

# Emergency Plan of Action (EPoA) Ethiopia: IDP Population Movement

<b>DREF n°</b> MDRET019 / PET051	<b>Glide n°</b> OT-2018-000111-ETH
<b>Date of issue:</b> 29 August 2018	<b>Expected timeframe:</b> Four (4) months
<b>Operation start date:</b> 28 August 2018	<b>Expected end date:</b> 28 December 2018
<b>Category allocated to the disaster or crisis:</b> Yellow	
<b>DREF allocated:</b> CHF 338,631	
<b>Total number of people affected:</b> 52,000 people	<b>Number of people to be assisted:</b> 13,000 people or 2,600 HH
<b>IFRC Focal points:</b> <ul style="list-style-type: none"> <li>Lawrence Lutaaya, Operations Manager for Ethiopia, will be project manager and overall responsible for planning, implementation, monitoring, reporting and compliance</li> <li>Marshal Mukuvare will be the Appeal Manager</li> </ul>	<b>National Society contact:</b> Engida Mandefro; Deputy Secretary General, overall to coordinate and support the operation
<b>Host National Society presence (n° of volunteers, staff, and branches):</b> Ethiopian Red Cross Society (ERCS), has 11 Regional branches, 33 Zones, 80 Districts structures, with 1,300 staff, and over 3,000 grass root committees and 29,331 youth and adult volunteers through the country. A total of 168 BDRTs and 16 NDRTs have also been trained. Somali regional branch (Jijiga) has more than 10 staffs.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Austrian Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Netherlands Red Cross and Swiss Red Cross	
<b>Other partner organizations actively involved in the operation:</b> International Organisation for Migration (IOM), United Nation Children Fund (UNICEF), Norwegian Refugee council (NRC) and Intentional Rescue Committee (IRC), National Disaster Risk Management Commission (NDRMC)	

## A. Situation analysis

### Description of the disaster

Since September 2017, over 1.2 million people have been internally displaced mainly along the Somali-Oromia borders, due to conflict. These people are still suffering due to a lack of basic services and facilities such as shelter, water and health care. In addition, localized inter-communal conflict has also been claiming lives of many people, damaging property, belongings and livelihoods in Moyale Somali and other parts of the country. Since 18th April 2018, there has been growing tension and conflict in the region following a significant political, social and economic reform the Federal government is implementing all over the country.

Since 4th August 2018, there have been ethnic clashes between Somali and non-Somali ethnic groups in the Somali region of Ethiopia. The clashes have turned into widespread violence causing at least 52,000 people being internally displaced in Jijiga, Kebri Dehar, Degehabur and Gode towns.

These clashes have disrupted the local markets with business centres shutting down and traders closing their businesses due to the insecurity. The closure of market and economic activities will, as such, result in further deterioration of food insecurity in affected communities. According to Voice of America; Amharic service dated 7<sup>th</sup> August 2018, the Somali Jijiga University with 9,000 students has also been affected by the market disruptions, as students are now unable to access food and other basic services.

In Jijiga, one of the most affected towns of these inter-communal tensions, at least 10,000 internally displaced people (IDPs) are reported to have gone back to their partially damaged houses not because they are safe but to escape extreme cold and heat weather -- temperature ranges between 18 degrees centigrade to 45 degrees centigrade in the

night, according to 2018 Regional Emergency preparedness and response. An additional 10,000 IDPs, who lost all their belongings and had their homes destroyed are still sheltered in St. Michael church. Some 2,500 IDPs are residing around a military camp located 5 km from Jijiga town. The St. Joseph Catholic Church in Jijiga town is hosting 250 IDPs, while more IDPs are reported to have moved to Babile, Harar and Dire Dawa towns by foot and any available means of transportation. The number of IDPs moving to these towns are projected to increase as new influx of people continues from Jijiga town.

