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# Emergency Plan of Action operation update 6

## Ethiopia: Drought

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRET016</b>	<b>GLIDE n° DR-2015-000109-ETH</b>
<b>EPoA update n° 5; date of issue: December 2017</b>	<b>Timeframe covered by this update: 23 months (January 2016 – December 2017)</b>
<b>Operation start date: 4 January 2016</b>	<b>Operation timeframe: 27 months Extended to 4 April 2018</b>
<b>Overall operation budget: CHF 13,666,550</b>	<b>DREF amount initially allocated: CHF 181,521</b>
<b>N° of people being assisted: 318,325</b>	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> American, Austrian, British, Canadian, Danish, Finnish, Japanese, Netherlands, Spanish, Swedish and Swiss Red Cross Societies and ICRC	
<b>Other partner organizations actively involved in the operation:</b> Save the Children International, MSF Spain, Mercy Corps, ACF, Plan International, German Agro Action, APDP, CARE International, IMC, CONCERN, UNICEF, OCHA, WFP	

### Summary of the op:

Through this operation update the Ethiopia Red Cross Society requests 3 months' timeframe extension of the operation to allow the NS to revise the operation i.e. areas of intervention, downward revision of the operational budget as well as rationalize the regions targeted by the revision. The revision is informed by the results of the *meher* assessment by government, joint movement secondary data review, IFRC Donor Advisory Group (DAG) recommendations following the field visit as well as lessons learnt workshop recommendations.

The revision of the operation will also be informed by the results from the government led *Meher and Dyre* rains performance assessment which commenced on 18 November 2017 with the results expected in early 2018. ERCS participated in field level assessments and will also be involved in the analysis of the data and report writing.

## A. SITUATION ANALYSIS

### Description of the disaster

Ethiopia has been hit by three consecutive years' drought as a result of the El Niño phenomenon in 2015 and 2016 and the Indian Ocean Dipole in 2017. The poor performance of rainfall in both major rainy seasons (*Belg* March-May) and *Meher* June-Sept) affected the north eastern, south eastern and central parts of the country in 2015/16 leading to poor pasture and water unavailability which in turn led to food insecurity in many parts of the country.

In 2016 an estimated 10.2<sup>1</sup> million people were in need of emergency food support while 5.2 million people from southern, south eastern and north-eastern parts of Ethiopia required emergency food assistance in the beginning of 2017, as a result of the Indian Ocean Dipole. The number of people requiring food assistance has however increased with 8.5<sup>2</sup> million people requiring emergency food assistance between July and December 2017 according to a

<sup>1</sup>2016 Ethiopia Humanitarian Document January 2016

<sup>2</sup> 2017 Midyear Ethiopia Humanitarian Document August 2017

government led multi-agency assessment report. The same report also states that 2.25 million people require livestock support and 0.375 million children under five, pregnant and lactating mothers need supplementary food while 1.02 million displaced people require shelter assistance and non-food items.

The drought has also affected pastoral and agro-pastoral livelihoods due to mass animal deaths, lack of adequate pastures, water shortages and wide spread animal diseases. The most affected areas are: Southern Somali region, South Omo zone, SNNPR, the lowlands of Borena, Guji and Bale zones of Oromia. FAO estimates that more than 1.5 million livestock died in the southern and south-eastern areas between November 2016 and April 2017 translating to an economic loss of over 350 million United States dollars.

The effects of the drought have also resulted in a spread of Acute Watery Diarrhea (AWD) in the drought affected areas. The humanitarian situation has been worsened by inter-ethnic conflicts and flooding.

The government led multi agency assessment team has deployed in all regions of the country since 18 November 2017 to assess the performance of the *Meher* / summer rain over crop growing areas as well as the performance of short rain *Dyre/Haggeya* rain over the pastoral people in the south and south-eastern lowlands of Ethiopia. This report will help to determine the humanitarian requirements of the country in 2018. According to the situation update produced by the early department of NDRMC chronic shortage of water and fodder is already observed in most parts of south eastern and southern lowlands of Ethiopia

## Summary of current response

### Overview of Host National Society

Ethiopia Red Cross Society (ERCS) with support from the IFRC and RCRC Movement partners has been responding to the disaster since the beginning of 2016. The NS to date has reached over 93,198 pregnant and lactating women and children under-five with food rations, conducted hygiene promotion, nutrition messaging and food preparation messages to 876 households, livestock distributions to 1,000 households that lost 75% of their livelihoods assets due to the drought.

In addition to the food assistance and livelihoods support the ERCS has also trained volunteers and staff in the specific methodologies of Community Based Health & First Aid (CBHFA) and Participatory Hygiene and Sanitation Transformation (PHAST). The trained staff and volunteers have been conducting hygiene and sanitation awareness sessions as well as monitoring and identifying cases of AWD and malnutrition and referring identified cases to health centres. The ERCS also conducted water sanitation and hygiene promotion (WASH) needs assessments in Bidu district targeting female headed households.

The National Society is part of the Drought Technical Working Group which is convened by the National Disaster Response Mission Commission (MDRMC) as well as various sub-committees including Drought Response Task Forces in different branches.

ERCS is complementing support from the IFRC and movement partners with local resource mobilisation efforts to enhance its capacity to deliver the assistance to the drought affected population.

### Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) supports ERCS through its East Africa and Indian Ocean Islands Cluster Support Team (EAIOI CST) and the Africa Regional Office which are both based in Nairobi, Kenya. The IFRC has also recruited and deployed an Operations Manager based in the ERCS headquarters in Addis Ababa. In the past 9-months there has been increasingly more surge support that included logistics, PMER, finance, cash transfer programming, food security and WASH.

