

## DEVELOPMENT OPERATIONAL REPORT

| DOCUMENT INFORMATION   |  |  |
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| Version number 01  |  |  |
| Individual responsible for this draft: Finnjarle Rode on 30 July 2013  |  |  |
| INTERVENTION INFORMATION   |  |  |
| <b>Implementing Secretariat body:</b><br>East Africa Regional Representation   | <b>Geographical coverage:</b><br>Eastern Africa and Indian Ocean Islands   | <b>Type of intervention:</b><br>DM, Health, WatSan, PMER, Advocacy |
| <b>Expected start date:</b><br>January - July 2013   | <b>Expected duration:</b><br>12 months   | <b>Number of people to be reached:</b>                             |
| <b>Project Manager:</b><br>Finnjarle Rode  | <b>Project Code:</b><br>P64023, P64024, P64026, P64027, P64028, P64029, P64030, P64031, P64032, P64033, P64034, P64035, PTZ027, PKE028 | <b>Annual Budget:</b><br>9,113,744                                 |
| <b>Partner National Societies:</b><br>NRC, SRC, Japanese Red Cross, Japanese Govt., American Red Cross, BRC, Austrian Red Cross, Finnish Red Cross, German Red Cross, Canadian Red Cross, China Red Cross etc. |  |  |
| <b>Other partner organisations:</b> JICA, ECHO, IGAD, ADB, UN  |  |  |

### 1. Executive Summary

#### Overall Project/Program Status:

In February 2013, the East Africa Regional Representation Office (EARRO) team hosted a meeting of DM, Health and WatSan coordinators of 14 National Societies in the region to review Disaster Management activities in 2012 with the view of identifying lessons learnt, opportunities and challenges. IFRC held an Urban Resilience/Risk workshop that took place in Arusha, Tanzania in which Kenya, Uganda and Tanzania national societies participated. A second Urban Risk planning workshop will take place in Kampala in July 2013.

The IFRC submitted a 2 year proposal to the Norwegian Red Cross on Beneficiary communication (BC) and the roll out of TERA project. This was approved and the project is set to kick off in July.

The EARRO PMER team conducted a mapping exercise of PMER capacities of all 15 National Societies, which was very useful in identification of key areas of support for each National Society. A capacity assessment and PMER training was conducted in Ethiopia and the assessment report disseminated. The timely submission for reports improved during the reporting period. The number of overdue reports reduced significantly from 50 at the beginning of the year to about 15 at the end of June 2013. Overall, the regional office has submitted and published over 200 reports in the reporting period.

EARRO supported developing a total of 7 DREFs and 4 Appeals in the reporting period, mainly in response to disease outbreaks, floods and population movements in Uganda, Kenya, Seychelles, Madagascar and Sudan. The IFRC Region's Technical Support Unit (TSU) team provided technical feedback and input during the preparation of these DREFs and Appeals, and negotiated with IFRC Geneva office to secure timely approval.

The Humanitarian Diplomacy unit has successfully held workshops and launched a number of reports including:

- Investing in National Societies' volunteers and partnerships: the road to strengthening community resilience in East Africa- May 2013
- The road to resilience – June 2013
- Changes in the arid land: how to strengthen community resilience- June 2013

Other achievements in the reporting period include:

- Supported Uganda and Kenya Red Cross in developing their advocacy strategy to address community resilience and identifying their main targets and allies.
- Supported Kenya RC and Kenya Government to develop its advocacy and nutrition strategy.
- Support to Burundi RC to engage with other stakeholders and document their volunteer work.
- Worked with IGAD and the resilience platform; the World Bank, Clinton Health Initiative, ECHO, EU, USAID.
- IFRC EA chaired the Inter agency advocacy working group and KRCS to speak at the annual general assembly on the use of new technologies to support humanitarian response.
- IFRC EA had a meeting with the Indian Ocean Commission to strengthen our existing partnership with them on DRR. Madagascar/ Comoros/ Seychelles and Mauritius RC presented their DRR education programs and discussions to get a next phase funded.
- Worked with BBC, Google on the use of new technologies and to prepare for World Development Report (WDR)
- Mainstreaming of the use of new technologies in our program
- Published an advocacy report in May 2013 highlighting the role of RCRC volunteers in strengthening community resilience with case studies, suggestions on how to invest differently and what to scale up based on lessons learnt, while providing some key recommendations moving forward.
- Carried out timely early warning information collection and dissemination which remains a major challenge to plan early actions. National Societies need to work in partnership with government and other stakeholders to develop and harmonize early warning indicators that trigger action to enhance timely response and risk reduction led by volunteers with the relevant skills and resources.
- Participated in a workshop in Dakar organised by the UN (FAO, UNICEF, OCHA, UNDP) and various donors (DFID; USAID, EU AGIR etc.) to share lessons learnt, best practices and approaches on resilience between East and West Africa. While IFRC West Africa presented the Mauritania FS twin track approach, IFRC East Africa presented the key findings from our resilience report, focusing on early actions to manage risks rather than crises and our surge capacity model funded by ECHO that is now being used by different actors across all sectors.
- Documented case studies on DRR education, Food security, etc. to document best what we are doing and share lessons learnt. These case studies will be published in official publication such as REGLAP.
- With the support from ECHO for a pilot phase in Kenya and Uganda, RC volunteers have been trained in the field of nutrition and water and sanitation to support communities and governments to be able to scale up activities (enhance surge capacity) to prevent crises.

The IFRC will concentrate on achieving the remaining activities as stipulated in the 2013 Plan of Action as there are no revisions made on the plan.