Although the attacks, destruction of houses and disruption of livelihoods have reduced since the Federal Defence Forces and police arrived on the 7<sup>th</sup> of August 2018 in Jijiga town, the humanitarian situation is worsening as basic services including health, WASH, etc are either non-existent or very insignificant. The problem is more severe in Deghabur and Kebri Dahar located at approximately 120 km and 140 km away from the regional capital Jijiga respectively due to lack of basic services and absence of Federal Defense Force and police until 9 August 2018.

The health facilities are no longer functioning as the health experts and workers remain at home in fear of the security situation and some professionals left the area for being non-Somali. Pharmacies, private clinics and other health facilities are closed because of the tense security situation; therefore, people have no access to health facilities.

Similarly, the water systems have been interrupted because of withdrawal of the professional workers of the water bureau. As such, the displaced people are left with limited or no potable drinking water as the water provision system is not functioning. The 3,200 litres of bottled water provided by the Red Cross have been shared in small cups among more than 7,000 people, due to the mismatch between the number of IDPs and the volume of bottled water available. In addition, the available toilets in the church cannot accommodate over 7,000 people. Open defecation by children and very sick people is being practiced in the day time and the rest of people during night time. In such a situation, the probability of the occurrence of acute watery diarrhoea (AWD) and other water borne diseases is imminent. Such diseases are common in Somali even in the normal time due to lack of sanitation knowledge and inadequate sanitation practices.

## **Summary of the current response**

### **Overview of Host National Society**

In response to the current situation, ERCS distributed partial basic non-food items (NFIs) to 240 households. The items included: 530 sleeping mats; 125 blankets; 240 plates; 450 jugs and 24 jerry cans of 20 litres capacity for IDPs in Jijiga town. The items were taken from ERCS' Eastern strategic warehouse in Harer. These items were part of ERCS prepositioned stock. A total of 3,200 units of bottled water (1 litre) were distributed to the IDPs. In addition, one water trucker with the capacity of 20,000 litres and partial kits comprising 1,333 blankets, tarpaulins, sleeping mats and jerry cans each (one per household) were dispatched to Jijiga for 1,333 displaced households for one-time distribution. Note that although this is not in accordance with Sphere Standards, it is what the the NS was able to provide with the available resources and these distributions are not part of the current operation.

ERCS is in the process of procuring 47,000 kg of rice, 400 cartons of high energy biscuits and 8 Roto water tankers targeting 1,333 households or 6,000 people from its own emergency fund. In addition, ERCS is looking for support to provide health services that include medical drugs and equipment for immediate treatment to communities with limited or no access to health services.

One National Disaster Response Team (NDRT) and four Branch Disaster Response Team (BDRT) members trained from Hareri and Somali regions have been deployed to support the response. In addition, a coordinator at the headquarters has been assigned responsibility to coordinate the response operation.

ERCS is an active member of the National Essential Shelter and Non-Food Items (ES/NFI) Cluster and regularly attends bi-monthly meetings where emergency situational and response updates are discussed, and where ES/NFI gaps are identified and addressed by partners. In most cases, ERCS is the major source of information on the number of IDPs registered by its regional office as well as BDRT/NDRT trained staffs and volunteers.

ERCS is also a member of the nutrition and WASH clusters. The nutrition cluster is led by the government (co-chaired by WFP) while the WASH cluster is chaired by the government Ministry of Water and Energy, co-chaired by UNICEF. ERCS has been selected to prepare a project proposal for Emergency Humanitarian Fund (EHF) allocation for Guji-Gedio response among many other partners which applied for this allocation.

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

IFRC has been supporting ERCS through mobilizing financial resources and deployment of technical personnel through its Eastern Africa Country Cluster Support Team, in Nairobi, Kenya, and the operation office based in Addis, Ethiopia.

With support from IFRC and in-country partner National Societies, ERCS will conduct an assessment and seek additional funding to support the settlement of the people in their kebeles<sup>1</sup>.

