continue to grow in Kenya, Uganda, Burundi and Rwanda. Not surprisingly, many communities focus on income or food production – such as charcoal briquette manufacture, pig or chicken rearing, gardens, micro-water supply and storage or maintenance, tree protection, or tree planting.

The initiative has received a boost through Uganda Red Cross support. They have made available their Food Security Officer – one of the creators of Top Up and invisible activities to support RC branches in Kenya, Rwanda and Burundi. His travel is facilitated through support from Norwegian RC. A DRR focal person for the EARR has been recruited with the purpose of further developing the ABCs of DRR.

Preparations for a research on changing disaster risks are ongoing. A team leader has been recruited and a memorandum of understanding (MoU's between IFRC, Save the Children and OXFAM) developed. A preliminary piece of research trial on the developed methodology was undertaken in collaboration with the Climate Centre's Intern Initiative. A study was conducted on changes in the Borana of Isiolo and potential changing disaster risks for women. The preliminary findings have been shared.

A research piece on the causes of the Somali Famine 2011 has been approved for publication in the Global Food Security journal later this year. A presentation on the Causes of the Somali Famine was also made to the Food and Agricultural Organization's (FAO's) Symposium for Food Security and Nutrition Information. In addition, the Somalia Famine 2011, "The case for Community Risk Assessment in Famine Early Warning Systems" was made at the World Bank's Global Fund for DRR – Understanding Risk - Conference. An analysis piece on "Regional experience with sharing rainfall information to elicit early action" is being written, in partnership with the Climate Centre. The final draft will be shared in the coming months.

TRCNS was supported in developing 4 proposals to undertake urban risk management interventions in vulnerable communities. This includes support of livelihoods and resilience of flood affected communities in their new settlement. This proposal was submitted to German RC but unfortunately it was not funded. Other funding opportunities will be explored. Other proposals in the pipeline include urban risk reduction and road safety.

Sudanese Red Crescent Society (SRCS) was supported in initiating a planning process for an early recovery programme for Darfur. The NS will need more support to further develop this strategy.

Operational research is ongoing aiming at publishing an advocacy report by mid October 2012 ahead of the Pan African Conference and workshop with Inter-Governmental Authority on Development (IGAD). The report will aim at demonstrating the impact of and promote the scale up of volunteer action in building community resilience through evidence from implementation and cost benefit analysis.

The "Health risk management in a changing climate" project pilot project was started in 2010 with an aim to build capacity to address changing health risks at Red Cross national headquarters, and in local branches and communities in four countries - Indonesia, Vietnam, Tanzania and Kenya - in partnership with governments and scientific institutions. In East Africa Region, the project is being implemented in Kenya and Tanzania NSs. The planned activities at country level include establishing early warning systems to address health impacts associated with the increasing risk of extreme precipitation in Kenya and Tanzania, with a particular focus on diarrhoeal disease in Kenya and malaria control in Tanzania. There is good cooperation between the Kenya and Tanzania NS with their country meteorological centres; a joint memorandum of understanding was signed between the 2 parties in each country. Experts from the Kenya Red Cross also visited the Tanzanian project area, in Tanga Region, and provided welcome peer-to-peer learning and support during the baseline survey

and VCA.

TRCNS also gathered rainfall and temperature information from the meteorological office and data on disease incidence from local clinics going back ten years. By combining the two data sets and using the health-risk baseline survey, the project team designed an innovative early-warning system for use by branches. A contingency plan was developed to help trigger volunteer-interventions appropriate to the season, based on rainfall and historical peaks for both for malaria and diarrheal disease. Health-risk management in Tanzania and Kenya will reinforce the effectiveness and timeliness of community-led health interventions.

#### **Business Line 4: To heighten Red Cross and Red Crescent influence and support for our work**

##### **Outcome 4:**

- Broadened range of stakeholders providing financial and partnership support to NS in East Africa, evidence of effective NS action is represented, through humanitarian diplomacy and grant proposals, to a targeted range of current and potential partners.

##### **Outputs**

- 4.1** EA NS make the case for RC/RC volunteer action to key stakeholders, by collecting evidence and learning from the role of volunteers as first responders to disasters in East Africa, and the role of volunteers in building more resilient communities.
- 4.2** Using these studies, EA NS are supported to build communication and advocacy strategies, targeting the PNS and government back donors, inter-governmental bodies, specifically EU, IGAD, AU and EAC, in order to promote the scale up of effective volunteer action in the region.