In Ethiopia, IFRC, ICRC and Partner National Societies (PNS) participate in regular co-ordination meetings convened by the National Society. All issues including potential bilateral and multilateral actions are discussed. Additionally, IFRC convenes regular coordination meetings in Nairobi with ICRC and PNS representatives to share updates on the situation in Ethiopia and neighbouring countries, and Movement action to date. Increasingly there are more consultation meetings among the Movement partners and ERCS on the needs, strategies and resource gaps.

The IFRC at the request of ERCS deployed a 4-member FACT mission (1 Team Leader, 2 Livelihoods and 1 Health) in November 2015 to support the NS assess the needs as well as designing an appropriate response (emergency appeal

and budget). Following the launch of the appeal, a Head of Emergency Operation (HEOPs) was deployed to support the consolidation of ERCS' National Drought Response plan, i.e. pulling together ERCS response plan, strategy and operational framework (self-funded activities at branch and HQ, pivoting of existing Movement partner activities and IFRC/ERCS Appeal).

In March 2017, another FACT mission was deployed to support the revision of the appeal using the outcome and recommendations from the drought mid-term review, aligning the response plan with the increasing needs. The revision was also guided by the capacity of the NS. Movement partners working in Ethiopia coordinate and ensure that bi-lateral support and activities implemented under the IFRC appeal are harmonized with the ERCS Drought Response Plan.

Between December 2015 and September 2017, Red Cross Red Crescent Movement and non-Movement partners assisted 1,094,961 people; 309,960 with emergency shelter and non-food items (NFI) and 496,237 people with WASH interventions, 196,400 people with livelihood interventions and food security, 93,198 nutrition interventions and in addition trained 166 volunteers in CBHFA to support sanitation and hygiene promotion in 3 woredas<sup>3</sup>.

### **Overview of non-RCRC actors in country**

Emergency response in Ethiopia is led by the NDRMCC with support from UN agencies, the Red Cross Red Crescent Movement and INGOs. Sector task forces have been established at national, regional, zonal and woreda level with the participation of all stakeholders, including the ERCS.

The Government of Ethiopia (GoE) at Federal and regional levels, allocated US\$ 381 million from its strategic reserves for the drought response. National and sub-national committees were established to oversee the distribution of relief supplies, which include food distributions, water point rehabilitation, livestock support, health services, and non-food items distribution for the internally displaced families.

Over 90 humanitarian agencies including 11 UN agencies and 66 INGOs are operating in Ethiopia supporting the government' drought response plan. Save the Children and Mercy Corps are providing support through their mobile health teams and train volunteers at community level. Between November 2015 and April 2016, MSF Spain supported Bidu Health center in SAM case management using ERCS volunteers on community screening. MSF Spain before ended its operational presence, supported the Afar region, Bidu health center with treatment of malnutrition in April 2016. UNICEF has continued with the provision of plumpy nut for SAM cases and thus ERCS has been the main health partner to support the GoE in Bidu by deploying Afar branch volunteers and staffs.

With the financial support obtained from Philip Morris International (PMI) a total of 12,236 under five children, lactating and pregnant mothers in three zones (Selti, Kembata and Hadiya) of SNNPR benefited from the provision of supplementary food in 2016.

For further details regarding coordination of humanitarian agencies, please refer to OCHA's Ethiopia [3W](#).

### **Needs analysis and scenario planning**

The immediate lifesaving and early recovery needs continue to increase as a result of 3-years consecutive drought, seasonal flooding and conflict within the country.

According to ACAPS humanitarian overview, an analysis of key crises into 2018 report, food insecurity and high level of malnutrition are likely to continue in Ethiopia due to poor performance of rain for three consecutive rainy seasons, loss of livelihood, and insecurity is continuing along the Oromo and Somali regions border. The same report indicated that food security and livelihood, WASH and nutritional support will be priority concerns in 2018.

The majority of the water sources such as ponds, Ella's (traditional water wells) and gravity springs have dried up in the last two and half consecutive drought periods with a little improvement during *Haggay* season in mid-October 2017. The women and girls are particularly affected, as they are generally the ones responsible to transport the water to the household, sometimes for great distances and in unsafe areas. Widespread prevalence of water borne diseases including acute watery diarrhea has been observed in the southern and south eastern arid parts of the region.

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<sup>3</sup> Woreda, or districts, are the third-level administrative divisions of Ethiopia.

According to the Government's Humanitarian Requirement Documents (HRD) from 2016 and 2017, the emergency response need for livestock has shown an increasing trend. The El Niño induced drought made 1.9 million households requiring livestock based livelihood assistance at the beginning of 2016 particularly among Somali, Afar and Oromia pastoral people. The mid review report in 2017 identified the increased need that indicated 2.25 million households are requiring emergency and recovery livestock based livelihood support particularly in Somali, Afar, Oromia and SNNPR.

ERCS reports identify as most drought-affected communities in Afar, Oromia, Somali and SNNPR regions, Kuri woreda in zone 1 of Afar region, Babile woreda of east Harerghe zone in Oromia region, Babile woreda of Fafen zone in Somali region and Hamer woreda of south Omo zone in SNNPR. These affected regions have been prioritised for implementation of the integrated food security and livelihoods, WASH and nutrition interventions (including distribution of supplementary food). ERCS has prioritized these regions that have unmet emergency and recovery needs.

Where possible ERCS will provide fodder and animal drugs for six months and emergency agro seeds for agro pastoralist intervention in Kuri woreda of zone 1 Afar and Babile woreda of Fafen zone Somali regions where mass livestock death was reported. However, this will largely depend on the detailed assessment to be conducted at the beginning of the year 2018.

