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Emergency Plan of Action update

Ethiopia: Drought

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRET016	12-month update
Date of issue: 28 February 2017	Timeframe covered by this update: 28 December 2015 to 28 December 2016
Operation start date: 28 December 2015	Operation timeframe: 18 months End date: 30 June 2017
Operation budget: CHF 2,595,467	DREF amount allocated: CHF 181,521
N° of people being assisted: 45,350	
Red Cross Red Crescent Movement partners currently involved in the operation: Austrian RC, Spanish RC, Canadian RC, Finnish RC, Swedish RC, Netherlands RC, Swiss RC, Japanese RC, British RC, Iranian RC, American RC, Danish RC and ICRC	

Summary of major revisions made to emergency plan of action:

The emergency appeal was launched in December 2015 seeking 2.2 million Swiss Francs to support Ethiopian Red Cross Society provide assistance to 35,371 people affected by drought in Afar and Somali Regions, through the distribution of supplementary food, malnutrition screening and referral, improved access to safe water, hygiene promotion and protection of their livelihoods.

The appeal was later revised in June 2016 to extend the supplementary food support to an additional 30,000 moderately malnourished children under 5 years, pregnant and lactating women in priority hotspot areas, and adjusting the water, sanitation, and hygiene (WASH) component to ensure integration with the Community Based Health and First Aid (CBHFA) approach.

Based on the findings of the mid-term review in December 2016, the appeal was revised, narrowing down on the geographical area and extending the operation by 6 months until June 2017. The revised appeal seeks 2,595,467 Swiss Francs to reach 45,350 people through a revised supplementary food programme, water, sanitation, and hygiene, community health, and reinforce livelihoods and coping mechanisms of the affected community in Bidu and surrounding selected and worst hit woredas.

A. Situation analysis

Description of the disaster

Ethiopia has been affected by the worst drought for 50 years, with over 10.2 million people in need of food assistance (mid-2016), compared to 2.9 million in the beginning of 2015. In 2015, an El Nino induced drought affected approximately 10.2 million people in Ethiopia and was described as one of the worst drought events in decades.

In June 2016, IFRC revised the emergency appeal seeking \$2.7m to meet the needs of 65,371 affected people. This was an addition to PNS and ERCS bilateral efforts to respond to the crisis. The Government of Ethiopia Government provided over US\$200 million of emergency support by reallocating development funding from other sectors.

In 2016, most of the regions of Amhara, Oromia, and Southern Nations, Nationalities, and Peoples' Region (SNNPR) were reported to be at least in Crisis (IPC Phase 3) food insecurity; in the most affected areas, over 75% of crop production was reported lost, one million livestock were reported to have died, and over 1.7 million are reportedly at risk due to poor body conditions.

By end of year 2016, projections showed up to 22 million required relief food assistance, with 1.7 million people estimated to experience Moderate to Acute Malnutrition(MAM) and 435,000 people estimated to experience severe Acute malnutrition(SAM).

Summary of current response

Overview of Host National Society

ERCS has been responding through support from the Red Cross Movement and external partners. They have been successful in building strong partnerships in Ethiopia to increase the drought response operation through private fundraising as well as partnership with International Organizations and work and coordinate closely with the government at the central and regional levels. The ERCS is part of the Drought Technical Working Group organized by the National Disaster Risk Management Commission at the National level. At the regional and woreda levels, the government has organized a Drought Response Task Force to which ERCS branches are participating.



Food distribution exercise in Bidu area ©ERCS

In the revised emergency appeal, ERCS will work in Bidu woreda and other selected hotspot woredas in Afar region focusing on health, WASH and food security/livelihoods as this is one of the areas most in need, and with the fewest number of humanitarian actors present. In hotspot 2 areas, ERCS will only be providing assistance in supplementary food to improve nutrition. In other parts of Afar, the external actors present include CARE, CRS, GAA, IOM, IRC, MDM, Oxfam, SCI, UNHCR, VSF, and WFP, however only a few of them are offering support in Health and Livelihoods.

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 (EAI/OI) country cluster and the Africa regional office, which are both based in Nairobi, Kenya. An IFRC Operations Manager is based in the IFRC office in ERCS headquarters in Addis Ababa. IFRC also receives technical financial support for the operation from the AU liaison office in Addis Ababa.