<b>Measurement</b>			
<b>Indicators</b>	<b>BL</b>	<b>Annual Target</b>	<b>Year to Date Actual</b>
<b>4.1.1</b> A minimum of 1 study and two evaluations on the HoA operations are conducted (Kenya and Uganda).	0	1	1
<b>4.1.2</b> Regional assessment conducted in all 6 National Societies on current, MIS, Monitoring and Evaluation processes, systems and capacities with recommendations for improvement, cross NS learning and where relevant, standardization can be realized		1 Regional covering 6NS	1 NS
<b>4.1.3</b> National and Regional 'user friendly' MIS/Database developed for capturing evidence of activities on volunteer action		1	0
<b>4.1.4</b> One study of impact and lessons to bring to scale 'invisible activities'		1	
<b>4.1.5</b> 3 cost benefit analysis (CBA) of volunteer action conducted		3	0
<b>4.1.6</b> 3 case studies of volunteer action in arid lands, wet lands and urban areas conducted.		3	
<b>4.1.7</b> 2 studies presented at Pan-African Conference and other statutory events.		2	
<b>4.2.1</b> 1 EA wider Advocacy strategy developed to demonstrate the impact of and promote the scale up of volunteer action.		1	
<b>4.2.2</b> Studies presented at 2 targeted round tables		2	

4.2.3 Studies designed to speak to strategies of major stakeholders			
4.2.4 All appeals (emergency and development plans) launched in the region receive at least 70% funding.		70%.	All development appeals have an average coverage of 91% while emergency appeals an average coverage of 55%.
4.2.5 Funding base diversified with two new partnerships agreements signed annually with non traditional partners.		2	2
4.2.6 One Regional Private sector event held annually for developing new private sector partners for NS.			
4.2.7 NS supported to mobilize resources locally with a 10% annual increase in funds raised.			
4.2.8 Increased compliance to donor regulations, including a minimum of 85% expenditure of funds received and processing of cash pledges and requests within two days of receipt.			
4.2.9 All EA PNS provided with information packs and updates to support their work in advocating for support to EA			

#### Comments on progress towards outcomes

Monitoring and evaluation assessment provided the EARR an opportunity to identify the capacity gaps as well as plan with NS on how to provide capacity required. Tanzania Red Cross has been supported and has shown tremendous improvement in their plan of Action and reporting. MEL/MIS assessment will inform the development of the regional/National MIS data base.

On evaluations, the unit provided support to DM team in development of Terms of Reference, tools, data collection during the Midterm evaluation for the Kenya Drought 2011 response. The consultant that was engaged for the Kenya 2011 drought response did not deliver as expected hence the contract had to be terminated. A new consultant will be recruited to finalize the evaluation report.

In addition, the MEL focal person participated in the recruitment process of a consultant for the Cholera Evaluation in Kenya. Additionally, support was provided in capturing lessons during the Horn of Africa (HoA) learning workshop. Other MEL support included ME input and to East Africa Regional contingency plan and review of proposals and reports to ensure that M&E components and lessons are captured.

*Donor Response:* There has been continuous improvement in the amount of resources raised in the first half of the year to support the East Africa Regional Representation, Country Representations and NS to implement development programmes as well as respond to emergencies. To date, the East Africa Regional Representation annual development plan (MAA64003) is 100% covered, Eritrea (MAAER002) 100% covered, Ethiopia (MAAET002) 77% covered, Sudan (MAASD001) 91%, Somalia (MAASO001) 100% covered, the Republic of South Sudan (MAASS001) 80% covered and lastly Indian Ocean Islands (MAA64002) 89%.

Contributions for the East Africa Regional Representation were received from American Red Cross, Australian Red Cross, British Red Cross, Land Rover, DFID, European Commission-DG ECHO, Italian Red Cross, Japanese Government, Japanese Red Cross, Norwegian Red Cross (ESSO and Norwegian Government), Swedish Red Cross (Swedish Government), Taiwan Red Cross Organization, Canadian Red Cross, United States Agency for International Development (USAID) and through online donations.