ERCS is planning to reach 318,325 affected people through the following interventions:

- Malnutrition screening and referral of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) including distribution of supplementary food.
- Assessment for water sources in selected woreda and kebeles will be undertaken to identify water sources that will provide accessibility to water for **185,591** households.
- Rehabilitation of water points and construction of new water sources will be carried out in target districts in SNNP, Oromia and Somali regions.
- Livestock fodder will be supplied to **800** most vulnerable households in 4 districts. These will include distribution / provision of fodder and veterinary drugs for 6 months.
- Emergency agro seeds will be provided to **1,428** households in agro-pastoral communities in order to improve food supply and livelihood. The selection of beneficiaries will be conducted with community leaders, volunteers, assisted by community health workers. There will be distribution of fodder seeds during the marsh rains.
- Provision of community health services including health and hygiene promotion, disease prevention and control

### **Risk Analysis**

The current appeal is funded at 18% and there is high likelihood that the response to the operation will be limited affecting the response. This will however be complemented by local resource mobilisation efforts and support ERCS is receiving from PNS for bi-lateral programmes.

The livestock restocking activities will only be successful if there is good pasture, water and vaccines and animal health services. However, given the rainfall performance and projected worsening of the food insecurity situation on the IPC classification for Ethiopia it will be difficult to support restocking if no rains have been received. The conflict affecting some of the targeted regions could affect access and delivery of assistance.

IFRC will continue providing support to ERCS through the Operations Manager as well additional technical support from the cluster team in Nairobi to ensure quality programming, reporting and accountable utilisation of resources.

## **B. OPERATIONAL STRATEGY**

### **Overall Objective**

The objective of the operation is to provide assistance to 318,325 affected people through the distribution of supplementary food, support to malnutrition screening and referral, community health services support, improved access to safe water and hygiene promotion, and reinforcing family livelihoods and coping mechanisms. The supplementary food component in the revised appeal targets families with children under five and pregnant and lactating mothers.

### **Proposed strategy**

Assistance will be delivered through malnutrition screening and referral, distribution of supplementary food, reinforcement of existing health facilities, household level health screening, health promotion and disease prevention; improved hygiene promotion, rehabilitation and construction of water points, livelihoods protection and reinforcement of coping mechanisms.

Through this operation update the implementation timeframe will be extended for a 3-months (new end date 4 April 2018). The extension will enable ERCS and IFRC to do a more in-depth assessment of needs, capacity as well as identifying feasible interventions.

The operations management team (IFRC and ERCS) and Movement partners will ensure that discussions and advocacy for linking the emergency response to engagement in longer-term resilience programming with affected communities is done through existing movement coordination mechanics and technical working groups with ERCS in Ethiopia. The operation team will further focus on community engagement for ownership and to enhance resilience.

The response will focus on the following sectors: Health and Care, WASH, Food Security, Nutrition and Livelihoods.

## Operational support services

### Human resources

The operational set-up was established based on the lessons learned from the Gambella, Afar and previous appeal operations and has been agreed with the ERCS senior management. Given the increased procurement requirement for the supplementary food, the IFRC will continue to provide the required additional logistics technical support from the Nairobi regional office. The IFRC Operations Manager (Ethiopia Programme Support Office, or PSO) will provide oversight and managerial support to the operation, ensuring that it is implemented in accordance with the EPoA, and agreed conditions of the operation. The IFRC Addis Ababa PSO is supported by the EAI/OI Country Cluster Support team based in Nairobi). The IFRC, in consultation with ERCS, will as required deploy additional surge support in relevant technical areas (FS/LLH, Market Based interventions/CTP, PMER and WASH) to ensure quality programming and timely implementation.

### Logistics and supply chain

The logistics responsibilities will include sourcing the most urgent and relevant relief items, delivered and distributed equitably to those in need, in a timely, transparent and cost-efficient manner. Standard IFRC logistics procedures will be followed and reported upon while providing technical surge capacity support during procurement, training and advice to the ERCS and IFRC delegates and staff.

In order to meet demands of the program for the emergency appeal, IFRC Logistics department and ERCS has been engaged in a technical observation process of the ERCS tender for supplementary food. This entails that there is a set list of agreed actions and information sharing which needs to be done in advance of procurement under the appeal for CSB and edible oil, supplementary food for animals and veterinary items. In order to ensure that IFRC procurement procedures and standards are adhered IFRC logistics specialists in the Africa Union and Regional office are working together with ERCS technical team. A follow up meeting to review processes used by the National Society was held in February in Addis Ababa where a procurement plan development and highlights on standard procurement requirements was shared with ERCS management. In addition, ERCS enhanced its logistics and finance departments/team that facilitate quality management and timely delivery.

### Planning, monitoring, evaluation, & reporting (PMER)

A lessons-learned workshop was conducted in October 2017, during this workshop achievements and challenges were identified. The recommendations from the lessons learnt workshop will be integrated in the planned appeal revision. The IFRC Donor Advisory Group (DAG) also conducted a monitoring visit to Ethiopia and among the recommendations from the DAG visit is a timeframe extension of the response to ensure that the needs of the affected population are addressed.

### Administration and Finance

IFRC will continue to work with ERCS in management of the appeal. An assessment carried out during the year by the IFRC finance and Logistics team indicated a good improvement in ERCS finance management. This will be enhanced further with the existing policies and systems.

The operation manager based in Ethiopia and the AU- IFRC office will provide support in financial management and monitoring.