## 2. Financial Status

| <b>Budget and expenditure analysis (CHF)</b>         |           |
|--|-----------|
| A. Annual approved budget                            | 9,113,744 |
| B. Total funding to date                             | 6,489,787 |
| C. Funding to date as % of annual budget (B ÷ A)     | 71%       |
| D. Year To Date Budget                               | 5,009,906 |
| E. Total expenditure to date                         | 1,975,298 |
| F. Expenditure to date as % of YTD budget (E ÷ D)    | 39%       |
| G. Expenditure to date as % of annual budget (E ÷ A) | 22%       |

## Financial situation

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

### 3. Situation/Context Analysis – (Positive & Negative Factors)

According to FEWSNET, the March to May season was characterized by widespread and well above-average rains in most of the areas in the region for example by over 200% of the 1983 to 2011 mean in Somalia. There were also well above average rains in eastern and parts of southern Ethiopia, northern and western Tanzania, Rwanda, Burundi, and Kenya, while being near normal in Uganda. Floods were reported at the end of March and in early April along the Shabelle and Juba Rivers in Somalia and Ethiopia, following high amount of rainfall in the river catchments in the highlands in Ethiopia. The floods caused loss of property and temporary displacement of people in parts of Shabelle (formerly Gode) Zone of Ethiopia. Heavy rains at the beginning of May caused the banks of the Nyamwamba River in Uganda to burst, resulting in flooding in Kasese District. It is reported that more than 19,000 people were affected. Floods were also reported in the western, central, and coastal areas of Kenya where between 30,000 and 35,000 people were affected. In Rwanda, landslides were reported in April in Kamonyi, Nyamagabe, and Rutsiro Districts following heavy rains. In April, heavy rainfall destroyed about 700 hectares (ha) of crops in Rwanda.

Confirmed Wild Polio Virus (WPV) cases in Somalia reached 11. The first vaccination campaign targeting 450,000 children started in Banadir region (Mogadishu and its environs) on 14 May, 2013. Subsequent campaigns followed targeting all age groups with a plan to reach 3 million people. The Somali Red Crescent branches in Somaliland and Puntland are playing an active role in the campaigns administering the vaccine and conducting social mobilization to encourage families to bring their children for vaccination. The main challenges facing the campaign in south and central Somalia are insecurity and access. The Somali Red Crescent has opened channels of contact with Al Shabab to have access to the areas controlled by the group.

The Kenyan Government and the Somali Federal Governments have set up a taskforce to work out the modalities of repatriating the Somali refugees from Dadaab and Kakuma refugee camps into Somalia. So far there are no concrete details about what these modalities entail. The expected modalities to be negotiated will form the basis of a conference on refugees expected to be held in Nairobi in August, 2013 which will announce the timeline for the return of the Somali refugees to their country.

The decision by Britain's Barclays Bank to withdraw banking services from more than 250 money-transfer companies operating in the UK that perform money transfer to Somalia by closing their accounts will have a devastating humanitarian effect on the Somalis who depend on remittances from relatives in the UK, other European countries and North America. A huge number of Somalis inside the country depend on remittances

which estimated to be as much as US\$ 1.2 billion per year. The decision which will come into effect on 10 July, 2013 will shut down money transfer operations including Dahabshil one of the largest remittance firms in Africa with branches in more than 40 countries. This will have severe humanitarian implications for millions of Somalis inside the country who depend on monthly remittances from the Somali Diaspora. In a country where there is no formal banking system, the only option left is to use the services of the remittance firms who developed a system that help them operate in Somalia. Their services became an essential lifeline for millions of people in Somalia therefore cutting of lifeline will have an enormous humanitarian consequence warned the NGOs community.

## 4. Analysis of Implementation

### Business Line 1: To 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.*

The IDRL support to NS was been delayed as the Africa zone IDRL manager started work in May 2013. Mauritius, Uganda and Rwanda NS continue to receive support from IFRC in their IDRL work with their respective governments. In the reporting period, Rwanda parliament adopted the IDRL bill into a law. Both Uganda and Mauritius are in the process of enacting the bill. No training was conducted due to lack of funding.

IFRC continued to build on a regional collective voice of the strength of community and volunteer action to influence the wider EA humanitarian community, an advocacy report on the same was published in May 2013 '*Investing in National Societies' volunteers and partnerships: the road to strengthening community resilience in East Africa*' This report considers the extent to which Red Cross Red Crescent volunteer action is strengthening community resilience in East Africa. It specifically focuses on the unique role of volunteers in implementing resilience enabling actions, as set out in the joint Call for Action issued by the Inter-Governmental Authority on Development (IGAD), the Kenya Red Cross Society (KRCS) and the IFRC in June 2012. It emphasizes the roles of Red Cross Red Crescent National Societies as respected long term partners investing in East Africa's sustainable development.



Rwanda Red Cross volunteers constructing house and toilet for the most vulnerable family photo/RRCS

Based on the IFRC 'The road to resilience' report<sup>1</sup> published in June 2013 and on lessons learned from implementation, the report is structured around ten enabling actions that strengthen community resilience and aim to demonstrate how increased investment in National Societies' volunteers and partnerships further empowers locally-led solutions for greater sustainable impacts on community resilience. Integrating emergency and risk reduction initiatives at the community level to strengthen community resilience requires a shift in the approach of the Red Cross Red Crescent, governments, donors and other external stakeholders. Recommendations for such changes include:

- Emphasis on National Societies' accountability to communities and the development of long term plans.