On average, the emergency appeals in the region have received 55% funding with the Ethiopia Population Movement Emergency Appeal (MDRET011) and the Kenya Drought Appeal (MDRKE016) being fully funded. IFRC EA Resource Mobilization (RM) focal person will continue to mobilize resources for the other current emergency appeals including the Kenya Population Movement, the Kenya Complex Emergency, Ethiopia Drought, Sudan Complex Emergency, South Sudan Population Movement, Tanzania Drought and Sudan Food Insecurity Appeals that are not fully funded.

To diversify funding for the IFRC East Africa Regional Office, Country Representation and NS in the region, RM facilitated the proposal writing process for funding received from the Japanese Government to support emergency and disaster risk reduction projects implemented by NSs in the region. The office has also strengthened its relations with ECHO receiving funding to support DRR activities as well as emergency operations. Meetings with representatives of USAID/OFDA, ECHO and the African Development Bank to advocate for support to the different projects promoting community resilience being implemented by NS in the region through IFRC. IFRC in partnership with British Red Cross have signed a one million pounds agreement with Land Rover to support WatSan Activities in Uganda.

*Partnerships with Local partners including the corporates:* RM supported a partnership meeting that was held in April 2012 between IFRC, NSs in the region and Coca Cola. Rwanda, Kenya, Uganda, Sudan and Somalia NSs were represented from the region. The purpose of the meeting was to help NSs establish or bolster their relationship with Coca Cola with an overall aim that the company supports the activities as evidenced by the strong relationship between Coca Cola and Kenya Red Cross through which Coca Cola supports the interventions of the National Society. RM will continue to support NS in the region to establish or strengthen relationships with the corporate sector as a way of diversifying their funding sources.

*Donor Relations and compliance:* RM has continued to ensure adherence to RM service standards. Approximately 90% of all cash pledges received are processed and sent back to the donor within two days. In collaboration with the Planning, Monitoring, Evaluation and Reporting (PMER) focal person, RM has strived to send to donors all due reports on time and responded to donor request for information within the shortest time as possible. RM has also supported the technical support team/budget holders and NS to implement the projects in compliance to donor regulations and guidelines. However, the implementation rate against income for the East Africa Regional Office stands at a low of 38% as at 30 June 2012. This is below the expected 85% rate. RM in collaboration with PMER and the Finance Department will continue to support the budget holders to improve on the expenditure rate through monthly sharing of the programme management tool.

RM in partnership with the Communications and Advocacy Department and other members of the technical support team have been providing information to PNS and other donors/stakeholders through regular operational updates. This information has been useful in supporting them to fundraise and advocate support for the work implemented by IFRC and NS in the region. RM also continues to respond to the various requests for information from individual PNSs and other donors.

Regular media, operations and policy updates are usually shared with IFRC East Africa Regional Representation (EARR), Partner National Societies (PNS), and National Societies (NS) to improve information sharing and coordination.

Communication support is provided to various National Societies through writing of web stories, press releases, case studies as well as by providing guidelines on various topics (emergency communication, social media, how to write a case study). This support has enabled EA NS to effectively and in a timely manner enhance communication and information sharing during emergencies and between crisis. Surge communication capacity was also provided to South Sudan.

Internal communication was also enhanced especially through sharing and ensuring adherence to various IFRC standards and branding, as well as through bi weekly publication of a newsletter.

In order to improve accountability and communication towards beneficiaries, the unit focused on beneficiary communication and accountability (BCA). A strategy is currently being developed and will be ready in the second half of the year focusing on supporting NS in that field. Fundraising for the same is also underway. At its core, BCA is a participatory approach that empowers communities by delivering potentially life-saving information into the hands of the people who need it most. It enables vulnerable populations to channel critical data about their situation and needs to the Red Cross Red Crescent Cross Red Crescent. This ultimately contributes to, and increases the speed, quality, relevance and effectiveness of aid, offering us an ability to work closely with communities with the aim of achieving a greater impact.

There is a clear role for the Red Cross Red Crescent to play in building safe and resilient communities by delivering both life-saving and life-changing information to the people who need it most, before, during and after disasters. Research on the characteristics that define safe and resilient communities include communities being knowledgeable, as well as connected through communication and information about how to access services and resources. These characteristics only underscore the importance of BCA and the important role the Red Cross Red Crescent can play in empowering communities with information both pre and post disaster.

