

# Emergency Plan of Action (EPoA) Ethiopia: Drought

<b>Emergency Appeal n° MDRET016</b>	<b>Glide n°</b> <a href="#">DR-2015-000109-ETH</a>
<b>Date of issue:</b> January 4, 2016	<b>Date of disaster:</b> June 2015 (slow onset)
<b>Operation manager (responsible for this EPoA):</b> Andreas Sandin, Operations Coordinator EAIOI	<b>Point of contact:</b> Andreas Sandin <a href="mailto:Andreas.Sandin@ifrc.org">Andreas.Sandin@ifrc.org</a>
<b>Operation start date:</b> 18 December 2015	<b>Expected timeframe:</b> 12 months
<b>Overall operation budget:</b> CHF 2,211,085 (with DREF start up loan of CHF 181,521)	
<b>Number of people affected:</b> 10.1 million	<b>Number of people to be assisted:</b> 35,371 individuals
<b>Host National Society presence (n° of volunteers, staff, branches):</b> Ethiopian Red Cross Society, Afar and Somali branches.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> Austrian RC, Canadian RC, Finnish RC, Spanish RC, Swedish RC, Swiss RC and ICRC	
<b>Other partner organizations actively involved in the operation:</b> Save the Children, MSF Spain, Mercy Corps, ACF, Plan Inter., German Agro Action, APDP, CARE, IMC, CONCERN, UNICEF, OCHA, WFP.	

## A. Situation analysis

### Description of the disaster

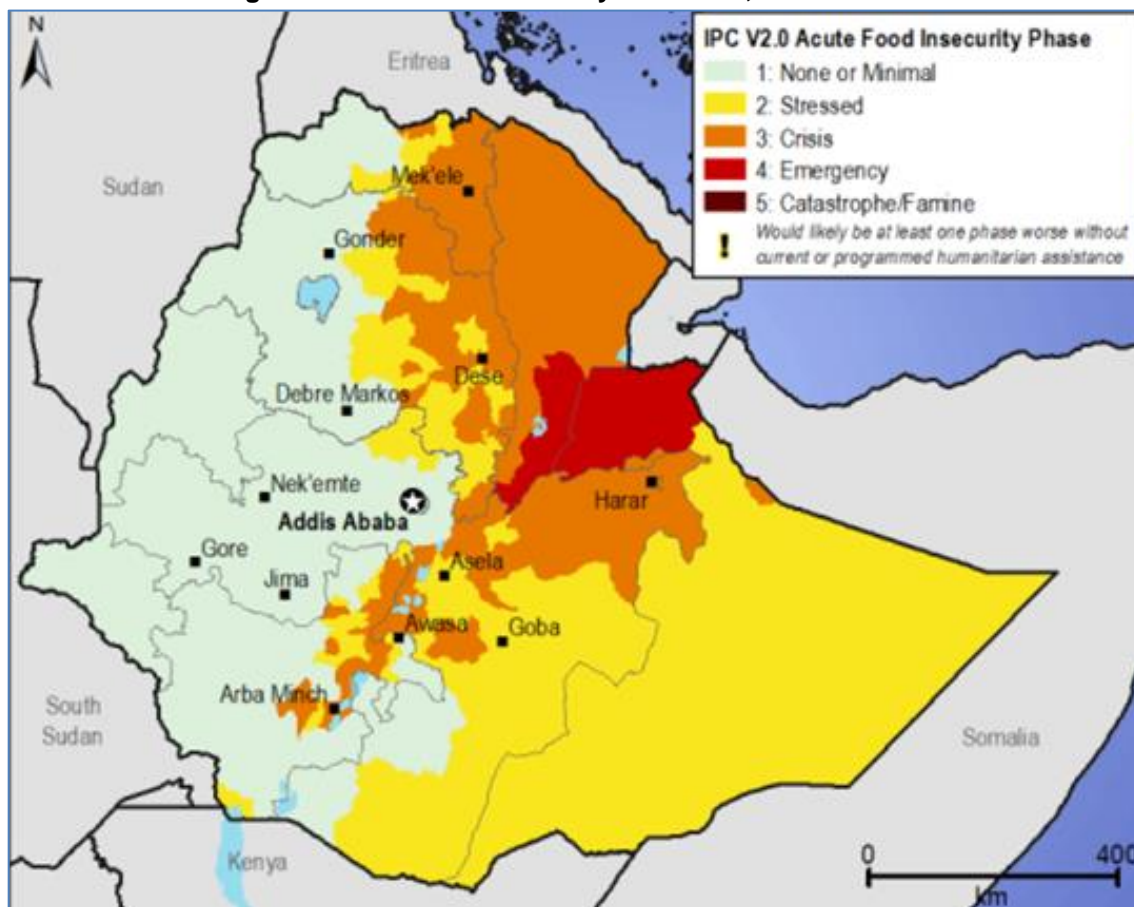
Ethiopia is one of the drought prone countries in Africa and often endures severe drought conditions that have resulted in famines in the past (i.e. 1973 and 1984-5). Drought results in the displacement of large number of people from their homes, as well as the loss of thousands of livestock and increased malnutrition. Although the Government of Ethiopia (GoE) and development actors achieved great accomplishments in the reduction of the occurrence of drought and its negative consequences in the last one decade, a substantial number of people are still suffering from a lack of adequate food, water, and pasture, as a result of recurrent drought

Currently, Ethiopia is facing severe food insecurity due to consecutive failed rains. The *Belg* rains (March – May) failed completely and the main *Kiremt* rains (June – Sept) started late and have been very erratic as a result of the arrival of El Niño weather conditions, especially in the north and north east areas of the country. These rains normally support close to 90% of crop production, which feed about 80% of the population. An analysis of soil moisture by FEWSNET in August shows the worst soil moisture conditions on record for Afar Region, and worst conditions since 1984 for Somali region, based on data that dates back to 1982.

The lack of pasture and water availability in pastoral areas aggravated the food insecurity situation in all pastoral dominant livelihood areas of Afar, Somali and Oromia regions. Both pastoral and agro pastoral areas found in north eastern Amhara, south eastern Tigray, the highland and midlands of South and Eastern Oromia, South and north Eastern Somali and Eastern areas of SNNPR are suffering from shortage of food and consequently from malnutrition.

The last OCHA Humanitarian Bulletin<sup>1</sup> already indicates that the level of need across virtually all humanitarian sectors has already exceeded levels seen in the Horn of Africa drought of 2011 and is projected to be far more severe in the next 8 to 10 months. Their current estimate is that some 8.2 million people are in need of assistance across the country, and that the number could reach as many as 15 million in 2016.

**Figure 1: Current food security outcomes, October 2015**



As the map from FEWSNET indicates, a major food security emergency is projected for the coming year. Already, some northern pastoralists in Somali and Afar areas have moved into Emergency<sup>2</sup>. The failure of rains in these regions resulted in minimal forage and water availability. By September 2015, more than 200,000 livestock had died in Sitti Zone and southern Afar. And despite early and unusual livestock migration patterns, livestock body conditions have continued to deteriorate. With poor livestock health, the prices in July 2015 had dropped significantly, as much as 40%, compared with prices in the same month of the previous year. Moreover, the poor livestock conditions also cause low or no milk production. As milk accounts for up to 60% of daily food intake for children in pastoral areas, the situation is having a major impact on children's nutrition. All agro pastoral and agricultural areas of Afar and Sitti Zone are also affected. Most households have failed to harvest crops either in June/July or in September/October, due to the delayed start of the rainy seasons and low rainfall. Yields for crops that did survive are very low.

Some effects of the situation is being reflected in the admission to Therapeutic Feeding Programs<sup>3</sup>. In normal years, the admissions to TPF, either decreases or stabilizes from July onwards until end of the year. But this year the trend is not showing this pattern in many of the regions because of the negative impact of the El Niño. Based on the November report of the Early Warning and Response Directorate of the Ministry of Agriculture, the September 2015 TPF admission has increased by 52.1% when compared with the same month of last year admission.

Another effect of the drought has been the increase in displacement. Around 13,000 households have lost all or almost all of their livestock due to lack of water access near their homesteads. As a result some 22 sites have been

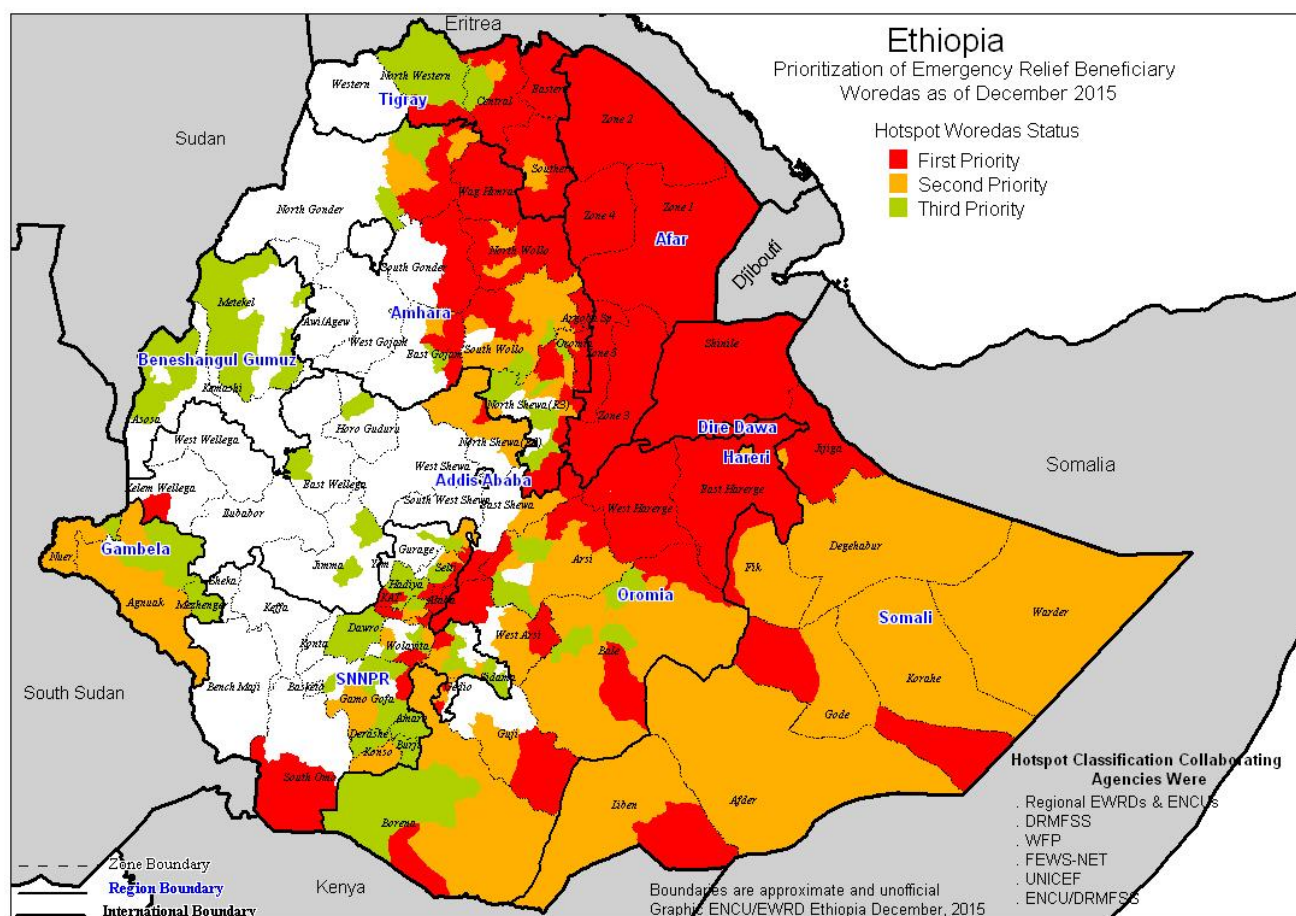
<sup>1</sup> Nov. 23<sup>rd</sup>

<sup>2</sup> IPC Phase 4

<sup>3</sup> TPF

formed in Somali areas where food assistance and water are available. And the number of displaced people continues to increase, with Afar also reporting at some 10,000 displaced people.