In November 2015, an IFRC Field Assessment and Coordination Team (FACT) was deployed to define the exact needs and develop an appropriate and relevant plan and budget for the response. The FACT conducted field visits to Afar and Somali regions, and held numerous meetings with Movement, non-Movement partners and other stakeholders.

In March 2016, an IFRC Head of Emergency Operations (HEOps) was requested by the National Society to support the consolidation of the ERCS National Drought Response plan. The objective of this document was to pull together the National Society overall response plan, strategy and operational framework.

In Ethiopia, the IFRC, ICRC and Partner National Societies (PNS) participate in regular coordination meetings convened by the National Society. The IFRC also convenes regular coordination meetings in Nairobi with the ICRC and PNS representatives to share updates on the situation in Ethiopia and neighbouring countries and Movement action to date.

There is an extensive presence of Red Cross partners in Ethiopia (Austrian, Spanish, Canadian, Finnish, Swedish, Netherlands, and Swiss Red Cross, and ICRC) and all PNS's have developed strategies to support the ERCS drought emergency response. Discussions between IFRC and ERCS resulted in an agreement to harmonize all partner's drought response activities with the ERCS National Drought Response Plan.

Overview of non-RCRC actors in country

The overall emergency response is led by the National Disaster Risk Management Coordination Commission (NDRMCC) which is a government structure above the Disaster Risk Management Food Security Services (DRMFSS) of the Ministry of Agriculture. Sector task forces have been established at national, regional, zonal and woreda level with the participation of all stakeholders including the ERCS. The technical coordinators from ERCS HQ Disaster Preparedness and Response Department regularly participate in cluster for better coordination with non-movement partners on the response.

The Government of Ethiopia (GoE) at federal and regional levels, allocated over 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.

The GoE, together with partners, has been able to respond to most of the increased health related needs faced due to drought. In Somali region, local health authorities reported shortages in drugs and called for more support for community level interventions such as health awareness rising. To increase the response capacity, GoE had divided the most affected woredas in the region between partners like Save the Children and Mercy Corps who provide support through their mobile health teams and train volunteers at community level. In Afar, where gaps were identified, the GoE has allocated additional staff to health centres to support treatment of severely malnourished children.

Between November 2015 and April 2016, MSF Spain supported Bidu Health centre and SAM case management and ERCS volunteers worked with MSF on community screening. MSF Spain ended their operational presence and support to the health centre in April 2016. UNICEF will continue the provision of plumpy nut for SAM cases and thus ERCS will be the main health partner to support the GoE in Bidu.

Needs analysis and scenario planning



A woman fetches water from a well in Afar region © ERCS

According to the April 2016 Food Security and Nutrition Working Groups (FSNWG) Statement, there is a risk of further increase in under nutrition of children under 5 years, pregnant and lactating women. Acute malnutrition in 2015 was 32% higher than initially targeted and the 2016 HRD annual targets for SAM (435,000) and MAM (1.7 million) are even higher and may continue rising as reflected by the increase in priority 1 woredas having tripled from 40 in February 2015 to 219 woredas in March 2016. Severe Acute Malnutrition (SAM) admissions were highest between Jan-Feb 2016, as compared to the last five years. The numbers are likely to increase in June 2016 (the start of the 4 months' lean season for the most affected areas) when the Government's Productive Safety Net (PSNP) transfers typically end.

Based on discussions with Bidu woreda representatives and the pastoralist association there are indications of significant increases in the mobility of affected communities. This reflects the pastoralist community's coping mechanism to drought. In the Bidu context, households have moved to areas where they can access water and humanitarian services whereas part of some households (male) migrate with livestock towards water sources when necessary. Bidu woreda has 15 kebeles, the leaders of these are residing with their families in and around 4 main kebeles (Sedomta, Ti'o, Titale and Agum) where the provision of humanitarian service and water access is more consistent.

Establishing an ERCS presence in the main kebele of Bidu, namely Sedomta, will also allow for monitoring of communities' migration patterns with the overarching aim on ensuring that flexibility in the planned response considered these essential livelihood strategies of the targeted community. It is acknowledged that working in an emergency context with highly mobile pastoralist communities remains a significant challenge to the operational management and planned interventions. From an operation strategy perspective, it will require flexibility of the appeal planning and implementation mechanisms.