Advocacy support is being provided to NS in preparation for the Pan African Conference (PAC). Several advocacy and policy papers have been developed on adaptation and resilience to highlight added value of NS. Support is being given to NSs in the field of advocacy and communication, to get media coverage, and share best practices. Refer to case studies in the Annexes. A Joint call for action with IGAD and new partnerships in building resilient communities is underway.

A regional advocacy group chaired by IFRC EA RR was created in June 2012, co-chaired with CARE international under the Inter Agency Working group (IAWG) which is the equivalent of the Inter Agency Steering Committee (IASC) regionally. The group has over 30 participants from UN and NGOs, and focuses mainly on bringing voices from the field to regional and international stakeholders in order to build more resilient communities and develop a more appropriate funding scheme in linking relief and rehabilitation for development. It also aims at improving coordination among stakeholders. Advocacy events with parliamentarians are being organized in Rwanda and Burundi and will be linked to the RC EU Office and the Joint EU ACP Parliamentary Assembly.

IFRC also co chairs the IAWG communication working group together with the UN Office for Coordination of Humanitarian Affairs (OCHA) and has been organizing joint events. For instance the commemoration of "One year on after the drought" or about improving ways of communicating with disaster affected communities. The group was able to bring in various communication experts and speakers on various issues. The Chair of the Kenya Correspondents Association (KCA) helped participants to brainstorm as to how aid agencies can work more closely with Kenyan journalists and media outlets. Though such interactions, IFRC EARR was able to build stronger media relations and to raise RCRC profile in the region.

Plans are underway to hold a joint fair that convenes experts from Media and Technology fields toward the end of the year. The experts will be given an opportunity to showcase different telecoms and media

applications that can help the working group members communicate more effectively with people in crisis.

An advocacy strategy is being finalized to better position RCRC in the field of resilience by bringing evidence from the field on the benefits of RCRC volunteers' actions to key stakeholders in the humanitarian and development sector raising RCRC added value and key role in linking relief and rehabilitation for development in order to make communities more resilient to risks. In addition, a communication strategy is being finalized, addressing beneficiary communication, social media and emergency communication. Guidelines have been shared as well as key information to commemorate one year on after the drought response.

As part of IFRC EARR advocacy work on resilience, close collaboration with donors (EU, ECHO, USAID) including African Development Bank, African Union (AU), NGOs and the academia is ensured in order to improve policies and funding schemes to be able to better address resilience.

A publication on 'Preventing the next disaster' was shared in June 2012. It included key advocacy messages on resilience <sup>1</sup> highlighting NS work and lessons learnt.

On 20 June 2012, IFRC EARR together with Kenya RC held a one-day conference to discuss about the lessons learnt and way forward a year after the Horn of Africa drought crisis. The aim of the conference was to bring together high level participants from the RC/RC Movement, embassies, governmental institutions and United Nations agencies to provide an open and animated discussion one year on after the drought. The meeting also looked at the lessons learnt and agree on the way forward for the Horn of Africa, including Dadaab refugee camp.

As a result, a joint call for action between IGAD and IFRC to support adaptation and build more resilient communities has been published. This led to the development of a new partnership between IGAD and IFRC on resilience as part of the IGAD regional drought and resilience platform. 7 NS (Djibouti, Somalia, Kenya, Ethiopia, Uganda, South Sudan and Sudan) will develop 5 years resilience programme and IFRC EARR will do the same for regional and cross cutting issues such as water management, livelihood, etc<sup>2</sup>.

There is close collaboration with NS, PMER and Resource mobilization units to gather evidence and lessons learned from implementation in order to better inform advocacy and policy work and to agree on joint objectives (Position IFRC and NS in the field of resilience and as a development actor/Focus on linking relief and rehabilitation for development (LRRD)/Raise awareness on the key role played by volunteers in building community resilience). The EARR also collaborates with PNS and ICRC on advocacy and communication. Operational research is ongoing aiming at publishing an advocacy report by mid October 2012 ahead of the Pan African Conference and workshop with IGAD as mentioned earlier.

NS and PNS received regular information packs and updates to support their advocacy and communication work. A one year on pack was shared with key achievements, stories and lessons learnt together with advocacy messages, etc

## **Business Line 5: Deepen our tradition of togetherness through joint working and accountability**

### **Outcome 5:**

- The EA Regional Representation offers high quality donor compliance.

### **Outputs**

5.1 IFRC narrative and financial reports are timely and relevant to partner needs.

<sup>1</sup> Cf. Annex.