**Figure 2: Ethiopian Drought Priority Regions (ENCU/EWRD, December 2015)**



The number of woredas classified as Hot Spot priority 1 have tripled, from 40 in February 2015 to 142 in August 2015. Of these, around 17 are not receiving any assistance to date, and many are only partially assisted as shown in the map below. As 23 October, OCHA was estimating that some 8.2 million people were in need of assistance across the country, and that the number could reach as many as 15 million in 2016.

## Summary of the current response

### Overview of Ethiopian Red Cross Society<sup>4</sup>

The National Society has been responding with own funds; through Movement and external partners since the early stages of the drought (see ERCS Drought Response activities in Table 1). It has been agreed between the ERCS Senior Management and all Regional Branch Secretaries to focus HQ drought activities in the most needed areas of Afar and Somali Regions. According to this agreement the FACT team has been focused on these Regions by ERCS HQ. As further informed by the Senior Management, all branches not only agreed on Afar and Somali focus from HQ, but also expressed interest to support from their side while responding with Regional funds and humanitarian structure in their respective Regions.

ERCS has begun the process of consolidating its National Drought Response plan under an 'umbrella document'. The objective of this document is to pull together the National Society overall response plan, strategy and operational

<sup>4</sup> ERCS – "National Society"

framework (self-funded activities branch and HQ, pivoting of existing Movement partner activities and IFRC/ERCS Appeal). An initial meeting with Movement partner has been held whereas follow up and finalisation is planned for the coming weeks.

This EA will be a component of a more comprehensive response plan of the National Society. The strategy is to ensure that gaps in the National Society overall drought response are filled with relevant activities reaching the most vulnerable communities in areas of priority for the National Society. Table 1 shows drought response activities per partner, sector and region.

**Table 1: ERCS National Drought response activities per partner, sector and region**

Partner	Region	Zone	Sector	Status	No. of Beneficiaries
ERCS (own funds or with UNICEF)	Somali	Sitti	NFI	Completed	8,400
	Afar	Zone 1 (Elidar)	Nutrition, NFI	Planned	13,848****
		Zone 2 (Bidu)			2,157****
	Somali	Sitti (Erer, Afdem)	NFI	Planned	12,000
	Amhara	TBC	WatSan	Planned	2500
ICRC <sup>5</sup> Swiss RC	Oromia	West Arsi, Arsi, East Shoa	Nutrition	Planned	7,325
	Oromia	West Haraghe	NFI		28,710
	Somali	Liben	WatSan, Nutrition		18,000
Netherlands RC	Somali	Fafan	Health, Nutrition, WatSan	*	6,000
Netherlands RC	Oromia	West Haraghe	Health, Nutrition	*	3,349
Austrian RC / Spanish RC	Oromia	West Arsi	WatSan, Health, Livelihoods	*	15,000
Swedish RC/IFRC	Somali	Fafan (Harshin)	Livelihoods	Planned**	15,168
	Tigray	SE Zone (Enderta)	Livelihoods	Planned**	18,240
	Afar	Zone 1	Health, Nutrition, Livelihoods, WatSan	*	28,065
<b>IFRC EA</b>	Somali	Fafan	Nutrition, Livelihoods	*6	15,168
<b>Total beneficiaries</b>					<b>178,478</b>

\* numbers mentioned are project beneficiaries, final number of drought response beneficiaries targeted tbc by respective PNS

\*\* depending on on-going discussion between IFRC, SwedRC and ERCS

\*\*\* House hold size for the drought response is 6 (FACT Mission findings, Afar, November 2015).

\*\*\*\*2,157 CSB beneficiaries are 1,755 children <5, L&P mothers in Bidu and 402 in Elidar

\*\*\*\*\* NFI beneficiaries 13,848 in Bidu and 780 in Elidar

## Overview of Red Cross Red Crescent Movement in country

For all of 2015 and prior, the IFRC was represented in Ethiopia through an IFRC Country Office, headed by a Country Representative. The IFRC global structure is currently undergoing a change process in order to decentralize operational responsibilities and standardize team composition globally. One of the key changes includes the transition of 'Regional' teams to 'Country Cluster' teams. These Country Cluster teams will support the National Societies and operations in countries where there is no existing IFRC Country Office, while the Country Offices will now report directly to the Africa 'Zone' (now Africa 'Region') team. From January 2016, the IFRC Country Office in Addis Ababa will close, and the IFRC Country Cluster office in Nairobi will support ERCS as it currently supports a dozen other National Societies within East Africa and the Indian Ocean Islands. In order to facilitate this transition in Ethiopia, the incoming IFRC Operations Manager for this Drought Emergency Appeal (EA) will be hired for a full 12 months and serve as a liaison to the EAIOI office in Nairobi following the exit of the current IFRC Country Representative in mid-December. While all IFRC representation responsibilities for Ethiopia from January 2016 will be covered by the EAIOI Regional Representative<sup>7</sup> in Nairobi, the IFRC Drought Response Coordinator in Ethiopia will spend 20-30% of his/her

<sup>5</sup> Drought induced conflict response

<sup>6</sup> Same target population than the one to be reached with Swedish support. The EA will increase the length of support to these beneficiaries

<sup>7</sup> now called 'Head of Office' for the Country Cluster team

time to manage the closure of the Country Office in Addis Ababa and to ensure a smooth transition with this change, as well as oversee ongoing IFRC programs (i.e. Swiss Resilience project, etc.).

In Ethiopia, the IFRC, ICRC and PNSs 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 co-ordination meetings in Nairobi with ICRC and PNS representatives to share updates on the situation in Ethiopia and neighbouring countries, and Movement action to date.

Following the recognition of urgent needs related to drought within Ethiopia, and a request from ERCS for support, IFRC deployed a FACT mission to Ethiopia in order to support ERCS to define the exact needs and to craft an appropriate and relevant EPOA and budget for this current appeal. The FACT was composed to 4 members (one Team Leader, 2 Livelihoods members, and 1 Health member), and the team was present in Ethiopia for 4.5 weeks in November 2015. The FACT conducted field visits to Somali Region and Afar Region, in addition to holding numerous meetings with Movement and non-Movement partners and stakeholders.

There is an extensive PNS presence in Ethiopia, and all PNS's (see list below in alphabetical order) have different strategies to support the ERCS drought emergency response. All drought response activities should be harmonized with this EPOA, that has been agreed between IFRC and ERCS. In a meeting with ERCS SG and IFRC Country Rep it has been agreed that all drought response activities (ERCS Regional branches, ERCS own funded, ERCS with Movement partners, PNS's funds pivoted from program to drought response) should be monitored and evaluated through the EA structure (**Error! Reference source not found.**). The guiding SOP for this process throughout the EA period will be established on ERCS HQ level together with IFRC immediately upon publishing this draft EPOA, and will most likely revise the document.

- Austrian and Spanish Red Cross: Through a consortium, these two National Societies will be supporting ERCS drought response in West Arsi, Oromia region. Their 12-month strategy includes water provision and hygiene promotion to reduce the risk water related disease outbreaks, the distribution of fodder and medicine for livestock in the short term and livestock re-stocking in the middle to longer term. At least 15,000 beneficiaries will be reached, although this number may increase. Final assessment at time of publishing of the EPOA still ongoing, results and PoA will be communicated to IFRC/ERCS.
- Canadian Red Cross<sup>8</sup> currently has a 3.25 years project focusing on long term preparedness and response capacity that include branches in Afar and Oromia. The CRC will adjust planned response training, technical support and equipment for the branch to support the ongoing drought response. Moreover, CRC can support one staff in Afar that fit both, the EA and long term branch needs, such as an accountant.
- Finnish Red Cross<sup>9</sup>: In 2013, a joint WASH project that was successfully implemented by ERCS and supported by FRC was phased out. From 2013 to 2015 FRC has supported ERCS in the change process and organizational development through the IFRC. From 2016 bilateral cooperation between ERCS and FRC will start anew at community level. Joint planning is currently ongoing with ERCS. The programme will be a three year community-based health and first aid programme in the Afar region. The FACT will be feeding into the planning process ensuring that the drought response and the development programme being planned will complement each other.
- ICRC is supporting the strengthening of capacity of ERCS Afar branch through training of board members on *Governance & RC Knowledge*, M&E operational support and the salaries of two staff.
- IFRC/Swedish Red Cross multilateral program: For 2015, the existing Resilience programme activities has been changed from livestock to fodder support for the These partners will be supporting the purchase of animal fodder will support beneficiaries in Enderta woreda (Tigray Region) and in Harshin woreda (Somali Region). For 2016, if it is found that the existing programme activities cannot be implement due to the drought related effects on the beneficiaries in the respective programme areas, ERCs will submit a proposal to Swedish Red Cross with a request for addition adjustments. The proposed project budget reallocations will be used to buy livestock feed expected to last for 3 months which means support will end in the middle of the dry season (*jilal*) and as such there is need to raise additional funds to support interventions on animal feed as well as add new components for livestock treatment and supplementary feeding for children under five

---

<sup>8</sup> CRC

<sup>9</sup> FRC



old, and pregnant/breastfeeding mothers in the 2 target kebeles. The additional budget for expanded fodder provision, livestock treatment and supplementary feeding will be sourced through the EA

- **Netherland Red Cross:** Through their current Community Resilience Somalia Region Ethiopia program, NLRC is considering supporting the drought operations structure in the field and if need be at ERCS headquarters in order to strengthen the implementation process of their resilience programme. Moreover, they are planning to reorient some funds from this resilience project in Fafan woreda, Somali region to cover gaps in Emergency health, focussing on supplementary feedings, carry out community based screening and referrals of malnutrition cases, and hygiene promotion. The planning and Plan of Action will be completed by end of December 2015. As part of the approach, a health personnel will be attached to the branch to follow up this intervention. Additionally, the NLRC is supporting, through the resilience program, the Regional Water Bureau to build and rehabilitate water infrastructure to ensure better access to water in the area. Similarly, NRCS are already supporting the same emergency health activities in West Haraghe, Oromia region.
- **Swiss Red Cross:** Currently has a Resilience programme in Moyale district, Somali region that started this year and will continue until 2017. They are planning a more detailed assessment in the area to be carried out on 6 to 11 December to determine the best way to reorient the project to better address needs created by the drought. Some of the possible activities include: activation of Disaster Preparedness and Prevention committees, screening and referral of malnutrition cases, and support with supplementary feedings. Additionally, the SRC will support the repair of Boji dam, serving Boji kebele, which is a strategic gathering point for livestock when waters get low elsewhere. Swiss RC have the capacity to serve 16 to 20,000 people and their livestock.

### **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 National Society. ERCS will ensure that technical coordinators from ERCS HQ Disaster Preparedness and Response Department participates in their respective clusters (health, nutrition, NFI and WASH) to allow for enhanced visibility of RC movement activities and warrant coordination with non-movement partner on the ERCS response.

To date, the GoE at federal and regional levels, allocated more than 6 billion Ethiopian birr (ETB) or ~US\$ 285 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 item 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 all 19 of the most affected woredas in the region between partners like Save the Children and Mercy Corps. They provide support through their mobile health teams and in some areas also train volunteers at community level. When the FACT mission visited at one of the Health canter in Shenile where daily patient numbers have increased from 2-3 to 40 due to IDP's, the situation was still well managed. In Afar, where more gaps were identified, the GoE has also allocated additional staff to health canter especially to support treatment of severely malnourished children. Also different non-GoE actors like Save the Children are active in most of the woredas within Afar.