<sup>1</sup> The report has been used and referred to by various organisations, including UN and IGAD and is available on DRR website: <http://www.disasterriskreduction.net/east-central-africa-old/library/detail/en/c/2757/> as well as reliefweb <http://reliefweb.int/report/world/road-strengthening-community-resilience-east-africa-advocacy-report-may-2013>. IFRC presented the report to ECHO and to other donors who have been very interested in supporting us further

- Develop volunteer roles that best strengthen resilience according to community plans – capacity building of volunteers, communities and National Societies.
- Broker long-term partnerships through evidence of sustainable impacts in community resilience and provide new opportunities to engage with change.
- Advocate nationally and internationally to address the root causes of community vulnerability through a twin track approach.
- Conduct further cost benefit and policy analysis to gather evidence to improve long term planning and monitoring

The IFRC in partnership with FAO organised a 2- day workshop in June 2013 which was attended by over 100 people to launch a report on ‘*Changes in the arid land: how to strengthen community resilience*’. In the workshop volunteers from Uganda and Kenya RC were invited to talk about the surge capacity model and the integrated approach at community level. The workshop provided a platform for fruitful debate that reinforces IFRC’s position as a key leading community based organisation through our network of volunteers.

### **Business Line 2: To Grow Red Cross Red Crescent Services for Vulnerable people**

*Outcome 2: EA NS are the first community based responders to every natural and man-made disaster in East Africa*

IFRC Risk mapping was planned through use of a GIS based system and the regional office has been using a demo version of Resource Mobilisation System (RMS) as a request for a full version is awaited. A meeting held with Uganda Red cross Society (URCS) was positive on the need to disseminate the RMS to the NS. IFRC plans to continue disseminating RMS with URCS and will bring on board two other NS in the region.

DRR has been mainstreamed in the recently completed training curriculum in nutrition and water systems for a surge capacity initiative in ECHO funded Drought Risk Reduction project for Karamoja (Uganda) and Turkana (Kenya).

The IFRC EARO office participated in the 5<sup>th</sup> Africa Drought Adaptation meeting in Arusha, Tanzania that brought in 15 National societies in Africa with 3 from the East Africa region. IFRC also participated in the 4<sup>th</sup> Africa DRR Platform Forum at the same meeting.

IFRC held an Urban Resilience/Risk workshop that took place in Arusha, Tanzania in which Kenya, Uganda and Tanzania national societies participated. A second Urban Risk planning workshop will take place in Kampala in July 2013.

The Regional office has supported a total of 7 DREFs and 2 Appeals in the reporting period, mainly in response to disease outbreaks, floods and population movements in Uganda, Kenya, Seychelles, Madagascar and Sudan. The IFRC Region’s Technical Support Unit (TSU) team provided technical feedback and input during the preparation of these DREFs and Appeals, and negotiated with IFRC Geneva office to secure timely approval. The population movement DREF in Burundi was turned into a preliminary appeal and a DREF for TRCS was extended for 2 months in order to support the repatriation of Burundians that started earlier than was initially declared by the government. IFRC also supported and facilitated the revision and extension of various appeals including the Population Movement in Kenya (Somali refugees-IFO2), drought response in Ethiopia, and South Sudan.

With the support of the DREF officer, the Regional office has been able to carry out DREF evaluations in Uganda and Seychelles for purposes of reviewing the operation if it achieved its goals and outcomes, and assess outputs against the plan. Furthermore, the reviews intend to assess key achievements, challenges, and provide an opportunity to capture the lessons learned from the involved staff and volunteers. The reviews will provide recommendations for future DREF operations.

The regional office supported in the deployment of the RDRT to Seychelles, Madagascar and Burundi Red Cross to enhance NS’s capacity with focus in WatSan and DM. The RDRT deployed staff were evaluated by the respective national societies and received positive feedback on their support.

In January 2013, the EARRO team in collaboration with ICRC and MENTOR initiative conducted an emergency health training to develop and strengthen the capacity of national societies in the East Africa Region to more effectively prevent and respond to potential or on-going yellow fever outbreaks. The training was specifically tailored to build the knowledge and capacity of selected Health, WatSan and Disaster Management staff to:

- Understand yellow fever epidemiology, transmission and vector biology
- Recognise and be able to practice various vector control interventions
- Be able to plan and design roll-out yellow fever prevention interventions and control strategies (including community awareness) in a range of community types (including camps, villages, urban areas and in a mix of climatic and geographic contexts).
- Be capable of rolling out/cascading vector control (yellow fever) training for other staff and volunteers in their home countries

NDRT training was conducted in Tanzania Red Cross with the support of the 2 ToT staff trained last year. The overall objective of the training was to strengthen the TRCS capacity in disaster preparedness for rapid and effective response to disasters. More specifically, the training aimed to establish a wide national disaster response team (NDRT), whereby a roster of volunteers and staff from across Tanzania will be created to ensure an appropriate mixture of technical skill sets, geographical diversity and significant experience is available in the country. A well trained and skilled NDRT will result to a high quality response during disasters. The NDRT training participants were drawn from eleven (11) regional branches countrywide. Ten (10) regional branches from mainland provided (18) participants and Zanzibar (Unguja) provided (2) participants.

The IFRC submitted a 2-year proposal to the Norwegian Red Cross on Beneficiary communication (BC) and the roll out of TERA project. This was approved and the project is set to start in July as the beneficiary communication delegate who is supposed kick-off the program is awaited. Initial assessments took place in Burundi, Kenya, Rwanda and Uganda. The 4 targeted NS already have some skills in delivering BC, but these vary from country to country and from programme to programme, with some excelling in information provision and others in community participation. Although there is experience of BC, steps in the process are regularly left out. For example, an NS programme may be very good at engaging with a community, but the data collected is not recorded and shared with other programmes, or used to make improvements to how the programme is delivered. Or an NS may be great at providing the population with useful and practical information, but have no processes in place to collect their feedback and use this in decision-making.