In Bidu woreda, the implementation is multi sectoral under this appeal (nutrition, health; WASH and livelihoods). In the more arid part of Northern Afar region where the population is highly mobile, two main factors negatively affect the livelihoods of the population, one being related to security issues along the Eritrean border and the other is persistent and recurrent drought. Traditionally Afar pastoralist systems involve transhumant migration in-between dry and wet seasons and up to 50 km radius from their most recent location of residence. In time of drought this radius increases but since Afar region has sources of water in rivers such as Awash, Logia, Mile, Whama, Anderkalu, Borkena, Jara and Ataye, these are used when alternative sources of water and grazing is needed. Thus, reports indicate that main push factors for increase mobility linked to drought, relates to the circumstances and the fact that drought situations deteriorates/exhausts the grazing lands around these water sources and animals must be moved further in search of fodder rather than access to water.

Increased mobility as a coping mechanism to crisis' such as drought is integral to Afar society, lifestyle and livelihood. In the targeted woreda of Bidu, this has an impact on all the sectorial needs assessment as well on the strategy of implementation as the targeted population moves across the 15 kebeles when they see a need to do so. During recent discussion with Bidu Woreda administration and Pastoralist Development Association, it was stated that the majority of the population has moved to areas in and around 4 main kebeles due to access to humanitarian relief, health services and access to household (and milking animals at household level) water. This means a significant increase of population compared to before the current drought situation.

B. Operational strategy and plan

Overall Objective

The revised Emergency Appeal will assist 45,350 beneficiaries 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 5 and pregnant and lactating mothers in Bidu woreda as well as in other priority hotspot areas. The provision of supplementary food will be focused on beneficiaries with MAM in priority 2 hot spot area 2 where ERCS has an operational presence and with the aim of covering an existing assistance gap for this people.

Proposed strategy

Food Security and Livelihoods

Supplementary food will be provided through targeting children U5 years, as well as pregnant and lactating mothers in Bidu woreda as well as in other priority 1 hotspot areas. The supplementary feeding package will include Corn Soya Blend (CSB, now often entitled SuperCereal) and vegetable oil. This will be based on the established standard of monthly rations of 6.25kg of CSB and 1 l. of oil per person for a period of six months.

For Bidu Woreda, the intervention will target 100% of the screened and registered children under 5 and pregnant and lactating women over a period of 6 months with 2 month rations per distribution. The total target is 19,200 beneficiaries. For other priority 1 hot spot areas, the intervention will support up to 30,000 beneficiaries (17,700 U5 and 12,300 PLW) cover a period of 6 months with 2-month rations per distribution. The total target is 30,000 beneficiaries.

There will also be provision of supplementary food for livestock. This intervention will target the most vulnerable 20% households in the affected host community (supporting 9,514 animals, or 5 animals per HH) in target kebeles. The livestock feed primarily targets the most productive female livestock (milking) to ensure continued access to milk. The intervention will target 5 productive livestock per household for a period of 6 months. This number is derived from the livelihood baseline profiles that indicate poor pastoralists own 6 – 10 livestock mainly goats and sheep¹⁵.

Livestock treatment support will target 20% of the most vulnerable households in targeted communities with increased population with treatment of 5 livestock for six months (supporting 9,514 animals, or 5 animals per household). The program will be technical guided by the woreda livestock office which will also ensure availability of the basic drugs and equipment.

Provision of pasture and fodder seed will be at community level intervention primarily targeting host community in the operational kebeles to rejuvenate degraded pastures and pilot community/fodder production. The current strain on pasture especially in areas with increased population will continue even with the current rains as the consecutive long dry spells will have likely destroyed natural pasture seed.

As part of their operational strategy, the ERCS National drought response framework highlights an interest to understand the potential opportunities of cash transfer programming in the drought response. IFRC and ERCS are in discussions on how to identify the most suitable way of conducting a market assessment and CTP feasibility study for the appeal intervention in Afar. Initial visits have shown that one kebele has a small market which gives access to basic commodities such as sugar, tea, biscuits, grains and various other basic household items. It is envisaged that following the CTP feasibility study a more detailed plan would be developed to include inventions in the next revision of the EA.

Health

To ensure a solid volunteer management system as well as enable a group of well trained and skilled volunteers, health and WASH (hygiene promotion) activities will be integrated through a CBHFA model. During CBHFA training, modules on distribution and post distribution will be added to ensure the same volunteers can support the delivery of the food security and livelihoods support. The volunteers will also undertake post distribution monitoring and this will be



Supplementary food distribution in Bidu area ©ERCS

coordinated with health volunteers who will conduct several follow up visits to households with children who have gone through the SAM treatment.