## C. DETAILED OPERATIONAL PLAN

### Programming / Areas Common to all Sectors

Quality programming			
Outcome 1 The management of the operation is informed by continuous assessments and comprehensive monitoring and evaluation	Outputs		% of achievement
	Output 1.1 The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate		55.4%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Carry out needs assessments and monitoring	X		60%
Conduct appeal revision based on on-going assessments, relevant new data to ensure activities remain in line with the needed response	X		70%
Inception workshop (set up PMER tools, structure and scheduled including SOPs) with ERCS headquarters and field staff and IFRC Coordinator	X		50%
Drought Learning Review workshops	X		50%
Conduct Mid-term review both in samara and Addis Ababa	X		100%
Conduct mid-term review including a beneficiary satisfaction survey with targeted population	X		100%
Conduct a final evaluation of the operation		X	0%
Monthly technical support monitoring and supervision by ERCS headquarters coordinator and line managers	X		30%
Periodic Monitoring and technical support and strategic meetings by IFRC Nairobi and AU	X		50%
Livestock Emergency Guideline (LEG) training for ERCS staff		X	0%
Experience exchange visits to other similar project areas to learn lessons on livelihood implementation		X	0%
Progress towards outcomes			
<p>In the last one-year assessments and reviews have informed the planning, implementation and monitoring of the drought appeal. Through field visits, community meetings and feedback, community specific needs have been addressed through response activities. A midterm review conducted in October- November 2016 and assessments done by ERCS in Afar, Oromia and Somali regions informed the revision of the appeal in 2017. This has led to intervention in the identified community needs.</p> <p>In addition, findings from lessons learnt workshops conducted in 2016 and October 2017, show that there has been remarkable improvement in the services provided through the appeal especially the restocking in Afar and supplementary food in the regions of Oromia, SNNPR, Somali and Afar.</p> <p>However, training in LEG and experience sharing was not done because much emphasis was put on restocking and support to other lifesaving interventions.</p> <p>The capacity in PMER was enhanced through surge support at the beginning of 2017 and orientation of key staff in ERCS that was carried out by IFRC PMER Unit, Nairobi Cluster.</p>			

## **Health & care**

### **Needs analysis:**

The negative impacts of the three years consecutive drought, the spread of Acute Watery Diarrhea (AWD) outbreak mainly in drought affected areas, flooding and inter-ethnic conflict has been increasing and made the humanitarian situation more complex. This worsened by poor hygiene practices such as open defecation, limited awareness of best hygiene and sanitation practices, poor sanitation and related challenges will be addressed in the targeted areas.

### **Population to be assisted:**

The intervention will address the WASH targeted population through trained CBHFA volunteers. A selection of volunteer will be by selected kabeles. The selection of kabeles will be done through an assessment planned at beginning of January 2018. Progress on implementation will be enhanced by continues community engagement and feedback sessions. The trained CBHFA volunteers will work with communities on booth health, nutrition and WASH activities to reach the targeted population.

Health & care			
Outcome 2 Critical nutritional status of the children under 5 is improved in Bidu and Afar region	Outputs		% of achievement
	Output 2.1 Screening and referral for acute malnutrition carried out for households with children under age five		38.3%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Intensive CBHFA health/hygiene volunteer's trainings for 75 volunteers in reporting and engagement including use of mobile phone methods for existing and newly recruited to replace dropouts) and refreshers	X		100%
CBHFA ToT training (contribution) for key volunteers for regional branches		X	0%
Quick review of the Bidu health center, community health needs and Phase out strategy by the volunteer and health team.		X	0%
Deliver mobile phones for health/hygiene volunteers for reporting and other equipment for household screening	X		100%
Identification and registration of households with U5 SAM & MAM case (including general HH health assessment)	X		50%
Identification and registration PLW needs for supplementary feeding (including general HH health assessment)			100%
Health/hygiene volunteer's monthly activity and findings report to Bidu health center and EA project office	X		100%
Provide food support for mothers/fathers arriving to health facility with U5 SAM children	X		15%
Two-month food support for households with U5 SAM cases upon discharge of child in Bidu	X		15%
Health/hygiene volunteers continue follow up with SAM case households after successful treatment	X		100%
<b>Output 1.2: Target population are provided with rapid medical management of drought related diseases</b>			
Conduct quarterly meeting with implementing partners (health, livestock, water office) in Bidu	X		75%
Establish and strengthen supervision system for volunteers and adopt IFRC CBFA reporting formats and prepare in local language		X	0%
Rehabilitate/maintenance, renovate and equip Bidu woreda health centre (purchase of solar power and AC for drug store).		X	0%
Conduct monthly meeting with kebele administration and clan leader to strengthen volunteer's accountability for HH to and discussion of shortcomings and follow up any complaints	X		50%
Capacity building for Bidu health profession and EA staff (CMAM training for 7 days in Semera)		X	0%
20 volunteers are trained in First Aid( Bidu district)		X	50%
Conduct monthly meeting with kebele administration and clan leader to strengthen volunteer's accountability for HH to and discussion of shortcomings and follow up any complaints	X		50%
Capacity building for Bidu health profession and EA staff (CMAM training for 7 days in Semera)			0%
<b>Output 1.3: Community based disease prevention and health promotion to the target households</b>			

Asses HH health situation based on information gathered during H2H visits	X		100%
Adopt IFRC CBHFA supervision and reporting methodology and tools for volunteers in Afar local language to create longer term intervention and define roles between health centre and Red Cross volunteers	X		100%
Conduct monthly health, hygiene and sanitation promotion sessions in 5 community centres of Bidu woreda	X		100%
Conduct monthly health, hygiene and sanitation promotion sessions in 20 kebeles in each targeted area (4 Woredas)	X		0%
Conduct Volunteers monthly meeting and review of activities		X	0%