Following the work that started last year with regard to rollout of the TERA system, NS senior management have expressed a strong interest in being supported further to be able to really address Beneficiary communication in a more holistic approach, not only focusing on TERA. However, as we learnt from last year, rolling out a BC strategy takes time and requires expertise, in addition to negotiating with mobile operators for installing the system. So the BC delegate will start in July to quick off the project and follow up until NS have the capacity to continue on their own, with remote support from the IFRC East Africa office. The Delegate will develop BC plans with the NS that fits their needs and contexts.

The aim of the BC project is: To reduce the risks faced by vulnerable individuals and communities and improve aid effectiveness through enhanced communication between NS and the communities they support.

To achieve this, the project has four main components:

1. Raise awareness of BC and how it can benefit programming with the 4 targeted NS, the EA region, the Africa zone and the wider region through meetings, workshops and presentations.
2. Support the 4 targeted NS to develop their own BC strategies appropriate to their needs, capacity and programmes and the vulnerabilities of the communities they work with. These strategies will be based on assessment and research of the country and the NS, and will seek to mainstream BC into programming and make the best and most appropriate use of technology based on the local context.
3. Provide technical support and funding to each NS to get one new BC activity or initiative launched, including 2 TERA installation most probably in Burundi and Kenya. Additional funding will be available through the project for NS to implement the rest of their strategies without specialist technical support.
4. Provide training and resources for the whole region to use, including materials, strategies, workshops and guidance. This will include support to the EA regional team to incorporate BC into their PMER cycles.

### **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*

IFRC continues to support the Lake Victoria programme which is implemented in the 5 national societies in the Eastern Africa region. In November 2013, the regional office hosted a learning workshop that brought the participants together from the 5 national societies to discuss on the lessons learnt and plans for 2013. The NS drew up their plans for 2013, discussions were drawn looking out for more opportunities in funding and developing a proposal that will focus on community resilience in an integrated approach, DM, health, WatSan and organization development targeting donors interested in supporting projects within the Lake Victoria basin. The process of developing a resource mobilization strategy that is community driven is on-going with support of the regional office given to the respective national societies.

IFRC will also support a communication strategy that will aid in enhancing the visibility of the LVP programme by documenting stories, case studies and other creative ways that will promote the work done by the branches. As part of sharing and promoting the achievements of the national society two stories were published in the IFRC website<sup>2</sup>.

A Peer to Peer learning is planned in August 2013 for Tanzania Red Cross to visit Burundi to share experiences and learn from each other different ways of addressing challenges. This will also promote a practice of understanding and implementing new ideas or approaches that has proved successful in another area.

To mark the 10 years' anniversary the Lake Victoria programme, IFRC will host an event in November 2013 that will look at the achieved milestones since the start of the project as well as looking ahead. Invitations will be extended to donors and other partners implementing similar programmes in the region to learn from each other.

Tanzania Red Cross has made progress in the implementation of Strategic Development Plan (SDP). An external consultant was hired to support the NS to review and update its SDP and the process is still on-going. A draft SDP was presented, discussed and inputs collected for the final document. A planning meeting to develop the NS operational Action plan (logical framework, activity plan and budget) was done during 2nd quarter 2013. The SDP 2014 – 2016 document will be finalized in the next reporting period. The Development and maintenance of web-based data management system was done and 4 computers and accessories for finance were procured. The NAVISION software was also revived with support from other partners.

A total of 25 people were trained on VCA by the Tanzania Red Cross which included both volunteers and community members in Bagamoyo district. In addition, a total of 20 community members and volunteers were trained on PHAST in Zanzibar on 24th – 30th June 2013. A computer laptop was purchased and is being utilized for office work and keeping database of trained Volunteers/Response team.

The Ebola outbreak evaluation was done in Uganda by three independent evaluators representing Disaster Management, Health and Psychosocial sectors with the support of URCS, IFRC Regional office and IFRC Geneva health officer. The evaluation focused on the affected areas to gather lessons learned from the response. The main aim of the assessment was to evaluate the Psychosocial support response by URCS against the needs of beneficiaries and communities with focus on the areas of most 'added value' of the URCS; community engagement, mobilisation and support, documenting any unintended outcomes and best practice related to the operation. A field study was also conducted by visiting two of the branches involved in the Ebola response, Kibaale and Luwero branch as well as various partners involved in the intervention e.g. MoH, MSF and AMREF.

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<sup>2</sup> <http://www.ifrc.org/en/news-and-media/news-stories/africa/uganda/building-respect-and-red-cross-branches-in-uganda-62344/>

<http://www.ifrc.org/en/news-and-media/news-stories/africa/tanzania/warding-off-crocodiles-and-other-water-dangers-in-lake-victoria-tanzania-62230/>

Qualitative interviews including focus group discussions (FGD) were used to gather the data with key stakeholders, volunteers and partners.

In Seychelles Floods Evaluation, a beneficiary satisfaction survey was conducted on hygiene kits that were distributed following floods earlier this year. 600 households were surveyed in the two islands affected. Recommendations and lessons learnt will be shared during the Eastern Africa Regional Software workshop in end of July.

IFRC held meetings within the movement with NS, PNS and ICRC to understand who was doing what and to share experiences and lessons learnt on community resilience. Based on that, the next step is now to develop a common community resilience framework and to reach a consensus on the kind of indicators to use per sector within the movement, as well as to agree on common early warning indicators for early actions.