The ICRC with its delegation office in Addis Ababa, is the major partner supporting ERCS in responding to the resource-based conflict, civil unrest and violence-induced displacement in the country. In 2018, ICRC allocated CHF 623,065 with the objective of building the National Society's capacity to execute its planned activities in terms of Emergency Preparedness and Response (EPR), Restoring Family Links, Micro Economic Initiatives, communication and dissemination, Safer Access Framework and Organizational Development. In line with the response to the current situation, ICRC provided 1,000 NFI kits to ERCS for distribution to IDPs in West Hararghe, East Hararghe in Oromia region, Harar region Diredawa city council and Somali region in eastern Ethiopia. The ICRC, in partnership with ERCS, is supporting the Oromia Pastoral Areas Development Commission to help communities displaced by ethnic violence access veterinary services.

In addition to refresher trainings given to 30 NDRT/BDRT staff and volunteers in July 2018, ICRC, jointly with ERCS, is providing 10,000 ES/NFI for 10,000 households displaced as a result of ethnic conflict between Gedeo and Guji Oromia in Kochera district of Gedeo zone, Southern Nations Nationalities and People Region (SNNPR). ICRC together with ERCS is also planning a security training for ERCS HQ, and regional staff, interested PNSs and IFRC representatives in the fourth quarter of this year. There is planned support towards transport costs to Jigjiga response and possible provision of first aid kits.

The ERCS is supported by six partner National Societies; Austrian Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Netherlands Red Cross and Swiss Red Cross. Most of the partner National Societies have been supporting ERCS in response to the recurring drought in the past three years through provision of supplementary food for children under five, lactating and pregnant mothers (NLRC, SRC, SwRC, AuRC, Sweden RC), livelihood support (CRC and SwRC), WASH support (NLRC, SRC, SwRC, AuRC, CRC), health support (NLRC and Finish RC), returnees and migration support (DRC).

The consortia (where all the above partners are members) assigned one coordinator seconded by the Canadian Red Cross and recruited one project coordinator to facilitate emergency responses in Guji-Gedeo areas by providing supplementary food. Bilaterally, the Finnish Red Cross provided partial support for essential shelter, non-food items and running cost amounting to 80,000 Euro (CHF 91,000) and 20,000 Euro (CHF 22,800) respectively.

The Canadian Red Cross and ICRC have also been supporting the ERCS to strengthen the BDRT/NDRT capacities, which currently have been deployed either independently or jointly with the government and other humanitarian partners for the emergency assessment and response in their respective regions and other regions as deemed necessary.

### Overview of non-RCRC actors in country

The overall emergency response in Ethiopia is led by the National Disaster Risk Management Coordination Commission (NDRMCC) which is the government structure responsible for launching and implementing Humanitarian Resilience Document and Plan (HRDP) produced every year after a multi-agency assessment conducted twice a year.

IOM, UNICEF, IRC, Handicap International, WFP, Packard Foundation, PMI, and Niway Academy have been working with ERCS in the provision of essential shelter and non-food items (first four) among displaced people and nutritional support among malnourished children under five, lactating and pregnant mothers in targeted areas of the country respectively.

WHO	WHAT	WHERE	WHEN
World Vision	Nutrition, NFIs and WASH	Kochore (Gedeo)	August
People in Need (PIN)	NFIs	Yugocheffe (Gedeo)	July- August
Goal Ethiopia	Needs Assessment	Gedeo and Guji	July- August
IOM	Dignity kits	Gedeo and Guji	July- August
UN- OCHA	Coordination	Gedeo and Guji	July- August

Table 1. Provision of support by non-RCRC actors in-country.

<sup>1</sup> The term "kebele" is a noun that is defined as "a small administrative unit in Ethiopia (source: Collins Dictionary online).

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

Currently, the critical needs identified are emergency food, water, shelter, non-food items as well as emergency health and care including psychosocial support. Out of the estimated 52,000 affected people, 50% are still living in temporary shelters in churches and around military camp in Jijiga, Degehabour, Kebri Dahar and Gode. The remaining 50% people are believed to have returned to their partially damaged houses, reassured by the presence of the Federal police and army in the conflict areas.