**Outcome 2: Health and nutritional status of target population in Priority 1 and 2 hotspots is improved**

**Output 2.1: Screening and referral for acute malnutrition carried out for households with children U5 and PLW**

Training of 525 volunteers in CBHFA in 9 regions	X		14.2%
Procurement of first aid kits/PHAST Kits		X	0%
Procurement of 100 mobile phones for reporting (1 per Kebele)	X		20%
Identification and registration of households with U5 SAM & MAM case (including general HH health assessment)			50
Volunteer monthly reporting to branch and relevant health centre	X		25%
Volunteers follow up of SAM/MAM cases	X		50%

**Output 2.2: Community based disease prevention and health promotion in Priority 1 and 2 hotspots**

Assess HH health situation based on information gathered during visits in 80 kebeles		X	0%
Define roles and responsibilities between Red Cross volunteers and relevant health facility		X	10%
Adopt IFRC CBHFA supervision and reporting methodology and tools for volunteers' local languages to create longer term intervention		X	%
Conduct monthly health, hygiene and sanitation promotion sessions in community centres		X	0%
Conduct volunteers monthly meeting and review of activities		X	30%

**Progress towards outcomes**

There was a delayed implementation of activities due to high staff turnover (caused by low salary rate and lack of hardship allowance in Afar region). However, by end of 2016 and in 2017, all vacant positions and all are filled as of the end of 2016. In Bidu district, there are health posts in only 2 kebeles (Teo and Agum) supported by health extension workers. A total of 75 Red Cross volunteers were selected from all 15 kebeles in Bidu district and trained on CBHFA to improve the overall coverage for health, WASH and hygiene promotion. Training on mobile phone data collection and reporting was provided for 18 CBHFA volunteers and 4 health centre nurses. CBHFA volunteers were responsible for the monthly screening of severely and moderately malnourished U5 and PLW, weekly household hygiene and sanitation promotion, follow up of SAM cases following discharge from health centres, monthly health reports and updates on kebele health situations. All SAM cases were identified, registered and provided with two-month food rations. Drugs and medical supplies were procured for the Bidu district health centre. However, due to lack of proper storage facilities, the drugs were temporarily stored at the regional health office.

In addition to IFRC support in Bidu districts of Afar region, Partner National Societies (PNSs) have contributed a lot in addressing the health risks of different regions in the country. With the support of Swiss Red Cross 166 volunteers constituted from 12 Kebeles of Oromia and Somali Moyale trained on CBHFA and currently serving the people. The Netherlands Red Cross together with ERCS engaged in AWD prevention since August 2017 in Gashamo woreda of Jarar zone of Somali region reaching over 17,415 people through hygiene promotion. On the other hand the Finish Red Cross jointly with ERCS is supporting 29 kebeles located in Asita, Dubti and Awash woredas of Afar region. The

support includes provision of training for staffs and volunteers on CBHFA, disaster management (establishment of BDRT) and provision of medical equipment and technical support for health facilities working in the target areas

## **Water, sanitation, and hygiene promotion**

### **Needs analysis:**

10.5 million people currently require WASH support and this sector will remain a priority in 2018. In addition to supplying emergency water, a key priority and focus for this appeal is the rehabilitation of permanent water systems as drought and water shortages are recurrent in Ethiopia. The availability of clean water and promotion of sanitation practices is critical to minimize public health outbreaks in 2018. Scarcity of water will also lead to further livestock deaths contributing to livelihood losses and greater food insecurity in 2018.

Currently the negative impacts of the three years consecutive drought, the spread of Acute Watery Diarrhea (AWD) outbreak mainly in drought affected areas, flooding and inter-ethnic conflict has been increasing and made the humanitarian situation more complex. For example, the number of the drought, flood and conflict affected displaced households has increased from 1.02 million NDRMC (National Disaster Risk Management Commission) estimate at the beginning of the 2017 to 1.67 million mainly in Oromia and Somali regions of Ethiopia.

### **Population to be assisted:**

The appeal is planning to reach 185, 000 people on WASH activities in four selected woredas. The kabeles will be selected with support from the regions and Woreda relevant government ministries and ERCS 400 CBHFA trained volunteers. Needs assessment will be carried out at the beginning of 2018 to select the most affected communities/ kebeles for support, and to select the water sources to be either rehabilitated or constructed.

To avoid water borne diseases and to address poor hygiene and sanitation practices, the trained volunteers will be equipped and supported to conduct hygiene promotion among the selected kebeles/communities. Volunteers will hold monthly feedback sessions to assess progress and to check if there are meeting community expectations. In addition, a feedback mechanism will be put in place.

Water, sanitation, and hygiene promotion			
Outcome 3 Immediate reduction in risk of waterborne and water related diseases in targeted communities	Outputs		% of achievement
	Output 3.1: Continuous assessment of water, sanitation and hygiene situation is carried out		43.3%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
WASH and water needs assessment in Bidu	X		100%
Procurement of WASH NFI for prepositioning for HH	X		75%
Conduct detailed assessment of existing water sources for rehabilitation or construction in target districts		X	0%
<b>Output 3.2: Hygiene promotion activities which meet Sphere standards</b>			
75 CBHFA health/hygiene volunteers receive PHAST training		X	0%
CBHFA volunteers conduct safe water storage and water treatment promotion through weekly H2H visits	X		100%
HH supplied with water purification products, safe water storage containers and buckets as required	X		10%
CBHFA volunteers conduct monthly WASH and health (safe water storage and treatment) promotion campaigns in public places (markets, parks, schools) on proper use of latrines and hand washing	X		100%
Construction of water flush communal latrine in public centres	X		100%
Training of CBHFA volunteers on water treatment, safe water storage other WASH related issues	X		100%
Construction of model waste disposal pits in Sedomta public centre		X	0%
<b>Output 3.3 Safe water is provided for up to 36,000 households in 3 districts</b>			
Water trucing for 3 months in Kindo Koysha and Moyale districts		X	20%
Provide water treatment for community water storage containers		X	0%
Procure and distribute water treatment (Aqua tabs) and 2 x 20L jerry cans per HH		X	0%
Rehabilitation of shallow wells, springs, dams and ponds in 6 districts		X	0%
Establish water committees for the care and maintenance of water points		X	0%
Progress towards outcomes			
<p>NFI kits were procured and pre-positioned in the Semera warehouse. WASH needs assessments were conducted with a sample of 282 households in Bidu district. The main findings were the lack of access to clean water, prevalence of open defecation and a very low awareness on the benefits of hand washing and personal hygiene. ERCS conducted hygiene promotion for 4,447 households through home visits, health &amp; sanitation clubs in 4 schools and at food distribution sites. A PHAST messaging tool kit, containing around 80 messages, was produced for the CBHFA trained 75 volunteers. The volunteers were also trained in mobile data collection and they have supported community mobilisation and awareness activities.</p>			