By supporting the NS's to develop community resilience strategies that are appropriate to their needs, capacities and contexts, the IFRC will be ensuring resilience activities and approaches can be incorporated and sustained in long-term programming. The program will use the twin track approach meaning it will address early actions, short term emergency and long term development needs in an integrated way to ensure sustainable and long lasting impacts (linking relief and rehabilitation). This is part of IFRC EA overall community resilience approach, aiming at promoting adaptation in a changing environment to strengthen communities' resilience through an integrated approach at community level. Scaling up early actions to manage risks rather than crises to prevent the next disaster is critical to strengthen communities' resilience. When people become more self-sufficient and no longer live from one emergency to the next, they start to be able to make choices that help them develop and grow to a point where aid will hopefully become a thing of the past.

Strengthening community resilience by linking relief and long term development objectives, while mainstreaming beneficiary communication and the use of technologies, is a strategic move of the IFRC East Africa office. This will ensure sustainable and long lasting impacts at community levels, with long term integrated programming and funding. This will ultimately enhance service delivery and save lives at community level. The RCRC will maximize and harness the opportunities provided by technological developments to help find innovative ways to build resilience, and reduce the human and economic costs of crises.

IFRC seeks to mainstream community resilience into programming and government policies while linking relief and rehabilitation (bridging the gap between DRR and long term development objectives). To do so, IFRC will continue working closely with Inter Governmental Authority on Development (IGAD), the Indian Ocean Commission, governments, parliamentarians, donors, UN, NGOs, and key stakeholders to bring the right policies and funding changes. A second advocacy report on measuring community resilience and its impacts will be produced. Innovation and involvement of the private sector to develop new type of partnerships will be endeavoured.

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

*Outcome 4: The range of stakeholders providing financial and partnership support to NS in East Africa is broadened, evidence of effective NS action is represented, through humanitarian diplomacy and grant proposals, to a targeted range of current and potential partners.*

Based on the lessons learnt from 2011 drought response, IFRC decided to focus its humanitarian diplomacy work around promoting adaptation in a changing environment to strengthen communities' resilience through an integrated approach at community level in order to contribute to improved aid delivery and effectiveness for greater impacts: 'More and better aid' with cost benefits analysis and case studies. National Societies (NS) in East Africa with the support of the IFRC have been responding to humanitarian needs for many years. This expertise acquired in different context and countries brings NS and the IFRC in a unique position to take part in



policy and strategic discussions on the way forward to prevent future crisis and build more resilient communities able to adapt to a fast changing environment.

To develop its community resilience approach, IFRC used 2 main lessons learnt from 2011 in order to work differently by focusing on early actions rather than late response and to manage risks rather than crises:

- Changing working relationships by working together - across government and non-government actors such as RCRC volunteers as surge capacity to support and complement government's work during and in between drought, food-insecurity and nutrition crisis to provide essential nutrition, WatSan and education services without disturbing on-going activities.
- Linking relief responses to longer term developmental objectives (Early action to manage risks rather than crisis to strengthen communities' resilience- Improved Red Cross drought and stronger linkages between early warning and response analysis- link food security and nutrition)

The way we invest must change, using a bottom up approach to ensure community ownership and community led solutions to stop aid dependency and ensure sustainability. IFRC regional office achieved the following main results with regards to changing working relationships by working together - across government and non-government actors:

- Supported Uganda and Kenya Red Cross in developing their advocacy strategy to address community resilience and identifying their main targets and allies.
- Supported Kenya RC and Kenya Government to develop its advocacy and nutrition strategy.
- Support to Burundi RC to engage with other stakeholders and document their volunteers work.
- Worked with IGAD and the resilience platform; the World Bank, Clinton Health Initiative, ECHO, EU, USAID.
- IFRC EA chairs the Inter agency advocacy working group and KRCS to speak at the annual general assembly on the use of new technologies to support humanitarian response.
- IFRC EA had a meeting with the Indian Ocean Commission to strengthen existing partnership on DRR. Madagascar/ Comoros/ Seychelles and Mauritius RC presented their DRR education programs and discussions to get a next phase funded.
- Worked with BBC, Google on the use of new technologies and to prepare for WDR

The RCRC is uniquely placed to work with governments in the development of community based programs addressing resilience thanks to the distinctive role of National Societies as auxiliary to their governments. Volunteers play a crucial role in ensuring commitment to and continuity of actions beyond the initial scope of a program. Skills developed among volunteers help address existing community needs, and identify and act upon new needs that arise. This surge capacity enables early warning leading to timely response. The experiences of volunteers strengthening resilience at the community level provide the Red Cross Red Crescent with the expertise required to work with governments at district and national levels, and with regional entities such as IGAD and the African Union to improve aid effectiveness.