The IDPs in Jijiga, Deghabur, Kebri *Dahar* e and Gode towns have not been able to get any meaningful support in the last weeks. Following intervention by the army, relative peace has returned in all affected areas and the government started providing the affected people with food and some basic necessities such as water, shelter and NFIs although not enough to meet the magnitude of needs. ERCS is providing water through trucking by deploying one water truck in Jijiga. Therefore, the need for water, food, health care and ES/NFI is still high in Jijiga, Deghabur, Kebri Dahar and Gode towns, where an estimated 26,000 people are living in dire situation with no or limited humanitarian assistance.

Despite government and humanitarian partners' efforts to provide support, it has not been easy to meet the existing needs due to the magnitude of the problem and volatile security; therefore, some of the IDPs who could afford the trip, have migrated to Harer, Adama and Addis Ababa towns located at approximately 102km, 530km and 628 km away from Jijiga town North West wards respectively. Due to lack of nutritious food and general food ration, children, lactating and pregnant mothers as well as adults are suffering a lot from hunger. Apart from some ES/NFI provided by ERCS, most of the IDPs have been forced to live in the cold nights and hot days without appropriate clothing and shelter.

In addition to the above-mentioned needs, the affected people have no access to medication, need education on proper use of sanitation facilities and clean water as a result of the absence of health, water and sanitation facilities and personnel, thus exposing many to potential health and sanitation risks. The problem is aggravated by the insufficient presence of humanitarian partners to intervene in emergency response. Thus, ERCS has been the only actor engaged in humanitarian assistance since the second day of the occurrence of the emergency.

The government, with support from local elderly persons and religious leaders, are working hard to stabilise the security situation through dialogue and preaching reconciliation among the community in Jijiga and surrounding areas. The UN agencies, together with ERCS are conducting detailed assessments to develop a short emergency response and long-term rehabilitation plan.

### Targeting

Although all IDPs are in need of immediate assistance, priority shall be given to 13,000 people or 2,600 displaced households (25% of total caseload) who lost their entire belongings and livelihoods and remain in Jijiga, as well as to the most affected households in Kebri Beyahe, Deghabur and Gode as detailed in *Table 1* below. Special attention will also be given to women headed households with many children, the elderly, the disabled and critically sick and the injured people. In addition, those who have not received any support from ERCS, the government, UN agencies or any humanitarian agencies so far will be targeted by the intended Movement partner's humanitarian assistance.

Location	Estimated IDP population	Most vulnerable (U5, L&P) (35%)	In temporary shelters (50%)	Returned in their houses (50%)	Population targeted
Jijiga	22,000	7,700	11,000	11,000	5,500
Kebri Beyahe	10,000	3,500	5,000	5,000	2,500
Deghabur	10,000	3,500	5,000	5,000	2,500
Gode	10,000	3,500	5,000	5,000	2,500
<b>Total</b>	<b>52,000</b>	<b>18,200</b>	<b>26,000</b>	<b>26,000</b>	<b>13,000</b>

Table 2: An estimated number of internally displaced people by towns in Somali region, including the target for this operation (Source: Local and international media estimates).

The remaining gaps are expected to be covered by Federal and regional government and the community at large. It is also expected that UN agencies and INGOs will intervene following the improving security situation in Jijiga and surrounding areas.