A total of 5 community latrines were constructed in Bidu centre to reduce open defecation and as part of communicate support and awareness program. In addition, hard composite pits were also dug with community participation.

With the support of Partner National Societies (Netherlands, Spanish, Swiss, Canadian and Austrian Red Crosses) ERCS distributed potable water and water treatment chemicals for critically water requiring zones and woredas of different regions. Oromia and Somali Moyale, Hamer woreda of South Omo, Kindo Koyisha woreda of Wolita and Gashamo woreda of Somali were some of the benefited areas in the country. Over 104,617 people benefited from provision of potable water and water treatment chemicals.

## **Food security, Nutrition, and Livelihoods**

### **Needs analysis:**

According to the mid-year government led multi agency emergency assessment report produced in August 2017, a total of 8.5<sup>4</sup> million people have been found requiring emergency food assistance between July and December 2017. In addition, as per the same report, 2.25 million people need livestock support; a total of 0.375 million children under five, lactating and pregnant mothers need SAM treatment; 3.6 million (MAM) children under five, lactating and pregnant mothers need supplementary food; and 1.02 million people displaced due to shocks need shelter, non-food items and other assistances. ERCS will address 1.1% of the total MAM cases which is 15% of the needs in the four regions

Due to ongoing drought situation, pastoral and agro pastoral livelihood has been the most affected due to mass animal death lack of adequate pasture and water and wide spread animal diseases. Somali region, South Omo zone of SNNPR, the zones of Oromia have been reported the most affected areas. As per the FAO preliminary estimates, between November 2016 and April 2017 more than 1.5 million livestock perished in southern and south-eastern areas representing an economic loss of over 350 million USD. Therefore there is great need for IFRC to address the gaps that are not being met by and humanitarian actor that include supplementary food, NFIs to a unprivileged individuals, water and livelihood support.

### **Population to be assisted:**

This plan will enable ERCS to meet their commitment to assist 1.1% (55,677) of the 3.6 million moderately malnourished children under 5 years and pregnant & lactating women through provision of supplementary food. The ERCS trained volunteers working with professional will identify and register the targeted groups using the MAM and SAM identification measures and restore livelihood to 50%(2278) of Households that entirely lost their livestock in priority areas by integrating food security/livelihood. A detailed assessment will be done by January 2018 to inform the targeted and specified support.

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<sup>4</sup> 2017Midyear Ethiopia Humanitarian Document August 2017

Food security, Nutrition, and Livelihoods			
Outcome 4 Immediate nutritious supplementary food requirements are met for the targeted population in priority hot spot areas	Outputs		% of achievement
	Output 4.1 Immediate nutritious supplementary food requirements are met for the targeted population in priority 1 hot spots areas		52%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Procurement of supplementary food rations for 2,500 children under 5 and 700 PLW per month for 6 months	X		100%
Identification and registration of beneficiaries in Bidu	X		100%
Distribution of supplementary food rations for 2,500 children U5 (CSB + oil)	X		92%
Distribution of supplementary food rations for 700 pregnant and breastfeeding mothers (CSB +Oil)	X		100%
Post distribution follow up visits	X		92%
Bidu branch warehouse assessment and improvements	X		100%
<b>Output 4.2 Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and lactating women in other priority 1 and 2 hotspots</b>			
Procurement of supplementary food rations for 65782 children U5 and 28,193 PLW for 8 months (CSB + oil) (93,975*6.25*8 months) & (93,975*1 Lr * 8 month)	X		30%
Coordination with GoE and nutrition partners on gaps and identification of beneficiaries.	X		20%
Distribution of supplementary food rations for children U5		X	30%
Distribution of supplementary food rations for pregnant and lactating women		X	30%
Post distribution follow up visits		X	30%
<b>Outcome 5 Livelihoods of affected populations are protected through targeted livestock interventions.</b>			
<b>Output 5.1 Livestock assets are protected</b>			
Livelihood/restocking assessment and implementation work planning	X		100%
Experience learning and sharing on cash transfer system	X		10%
Procurement of supplementary feed for livestock for milking livestock for 6 months for 5000 animals in Bidu (5 animals (goat) per 1,000 HH)		X	100%
Identification and registration of beneficiaries of restocking	X		100%
Restocking for 1000 HH 5 animal (goats) per households restocking through cash transfer		X	0%
Distribution of supplementary feed (molasses/multi-nutrient blocks/"concentrate") to milking livestock	X		0%
Identification of animal fodder/nutrient-block suppliers, identification of 2,000 HH owning a maximum of 3 milking heads of cattle for voucher distribution in Kindo Koysa district		X	0%
Provision of vouchers for treatment of livestock for the most vulnerable households		X	0%
Provision of pasture and fodder seed for 9 targeted communities	X		13%
Progress towards outcomes			
770 PLW and 3,415 children U5 received a two-month ration food in 15 kebeles in Bidu district. The standard monthly ration consists of 6.25 kg Corn Soya Blend (CSB) and 1 litre vegetable oil per person. Hygiene promotion and messages on how to cook CSB were conducted at distribution sites for beneficiaries and caretakers, as were nutrition messages on exclusive breastfeeding. A post-distribution monitoring was conducted in June in Agum, Sedomta and Teo kebeles;			