The aim of the health intervention is to train and support ERCS volunteers in all kebeles of Bidu woreda to screen households with children U5 to identify SAM cases. Following the screening, identified households will be registered and an additional analysis, like mapping health as well as WASH related risks, will be carried out and children referred to the health centre in Bidu or other nearby health posts. During the stay of the child in the centre, the caregiver(s) will receive food assistance to ensure they can remain throughout the whole treatment, while two additional



CBFHA training for volunteers in Bidu ©ERCS

months of food assistance will also be provided once the child is discharged. Should the WASH survey conducted show an elevated risk from water and or hygiene related risks, trained WatSan volunteers will intervene with the relevant household activities once the workload decreases.

Water, Sanitation and Hygiene Promotion

In addition of the integrated health/WASH approach, the EA will support a water needs assessment for Bidu as well as the repositioning of WASH NFIs (water treatment chemicals, bucket, body soap and collapsible jerry cans) for 1,000 households. Distribution will be discussed and agreed with local authorities and based on needs in case of increased population number in vulnerable households and/or flooding.

Hygiene promotion will be conducted as part of the health information and community malnutrition screening activities by a total of 75 volunteers. PHAST training will also be given to enhance community participation in order to reflect on their practices and behaviours and the impact this has on their health. This will allow for a comprehensive and integrated health and hygiene promotion to affected communities. Being a remote desert environment access to water from an infrastructural stance, is a chronic challenge. Gaps identified in the water needs assessment which will be done with the local government authorities, forwarded to the responsible authorities or the emergency response mechanisms within Afar region.

Operational support services

Human resources

An operational set-up was established based on the lessons learned from Gambella and previous appeal operations and was agreed on with ERCS head of DPR department and ERCS DSG. ERCS heads of departments and support services and programmes participated in the inception workshop where SOPs for the EA were agreed to.

IFRCs Programme Support Office (PSO) in Addis has an Operation Manager who provides oversight and managerial support to the appeal operations. The PSO in Addis provides technical support to the appeal to ensure that it is implemented in accordance with the Emergency Plan of Action (EPoA), and agreed conditions of the operation. The Operations Manager is supported by the EAIOI Country Cluster Support team based in Nairobi. A Surge Support Delegate (Relief and Logs) was also deployed from April- October 2016.

In addition, the IFRC will deploy additional surge support in relevant technical areas on a needs basis such as support services and technical sectors when needed to ensure quality programming and timely implementation.

Logistics and supply chain

Standard IFRC logistics procedures are being followed and reported upon while IFRC provides technical surge capacity support during procurement, training and advice to the host National Society and Federation delegates and staff through the Africa Region Logistics unit.

To meet the requirements for this appeal, IFRC GVA 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. In August 2016, ERCS went into partnership with WFP to supply supplementary food (CSB) and edible oil, while ERCS did the distribution to the target communities.

A Logistics Delegate was also deployed in April 2016 for 6 months to liaise and coordinate with the National Society on procurement and warehousing needs. For the revised appeal and given the increased procurement requirement for the supplementary food, IFRC EAIOI office will continue to provide this support with help from the Africa Region Logistics unit.

For other commodities and NFIs, the EA is budgeting for international procurement if need be, keeping in mind the GoE has stated that importation of emergency goods will go through an expedited process for this emergency. All procurement files will need to be reviewed and technically approved by The IFRC Africa Regional Logistics Coordinator, who will also and support international procurement if required.

Communications

ERCS have been using the local *dergu* system to disseminate messages on the project to the community. The *dergu* system is a traditional form of communication that uses word of mouth to spread key messages such as scheduled distributions or planned activities.

The national society, through their Public Relations department, have a working relationship with the Ethiopia Broadcasting Corporation and are hosted on a weekly programme on the broadcaster's radio service where they get to talk about the drought response. They used this show to disseminate word on the planned distribution of CSB and oil during the first distribution.

Planning, monitoring, evaluation, & reporting (PMER)

An inception workshop was held in March 2016. The workshop included IFRC and ERCS technical staff and head of departments. SOPs for the drought appeal operations with clear definitions of roles and responsibilities and reporting formats for all areas and departments of concern were drafted. Another inception workshop was also held in March 2016 in Afar that included ERCS regional and woreda staff and administrators.