A multisector Emergency Need Assessment done in Afar concluded that if the drought continues, acute malnutrition will worsen and the likelihood of occurrence of epidemic prone diseases such as Acute Watery Diarrhoea (AWD), malaria, measles, meningitis and/or other infectious diseases will increase, with the consequence that further health related interventions will be needed with growing capacity constraints.

For this EA, ERCS plan to work in Afar Region (Health, Watsan, Food Security / Livelihoods) and in Somali Region (Food Security/ Livelihoods), as these are two of the area's most in need, and with the fewest number of humanitarian actors present. In Afar, the external actors present include CARE, CRS, GAA, IOM, IRC, LVIA, MDM, Oxfam, SCI, UNHCR, VSF, and WFP, however only a few of them are offering support in Health and Livelihoods (Annex 2: OCHA 3W Map August 2015). In Somali, the external actors present include ADRA, CRS, DRC, MSF, CISP, IOM, IMC, IRC,

Oxfam, Mercy Corp, NRC, OWDA, UNHCR, SCI, VSF and WFP, although only a few of them are focused on Food Security and Livelihoods. See latest version of UN OCHA 3W in Annex 2.

## **Needs analysis, beneficiary selection, risk assessment and scenario planning**

Somali and Afar are among the Regions most affected by drought impacts in 2015, reflected in the high number hotspot woreda classification 1, and the Integrated Food Security Phase classification (IPC) that shows Sitti Zone of Somali, and southern regions of Afar as having populations in IPC4 (Emergency). Table 1 below illustrates the number of woredas classified as priority one (most affected), two and three as of the latest classification of October 2015 (see also **Error! Reference source not found.**). Due to capacity and funding constraints, ERCS will not be able to respond within all of the affected Regions, and have chosen to respond in Afar and Somali given their experience and history in both Regions.

As part of the consolidate of ERCS National Drought Response Plan ('umbrella document'), mapping of the National Society's presence at woreda level as been included. Data and information is being sourced from Regional Branch level has begun as is the completion of ERCS detailed presence in each woreda.

### **Food Security and livelihoods:**

A GoE – led Multi Sectoral Needs Assessments (Karma Assessment) has indicated increasing number of people at risk of food insecurity. This assessment, conducted between 25th October and 13th November, shows that in Zone 2/Afar livestock prices have been decreasing as a result of pastoralists attempting to sell more animals as a coping strategy while demand has not increased. While livestock prices have declined, cereal prices have remained high resulting in poor terms of trade. The November 2015 FACT assessment in Bidu woreda showed that the average price of a goat has decreased from 1100 ETB in April to 750 ETB in November, while the price of maize flour has increased from 9.5 ETB/kg in April to 10.5 ETB/kg in November.

The GoE federal and regional structures in both Afar and Somali are responding with food distributions, water point rehabilitation, livestock feed and health, and non-food item distribution. Food distributions have been implemented although only maize grain was distributed. This means the supported households are not getting a balanced diet. In addition to food distribution, livestock feeding interventions have also been carried out. In Harshin woreda, targeted animal feed distributions have been implemented.

Due to the long dry spells since the beginning of the year, excessive stress on pasture has been experienced resulting in inadequate pasture regeneration capacity. It is also expected that natural seed has been destroyed by the long dry spells. Additional pasture demand by livestock of the IDPs has exacerbated this stress meaning that natural regeneration of seed is compromised. Therefore, there will be a need to support the restoration of pastures once the rains return.

### **Health:**

Drought can lead to various health risks leading to increase in morbidity and mortality. The reduced food intake and lack of a varied diet can lead to malnutrition and micronutrient deficiency. For example, Vitamin A deficiency increases the risk of death from measles, while severe iron deficiency increases the risk of anaemia as well as child and maternal mortality, and Vitamin C deficiency increases outbreaks of scurvy, thiamine deficiency increases beriberi, and niacin deficiency increases pellagra. In addition, infectious diseases such as cholera, typhoid fever, diarrhoea, acute respiratory infections and measles can also occur<sup>10</sup>.

Health information was collected by the FACT in Somali and Afar Regions. GoE in both areas is preparing for possible outbreaks, including measles but the situation has so far been under control. The poor nutrition situation in Sitti and Fafan zones of Somali region before the current drought predisposed much of the population to chronic malnutrition e.g. already poor health status of population. Average Severe Acute Malnutrition (SAM) rate for children under 5<sup>11</sup> in Somali region in 2014 was 10.9% and moderate stunting was 38.4%. In Afar SAM rate for U5 is 9.7 and moderate stunting 49.2%. Needs assessments and analysis were done by the FACT based on secondary data and discussion

<sup>10</sup> <http://www.who.int/hac/techguidance/ems/drought/en/>

<sup>11</sup> U5

with health personnel at regional, woreda and clinic level. Also information was received through other partners like Save the Children.

In general, the health system (health canters and health posts) become easily overburdened due to migration/IDPs from neighbouring villages or woredas to one area, which was already observed. Additionally, people can have difficulty to cover their direct and indirect health expenses, situation that is getting exacerbated by losing assets. In Somali, Sitti zone was the most affected and although needs are there, it was evident that partners have been able to respond to present situation relatively well. Therefore, also considering capacities of RC, the needs identified by the FACT team in Afar are the ones that call for immediate Red Cross action.

In Afar, field visits were done to two affected woredas appointed by regional GoE, Bidu and Elidar. Although both areas are highly affected, and classified as priority 1 areas, higher needs for intervention were found in Bidu. In this woreda the GoE health centre is not fully operational, and is unable to reach the whole catchment population. According to the woreda health desk head, the health extension workers (HEW) are not available at Kebele level in the woreda. At Bidu health centre, there is good human resources, with 15 trained professional staffs (two health officers and 13 nurses). But the centre could improve their services with some relatively small improvements, and with a mobile medical unit could respond to increased demand created through the drought. Due to lack of screening at community level, there is an increasing number of U5 with SAM who are not receiving appropriate care. This situation can also contribute to a possible increase prevalence of drought related diseases in the coming months. Presently, situation was said to be under control, although there are shortage of some medicines.

Bidu requires immediate and relatively comprehensive intervention targeting most vulnerable households with children U5 with SAM. There are also many cultural and environmental barriers among caretakers that hinder their ability or interest to stay at health centre for their children to be treated. A main challenge is that husbands refuse mothers to stay overnight, but this can be overcome through training of volunteers for good community engagement and sensitization. Another barrier is the lack of food supply during the stay, as the families often come from far away. Currently there are no other partners (NGO's) in the Bidu area. MSF Spain provided some support earlier in 2015 and they plan to do an assessment to strengthen the health centre capacity in the future.

Health structures in other woredas of Afar are supported by Save the Children International (SCI) and there is no need for immediate intervention regarding health. However, if the situation gets worse more support may be needed especially in beneficiary identification since SCI trained volunteers cannot reach all households. There is also lack of some emergency drugs, due to increase in demand for health services.

As mentioned before, the current EA will be revised in February-March, when new rains are expected and the context could change and impact the needs. As such, the health interventions could be expanding at that stage.

## **Water and Sanitation and Hygiene Promotion**

The current drought is gradually depleting the ground water table affecting the yield of wells, with some of the wells drying up resulting in the non-functionality of the schemes with the communities forced to use unprotected sources, move to areas with a sustainable water source and/or walk long distances to collect water. Due to severe shortages of water, the sanitation and hygiene conditions of the assessed communities were generally very poor, although there are no health indications for now<sup>12</sup>, this could contribute to water related disease outbreaks which threatens the health and overall wellbeing of the communities.

FACT assessment has been carried out in Somali and Afar Regions. Water trucking from the GoE is ongoing in the three target woredas of Harshin (Somali, not covered by assessment), Bidu and Elidar (Afar). This is complemented with construction of new water points and major rehabilitation of other water sources by either the GoE or partners. All of these areas are generally water scarce, a major problem faced during the assessment is the lack of comprehensive baseline data for regular seasons.

In Afar Region there are several areas experiencing severe water shortages across all the zones in the region<sup>13</sup>. It is anticipated therefore that these areas are at highest risks of being affected in 2016. According to the WASH Cluster the response plan in these areas will focus on the rehabilitation of non-functional water schemes, provision of Emergency Water Treatment kits, provision/installation of spare parts and water treatment chemicals, and the establishment of sustainable resilient water supply schemes. Although many of the improvements and/or construction

<sup>12</sup> Multi-Agency Meher/Karma Emergency Needs Assessment, Afar Region, October-November, 2015 (note: only Elidar has been assessed)

<sup>13</sup> 2015/16 El Niño Projections: Ethiopia WASH Cluster Response Plan



of water infrastructures still need to be completed, according to the observations and findings during the FACT field trip the water supply situation is currently under control. Although Water Bureaus reported shortages in hardware and training of technicians, boreholes supplying water towers, networks and water trucking are operational.

The needs expressed by the Somali Water Bureau in this respect cannot be covered by the EA but will be forwarded and discussed with RC partners. Shallow water wells of different protection qualities, equipped with or without hand pumps are still supplying the population, which is gathering around such areas with their animals.

In terms of sanitation, around 80% of the population (according to FACT field discussions) are pastoralists and traditionally practice open defecation, a behaviour difficult to change once forced to settle. A large number of the originally resident population use public latrines or practice open defecation at the outskirts of their settlements. Taking into account the overall capacity of the Movement and considering open defecation is less affecting surface as well as ground water quality during a drought, and further considering the difficult task to cover the entity of stranded pastoralists with emergency sanitation and behaviour change, such activities cannot be prioritized at this stage.

Literally, the watershed of the drought with respect to water related activities will be reached in February/March-May (Diraac/Sugum rains<sup>14</sup>), when it will show if the prospected rains will come and in which quality and quantity. This will also be the moment to revise this EPoA and adapt the activities to then – hopefully – positive developments as predicted. This is also the reason why this EPoA reduces its water related activities on behalf of immediate life-saving activities and focuses on the most vulnerable of the most vulnerable, namely severely malnourished children U5 and their families in a joint Health/WASH approach.

### **Beneficiary Selection**

The November 2015, the Early Warning and Response Analysis of the GoE indicates the need for close monitoring of the evolving nutrition situation and further strengthening of the emergency food and nutrition responses required for woredas of Afar, Amhara, SNNPR, Oromia, Tigray and part of Somali regions. As such the National Society's response will be focused in three of these six regions: Afar and Somali through the current EA, Somali with Swiss RC, Swedish RC and Netherlands RC support, and Oromia with Austrian RC/Spanish RC support.

In total 43,233 beneficiaries will be reached in the Regions of Afar and Somali:

- In Afar Region (Bidu woreda), interventions will be in a total of 4 kebeles identified as most vulnerable due to the effects of the drought compounded by hosting IDP households. The interventions of this EA will target both the host community and the IDPs, recognizing the strain on community resources as a result of hosting IDPs in an area already severely affected by drought. A total of 28,065 people are expected to be reached in Afar. Health screening activities will reach all kebeles in Bidu woreda and interventions will be in conjunction with the woreda Health Office.
- In Somali Region (Harshin woreda) interventions will be in 2 kebeles covered by the current community resilience project to expand on coverage and duration of livestock feeding interventions, as well as introduce supplementary feeding for children under five years of age and pregnant/breastfeeding mothers. Some 15,168 people will be reached in Harshin woreda.