105 households were interviewed, and 80 people took part in focus group discussions. Overall the beneficiaries were happy with how the distributions had been carried out and the quantity of food received. However, they expressed concern with the quality of the CSB in terms of taste and edibility, and asked for more frequent distributions.

The Livestock intervention in Bidu, Afar Region is completed, and it was managed to reach targeting 1,000 most vulnerable households who had lost livestock due to the drought restocking package. To ensure the animals have a better chance of survival, treatment and fodder was supplied for six months. Each household was provided with 4 female and 1 male goat and vaccination was done during the distribution.

ERCS with its own resources assisted over 115,000 U5 and PLW MAM cases in 2016. Fodder seeds were distributed to 6 kebeles in Bidu district in Afar region. Due to heavy rains, most of the seeds were washed away and destroyed. Also, project staff in collaboration with community leaders and community animal health workers conducted household beneficiary selection exercise for restocking in Bidu district of Afar region.

With the support obtained from PNSs (Canada and Swiss Red Cross) ERCS provided animal drugs for 119,617 livestock in Somali and Oromia Moyale and Kindo Koyisha woreda of Wolita zone, SNNPR. A total of 57,125 people or 11,425 households have benefited from this support and capable of protecting their livestock from potential animal diseases. Furthermore with the Canada Red Cross support animal feed mainly molasses and nutrient blocks provided for 3,333 livestock that belongs to 2,167 households in Kindo Koyisha woreda of Wolita zone, SNNPR

In addition, ERCS in collaboration with ICRC 25,825 households or 129,275 displaced people due to inter-ethnic conflict in 4 woredas of East and West Harerghe zones of Oromia region, Bench Maji zone of SNNPR and one woreda in Gambela region received agricultural tools and seeds with the objective of improving the livelihood of the displaced people.

## D. BUDGET

The appeal budget currently is CHF 13,686,550. CHF 2,890,606 has been received as funding; CHF 2,870,993 cash contribution and CHF 19,613 in kind support (personnel). CHF 2,350,807 has currently been spent reflecting 81% expenditure of the funding received so far. The budget will be reduced in the appeal revision to be done in January, 2018.



## Contact Information

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

### In the National Society

- Engida Mandefro; Deputy Secretary General, Ethiopian Red Cross Society: email: [engida.mandefro@redcrosseth.org](mailto:engida.mandefro@redcrosseth.org)

### In the East Africa and Indian Ocean Islands (EAIOI) Cluster.

- Lawrence Lutaaya, Operations Manager; email: [Lawrence.lutaaya@ifrc.org](mailto:Lawrence.lutaaya@ifrc.org)
- Andreas Sandin, Operations Coordinator, email: [Andreas.Sandin@ifrc.org](mailto:Andreas.Sandin@ifrc.org) phone: +254 732 508 060
- Getachew Taa, Head of Cluster email: [Getachew.Taa@ifrc.org](mailto:Getachew.Taa@ifrc.org) phone; +254 733 444 057

### In Africa Regional Office

- Florent Delpinto, Acting Head of DCPRR, email: [Florent.Delpinto@ifrc.org](mailto:Florent.Delpinto@ifrc.org)

### In Geneva

- Ruben Romero, Acting Lead Response & Recovery, DCPRR; email: [ruben.romero@ifrc.org](mailto:ruben.romero@ifrc.org)

### For Resource Mobilization and Pledges:

#### In Regional Office for Africa

- Kentaro Nagazumi, Partnership and Resource Development Coordinator email: [Kentaro.Nagazumi@ifrc.org](mailto:Kentaro.Nagazumi@ifrc.org)

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

- Rishi Ramrakha, Head of Operational Logistics, Procurement and Supply Chain Unit, Africa Region, [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

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

- Fiona GATERE, PMER Coordinator; email: [Fiona.gatere@ifrc.org](mailto:Fiona.gatere@ifrc.org)

## 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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence** and **peace**.

## Disaster Response Financial Report

## MDRET016 - Ethiopia - Drought

Timeframe: 28 Dec 15 to 04 Jan 18

Appeal Launch Date: 04 Jan 16

## Interim Report

## Selected Parameters

Reporting Timeframe	2015/12-2017/11	Programme	MDRET016
Budget Timeframe	2015/12-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		<b>13,686,550</b>				<b>13,686,550</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
American Red Cross		148,075				148,075	
Australian Red Cross		186,281				186,281	
British Red Cross		639,747				639,747	
China Red Cross, Hong Kong branch		25,404				25,404	
Danish Red Cross		20,481				20,481	
Danish Red Cross (from Danish Government*)		140,099				140,099	
Finnish Red Cross		56,739				56,739	
Finnish Red Cross (from Finnish Government*)		459,072				459,072	
Italian Red Cross		108,750				108,750	
Japanese Red Cross Society		43,830				43,830	
Other		-1,274				-1,274	
Red Crescent Society of the Islamic Republic of Iran		30,000				30,000	
Singapore Red Cross Society		19,967				19,967	
Swedish Red Cross		229,540				229,540	
Swiss Red Cross		80,884				80,884	
The Canadian Red Cross Society		49,323				49,323	
The Netherlands Red Cross		54,193				54,193	
The Netherlands Red Cross (from Netherlands Government*)		447,300				447,300	
United States Government - USAID		132,580				132,580	
<b>C1. Cash contributions</b>		<b>2,870,993</b>				<b>2,870,993</b>	
<b>Inkind Personnel</b>							
Danish Red Cross		19,613				19,613	
<b>C3. Inkind Personnel</b>		<b>19,613</b>				<b>19,613</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>2,890,606</b>				<b>2,890,606</b>	
<b>D. Total Funding = B + C</b>		<b>2,890,606</b>				<b>2,890,606</b>	