With regard to linking relief responses to longer term developmental objectives, IFRC:

- Published an advocacy report in May 2013 highlighting the role of RCRC volunteers in strengthening community resilience with lots of case studies, suggestions on how to invest differently and what to scale up based on lessons learnt, while providing some key recommendations moving forward.
- Carried out timely early warning information collection and dissemination which remains a major challenge to plan early actions. National Societies need to work in partnership with government and other stakeholders to develop and harmonize early warning indicators that trigger action to enhance timely response and risk reduction led by volunteers with the relevant skills and resources.
- Participated in a workshop in Dakar organised by the UN (FAO, UNICEF, OCHA, UNDP) and various donors (DFID; USAID, EU AGIR etc.) to share lessons learnt, best practices and approaches on

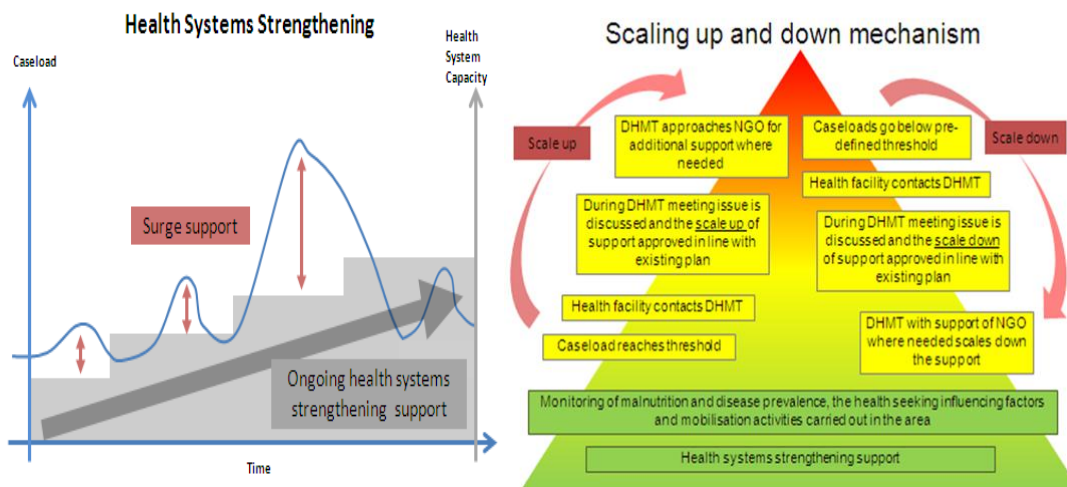
resilience between East and West Africa. While IFRC West Africa presented on the Mauritania FS twin track approach, IFRC East Africa presented the key findings from our resilience report, focusing on early actions to manage risks rather than crises and our surge capacity model funded by ECHO that is now being used by lots of different actors across all sectors.

- With the support from ECHO for a pilot phase in Kenya and Uganda, RC volunteers have been trained in the field of nutrition and water and sanitation to support communities and governments to be able to scale up activities to prevent crises.

Volunteers are being trained to provide key nutrition messages to communities, to monitor and detect malnutrition cases and to refer them to the nearest health facility. Thresholds are being defined against which volunteers are monitoring their cases. When thresholds will be passed, the surge capacity mechanism will enter into force. RC volunteers will scale up their activities in partnership with district health management team that will do the same at the health facilities. Volunteers trained from other district could also be called upon to support activities. This system is developed in partnership with government and NGOs, as everybody will play a role. NGOs don't have volunteers but they will provide extra staff at the facilities.

The objective of the surge capacity is to have the flexibility to scale up and down our activities (early actions to manage risks rather than crises) without disturbing on-going access to quality health services.

This surge model is currently being expanded by other actors beyond nutrition and water and sanitation like for instance for livelihood and animal health. The two graphics below explain how the surge capacity works for nutrition (CONCERN).



The capacity of Red Cross Red Crescent volunteers need to be strengthened to enable them to scale up their assistance to their governments as surge capacity at community level, during and in-between crisis's. Developing the surge capacity model beyond Kenya and Uganda is critical.

Early action is a paradigm shift for people and agencies which have grown accustomed to equating humanitarian action with crisis response. Communities which have adopted this paradigm shift appreciate the opportunity to make decisions about how to avoid recurrent extreme losses. Whereas volunteers continue to be at the forefront of a response by providing relief in times of crises, more lives could be saved and suffering and losses reduced through synthesizing effective early warning and early action.

With regard to **operation research**, given the relatively recent emergence of the concept of resilience within the wider development community, there is an understandable scarcity of robust, verifiable evidence of impact among

programmes seeking to build resilience (DFID 2011; Headey et al. 2012). A major milestone in strengthening community resilience at a significant scale will be the ability to measure resilience outcomes at the household, community and national levels. Empirical evidence is needed that illustrates what factors consistently contribute to community resilience, to what types of shocks and in what contexts. Such evidence can be used both for planning and programming purposes as well as for assessing program impact.

The program seeks to build on and incorporate existing knowledge by building on research from projects and documented information such as 'Changes in the Arid Lands' with Save the Children last year. The development of an IFRC resilience framework for East Africa will take place. It will be based on a review of existing resilience frameworks within the Movement and outside to adapt it to the specific needs and context of East Africa, and from there, develop key resilience indicators using the IFRC resilience definition, the IFRC characteristics of resilient communities, and the regional resilience framework. It will develop an impact assessment methodology and tools for the regional office and National Societies to be used on strengthening community resilience, and design an approach to measuring resilience based on existing tools.

The results will be the development of a community resilience monitoring framework with key indicators and a methodology to assess impacts. In order to benefit from RCRC expertise and to reach consensus, a steering committee will be formed with members from NS, PNS and IFRC EA, as well as if required external experts. A community resilience framework and strategy with key indicators, based on RCRC Movement wide consultation, will be developed, as well as a 'value for money' and cost benefit methodology and analysis on the role of volunteers in strengthening community resilience.

### **Business Line 5: - To deepen our tradition of togetherness through joint working and accountability**

*Outcome 5: The EA Regional Representation offers high quality donor compliance.*

*Outcome 6: The EA Regional Representation offers high quality donor compliance and coordination services to NS working in East Africa*

Although the PMER/RM unit did not participate in any evaluations during the reporting period, plans are underway to support the final evaluation of the Kenya complex emergency appeal and Sudan population movement appeal. The PMER/RM unit is putting in place an evaluation tracker to get an overview of which programmes/appeals have evaluations planned in order to give the necessary support. It is crucial to ensure that evaluations are included in all programmes/appeals and that there is a budget for M&E.