The main beneficiaries will be households with children under five, as well as those with pregnant or breastfeeding mothers, which represent about 30% of the total population of the woredas. Based on the baseline data for Eastern Ethiopia gathered by SCI in previous years, as well as current GoE data, the EA will be using an average household size of 6 members. The most vulnerable beneficiaries will be identified through U5 SAM screening, a general health assessment by ERCS volunteers, and through the mapping of priority areas with community members.

Health/hygiene volunteers will screen all children U5 in the woreda of Bidu for symptoms of severe malnourishment. During this screening additional data such as WASH gaps will be identified. These children will be referred to the nearest health centre where they will be treated, accompanied by their mothers. The mothers will receive food aid during the stay plus supplementary food for the whole family for the following two months. ERCS plan to distribute supplementary food rations to 6,850 children U5 for a period of 6 months, and to 1,712 pregnant /breastfeeding women for 6 months. In addition, the gathered WASH needs (collected by health/hygiene volunteers during U5 screening) of identified households will be addressed by trained WatSan volunteers with material of the prepositioned

---

<sup>14</sup> Regional synonym of *Belg* rain

WatSan Kit, which has been specifically designed according to needs, beneficiaries to be reached and local availability of the needed material.

### Risk Assessment and scenario planning

FEWSNET's most likely projection from October-March 2015 indicates that livestock health conditions are likely to remain poor through December and January, while cereal prices likely to continue rising in January due to low production. Additionally, labour income is likely to remain very low during the October to March long dry season. As a result households won't be able to purchase sufficient quantities of food, and consumption gaps will prevail throughout at least March 2016.

The need for assistance will likely remain for at least 3 months after the rainy season of March-May 2016 (Diraac/Sugum) rains and the return of pasture, as most household would have lost their livestock. Without milk to sell or a large increase in labour demand, most households will remain unable to purchase enough food. However, if a livestock outbreak would occur or if the March rains are irregular, the situation will further deteriorate as milk availability and income from livestock sale would decrease even more. As such, an important part of a response strategy for the pastoral regions will be the protection of livestock at several levels, while also maintaining a comprehensive monitoring and coordination system to analyse the impact of the expected Diraac/Sugum rains and the overall access to water and food. In addition to the growing food security needs, the failed rains have also greatly increased the WATSAN and Health risks of the population, which have the potential to rapidly deteriorate in coming months.

ERCS has led a number of emergency operations in the past five years, and both ERCS and IFRC are keen to learn from the challenges faced during past operations. Below is a table outlining some of the recommendations from past operations (namely the 2011-12 Drought Appeal, and 2014-15 Gambella Appeal), as well as the mitigation strategies to prevent the recurrence of past risks.

**Table 2: Recommendations from previous ERCS operations & Mitigation Strategies for current appeal**

Issue raised	Recommendations	Mitigation strategy for this 2015 Drought Appeal, to prevent a repeat of risks from earlier operations
Assessment and Planning for an operation	<ul style="list-style-type: none"> <li>• Make critical participatory assessments, including needs, capacity, and immediately initiate implementation of the plan.</li> <li>• Systematic sharing of assessment and progress data with stakeholders and partners.</li> <li>• Agree and coordinate with key partners what type of data should be collected in a needs and capacity assessment, in order to reduce the numbers of actors in the field undertaking the similar type of assessments.</li> </ul>	<p>The FACT/ERCS assessment team consulted with woreda authorities and community leaders and specific target kebeles are already agreed on. In Harshin, interventions will be in the current Swedish/IFRC project kebeles. In Bidu 4 kebeles identified with Woreda authorities will be targeted. For this reason, no change of kebele is expected.</p> <p>ERCS to plan an inception workshop to set up SOPs for the operations to clearly list roles and responsibilities at HQ and field level for external coordination and sharing of information, new assessment etc.</p>
Beneficiary selection	<ul style="list-style-type: none"> <li>• Creating/ improving the awareness of local community, authority and community leaders of ERCS (build sustainable relationships)</li> <li>• Clear and transparent process of the selection of beneficiaries – share with communities and leaders.</li> </ul>	<p>Target beneficiaries for supplementary food are clearly identified in the proposed action i.e. children under 5 years and pregnant /breastfeeding mothers for all host community and displaced households in target kebeles</p> <p>A parameter to target households for the livestock support activities is set (i.e. the most vulnerable 20% of households). Livelihood baseline profiles will be used in the targeting and participatory beneficiary selection will be undertaken involving community leaders, RC</p>

		<p>volunteers and beneficiary names verified in community meetings.</p> <p>Include community awareness session in the plan of actions log frame and budget to ensure that community engagement in routines done and enhance transparent beneficiary selection.</p>
Implementation	<ul style="list-style-type: none"> <li>• Enhance delegation and branches, especially during recovery phase.</li> <li>• Well organized integrated effort for planning, implementation and evaluation needed from all actors/bodies.</li> <li>• Concrete assessments</li> <li>• Capacity building of HQ and branch at all levels</li> <li>• Ensure transparency</li> </ul>	<p>The proposed coordination and operational management structures will make implementation easier. There will be a designated “Drought Cell” team to oversee and coordinate all drought response operations. Branch coordinators will also have key designated responsibilities, including volunteers recruitment, training, and representation to local partners and authorities</p> <p>The proposed reviews in February - March will allow for adjustments in implementation plans including budget realignments as may be necessary.</p> <p>Clear roles and responsibilities (including quick decision making procedures) will be articulated in the HR section to guide the operation.</p> <p>Capacity gaps will be addressed through new and ongoing projects (e.g. the SERA project in Afar Region on Branch capacity development and the ongoing project in Harshin), using existing project staff capacity. The ERCS staff working on existing projects will be integrated into the emergency drought response.</p>
Food Relief	<ul style="list-style-type: none"> <li>• Establish emergency task force (head of Departments, chairman of social affairs, technical departments and managers .)</li> <li>• Proper implementation of ERCS/IFRC procurement procedures</li> <li>• Close cooperation and support from logistic, including involvement in planning and technical input.</li> <li>• Well organized coordination between ERCS, IFRC and other partners.</li> <li>• Identify reliable potential suppliers of relief items in advance for having a shortlist.</li> <li>• Where appropriate investigate cash</li> </ul>	<p>A task force to guide the operation will be put in place (see HR Structure) with clear links on roles from HQ to branches.</p> <p>Ensure that implementing ERCS staff is fully trained in distribution of NFIs and food including a solid PMER system to support the accountability to donors and beneficiaries.</p> <p>Set up structures through a well-defined SOPs on ERCS participation in external coordination at HQ and field level. This should include information sharing systems from HQ to field and vice versa.</p>

	<p>programming and build on the experiences that the ERCS already have gained in some programmes.</p> <ul style="list-style-type: none"> <li>• Integrated approach between departments in all relief programming, with technical input, involvement and links between programmes.</li> </ul>	
WATSAN	<ul style="list-style-type: none"> <li>• Proper needs identification and prioritization</li> <li>• Participation of communities starting from planning to evaluation.</li> <li>• Volunteers participation on proposal, POR, budget development.</li> <li>• Early/timely planning</li> <li>• Timely action: contingency plans in place, management decisions, cash flows, logistics, HR, recruitment and training of volunteers,</li> <li>• Sphere standards</li> <li>• Communications between departments, HQ, regions, branches</li> <li>• Exit strategies</li> </ul>	<ul style="list-style-type: none"> <li>• The WatSan strategy is - jointly with Health - targeting U5 SAM children until the further evolution of the drought and its impact on water availability and quality becomes clearer</li> <li>• Community engagement and participation will be reached by selecting appropriate volunteers of each targeted kebele working in their respective kebeles</li> <li>• Recruitment and training of a Health/WatSan field coordinator</li> <li>• Training of 70 Health/hygiene volunteers on basic WatSan awareness and data collection</li> <li>• Training of 20 WatSan volunteers in mainly HWTS, HP and Emergency Sanitation using the provided Kit</li> <li>• 20 volunteers to be active for 6 core months (all WatSan activities in target HH's and communities) and 10 high potential volunteers for another 6 months (HP, monitoring, maintenance)</li> <li>• Establish SOPs and include support from ERCS technical units at HW and support to field implementation teams including the measurement of quality assurance.</li> <li>• Exit strategy to be defined after EA revision +3 months but latest +6 months</li> </ul>
Distribution	<ul style="list-style-type: none"> <li>• Develop procedures and system for logistic support</li> <li>• Involvement of volunteers – capacity building/preparedness through training in DM, distribution.</li> <li>• Early involvement of stakeholders</li> <li>• Close involvement of the local community and beneficiaries.</li> </ul>	<p>Community leaders and beneficiaries will be involved in both identification of target households as well as the distribution. RC volunteers will be trained on handling distribution Solid PMER system for PDMs will be included at HQ and field level reporting structures.</p> <p>Support to logistics through the setup of warehouse management and distributions will be done at field level to ensure enhanced accountability and proper stock management. This will include for staff at field level in such aspect.</p>
<p>Management of the operation</p> <p>(Management of the operation was undertaken)</p>	<ul style="list-style-type: none"> <li>• Clear roles and responsibilities in the event of a disaster.</li> <li>• Develop internal control systems</li> <li>• Capacity building in logistic, finance, HR, ICT, PR and volunteers, to strengthen preparedness and management of operational technical aspects.</li> <li>• Establish a well-functioning operational response system for a</li> </ul>	<p>With ref. to to Annex 1: Organigram of Emergency Appeal Activities as suggested by FACT and agreed with ERCS :</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities are clearly outlined in <b>Error! Reference source not found.</b></li> <li>• Internal control system is given through regular reporting by HQ Drought Response Coordinators to ERCS DPR dept. Head and by ERCS DPR dept. Head to Strategic/Advisory</li> </ul>

through ERCS senior management and IFRC operational support unit.)  Coordination and Monitoring	<p>given operation.</p> <ul style="list-style-type: none"> <li>• Ensure participatory assessment and planning at all level.</li> <li>• Establish technical ad hoc working groups upon need in an emergency to ensure integration of technical areas in assessments, planning, implementation, and monitoring etc.</li> <li>• Continuous monitoring and feedback mechanisms put in place</li> <li>• Enhance capacity of ERCS departments and branches at different level of response.</li> </ul>	<p>level</p> <ul style="list-style-type: none"> <li>• Capacity building should esp. take place on branch level through long term effect of the locally recruited Self Contained Task Force members and the developed volunteers</li> <li>• Capacity building at field level is further reached by active involvement of HQ Support Services and Tech. Committee</li> </ul>
Finance	<ul style="list-style-type: none"> <li>• Introduce / strengthen the financial management system to meet requirement and enable speedy response.</li> <li>• In collaboration with IFRC, build capacity in financial management in order to ensure quality and accountability, with aim to “upgrade “ back to cash transfer system from working advance.</li> <li>• Agree with IFRC for systematic information sharing and communication on resource mobilization and donor funds condition.</li> </ul>	<ul style="list-style-type: none"> <li>• The financial management system is in the hands of the HQ Drought Response Coordinators with a direct budget line to the Drought Response Field Coordinator</li> <li>• As part of the SOPs, set up financial reporting schedule/flow, formats and roles and responsibilities of field, HQ and IFRC support to each stage.</li> <li>• Ensure that monthly budget monitoring reports are completed at field and HQ level and submitted for validate and cleared with IFRC to ensure that delays in cash request are mitigated.</li> <li>• Clearly define budget holder responsibilities within ERCS appeal operations structure.</li> <li>• Set up operation budget according to available funding, including donor pledge, in cooperation between IFRC Ops Manager and ERCS HQ Appeal focal point (ERCS budget holder if this is the same person). This should include a clear identification of budget lines for field level expenditures (to inform field level cash requests) and other such details.</li> <li>• Hold monthly financial monitoring meeting at HQ level between ERCS and IFRC. This should include discussion on new pledges and infor sharing between IFRC and ERCS.</li> <li>• Appointment of 1 project Accountant at ERCS HQ solely for the drought appeal.</li> <li>• Training and refresher for field (and ERCS HQ Project accountant) financial staff from the onset of the appeal launch-.</li> </ul>

## B. Operational strategy and plan

### Overall objective

Providing humanitarian aid to some 35,371 people in Afar and Somali Regions, affected by drought through the distribution of supplementary food, malnutrition screening and referral, improved access to safe water, hygiene promotion and protection of their livelihoods. ERCS will target Afar Region (Bidu woreda) with Health, Watsan, and Food Security / Livelihoods response activities. In Somali Region (Harshin woreda), ERCS will target 2 kebeles where the current Community Resilience project is being implemented with Food Security/ Livelihoods activities. The 43,233 is part of ERCS wider drought response (supported by other RC/RC Movement actors: see Table 1 above), which targets a grand total of 185,674 beneficiaries.