\* Funding source data based on information provided by the donor

## II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		2,890,606				2,890,606	
<b>E. Expenditure</b>		-2,350,807				-2,350,807	
<b>F. Closing Balance = (B + C + E)</b>		539,799				539,799	

## Disaster Response Financial Report

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Budget Timeframe	2015/12-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>13,686,550</b>			<b>13,686,550</b>		
<b>Relief items, Construction, Supplies</b>								
Construction - Facilities	11,000		6,433			6,433	4,567	
Construction Materials			2,923			2,923	-2,923	
Food	5,188,914		311,461			311,461	4,877,453	
Seeds & Plants	621,200		19,258			19,258	601,942	
Water, Sanitation & Hygiene	4,108,246		49,752			49,752	4,058,494	
Medical & First Aid	12,380		8,453			8,453	3,927	
Teaching Materials	20,500		1,395			1,395	19,105	
Utensils & Tools	230,956		7,369			7,369	223,587	
Cash Disbursement	970,260						970,260	
<b>Total Relief items, Construction, Sup</b>	<b>11,163,456</b>		<b>407,043</b>			<b>407,043</b>	<b>10,756,413</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom			16,116			16,116	-16,116	
Office & Household Equipment			14,747			14,747	-14,747	
<b>Total Land, vehicles &amp; equipment</b>			<b>30,863</b>			<b>30,863</b>	<b>-30,863</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	67,199		15,687			15,687	51,512	
Distribution & Monitoring	32,000		3,341			3,341	28,659	
Transport & Vehicles Costs	564,960		143,086			143,086	421,874	
Logistics Services	9,000						9,000	
<b>Total Logistics, Transport &amp; Storage</b>	<b>673,159</b>		<b>162,114</b>			<b>162,114</b>	<b>511,045</b>	
<b>Personnel</b>								
International Staff	304,000		287,729			287,729	16,271	
National Staff	20,400		37,911			37,911	-17,511	
National Society Staff	197,974		265,003			265,003	-67,029	
Volunteers	96,000		30,655			30,655	65,345	
<b>Total Personnel</b>	<b>618,374</b>		<b>621,298</b>			<b>621,298</b>	<b>-2,924</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	16,400		246			246	16,154	
Professional Fees			40,171			40,171	-40,171	
<b>Total Consultants &amp; Professional Fees</b>	<b>16,400</b>		<b>40,417</b>			<b>40,417</b>	<b>-24,017</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	167,043		85,387			85,387	81,656	
<b>Total Workshops &amp; Training</b>	<b>167,043</b>		<b>85,387</b>			<b>85,387</b>	<b>81,656</b>	
<b>General Expenditure</b>								
Travel	47,600		103,914			103,914	-56,314	
Information & Public Relations	20,575		17,807			17,807	2,768	
Office Costs	96,614		84,016			84,016	12,598	
Communications	33,600		22,619			22,619	10,981	
Financial Charges	14,400		17,844			17,844	-3,444	
Other General Expenses			4,688			4,688	-4,688	
Shared Office and Services Costs			57,295			57,295	-57,295	
<b>Total General Expenditure</b>	<b>212,789</b>		<b>308,183</b>			<b>308,183</b>	<b>-95,394</b>	
<b>Operational Provisions</b>								
Operational Provisions			535,097			535,097	-535,097	
<b>Total Operational Provisions</b>			<b>535,097</b>			<b>535,097</b>	<b>-535,097</b>	
<b>Indirect Costs</b>								

## Disaster Response Financial Report

### MDRET016 - Ethiopia - Drought

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Interim Report

#### Selected Parameters

Reporting Timeframe	2015/12-2017/11	Programme	MDRET016
Budget Timeframe	2015/12-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>13,686,550</b>			<b>13,686,550</b>		
Programme & Services Support Recovr	835,329		141,101			141,101	694,228	
<b>Total Indirect Costs</b>	835,329		141,101			141,101	694,228	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			16,104			16,104	-16,104	
Pledge Reporting Fees	0		3,200			3,200	-3,200	
<b>Total Pledge Specific Costs</b>	0		19,304			19,304	-19,304	
<b>TOTAL EXPENDITURE (D)</b>	<b>13,686,550</b>		<b>2,350,807</b>			<b>2,350,807</b>	<b>11,335,743</b>	
<b>VARIANCE (C - D)</b>			<b>11,335,743</b>			<b>11,335,743</b>		

**Disaster Response Financial Report****MDRET016 - Ethiopia - Drought**

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Budget Timeframe	2015/12-2018/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Food security	13,686,550		2,890,606	2,890,606	2,350,807	539,799	
Subtotal BL2	13,686,550		2,890,606	2,890,606	2,350,807	539,799	
<b>GRAND TOTAL</b>	<b>13,686,550</b>		<b>2,890,606</b>	<b>2,890,606</b>	<b>2,350,807</b>	<b>539,799</b>	