The PMER/RM unit also provided technical support to the IFRC Somalia delegation/SRSC in the conducting of a baseline for the Integrated Health Care Programme (IHCP). The baseline is being supported by all the PNS support the IHCP and is the first baseline to be conducted since the start of the IHCP 20 years ago. The PMER/RM unit has been involved in providing advice on the TOR, the selection of a consultant and in revising the programme log frame.

The timely submission of reports improved during the reporting period. The number of overdue reports reduced significantly from 50 at the beginning of the year to about 15 at the end of June 2013. Overall, the regional office has submitted and published over 200 reports in the reporting period. The quality of the draft reports received from the national society is still poor and the PMER unit will focus more on this in the next reporting period through trainings and coaching at the regional, national and branch level. Close contact and regular meeting with KRCS's PMER unit, has improved the communication and collaboration between the two PMER units. The KRCS was invited to EARRO for sharing, briefing and to explore more ways of collaborating and support.

Bi-monthly reporting meetings are taking place with participation from the PMER unit, finance unit, AZO PMER/RM unit and the AZO DREF officer.

The PMER/RM unit is working on a quality feedback/rating form to provide NS with feedback on the reports they submit to EARRO and to be able to measure/rate the quality of reports.

An online survey, asking the opinion of donors to EARRO on the reports and Resource Mobilization services provided by the PMER/RM unit, was launched in July 2013. The aim of the survey is to get feedback from donors on the quality and timeliness of financial and narrative reports as well as on the communication in relation to resource mobilization, in order see how best these services can be improved. The data from the survey will be analysed and reported on in the next reporting period.

Most National Societies have been supported in terms of Resource Mobilization. In January 2013, PMER/RM unit participated at the Burundi RC Net meeting where the RM objectives of IFRC were presented to 11 National Societies (Kenya, Uganda, Burundi, Rwanda, Uganda, Tanzania, Djibouti, Eritrea, Ethiopia, Sudan, South Sudan). In February 2013, a regional workshop on RM was conducted for the IOIs (Comoros, Madagascar, Mauritius and Seychelles with the support and participation of Burundi RC, Canadian RC and French RC). With support of the RM unit, an RM workshop was conducted for Ethiopian RC to support the new branch secretaries and in May 2013, they launched a national lottery based on SMS technology where approximately USD 1M was raised. The RM unit is also supporting Burundi RC with proposal writing and development of their RM strategy. In July 2013, Rwanda RC will also be assisted with revision of their RM strategy.

There are no new donors at the moment but previous partnerships with African Development Bank and JICA have been revived and they contributed towards the Comoros Floods Appeal and The Kenya Floods Appeal respectively.

The PMER/RM unit has experienced a lot of turn-over during the first half on 2013. The Senior Planning and Accountability officer left at the end of 2012 and was replaced in February 2013. The Monitoring, Evaluation and Learning Officer left in April 2013, and is yet to be replaced. An Emergency Reporting Officer was recruited in May 2013. This has meant that all activities in the PMER/RM plan of action, planned for the reporting period, have not been undertaken. However with two new staff on-board and one more being under recruitment the PMER/RM unit should be able to complete all funded activities as planned by the end of the year.

## 5: Stakeholder Participation & Feedback

### Stakeholder participation:

A number of beneficiary satisfaction and feedback related evaluations have been carried out by IFRC for different projects including Madagascar Flood DREF, Uganda Ebola DREF. The feedback received will be used together with other lessons learnt in improving the quality and approaches in upcoming interventions.

IFRC will be conducting a survey targeting donors on the quality of reports submitted to them. The aim of the survey is to get feedback on the quality and timeliness of financial and narrative reports as well as on the communication in relation to resource mobilization, in order see how best these services can be improved. The data from the survey will be analysed and reported on in the next reporting period.

## 6. Partnership Agreements & Other Key Actors

### New Partnerships

#### African Development Bank

IFRC entered into a partnership with the African Development Bank in 2012 but the MOU and funds (1m USD) were received in 2013 for Comoros. The funds will be for the Floods Emergency Appeal and the timeframe of the contract is 1<sup>st</sup> April 2013 to 30<sup>th</sup> September 2013.

## JICA

IFRC and Japan International Cooperation Agency (JICA) made the overall cooperation MoU in May 2013. JICA is not a funding agency and we do not expect financial contributions but they will provide technical support and cooperation in the following areas:

- i) Disaster management and local capacity building for disaster risk reduction, disaster preparedness, disaster relief and rehabilitation;
- ii) Building long term community resilience and capacity in areas relating to health and community care, climate change, water and sanitation, food security;
- iii) Partnership for effective humanitarian interventions through skills and competence development of staff and volunteers;
- iv) Peace building, youth and gender related activities;
- v) Humanitarian dialogue, including legislative advocacy, in particular in follow up to the Resolutions adopted at the 31st International Conference of Red Cross and Red Crescent Movement.

With facilitation from the Japanese Red Cross, JICA had bilateral contributions to the Kenya Red Cross Society Floods Appeal and there are on-going discussions to build the relationship between JICA and IFRC EARRO.

## 7. Cross-Cutting Issues

IFRC regional Office is in the process of setting up a number of working groups around cross cutting themes including; Gender Working Group, Environment Working Group and HIV and AIDS Working Group.