Focus group discussion during mid-term review ©ERCS

With support from Canadian Red Cross and Finnish Red Cross, a midterm review was held in December 2016 with ERCS and IFRC in Afar region. Based on the findings of the MTR, it was decided to continue focus in Afar region, with an extension of the operation timeframe to complete delayed activities. The findings also led to the revision of activities with the focus on a revised supplementary food programme, refocused hygiene and sanitation promotion, improving the livelihoods of the affected community in Bidu woreda. Lessons learned from 2011 Drought Operations are also in place for the current operation and were incorporated in the appeal revision.

C. Detailed Operational Plan

Quality Programming / Areas Common to all Sectors

Quality programming / Areas common to all sectors			
Outcome 1 The management of the operation is informed by continued assessments and a comprehensive monitoring and evaluation system.	Outputs		% of achievement
	Output 1.1 The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate		90%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Carry out needs assessments	X		100 %
Conduct Appeal revisions as needed based on on-going assessments and relevant new data to ensure activities remain in line with the needed response	X		100%
Inception workshop with ERCS field coordinator, technical committees and the IFRC coordinator	X		100 %

Drought learning review workshops	X		100 %
Conduct mid-term review including a beneficiary satisfaction survey with targeted population	X		100 %
Consider operational revisions and adjustments based on outcome of the mid-term review	X		100%
Conduct a final evaluation of the operation			0 %

Progress towards outcomes

ERCS has done the initial assessment and two revisions so as to amend the EA appropriate as possible. An inception workshop was held in March 2016 during which SOPs were set up. Based on the findings of the rapid needs assessment, the first appeal revision was done in June to adjust the supplementary food programme, WASH activities and increased the number of targeted beneficiaries.

In addition, Post Distribution Monitoring (PDM) was done once after April 2016 supplementary food distribution (two-month ration size for 3,200 beneficiaries in Bidu Woreda). The PDM results showed that the food (CSB) distributed was of inferior quality. The target households who attended the focus group discussions, ERCS staff who visited households and mothers (who are beneficiaries and malnourished kids' mothers) complained that the food was not of good quality.

The quality assurance has been discussed and measures to curb future similar challenges resolved and these include close monitoring and check listing at all levels of procurement, provision of third party and community engagement to provide feedback. The appeal revision in December 2016 incorporated these findings and part of the focus will be on a revised supplementary food programme to improve the quality and develop a clear and elaborative procurement plan. A training will be conducted for the team in specific identified areas of interest such as CIMAM and LEGS. However, it should be noted that the subsequent distributions of supplementary food were accepted by the communities.

Health & care

Needs analysis: In Bidu woreda the GoE health centre is not fully operational, and is unable to reach the whole catchment population. There is lack of screening at community level, with an increasing number of U5 children with SAM who are not receiving appropriate care.

Population to be assisted: The population in Bidu woreda is 71,655 people distributed in 15 kebeles or towns. Based on information received from woreda health desk head, 12 out of the 15 kebeles would need assistance due to general absence of water supply and food shortages. The intervention plans to identify and refer up to 400 children U5 with SAM in the next 6 months. This figure is based on health centre data in Bidu and other affected woredas and using general SAM rates from the Mini DHS 2014. As the intervention will also be supporting the families of the screened and referred children, it's estimated that some 6,700 people will be reached with the screening as part of the intervention. The health care and promotion activities with communities, that will target approximately 30% of the Woreda population (formed by families with children U5 and pregnant and lactating mothers) is expected to reach some 21,300 people.