### Proposed strategy

This appeal has been set up to cover a 12 months period with defined activities for the first six months. The operations strategy includes additional assessment in March-May which is the period of the crucial *belg* rains which failed in 2015 and has been a major contribution factor to the severity of the drought at this stage. Therefore an assessment during this period will be conducted and is expected to inform a revision of the EA which will adjust the EPoA to the new situation and needs on the ground.

From the launch of the EA and as ERCS continues the process of developing its National Drought Response Plan, it is envisaged that any future adjustments to the EPoA will be full aligned to the overall National Society plans once the consolidated document ('umbrella') is finalized. As explained in the above section 'Red Cross movement in country', ERCS current response consists of 3 main pillars: 1. Own resources, 2. Pivoting of Movement partner programmes and 3. ERCS/IFRC Appeal.

Furthermore a midterm evaluation is planned 6 month into the appeal operations. Lessons learned and other PMER tools will be used for further adjustments and to identify a sustainable and relevant exit strategy for the EA. The phase out and exit strategy will be coordinated with IFRC and Movement partners to adjust and coordinate support to the National Society's continued activities and strategic plans for the drought response and links to longer term programming in the most vulnerable areas with an ERCS presence.

For the starting period of the EA gaps have been identified in the areas of supplementary feeding for children U5 as well as pregnant and breast feeding mothers, of the identification of SAM cases, of livestock health and feed and household water treatment and safe storage. This EA aims to address these gaps by implementing activities targeting both the host community and internally displaced persons (IDP).

The interventions will take place in Afar and Somali Regions. In Afar's name in 4 kebeles in Bidu woreda has been identified as most vulnerable due to the effects of the drought compounded by hosting IDP households. The interventions of this EA will target both the host community and the IDPs, recognizing the strain on community resources as a result of hosting IDPs in an area already severely affected by drought. A total of 28,065 (6986 HH) people are expected to be reached in Afar.

In Somali one woreda is targeted in Harshin with two kebeles where the IFRC/Swedish Red . The total number of households assisted will be 7,206 within both regions. In Bidu woreda, a specific operational structure has been proposed given that ERCS has no ongoing activities there. In Harshin woreda, the strategy is to utilize the existing Branch capacity in Jijiga including the Community Resilience project staff. Given the limited activities to be implemented in Harshin woreda, no additional staff will be required except for trained volunteers to support distribution and surge capacity from ERCS HQ (technical support unit and the EA Operations Unit at HQ). The overall proposed



Appeal operation structure will also oversee interventions in Harshin woreda although day to day implementation will be through existing project staff.

The specific interventions by sector are:

### ***Food Security and Livelihoods***

The plan is to maximize sharing of volunteers within Health and WaSH activities.. Therefore 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. A specific training for 30 volunteers and ERCS staff is planned and this will include session on different transfer modalities such as direct distributions. The volunteers will also undertake post distribution monitoring and this will be coordinated with Health volunteers who will conduct several follow up visits to households with children who have gone through the SAM treatment.

#### ***1. Supplementary food transfers:***

Although the GoE of Ethiopia (GoE) and the UN World Food Program (WFP) are providing general food rations<sup>15</sup> (maize grain) to affected populations in the target areas, the food provided does not meet the nutrition requirement of especially young children and pregnant/breastfeeding mothers since the full basket is not frequently provided due to logistics constraints and supply chain challenges from WFP/GoE. To complement this initiative, supplementary food will be provided through this EA targeting children U5 years, as well as pregnant and breast feeding mothers. The supplementary feeding package will include Corn Soya Blend (CSB) and vegetable oil. This will be based on the established standard of monthly rations of 4.5 kg of CSB and 0.5 Liters of oil per person for a period of six months.

#### ***2. Provision of supplementary feed for livestock:***

This intervention will target the most vulnerable 20% households in the host community (supporting 9,514 animals, or 5 animals per HH) and IDPs 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 sheep<sup>16</sup>.

#### ***3. Provision of livestock treatment support:***

The GoE as well as Regional and woreda authorities both in Afar and Somali are providing mass livestock vaccinations to prevent livestock from contracting preventable diseases associated with long dry spells and weakened livestock body conditions. The gap exists on livestock treatment which remains the responsibility of the livestock owner. The recent karma assessment in Zone 2 of Afar Region indicated the community based animal health system has weakened because most poor pastoralists are currently not able to pay for the service to the current poor livestock prices. The intervention will target 20% most vulnerable households in both host community and IDPs with treatment of 5 livestock for six months (supporting 9,514 animals, or 5 animals per HH). The program will be technical guided by the woreda livestock office which will also ensure availability of the basic drugs and equipment.

#### ***4. Provision of pasture and fodder seed:***

This will be a 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 hosting IDPs will continue even when rains commence in March 2016 and the consecutive long dry spells are likely to have destroyed natural pasture seed. The regional GoE in Afar is prioritizing fodder production by allocating 700 hectares to the Agricultural bureau to boost fodder production and this intervention is in line with the GoE led initiative. The Regional governments are making fodder provision a priority and already some supplies have been provided.

The government fodder supplies are targeted to specific areas where no other agency is present, and the duration of distributions is not determined. The project will involve with the Agriculture and Pastoral Development Bureau in the identification of the target households for fodder provision to ensure no duplication. In case the Ethiopian Government decides to provide further support in the same kebeles, it will have to be for different beneficiaries.

<sup>15</sup> Standard food basket for a monthly ration for family size of 6 individuals consists of 16 kg cereal (maize or wheat), 0.9l oil 1.5 kg pulses (lentils, beans or split peas), 4.5 corn soya blend. (CSB).

<sup>16</sup> Elidar Pastoral Livelihood baseline profiles 2006

## Health

The aim of the health intervention is to train and support RC 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 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.

The following core activities will ensure a successful intervention and make possible to identify and refer for treatment most severely malnourished children immediately after implementation has started.

1. **Household level screening:** In total 70 health/hygiene volunteers will be involved in this intervention visiting and identifying HH with U5 SAM. Sixty (60), (four from each Kebele in Bidu) were trained already in December 2015 on CBHFA modules 1-3, the identification of severely malnourished children and the identification of other vulnerable households, like those with children with disabilities.
2. **Skilled volunteers and real time monitoring:** In the beginning of the intervention the volunteers will be provided additional refresher training with focus on data collection and reporting through the use of mobile phones as well as malnutrition screening. The electronic questionnaires will include both a basic health and a WASH survey.
3. **Good quality care through strengthening the health system:** Health centre and staff in Bidu participate in monitoring and supporting volunteers. The health centre cannot presently meet the increase demand and therefore some activities are targeted to support strengthening of health centre to better manage expected increase in service demand.
4. **Health promotion and prevention:** Once the situation is stabilized and the number of new U5 SAM cases decreases, volunteers will re-focus their work to health promotion based on the needs found during household registration. Also some health awareness activities will be done at community level.

The above interventions will be sustained through supporting the objectives of the National Society to establish a sub branch in Bidu in the future. The aim of such a presence will be to enhance the National Society drought response capacity and the proposed strategy will thus help volunteers to shift from relief to development. This malnutrition intervention will be accompanied with some additional support of the health centre through deployment of a mobile unit<sup>17</sup> to help fill possible gaps due to increase drought-related morbidity and malnutrition.

## Water, Sanitation and Hygiene Promotion

In addition of the integrated Health/WASH approached mentioned under the Health section, the EA will support the prepositioning of an upgraded WatSan Kit<sup>18</sup> for Afar (see Table 3 below), which should be purchased immediately and prepositioned at the ERCS branch in Semera/Afar. The adaptation of the kit will include an increased number of water purification chemicals, water storage containers and soap as outlined in the budget in order to meet WASH related needs of 1,100 households<sup>19</sup> of 15 kebeles that are targeted by the health implementation in Bidu. WASH activities will be implemented in the same kebeles where health activities are planned.

The electronic questionnaires (through mobile data collection) of the health/hygiene volunteers will include both a basic health and a basic WASH survey. As SAM can have additional reasons as bad quality or lack of food the volunteers will also receive WASH awareness training in addition to the CBHFA refresher training. This will give them the chance to identify WASH related gaps on household level. If the identified gaps cannot be addressed by the WatSan volunteers and their means but have an infrastructural background in the community the problem will be forwarded to the responsible authorities or the emergency response mechanism.

<sup>17</sup> The mobile unit is a part of the existing local health centre in Bidu.

<sup>18</sup> Quality basis is a WatSan Kit 2 adjusted to target beneficiaries

<sup>19</sup> The health intervention estimates that it can reach some 1,100 under five SAM children as current data from health centres. Although the assessment team acknowledges that more than one child could come from the same household, the current plan will work on the one child-one household assumption for practical matters.

Alongside the prepositioning of the WatSan Kit and the WASH awareness training for the health/hygiene volunteers, a training of 20 WASH volunteers on the use of the WATSAN kit will be conducted. This training should prepare the volunteers to correctly address WASH related needs identified and conduct Hygiene Promotion, HWTS<sup>20</sup>, and Emergency Sanitation activities as identified. Basic material for this training will be the WatSan Kit Hygiene Promotion box, water treatment chemicals, translated PHAST as well as Community Led Total Sanitation<sup>21</sup> material and local latrine construction material as required. All WASH trained volunteers be advised by the National Society in order to conduct all activities following the agreed methodology and in a gender sensitive way. All 20 WatSan volunteers will be recruited for initial 6 months and selected 10 of them for another 10 months in order to correctly follow up initial activities, conduct monitoring and community based HP activities as required.

All water related activities will have to be re-evaluated after 3 months (onset of Diraac/Sugum rains) and 6 months (outcome of these rains). This will be the moment to possibly adapt the activities of this EPoA, which are for the time being reduced on immediately life-saving activities and focused on the most vulnerable, namely U5 SAM children and their families, in a joint Health/WASH approach.

In order to start activities as soon as possible, the following four core elements have to be fulfilled immediately:

1. Immediate procurement of an upgraded WatSan Kit.
2. Identification, recruitment and adequate training<sup>22</sup> of the WASH/Health field officer
3. Basic 2-day WASH awareness training of 70 identified Health/Hygiene volunteers in order to assess WASH (2 day training) gaps/needs on HH level (10 from Health Centre and Regional ERCS office, 4 per each 15 kebele).
4. Identification of 20 WatSan volunteers in 4 kebeles of Bidu woreda and adequate 5-day WatSan training using the previously delivered WatSan Kit in order to conduct WatSan interventions (mainly HWTS, HP and Emergency sanitation as identified in Health/Hygiene HH assessment and guided by WASH/Health officer). It should be noted that the target population for health and WASH are the same. WASH training will be given to the 4 woredas with care close to Bidu due to access issues. These 20 volunteer will then implement the activities under the supervision of the ERCS field WASH officer.