<sup>2</sup> <http://reliefweb.int/report/somalia/call-immediate-action-support-adaptation-and-build-more-resilient-communities-horn>

5.2 Collective 'Quality' feedback mechanisms are developed.

**Outcome 6:**

- The EA Regional Representation offers high quality donor compliance.

**Output**

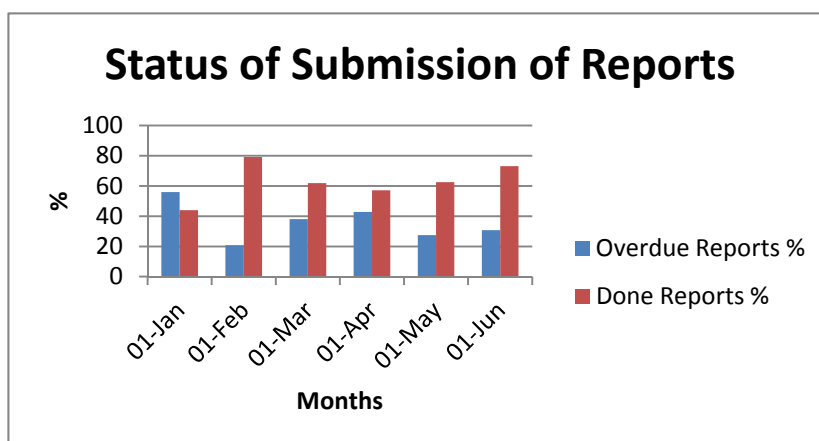
6.1 IFRC support services facilitate efficient and timely support to Secretariat, PNS and EA NS

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
• A Minimum 80% of reports are submitted to donors on time	-	80%	63%
• A Minimum 70% of target NS in the EA region produce collectively defined 'quality' reports (feedback mechanisms to be developed to measure this)	-	70%	33%
• A minimum of one PCM- PPP/ToT and 3 PCM/PPP trainings conducted annually.	-	4	0

**Comments on progress towards outcomes**

Adherence to reporting deadlines has shown a steady improvement over the months. This can be attributed to surge capacity support in reporting, from the end of March 2012. Close follow ups and regular meetings led to remarkable improvements where reports submitted on time improved in February and March 2012. This also gave the PMER office an opportunity to address closely the quality of reports being received from NS and country/regional delegations.

Figure 1: Status of submission of reports as at 30 June 2012 (Target: 80%)



Several initiatives have been adopted to address quality of reports. The PMER team, during their field visits and meetings has been giving feedback to reports on respective projects. In addition, the department has summarized the minimum reporting standards from their current partners. This is still a working document. So far, the NS who have received close mentorship and support in reporting include Tanzania, Kenya, South Sudan and Rwanda. There has been observed improvement in quality reporting for some of these NS. However, more needs to be done to ensure a wider reach in the region. At the moment, only 4 out of the targeted 12 NS (33%) have reports that can be regarded as meeting the minimum standards. The above capacity building initiatives will be complemented with tailor made PMER trainings in the coming months and beyond to ensure that quality reporting is upheld and/or improved.

The drought and population operations in Kenya and Ethiopia have been receiving financial and in-kind support from various PNS and other non-Movement partners. This in turn led to the 2 NS having the highest number of reports. Due to this, the workload for the reporting focal persons in the two NS was a challenge, especially at Kenya Red Cross Society. This sometimes led to late submission of reports. In addition, the contract for the reporting delegate of the IFRC Ethiopia country office ended on 30 June 2012. This has created a huge gap in reporting, where a total of 13 reports have not yet been submitted.

The Senior Planning and Accountability Officer participated in two trainings, namely Core Skills Development Programme and PMER Training of Trainers (ToT). With the skills attained, the department is planning to hold at least 3 major PMER trainings that would involve at least 11 NS in the region. Preparations are underway and, with support from Swedish RC funds, they will be conducted by end of December 2012.

The surge capacity to reporting (Information delegate) supported the Ethiopian Red Cross during their partnership meeting. Specifically, she supported in preparation of relevant documents for the meeting as well as capturing the major decisions reached. In addition, the information delegate assisted South Sudan Red Cross Society (SSRCS) and the IFRC country delegation in capturing beneficiary stories in relation to the population movement operation, which was posted on the [Federation website](#). The information delegate also shared and explained the minimum reporting requirements guide with SSRCS management and communication officers. This support is vital in improving capturing, documentation and presentation of relevant information to the proper audience.