Health & care			
Outcome 2 Critical nutritional status of the children under five is improved in Bidu, Afar region.	Outputs		% of achievement
	Output 2.1 Screening and referral for acute malnutrition carried out for households with children under age five		70%
	Output 2.2 Target population are provided with rapid medical management of drought-related diseases		
	Output 2.3 Community-based disease prevention and health promotion is provided to the target households		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
CBHFA training for 75 volunteers and refreshers	X		100 %
CBHFA health/hygiene volunteers in 15 kebeles are trained in reporting and engagement methods, including use of mobile phones.	X		100 %
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 (including general household health assessments)	X		50 %
Health/hygiene volunteers report findings and data to health facilities	X	-	100%
Provide food support for mothers/fathers arriving to health facility with U5 SAM children	X		15%
Health / hygiene volunteers continue follow up with households after successful treatment	X	-	100%
Provide food support for mothers/fathers arriving to health facility with their children	X		15%
Two month food support for households after discharge of child	X		15%
Planning meetings to define roles between ERCS Health centre staff		X	100 %
Establish supervision system for volunteers and prepare reporting formats		X	75%
Support drought affected population with additional ERRS mobile health unit		X	0%
Equip and or replenish medicines and supplies of the mobile unit		X	100%
In coordination with regional health authorities, conduct a health centre capacity assessment		X	50%
Analysis of HH health situation based on information gathered during registration		X	100 %
Identify and prioritize needs for increasing health knowledge and awareness at HH level	X		100 %
Train volunteers in identified topics	X		50%
Establish supervision and reporting structure for longer term intervention and define roles between health centre and ERCS	X		100 %
Implement health promotion activities at community level		X	50%
Implement community conversation sessions (tea and coffee ceremony expenditure: once/month in 15 kebeles)		X	100%
Mid-term and final review meeting (2 sessions for 2 days each)	X		50%
Progress towards outcomes			
<p>Late implementation of the activities because of high staff turnover (because of low salary rate & no hardship allowance at Afar) has highly contributed on implementing the project. ERCS has arranged staff to cover the vacant positions in the project. However, by end of 2016, these positions had been filled.</p> <p>For food support activities, all SAM cases, children U5 and two-month food rations identified and registered were provided with food support. However, the targeted number of beneficiaries was not reached.</p> <p>The CBFHA volunteers have been instrumental in conducting HH awareness, identification and monitoring of SAM cases and linking with the health facility.</p>			

Water, sanitation, and hygiene promotion

Needs analysis: As to the guidance of the National Society and after discussion with local authorities, the decision was taken to focus EA activities in Bidu woredas of Afar at highest risk. This is also reflected in the planned WASH activities. According to the latest OCHA WASH 3W analysis, only German Agro Action is active in this woreda, mainly operational through local NGO Afar Pastoral Development Association

Population to be assisted: The target woredas of Bidu has scarce water resources. In March-May, the Belg rains was limited. This EPoA reduces its water related activities on behalf of immediate life-saving activities and focuses on the most vulnerable of the most vulnerable, severely malnourished and moderately children U5 and their families in 4 kebeles of Bidu woreda.

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.	
	Output 3.2 Hygiene promotion activities which meet Sphere standards		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
WASH and water needs assessment in Bidu		X	100 %
Procurement of WASH NFI's for prepositioning for 1,000 households		X	75 %
75 CBHFA health/hygiene volunteers receive PHAST training		X	0%
Hygiene promotion campaigns in public places and at SF distributions	X		100%
Hygiene promotion through household visits	X		100%
Progress towards outcomes			
<p>A WASH needs assessment was conducted for a sample of 282 households in Bidu in which the respondents were mainly women. The findings indicated that the main gaps were lack of access to water, open defecation among population and very low awareness on hand washing and personal hygiene.</p> <p>ERCS has conducted hygiene promotion in 4,447 households through home visits and school health and sanitation clubs in all the 4 schools. Hygiene promotion campaigns are also conducted at food distribution sites.</p> <p>PHAST messaging /tool kit was produced for all 75 volunteers with one set planned per volunteer. The plan was to give 1 set to 2 volunteers but due to very scattered placement of the community they produced one set for one volunteer; one set contains about 80 messages. PHAST training was not conducted due to late delivery of PHAST tool kits and interrupted and insufficient transfer of money to project site.</p>			

Food security, Nutrition, and Livelihoods

Needs analysis: Three main needs have been identified where the Red Cross can support. First, there is need to complement the GoE maize distribution with supplementary food (CBS) for a better nutritional value of food support. Second, there is need to protect livestock to reduce the risk of more mortality and increase their milk production, an important source of food for children in Afar. Finally, there is need to support regeneration of pasture once the rains restart.

Population to be assisted: Specific targeting criteria: (a) All children U5 years and pregnant/breast feeding mothers identified and register with MAM and to be targeted for the supplementary food for six months in Bidu woreda. (b) 20% of affected population in the target areas will be supported with livestock feed and treatment (c) the affected communities will be targeted for fodder pasture seed provision with community leader identifying suitable land for this activity and linked to the next rainfall season. In addition, up to 30,000 individuals (12,300 U5 and 17,700 a pregnant and lactating women) in other priority 1 hot spot areas will be supported with a 2-month ration of supplementary food.