**Table 3: Adapted WatSan Kit for Ethiopia Drought (adapted calculation by WatSan IFRC EAIOI)**

Description	Quantity	Unit Cost (KES)	Total Cost (KES)	Total Cost (CHF)	
BUCKET, plastic, 14L with clip cover and 50mmoutlet	1000	247	247000	2470	2717.00
JERRYCAN, foldable 10L food grade plastic	1000	190	190000	1900	2090.00
SOAP, body soap, 100 g piece	4000	45	180000	1800	1980.00
PLASTIC SHEETING, woven 4x60m white/white rol	4	13600	54400	544	580.40
Chlorine, 40mg (NaDCC 67mg) for 10L water tablet	120000	1.95	234000	2340	2574.00
WATER PURIFICATION AGENT, for 10L of water	120000	4.8	576000	5760	6338.00
POOL TESTER + accessories	5	3448.28	17241.40	172	189.66
TABLET DPD1 for dosing free chlorine	5000	10	50000	500	550.00
TABLET DPD3 for dosing total chlorine	0	10	0	0	0
Household ceramic filter 10L	500			15000	16500.00
WATER DISPENSINGBAG, hanging with low flow tap	1000			4105	4515.50
HYGIENE PROMOTION BOX A, promotion items	1			2808	3088.80
SQUATTING PLATES	0			11.95	1314.72

<sup>20</sup> Household Water Treatment and safe Storage

<sup>21</sup> CLTS, available at ERCS HQ, to be translated to Afari

<sup>22</sup> WASH as well as RC related issues

polypropylene 1.2x0.8m					
SanPlat mould	5				
Transport of items purchases from Butyl to Nairobi	1			1525	1677.46
Packaging and pelleting	1	315821	315821	3158	3474.03
		<b>TOTAL</b>	<b>1,864,462.40</b>	<b>43,277.78</b>	<b>47605.56</b>

## Operational support services

### Human resources

The following organigram (as per **Error! Reference source not found.**) and its inter-dependencies as discussed with Head ERCS DPR Dept. and agreed with ERCS DGS. Please refer to Annex 1: Organigram of Emergency Appeal Activities as suggested by FACT and agreed with ERCS

### 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 host National Society and Federation delegates and staff.

In order to meet demands of the program it is envisaged a RDRT Logistics profile will be deployed to the operation for three months, with the primary tasks being :

- Liaise and coordinate actions with National Society Logistics Department to ensure coordination with other key actors to ensure that the logistics operation is as efficient and effective as possible.
- Assess the possibilities for local procurement by conducting a market survey and pre-qualification exercise of potential suppliers of relief items and Food items. All procurement, local and international, mentioned in this EA will be carried out following International Federation procurement procedures.
- Support and plan warehousing needs for the program
- Support and plan transport needs for the program
- Maintain good practice around fleet management
- Contribute to the strengthening of National Society Logistics process and procedures

There are first indications that the national availability of supplementary food (CornSoyaBlend<sup>[1]</sup>) and animal feeds (molasses, multi-nutrient blocks) is declining and may not be available in the numbers required, therefore more detailed assessment of the market is on-going to determine if local procurement will be possible. 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 support international procurement if required.

With regards to fleet the National Society will be supported with one vehicle from the IFRC rental program to support the Drought Appeal Field Operation team in Afar to be based in Afar.

Additional fleet needs will be considered based on funding available – the purchase of one long base land cruiser due to the terrain will be prioritised.

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

The National Society conducted assessments to Somali and Afar regions with support of an IFRC FACT in November, which is the basis of the development of the current EPoA.

<sup>[1]</sup> CSB

The EA will support an inception workshop to be held at the onset of the launch. This workshop will include IFRC and ERCS technical staff and steering committee. The needed outcome will be SOPs for the drought appeal operations with clear definitions of roles and responsibilities and reporting formats for all areas of concern. This will ensure that specific, practical and relevant systems (including formats) are in place and used from the onset of the activities in order

- to prevent delays in cash advance clearances,
- to process new cash requests,
- to set up systems of linking financial and narrative reporting,
- to set up drought EA ITT and M&E plan and
- to ensure prompt revision and adjustment to EPoA as per plan.
- Planning, monitoring and post distribution monitoring plans for all distributions.

The operation will ensure that all aspects of the implemented components are monitored and specific tools are developed/modified as necessary taking cognizance of gender and age disaggregation of data. The IFRC EAIOI regional representation's Disaster Management and PMER units will provide technical support, and ensure that monitoring and reporting structures are established. As part of the establishment of monitoring system, branch and volunteer staff will receive training in data collection through mobile technology and the data will be useful in monitoring and reporting. At the end of the operation, IFRC and the National Society will conduct an operational review and lessons learned process to analyses the effectiveness and outcomes of the operation, that will include a beneficiary satisfaction survey.

### **Communications and advocacy**

The Ethiopian Red Cross Society, with support from IFRC communications, aims to coordinate various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response.

#### **Planned Activities**

- Conduct press conferences, either in Addis Ababa, Nairobi or Geneva as warranted
- Produce monthly information bulletins, facts and figures, key messages and share with relevant stakeholders
- Work on advocacy messages to address the issues linked to the current situation (health, nutrition, etc.)
- News releases, fact sheets, videos, photographs and qualified spokespeople contacts are immediately developed and made available to media and key stakeholders. Facilitate media field trips to affected areas to create awareness
- Maintain a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter
- Support the launch of this appeal and other major milestones throughout the operation using people-centred, community level diverse content, including web stories, blogs, video footage and photos with extended captions. Share any communications material created through this appeal with IFRC for use on various communications channels including the IFRC Africa web page, [www.ifrc.org/africa](http://www.ifrc.org/africa) and @IFRCAfrica

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

OBJECTIVES										INDICATORS														
Outcome 1: The management of the operation is informed by continued assessments and a comprehensive monitoring and evaluation system										Plans of action which clearly outlines how decisions are based on assessment and analysis ( <i>assessment reports, plan of action, operation reviews</i> )														
Output 1.1 The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate										# of assessment and monitoring reports # of EA revisions														
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15								
Carry out needs assessments																								
Conduct EA revision based on on-going assessment and relevant new data to ensure activates remain in line with the needed response																								
EA inception Workshop (set up PMER tools, structure and scheduled including SOPs) with ERCS Fields Coordinator, ERCS HQ Technical Committee and IFRC Coordinator																								
Conduct Mid-term review including a beneficiary satisfaction survey with targeted population																								
Conduct EA revision and adjustments based on outcome of MTR																								
Conduct a final evaluation of the operation																								



## Health & care

**Needs analysis:** Of the two most affected regions visited, Afar and Somali, the area with higher need of RC intervention was Bidu woreda in Afar. In this woreda the GoE health centre is not fully operational, and is unable to reach the whole catchment population. Moreover, both Save the Children and Mercy Corps have extensive support to the health systems in the other woredas. In Bidu, 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:** Population in Bidu woreda is 71,655 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. At the time of the FACT assessment, there was 41 severe outpatient malnourished U5 children followed by the health centre, and the health staff estimated that more than 200 severe malnourished children in the whole woreda were in need of immediate support. However this number is most likely higher and demand for services will increase in coming months. The intervention will plan to identify and support 1,100 U5 children with SAM in the next 6 months. This figure is based on health center data in Bidu, calculations done comparing Elidar and other affected woredas and using general SAM rates from the Mini DHS 2014. As the intervention will also contemplate supporting the families of the screened and referred children, it's is estimated that some 6,700 people will be reached with the screening part of the intervention. In addition the health care and promotion activities with communities, that will target approximately 30% of the Woreda population (formed by families with children under five and pregnant and lactating mothers) is expected to reach some 21,300 people

OBJECTIVES											INDICATORS														
Outcome 1: Critical nutritional status of the children under five is improved in Bidu, Afar region											# of children U5 with SAM in 15 kebeles that are successfully treated in the health centre's therapeutic care programme														
Output 1.1 Screening and referral for acute malnutrition carried out for households with children under age five.											# of identified households that are willing to send their SAM U5 children to treatment														
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15									
CBHFA health/hygiene volunteers in 15 <i>kebeles</i> are trained in reporting and engagement methods, including use of mobile phones.																									
Deliver mobile phones for health/hygiene volunteers for reporting and other equipment for household screening																									
Identification and registration of households with U5 SAM (including general HH health assessment)																									
Health/hygiene volunteers report findings and data to health facilities																									
Provide food support for mothers/fathers arriving to health facility with their children																									
Two-month food support for households after discharge of																									

child																	
Health/hygiene volunteers continue follow up with households after successful treatment																	
<b>Output 1.2 Target population are provided with rapid medical management of drought related diseases</b>									# of persons reached with mobile health services								
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Planning meetings to define roles between RC and Health centre staff																	
Establish supervision system for volunteers and prepare reporting formats																	
Support drought affected population with additional RC mobile health unit																	
Equip and or replenish medicines and supplies of the mobile unit																	
In coordination with regional health authorities, conduct a health centre capacity assessment																	
Establish accountability mechanism for HH to report any shortcomings and follow up any complaints																	
<b>Outcome 2 Households with children U5 SAM have access to health information on prevention of drought related diseases</b>									% target households have satisfactory knowledge in identifying early warning signs for malnutrition								
<b>Output 2.1</b> Community-based disease prevention and health promotion is provided to the target households									# of households reached with health promotion activities								
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Analysis of HH health situation based on information gathered during registration																	
Identify and prioritize needs for increasing health knowledge and awareness at HH level																	
Train volunteers in identified topics																	
Establish supervision and reporting structure for longer term																	



when using mobile phones																			
70 Health/hygiene volunteers record WASH gaps of households with SAM U5 and report WASH findings and data to Health/WASH project coordinator																			
<b>Output 1.2 Daily access to safe water in terms of quality is provided which meets Sphere and WHO standards to target population.</b>									# of people provided with water treatment chemicals and storage containers % of people practicing good water handling practices which includes use of sufficient water storage container										
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
20 WASH volunteers address water related needs in identified households																			
Households supplied with treatment chemicals, safe water storage containers and buckets as required																			
<b>Output 1.3 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.</b>									# of people provided with excreta disposal facilities % of facilities that are regularly cleaned and maintained										
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
20 WASH volunteers address emergency sanitation needs in identified households																			
Installation hand washing facilities at all sanitary structures																			
<b>Output 1.4 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.</b>									# of people reached by hygiene promotion activities #of households trained in the use of distributed items and proper use										
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
20 WASH volunteers conduct HP promotion campaigns in public places (markets, parks, etc.) on proper use of latrines and hand washing																			
20 WASH volunteers conduct water treatment and safe water storage related HP promotion campaigns																			
10 WASH volunteers follow up all previous WASH activities as required and conduct HP promotion campaigns in public places (markets, parks, etc.) on proper use of latrines and hand washing																			

## 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 and Somali. Finally, there is need to support the regeneration of pastures once the rain restart.

**Population to be assisted:** Specific targeting criteria: (a) All children U5 years and pregnant/breast feeding mothers in the host community and IDP population will be targeted for the supplementary food for six months. (b) 20% of host community and IDP households in the target areas will be supported with livestock feed and treatment (c) the Entire host community will be targeted for fodder pasture seed provision with community leader identifying suitable land for this activity and linked to the next rainfall season.