## Stakeholder participation and feedback

- Site visits have been conducted to assess the relevance and utility of support to invisible activities conducted by community members through top up. The support may be small but it reflects local priorities and respects local initiative.
- Research and analysis pieces are helping position the IFRC Regional Office and regional National Society work at the cutting edge of the movement towards risk reduction, particularly with respect to drought.
- National societies have asked for a review of the ABCs of DRR to guide future work. Two external reviews were completed by mid-2012. The results are now being shared with national societies and PNSs to develop a work plan for the continuation of work on the ABCs of DRR
- In order to address stakeholders' needs better, especially those from the affected communities, a beneficiary communication and accountability strategy is currently being developed, based on a first phase of pilots projects using mobile technologies in Burundi and Rwanda.
- In order to ensure that our advocacy and communication work is based on evidence from the field, we started to have joint meeting with PMER to capture lessons learnt and best practices and we have regular meetings, phone calls and field visits to National Societies.
- Over the coming months and year, IFRC EA RR will ensure that voices from the field are listened to and will advocate on behalf of communities to decision makers and stakeholders. It will also be looking at strengthening advocacy capacity at NS level in order to collect more evidences.

## Lessons learned

- There is need for more investment in PMER at all levels to ensure donor compliance. This can be in form of improved M&E systems, human resources focussing on PMER as well as financial support in evaluations and data management. Strengthening M&E systems and tools add value to not only monitoring but quality reports.
- Close mentorship in form of regular visits (as opposed to remote support) has showed that quality and timely reporting can be achieved. Supporting NSs through MEL onsite (field) mentoring and coaching is useful as there is a recognizable change in how they report. Through the LVP; TRSC was

supported since the PoA process (reviewing of indicators and targets) and they have shown an improvement in reporting.

- Training in basic PMER needs to be continuous. This can be tailored to NS needs and doesn't have to be generic trainings.
- EA region needs to create a pool of PMER resource persons who can provide support to NS in the region.
- Enhancing synergy between PMER and communications will help in using PMER products for communications and advocacy.
- Promoting capturing of lessons learnt, field stories and case studies for reporting, advocacy and communications will encourage and provide support to the other implementing departments (DM, health and WatSan).
- ABCs are relevant to the context in communities as well as National Societies, but their implementation requires addressing many organisational issues.
- Drought risk reduction should focus less on the notion that impacts of drought can be avoided and focus more on no regrets, population level-type responses

## Looking ahead

Based on the lessons learned, the PMER department will continue giving close support to NS and country/regional delegations. PMER workshops will be carried out to impart basic knowledge on key concepts and a ToT on PMER will be carried out so that the region can have readily available PMER experts to provide support where and when necessary. This will in the immediate future improve compliance to donor reporting requirements as well as assist in demonstration of value addition and impact of our (Movement) work to our stakeholders

In order to better gather evidence from implementation to inform advocacy and policy work, it will be critical to continue to strengthen close coordination and collaboration between PMER, communication, advocacy and resource mobilization. IFRC EARR will need to strengthen operational research to gather more evidence from implementation and best practices in order to inform advocacy and policy work. It will also be critical to be able to better share information and identify linkages and synergies across regions and zones, especially with regard to resilience and beneficiary communication and accountability. This reflects a lack of understanding about advocacy across RCRC Movement as this has been mentioned during the last IFRC communication meeting in Geneva. IFRC as a movement needs to strengthen its policy and advocacy component and the IFRC EA RR will play a key role in doing so. Furthermore, much more emphasis needs to be put into getting new partnerships with foundations, private sector and academia, and this will be a priority for the coming months and years. Resources are needed to support advocacy and communication in order to allow the unit to properly function and to be able to support NS in the best way.

It will be critical to provide surge capacity to NSs in time of high scale emergencies with big media coverage as NS gets too much pressure and expectations during these periods. As a lesson, future emergencies will be addressed systematically and the DM department will endeavour to reduce pressure on NS by either stepping in to assist, offering required technical support on time, increase various preparedness actions and strategies.

## Financial situation

[Click here to go directly to the financial report](#)

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## How we work

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

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

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Saving lives, changing minds.



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

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