Food security, Nutrition, and Livelihoods			
Outcome 4.1: Immediate nutritious supplementary food requirements are met for the targeted population in priority 1 hot spot areas. Outcome 4.2 Livelihoods of affected populations are protected through targeted livestock interventions.	Outputs		% of achievement
		Output 4.1.1 Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and breast feeding women in Bidu woreda.	
	Output 4.1.2 Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and breast feeding mothers in other priority 1 hot spot areas.		
	Output 4.2.1 Livestock assets are protected		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	

	Yes (x)	No (x)	
Procurement of supplementary food rations for 2,500 children under 5 and 700 PLW per month (2 month rations per distribution) based on monthly screenings) for Bidu woreda .	X		100%
Identification and registration of beneficiaries Bidu woreda	X		100 %
Distribution of supplementary food rations for children under 5 Bidu woreda		X	92%
Distribution of supplementary food rations for pregnant and breastfeeding mothers Bidu woreda		X	103%
Post distribution follow up visits Bidu Woreda		X	67%
Procurement of supplementary food rations for 17,700 children under 5 and 12,300 PLW in total over 6 months in other priority hot spot areas .		X	0 %
Coordination with GoE and nutrition partners on gaps and identification of beneficiaries in other priority hot spot areas .	X	X	100%
Distribution of supplementary food rations for children under 5 in other priority hot spot areas .		X	0 %
Distribution of supplementary food rations for pregnant and breastfeeding mothers in other priority hot spot areas .		X	0 %
Post distribution follow up visits in other priority hot spot areas .		X	0 %
Livelihood assessment and implementation work planning		X	100%
Procurement of supplementary livestock feed for milking livestock for 6 months for 9,514 animals		X	0 %
Identification and registration of beneficiaries for livestock intervention	X		75%
Distribution of supplementary feed for milking livestock		X	0 %
Veterinary treatment of livestock for the most vulnerable households		X	0 %
Provision of pasture and fodder seed for targeted communities	X		13%
Progress towards outcomes			
<p>Food distribution was conducted for 724 pregnant and lactating women and 2289 under five children (934 female and 1,355 male) in which they received a two-month ration for all 15 kebeles.</p> <p>Hygiene promotion and messages on how to cook the CSB were carried out at the distribution sites during distribution and were also given to the beneficiaries and care takers. Health promotion and nutrition messages on exclusive breastfeeding were given during distributions and post distribution household visits by volunteers and project staff.</p> <p>The CTP feasibility study was not conducted but the livelihoods assessment was done to identify animal supplementary food, veterinary drugs and type of fodder seed at Bidu and regional level at Semera with regional Agriculture and rural development office.</p> <p>Procurement of animal feeding and veterinary drugs have not been done because of procurement procedures and processes. Pasture and forage seeds were distributed to communities in Sedomta and sown on communal grazing lands in time for the Belg rains in the area which started in early August. However, heavy rains flooded the sowed seed before germination which has affected procurement of the next batch.</p>			

D. Budget

See attached the interim financial report.

Contact Information

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

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- **IFRC Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of Africa Region Logistics unit; phone: +254 733 888022; fax: +254202712777; Email: rishi.ramrakha@ifrc.org

IFRC Resource Mobilization and Pledges support

- Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; mobile phone: +254 731 984 117; email: fidelis.kangethe@ifrc.org

Performance and accountability support (planning, monitoring, evaluation and reporting)

- Beatrice Okeyo, PMER Coordinator (a.i.), mobile phone: +254 732 412 200; email: beatrice.okeyo@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 (NGOs) 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 30 Jun 17