OBJECTIVES										INDICATORS														
Outcome 1: immediate nutritious supplementary food requirements are met for the targeted population of Somali and Afar region										% of pregnant and breast feeding mothers who report access to sufficient nutritious food														
Output 1.1 Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and breast feeding mothers in vulnerable IDP and host community households.										# of children provided with supplementary rations # of pregnant and breast feeding mothers that receive nutritious food rations														
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Comments							
Procurement of supplementary food rations for 6,850 children under 5 and for 1,712 pregnant and breast feeding mothers for 6 months																								
Identification and registration of beneficiaries																								
Distribution of supplementary food rations for children U5																								
Distribution of supplementary food rations for pregnant and breastfeeding mothers																								
Post distribution follow up visits																								
Outcome 2 Livelihoods of affected populations are protected through targeted livestock interventions.										% of affected households who report livestock productivity after the drought														
Output 2.1 livestock assets are protected										# of affected households whose livestock assets are protected														
Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Comments							
Procurement of supplementary feed for livestock																								

Identification and registration of beneficiaries																	
Distribution of supplementary feed (molasses/multi nutrient blocks/"concentrate") to milking livestock																	
Treatment of livestock for the most vulnerable households																	
Provision of pasture and fodder seed for targeted communities																	



**Budget** (see below)

## Annex 1

Please refer to Annex 1; and below for its inter-dependencies as discussed with Head ERCS DPR Dept. and agreed with ERCS DGS:

### ERCS Self-Contained Task Force<sup>25</sup> Afar

- ERCS Drought Response Field Coordinator:
  - Reports to ERCS Drought Response Coordinator
  - Has independent financial authority over attributed budget
  - Liaises with ERCS Afar branch Secretary all matters concerning volunteers and local contacts to authorities
  - Directly leads
    - ERCS Technical Unit field level (each Sector reports to ERCS Drought Response Field Coordinator and has direct informal contact to ERCS tech. Committee counterpart)
    - ERCS Support Service field level (each member reports to ERCS Drought Response Field Coordinator and has direct informal contact to ERCS Support Service counterpart; CanRC has shown interest to finance Officer, who should become permanent member of Afar branch after EA period)

### ERCS Afar branch

- Branch Secretary
  - Regional counterpart to ERCS DPR Dept. Head concerning all drought related matters and HQ staff needed at field level in order to assure volunteer training
  - Regional counterpart to ERCS Drought Response Field Coordinator all matters concerning
    - Volunteer management through DVM Officer (currently paid by ICRC)
    - Local Authorities
  - DVM Officer:
    - Reports directly to branch Secretary
    - Recruits volunteers as required by SCTF and assures training assisted by either SCTF tech. unit or HQ tech. committee if required

### ERCS HQ Operational Level

- All drought response activities are coordinated by this unit, which is consisting of
  - ERCS DPR Dept. Head,
  - IFRC Drought Response Coordinator
  - ERCS Drought Response Coordinator
- All drought response activities not covered by the EA are:
  - SwedRC/IFRC multilateral project Fafan Zone
  - NLRC project Fafan Zone
  - PNS's drought related activities as mentioned above and covered in Umbrella document

---

<sup>25</sup> SCTF

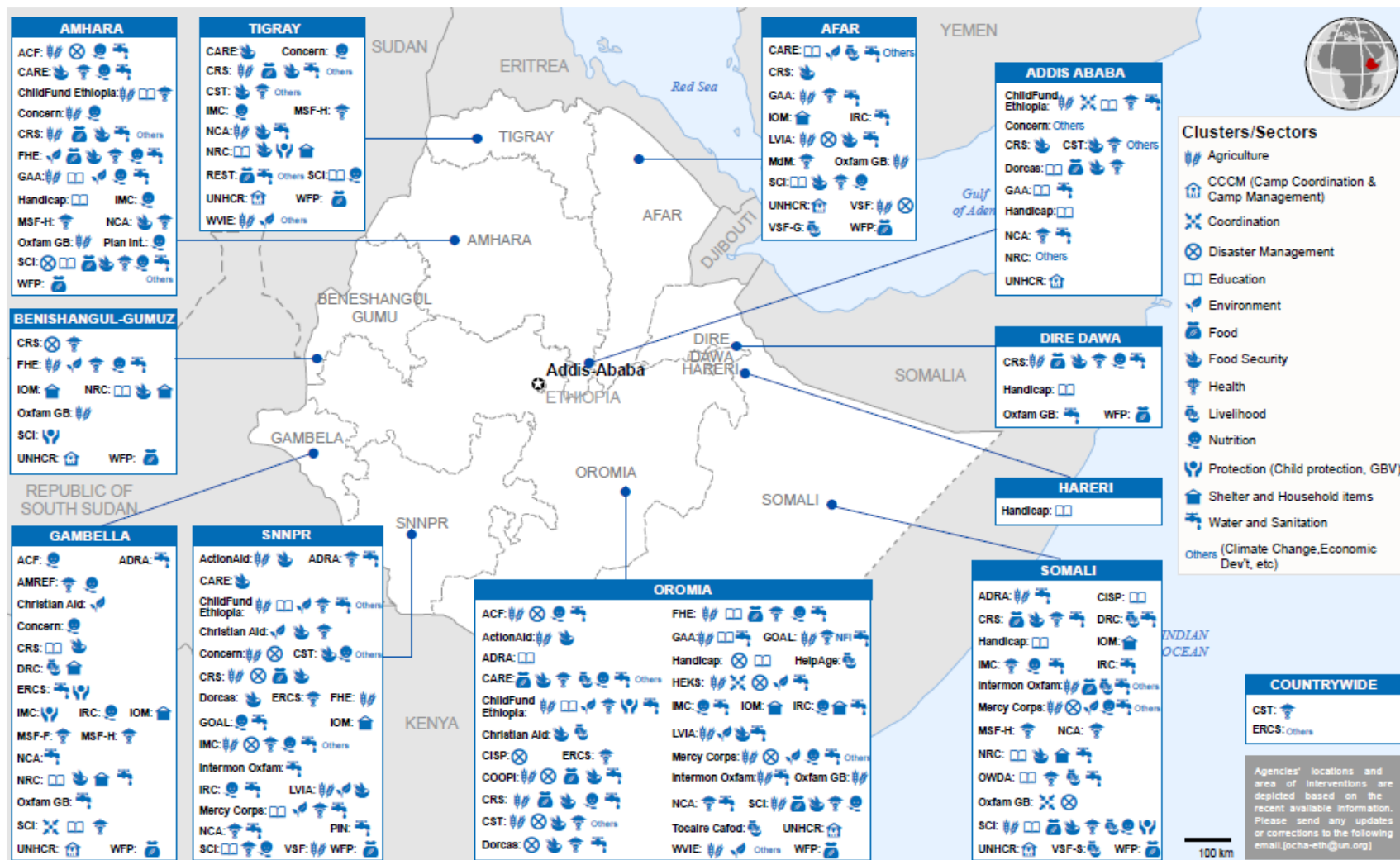
- All other drought related activities undertaken independently by various ERCS branches
- ERCS Drought Response Coordination
  - Reports to Emergency Appeal Steering Committee
  - Liaises with Afar and Somali branch Secretary as required by EA activities
  - DPR Department head is the budget holder
  - Attributes budget to field activities through Drought Response Coordination
  - Leads Drought Response Coordination of the EA as directed by the DPR department head.
- Drought Response Coordination
  - Is a Cooperation and Coordination mechanism between
    - IFRC Drought Response Coordinator and
    - ERCS Drought Response Coordinator
  - Reports to ERCS DPR Dept. Head
  - Leads SCTF through ERCS Drought Response Coordinator
  - Attributes budget to ERCS Drought Response Field Coordinator as required through ERCS Drought Response Coordinator
- IFRC Drought Response Coordinator
  - Reports to IFRC Nairobi Drought Operations Coordinator
  - Guides IFRC Support Service
  - Liaises directly with IFRC Nairobi
    - Tech. Support and
    - Tech. Advisors
  - Advises ERCS Drought Response Coordinator in IFRC related matters
- ERCS Drought Response Coordinator
  - Leads ERCS Drought Response Field Coordinator in all
    - Operational as well as
    - Financial matters
  - Guides
    - ERCS Support Service as well as
    - ERCS Tech. Committee

#### **ERCS HQ Support Services**

- IFRC Support Service
  - Reports to Drought Response Coordination
  - Liaises directly with
    - Nairobi Tech. Support and
    - ERCS Support Service
- ERCS Support Service
  - Reports to Drought Response Coordination
  - Liaises directly with
    - IFRC Support Service
- ERCS Support Service field level ERCS Tech. Committee

- Is a regular ERCS HQ structure
- Reports independently to their superiors
- Provides tech. assistance as required to
  - Drought Response Coordination
  - ERCS Tech. Unit field level or
  - ERCS Afar branch DVM Officer

## Ethiopia: 3W - Who Does What Where map (as of 4 August 2015)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Creation date: 4 Aug 2015 Map Doc.: 14\_3W\_ETH\_080415\_A4 Sources: Humanitarian partners Feedback: [ocha-eth@un.org](mailto:ocha-eth@un.org) [www.unocha.org](http://www.unocha.org) [www.reliefweb.int](http://www.reliefweb.int)