A pilot project around menstrual hygiene management (MHM) kits, implemented by Burundi Red Cross Society (BRCS) and IFRC Eastern Africa Regional WatSan unit is being carried out where the overall goal of this project is to improve MHM among women and adolescent girls, particularly in the tools and knowledge within the RCRC movement. MHM is increasingly being acknowledged as a huge gap area that is not well address in humanitarian situations. This pilot project will focus on understanding the needs of women and adolescent girls for MHM in a humanitarian emergency context. Two types of MHM relief kits will be distributed (one disposal pads and one reusable pads). It is envisaged that the final MHM kits will be included on the global Emergency Relief Items Catalogue (ERIC). A concise and well-designed training package will also be developed, to sensitise and train IFRC and NS staff on key issues and considerations.

## 8. Human resources

- The PMER unit has been short of staff during the first half of the year which has impacted on the ability to implement the PMER Plan of Action for 2013 as planned.
- The Regional office has generally faced shortage of key staff in DM, Communication and Health which has impacted heavily in the ability of the office to carry out planned operations in the reporting period. However, a number of staff have been recruited including; DM delegate, BC delegate, Communication Officer and it is expected that they will enable the regional office achieve its planned annual target as most of the activities and operation will be realized in the next reporting period.

## 9. Update on M&E events

IFRC supported Kenya RCS in conducting a baseline survey on a Maternal New-born and Child Health (MNCH) initiative in Malindi and Lamu using Epi-surveyor and supported NS in the development of baseline data for the project. The baseline survey targeted the rural population of 69,246 people that lived in Malindi and Lamu East districts during 4—15 February 2013 to provide baseline measures of indicators for a maternal, neonatal, child health project. The survey used standard sampling techniques to select 30 primary sampling units and 450 households. Mobile phones were used by Red Cross volunteers to enter survey data using Magpi software in real-time. Twenty main project indicators were measured. The lowest indicators were: households with hand

washing stations (1 per cent) and adequate toilets/latrines (7 per cent), diarrhoea treatment with both ORS and zinc (16 per cent), three home visits to neonates in the first week (21 per cent), minimal acceptable diet (17 per cent), fully vaccinated children (27 per cent), malaria testing in those with fever (30 per cent), and delivery at a health facility (33 per cent). Most other indicators were in the moderate range (35—70 per cent). Insecticide-treated bed net use (80 per cent, all ages) already met the project target due to a recent mass campaign and health facility distribution of nets.

## 10. Key Lessons

- PMER trainers of trainers have not cascaded the PMER trainings down to branch level. There needs to be follow-up on coaching/support to the trainers for them to conduct trainings in their NS.
- There are close links between the PMER and Advocacy/Communications units and we should see how we can collaborate and link our work better
- Most of the overdue reports are financial report. There reasons for the delays need to be understood and support/trainings provided to NS that continuously provide overdue financial reports

Integrating emergency and risk reduction initiatives at the community level to strengthen community resilience requires a shift in the approach of the Red Cross Red Crescent, governments, donors and other external stakeholders. Recommendations for such changes include:

### 1) **Emphasis on National Societies' accountability to communities and the development of long term plans**

The Red Cross Red Crescent to listen to people's aspirations with the resulting community plans being the foundation for all levels of planning and for enhancing community capacities. These plans should be used as the basis for engagement on policy and planning dialogue with government and donors while seeking long-term flexible funding.

### 2) **Develop volunteer roles that best strengthen resilience according to community plans – capacity building of volunteers, communities and National Societies**

Volunteers are models of commitment to their communities and are a unique asset to their National Societies. There is significant evidence of their contributions to the strengthening of resilience of their communities, and the complementary role they play to governments and other stakeholders in promoting community resilience as surge capacity. Volunteers can further assist in resilience efforts by facilitating integrated and focused actions that span sectors and promote holistic community development approaches.

### 3) **Broker long-term partnerships through evidence of sustainable impacts in community resilience and provide new opportunities to engage with change**

The Red Cross Red Crescent must do more to support public - private partnerships and encourage the active involvement of the private sector in humanitarian and development programming. The success of the Kenyan for Kenya initiative demonstrates how effective such partnerships and the power of a mobilized public can be. These partnerships enable creative collaborations to utilize new technologies.

The rapid mobile phone based survey (RAMP) is one of the great examples showing how partnership between technology developers and the IFRC improves humanitarian preparedness and programme response. Long term strategic partnerships should continue to be explored that can contribute to community and national strengthening resilience plans.

Soliciting new partners requires developing and sharing evidence that long-term involvement yields positive and sustainable outcomes. And short term activities need to be designed to contribute to long term objectives.

### 4) **Advocate nationally and internationally to address the root causes of community vulnerability through a twin track approach**

Red Cross Red Crescent works to strengthen community voices to advocate for their own needs. National Societies and the IFRC should advocate for better aid effectiveness and engage in greater policy dialogue with governments to address the root causes of community vulnerability.

Advocacy with donors should encourage long term resilience planning with flexible funding mechanisms that allow for improved aid effectiveness and ultimate accountability to communities.

**5) Conduct further cost benefit and policy analysis to gather evidence to improve long term planning**

Analysis needs to be further conducted of the benefits provided by volunteers and partnerships in strengthening community resilience, to continue to demonstrate how cost effective they are in contributing to achieving development objectives and to show they are the best programming choices to do this (cost effectiveness and cost benefits).

Comparison of progress according to developed cost benefit benchmarks can indicate good practices and conditions for replication and scaling-up of initiatives that most cost-effectively address community resilience priorities. These comparisons will inform better long-term planning, volunteer and partnership development.