Appeal Launch Date: 04 Jan 16

Interim Report

Selected Parameters

Reporting Timeframe	2015/12-2016/12	Programme	MDRET016
Budget Timeframe	2015/12-2017/06	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
A. Budget		2,773,566				2,773,566	
B. Opening Balance							
Income							
Cash contributions							
<i>American Red Cross</i>		148,075				148,075	
<i>British Red Cross</i>		195,002				195,002	
<i>Danish Red Cross (from Danish Government*)</i>		140,099				140,099	
<i>Finnish Red Cross</i>		56,739				56,739	
<i>Finnish Red Cross (from Finnish Government*)</i>		459,072				459,072	
<i>Japanese Red Cross Society</i>		43,830				43,830	
<i>Other</i>		-1,274				-1,274	
<i>Red Crescent Society of the Islamic Republic of Iran</i>		20,000				20,000	
<i>Swedish Red Cross</i>		122,422				122,422	
<i>Swiss Red Cross</i>		80,884				80,884	
<i>The Canadian Red Cross Society</i>		49,323				49,323	
<i>The Netherlands Red Cross</i>		54,193				54,193	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		272,073				272,073	
<i>United States Government - USAID</i>		307,638				307,638	
C1. Cash contributions		1,948,076				1,948,076	
C. Total Income = SUM(C1..C4)		1,948,076				1,948,076	
D. Total Funding = B + C		1,948,076				1,948,076	

* 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. Opening Balance							
C. Income		1,948,076				1,948,076	
E. Expenditure		-732,593				-732,593	
F. Closing Balance = (B + C + E)		1,215,482				1,215,482	

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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	
BUDGET (C)			2,773,566			2,773,566		
Relief items, Construction, Supplies								
Construction - Facilities			1,116			1,116	-1,116	
Construction Materials			2,923			2,923	-2,923	
Food	810,300		88,764			88,764	721,536	
Seeds & Plants	6,000						6,000	
Water, Sanitation & Hygiene			1,581			1,581	-1,581	
Medical & First Aid	16,801		8,453			8,453	8,348	
Teaching Materials	11,600						11,600	
Utensils & Tools	447,526		3,530			3,530	443,996	
Total Relief items, Construction, Sup	1,292,227		106,368			106,368	1,185,859	
Land, vehicles & equipment								
Computers & Telecom			12,246			12,246	-12,246	
Office & Household Equipment			5,409			5,409	-5,409	
Total Land, vehicles & equipment			17,655			17,655	-17,655	
Logistics, Transport & Storage								
Storage	37,600		1,081			1,081	36,519	
Distribution & Monitoring	28,800						28,800	
Transport & Vehicles Costs	319,240		40,061			40,061	279,179	
Logistics Services	18,000						18,000	
Total Logistics, Transport & Storage	403,640		41,142			41,142	362,498	
Personnel								
International Staff	329,000		134,596			134,596	194,404	
National Staff	18,900		10,873			10,873	8,027	
National Society Staff	83,800		123,443			123,443	-39,643	
Volunteers	79,460		3,798			3,798	75,662	
Total Personnel	511,160		272,710			272,710	238,450	
Consultants & Professional Fees								
Consultants	4,000		162			162	3,838	
Professional Fees	16,000						16,000	
Total Consultants & Professional Fees	20,000		162			162	19,838	
Workshops & Training								
Workshops & Training	80,460		7,901			7,901	72,559	
Total Workshops & Training	80,460		7,901			7,901	72,559	
General Expenditure								
Travel	52,775		46,626			46,626	6,149	
Information & Public Relations	11,075		8,032			8,032	3,043	
Office Costs	38,150		27,340			27,340	10,810	
Communications	18,800		12,533			12,533	6,267	
Financial Charges	14,400		-12,628			-12,628	27,028	
Other General Expenses	161,600		3,272			3,272	158,328	
Shared Office and Services Costs			16,697			16,697	-16,697	
Total General Expenditure	296,800		101,871			101,871	194,929	
Operational Provisions								
Operational Provisions			135,436			135,436	-135,436	
Total Operational Provisions			135,436			135,436	-135,436	
Indirect Costs								
Programme & Services Support Recover	169,279		44,401			44,401	124,878	

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Subsector:	*		

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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	
BUDGET (C)			2,773,566			2,773,566		
Total Indirect Costs	169,279		44,401			44,401	124,878	
Pledge Specific Costs								
Pledge Earmarking Fee			3,147			3,147	-3,147	
Pledge Reporting Fees			1,800			1,800	-1,800	
Total Pledge Specific Costs			4,947			4,947	-4,947	
TOTAL EXPENDITURE (D)	2,773,566		732,593			732,593	2,040,972	
VARIANCE (C - D)			2,040,972			2,040,972		

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Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Food security	2,773,566		1,948,076	1,948,076	732,593	1,215,482	
Subtotal BL2	2,773,566		1,948,076	1,948,076	732,593	1,215,482	
GRAND TOTAL	2,773,566		1,948,076	1,948,076	732,593	1,215,482	