# Budget Ethiopia - Drought

Currency: CHF  
Date: 04/01/16

Activity	Account	Description	Quantity	Unit	Cost	Total
<b>Outcome 1: Common to all the management of the operation is informed by continued assessments and a comprehensive monitoring and evaluation system</b>						<b>73,141.53</b>
<b>Output 1.1</b> The findings of evaluations lead to adjustments in on-going plans and future planning as appropriate						<b>73,141.53</b>
A0101	662	ERCS HQ staff monitoring mission - per diem (5 persons x 4 days)	7	Missions	800.00	5,600
A0101	700	ERCS HQ monitoring mission - flights (to/from Afar) (5 persons x 4 days)	7	Flights	595.80	4,171
A0101	662	ERCS HQ monitoring mission - accommodation (5 persons x 4 days)	7	Missions	657.20	4,600
A0101	593	ERCS HQ monitoring mission - fuel	7	Fuel	3,095.79	21,671
A0101	680	Mid-term internal review with survey with beneficiaries	3	Woreda	700.00	2,100
A0101	680	Beneficiary Satisfaction survey and/or Community Awareness session (for beneficiary engagement during beneficiary selection)	1	Survey	2,000.00	2,000
A0101	750	Final evaluation	1	Evaluation	16,000.00	16,000
<b>Total Output 1.1</b>						<b>56,141.53</b>
<b>Output 1.2</b> Technical Support to (food, NFIs and livelihood asset) are considered where appropriate and incorporated into the EPoA during the implementation period						
A0102	680	Training of staff and key volunteers in distribution (beneficiaries registration and verification, general planning, process and procedures and logistics management	1	Lump sum	5,000.00	5,000
A0102	594	Logistics support from NBO logistics (procurement, warehouse management e.t.c of food, NFIs and livelihood assets	12	Lump sum	1,000.00	12,000
<b>Total Output 1.2</b>						<b>17,000.00</b>
<b>2. Health and Care</b>						<b>358,245.10</b>
<b>Outcome 2.1: Critical nutritional status of the children under 5 is improved in Bidu, Afar region</b>						<b>316,215.10</b>
<b>Output 2.1</b> Screening for acute malnutrition carried out for households having children under age five.						
A0201	680	Train 60 CBHFA trained volunteers in each Kebele in reporting and communication tools/methods with health facility including training for mobile phone	60	Persons	205.00	12,300
A0201	730	Purchase mobile phones for volunteer reporting and equipment for SAM screening	60	Smart phone	150.00	9,000
A0201	667	Volunteers identify households with US SAM and implement household registration which includes HH assessment including access to water etc.	60	Volunteers	270.00	16,200
A0201	667	Volunteers begin to report findings and data to health facilities (60 volunteers for six months - monitoring costs e.g. airtime etc.)	360	Vol/month	10.00	3,600
A0201	520	Food support for cartakers arriving to health facility with their child : 125 ETB / day for 14 days	1,100	Child/day	87.50	96,250
A0201	520	Food support for 1100 HH after discharge from hospital for 2 months, amount per hh is based on productive safety net calculation for cereals + 20%	1,100	Parcels	113.00	124,300
A0201	667	Volunteers continue follow up with households after successful treatment (minimum 8 days/month * 6 months * 3CHF per day = 144 CHF / vol for	60	Volunteers	144.00	8,640
<b>Total Output 2.1.1</b>						<b>270,290.00</b>
<b>Output 2.1.2</b> Target population are provided with rapid medical management of drought related diseases and severely malnourished children at the health centre in Bidu						
A0202	680	Plan visits between RC and Health centre staff (2 days and 30 participants from health center, other stakeholders and ERCS	60	Person/day	65.00	3,900
A0202	710	Establish supervision and mile system for volunteers including design of reporting formats (i.e develop reporting formats, printing, distribution etc.	1,800	Lumpsum	1.00	1,800
A0202	540	Support drought affected population with additional RC mobile health unit. In 15 kebeles availability to provide FA service. (meeting place furniture and equipment, FA kits, refill etc for 12 months)	15	Kebeles	550.00	8,250
A0202	540	Equip and/or replenish medicines of the mobile unit - vitamins and minerals, bacteriocidal, antimalarial, anthelmintic, anti-septics, and dermatological drugs for estimated (estimated 1,100 people x CHF 19 per person = CHF 20,900)	1,100	Persons	19.00	20,900
A0202	540	Equip and/or replenish supplies of the mobile unit - clinical diagnostic materials (i.e BP apparatus, thermometer, weight scale, sphygmomanometer, pulseoximetry, and MUAC measurement), office furniture and equipment for existing one health centre and two health posts) (CHF 1,367/CHF per health institution x three health institutions = CHF 4,100)	3	Health unit	1,367	4,100
A0202	670	In coordination with regional health authorities, conduct a health centre capacity assessment (consultant 4000 CHF for analysis and write-up)	1	Assessment	4,000.00	4,000
A0202	680	In coordination with regional health authorities, conduct a health centre capacity assessment (workshop costs 2000 CHF, including refreshments perdiems, stationary and transport costs)	1	Meeting	2,000.00	2,000
A0202	730	Establish accountability mechanism for HH to report complains (training, feedback boxes etc.)	15	Kebeles	65.00	975
<b>Total Output 2.1.2</b>						<b>45,925.10</b>
<b>Outcome 2.2: Households with children US SAM have access to health information and prevention of drought related diseases</b>						<b>42,030.00</b>
<b>Output 2.2.1</b> Community based disease prevention and health promotion is provided to the target households						
A0221	680	Planning workshop based on analysis of HH situation during registration (facilitators perdiem, refreshment, fuel, etc)	38	staff/volunteers	65.00	2,470
A0221	680	Identify and prioritize immediate needs for increasing health knowledge and awareness at HH level (assessment and prioritize needs with community	60	Volunteers	20.00	1,200
A0221	680	Train volunteers in identified topics (two times/ a year, for average 5 days for 60 volunteers * 2 times per year = 120). Perdiem is 10 CHF/ day * 5	120	Volunteers	80.00	9,600
A0221	680	Establish supervision and reporting structure for longer term intervention and define roles between health center and RC (M & E by branch, field	24	Session	415.00	9,960
A0221	710	Production of IEC materials (i.e posters, brochures with local language, microphone, etc - target 30% of population 15 kebeles. (IEC material print	7,200	IEC	1.00	7,200
A0221	710	Implement community conversation sessions (tea and coffee ceremony expenditure: once/month in 15 kebeles)	180	Session	20.00	3,600
A0221	680	Mid term and final review meeting (two sessions for two days each)	2	Meeting	4,000.00	8,000
<b>Total Output 2.2.1</b>						<b>42,030.00</b>
<b>3. Water, sanitation, and hygiene promotion</b>						<b>115,896.12</b>
<b>Outcome 3.1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>						<b>115,896.12</b>
<b>Output 3.1.1</b> Continuous assessment of water, sanitation, and hygiene situation is carried out						
A0301	530	Purchase of adapted WatSan Kit as outlined in the text + transport to Addis	1	Adapted kit	47,605.56	47,605.56
A0301	593	Transport of kit to ERCS Mar branch from Addis	1	Trip	3,500.00	3,500.00
A0301	530	Local material purchase (this is 10% of WatSan Kit cost, for miscellaneous items needed locally: i.e. cement, wood, tools)	1	Lumpsum	4,760.56	4,760.56
A0301	667	Identification/mobilization of WASH volunteers (5 volunteers x 4 kebels x 5 days per week x 52 weeks @ CHF 10 per day (incl. per diem, transport	20	Volunteers	2,700.00	54,000.00
A0301	680	Conduct a WatSan Kit training for 20 WASH volunteers (incl perdiem, transport, accommodation, venue)	1	Workshop	1,980.00	1,980.00
A0301	680	Training of 60 CBHFA health/hygiene volunteers on basic WASH awareness training including WASH questionnaire when using mobile phones (i	1	Workshop	4,050.00	4,050.00
A0301	667	Health/hygiene volunteers record WASH gaps of households with SAM US and report WASH findings and data to Health/WASH project coordinator				0.00
<b>Total Output 3.1.1</b>						<b>115,896.12</b>
<b>Output 3.1.2</b> Daily access to safe water in terms of quality is provided which meets Sphere and WHO standards to target population						
A0301		WASH volunteers address water related needs in identified households				0.00
A0301		Households supplied with treatment chemicals, safe water storage containers and buckets as required				0.00
<b>Total Output 3.1.2</b>						<b>0.00</b>
<b>Output 3.3</b> Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population						
A0301		WASH volunteers address sanitation related needs in identified households				0.00
A0301		Installation hand washing facilities at all sanitary structures				0.00
<b>Total Output 3.1.3</b>						<b>0.00</b>
<b>Output 3.1.4</b> Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population						
A0301		Conduct HP promotion campaigns in public places (markets, parks, etc.) on proper use of latrines and hand washing				0.00
A0301		Water treatment and safe water storage related HP promotion campaigns				0.00
A0301		Health/hygiene and WASH volunteers continue follow up with households				0.00
<b>Total Output 3.1.4</b>						<b>0.00</b>
<b>4. Food Security, Nutrition and Livelihoods</b>						<b>752,663.16</b>
<b>Outcome 4.1: Immediate nutritious supplementary food requirements for the targeted population are met.</b>						<b>283,465.86</b>
<b>Output 4.1.1</b> Sufficient nutritious supplementary food is accessed by children under 5 years, pregnant and breast feeding mothers in vulnerable IDP camps and host community households.						
A0401	520	Distribution of supplementary food rations for 6,850 children under 5 for 6 months	41,100	Rations	4.26	175,086
A0401	520	Distribution of supplementary food rations for 1,712 pregnant and breast feeding mothers for 6 months	10,272	Rations	3.55	36,466
A0401	667	Post distribution follow up visits during distributions (30 volunteers and staff x 3 post distribution visits x 2 days/visit @ 200ETB)	30	Volunteers	60.00	1,800
A0401	667	Volunteer per diem during distributions (4 volunteers/kebele x 6 kebeles x 3 distributions x 2days/kebele @ 200ETB/day)	26	Volunteers	60.00	1,560
A0401	667	On loading and off loading costs for all trips	1	Lumpsum	5,000.00	5,000
A0401	593	Transportation cost for distribution of supplementary food rations: 6 trips	6	Transport	8,925.71	53,554
A0401	592	Distribution and post distribution monitoring costs (vehicle hire) - 20 days @ 10,000ETB/day	20	Days	500.00	10,000
<b>Total Output 4.1.1</b>						<b>283,465.86</b>
<b>Outcome 4.2</b> Livelihoods of affected populations are protected through targeted livestock interventions						<b>469,197.30</b>
<b>Output 4.2.1</b> Livestock assets are protected						
A0402	560	Purchase of supplementary animal feeding for milking livestock for 6 months for 9,514 animals	57,084	Rations	4.77	272,291
A0402	560	Treatment of 50% of livestock for the most vulnerable households for 6 months (includes cost of vouchers and fees for service provider)	28,542	Rations	3.60	102,751
A0402	593	Transportation cost for distribution of supplementary feeding rations, 6 trips	6	Transport	8,925.71	53,554
A0402	523	Purchase of pasture and forage seed for targeted communities (2 quintal per kebele for 6 kebeles)	12	Rations	489.24	5,871
A0402	592	Post distribution follow up visits during distributions: 30 volunteers and staff x 3 post distribution visits x 2 days/visit @ 200ETB	30	Volunteers	60.00	1,800
A0402	667	Volunteer per diem during distributions: 4 volunteers/kebele x 6 kebeles x 3 distributions x 2days/kebele @ 200ETB/day	26	Volunteers	60.00	1,560
A0402	590	Warehousing in Semera and district level for fodder and supplementary food (rent of storages space 1 per sector in two locations)	12	Months	500.00	6,000
A0402	590	Warehousing in Semera and district level for fodder and supplementary food (1 storekeeper and 2 guards for 2 locations)	12	Months	1,400.00	16,800
A0402	667	On loading and off loading costs for all trips(incentive for Volunteers)	1	Lumpsum	5,000.00	5,000
A0402	593	Transportation cost for 2 distribution of fodder seeds in 6 kebele	2	Transport	1,785.14	3,570
<b>Total Output 4.2.1</b>						<b>469,197.30</b>
<b>5. NS operation support costs</b>						<b>459,989.96</b>
A0501	662	ERCS field coordinator	12	Month	1,183.33	14,200
A0501	662	ERCS Field wash/health officer	12	Month	522.50	6,270
A0501	662	ERCS Field FS/livelihoods officer	12	Month	522.50	6,270
A0501	662	ERCS Field PMER officer	12	Month	522.50	6,270.00
A0501	662	ERCS Field Logs/Admin officer	12	Month	522.50	6,270.00
A0501	662	ERCS HQ Drought Response Coordinator	12	Month	1,100.00	13,200.00
A0501	662	ERCS HQ Project Accountant	12	Month	550.00	6,600.00
A0501	662	ERCS HQ Logs Officer	12	Month	550.00	6,600.00
A0501	662	ERCS HQ PMER Officer	12	Month	550.00	6,600.00
A0501	730	ERCS HQ and Field office set up for appeal staff (furnitures ect	9	Persons	600.00	5,400.00
A0501	730	ERCS HQ and Field office set up for appeal staff (laptops, printers ect)	9	Persons	600.00	5,400.00
A0501	593	ERCS HQ and Field vehicle rental and maintenance (3 vehicles: 1 in Addis & 2 in field locations: approx. 4000/vehicle per month * 3 vehicles = 12	36	Month	12,000.00	144,000.00
A0501	667	National society insurance cost for volunteers in Afar	200	Persons	1.50	300.00
A0501	710	Visibility for volunteers and staff (caps, t-shirts and ID cards) (60 CBHFA volunteers + 40 volunteers used for distribution + 40ERCS staff)	140	Persons	20.00	2,800
A0501	790	Contribution towards Salary support costs (HQs Staff x 6)	72	Month	1,000	72,000
A0501	790	Contribution - Office Utilities	12	Month	1,000	12,000
A0501	790	Contribution -Stationaries Costs	12	Month	1,000	12,000
A0501	790	Contribution -Communication Costs (NHQ + Branch)	24	Month	1,000	24,000
A0501	790	Contribution- Vehicle Running Costs at NS HQ	12	Month	4,000	48,000
A0501	790	Contribution - NS Publicity/PR Support	1	Lumpsum	5,000	5,000
A0501	790	Contribution - Visibility Materials	1	Lumpsum	5,000	5,000
A0501	790	Contribution - Internet Costs at NS HQs	12	Lumpsum	750	9,000