## Scenario planning:

<b>Worst scenario</b>	<b>Most likely scenario</b>	<b>Best scenario</b>
An estimated 52,000 IDPs of which 18,200 most vulnerable people affected by recent Somali region crisis are exposed to critical health risks due to lack of immediate lifesaving assistance. This is likely to include Acute Watery Diarrhoea (AWDs), malnutrition and other associated challenges due to poor hygiene and sanitation and lack of proper food nutrients respectively. These would affect all persons, but more so for the vulnerable groups such as children, pregnant and lactating women.	An estimated 26,000 IDPs including 9,100 most vulnerable people affected by the Somali conflict are exposed to critical health risks due to lack of immediate basic lifesaving humanitarian assistance -- this includes, but is not limited to food, water, shelter/NFIs, health services and good hygiene and sanitation. This, therefore, will require timely support from the government and humanitarian agencies to address the situation. The government will support the 50% of the most affected in all sectors while IFRC-ERCS will provide assistance in ES/NFI and WASH to 13,000 people out of which 4,550 most vulnerable people that include children under five, pregnant and lactating women and elderly.	All the affected (52,000 people) get assistance from the government and humanitarian organisations and return back to their homes to lead normal life. The surety situation is contained, and peace prevails.
<b>Assumption:</b> Half of the IDPs (26,000 including 9,100 most vulnerable) affected by recent Somali region civil unrest exposed to critical health risks and are in need of lifesaving assistance. In this case, the most affected will receive minimal support from the government and Red Cross.	<b>Assumption:</b> Some sporadic conflicts are still continuing in the remote parts of the targeted areas. Half of the most affected population is supported by the government however, ERCS will provide lifesaving assistance to 13,000 of the 26,000 IDPs in churches, community centres and around the military camps.	<b>Assumption:</b> The situation is stabilised and the government, UN agencies and INGOs have easy access to provide humanitarian assistance in a timely manner.

Table 3. Scenario Planning matrix.

Note that this EPoA will be addressing the most likely scenario, by assisting 25% of the IDPS.

### Operation Risk Assessment

Since the military is now in Jijiga town, security risks have been reduced. However, if the road from the capital Jijiga is unsafe due to on and off clashes between different tribes, the procurement of different aid materials will be done from the nearby cities (Diri Dawa and Harer).

As the situation has been pertaining for some time, it is foreseen that the sporadic conflict is likely to continue in remote areas for some time, displacing more people for many months in Babile and Chinatsen districts of Somali regions adjacent to the districts of Oromia region. As such, the IDPs may not be able to return to their homes or integrate in host communities. This will be addressed by requesting for additional support from IFRC for a longer-term response plan.

To reduce the risk of RCRC personnel falling victim to crime or violence, active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). As road travel presents a considerable safety hazard, which ought to be addressed appropriately. Contingency plans must be in place to manage emergencies sufficiently.

### Exit strategy

The ERCS will continue to work with the Government of Ethiopia during the response operation and to advocate for support from other humanitarian agencies and INGOs working in Somali region. With the assessment findings and continued presence of the Federal army and police, it is expected that accessibility for humanitarian agencies is likely to improve henceforth, allowing other agencies to respond. Based on the needs in the coming three months, ERCS may consider launching an emergency appeal for 9 months to support the resettlement program.

## B. Operational strategy<sup>2</sup>

### Overall Operational objective:

The immediate survival needs of 13,000 people (2,600 households) conflict-affected people will be met through the provision of essential relief and emergency shelter, and hygiene promotion for a duration of four months.

According to the needs analysis, ERCS has opted for provision of shelter/NFIs and hygiene promotion as the most urgent needs. Indeed, the targeted IDP households have no utensils to cook food, have no night clothes to wear, need emergency shelter to shield them from the severe weather and water containers to store water for home consumption. In addition, community centres do not have access to water therefore, the operation intends to make available potable water through water trucking. This will be done by procuring 8 Roto plastic tanks of 10,000 litres to enable distribution of water to IDP households. Water will be trucked and supplied to the Roto tanks, for which platforms will be built and tap stands provided.

To ensure quality implementation, the ERCS will deploy 3 ERCS HQ-based staff of which 1 RDRT-trained, 6 trained NDRT/BDRT, and 20 volunteers to Jijiga and other target communities to lead the implementation of the DREF operation. The deployed NDRTs will support 20 branch volunteers in the distribution of relief items, verifications, assessment and monitoring of the evolution of the humanitarian situation, while the RDRT-trained staff will ensure coordination of the operation and liaise with ERCS headquarters.

Personnel deployed	Number of people deployed	Number of days deployed	Total number of days worked throughout the operation
HQ staff	3	6	18
NDRT/BDRT	6	6	26
Volunteers	20	5	100

Table 4. Deployment of staff and volunteers.

The below items will be distributed to support the targeted house-holds immediate emergency shelter and NFI needs:

Items	Quantity	Quantity per Household (HH)
Jerry cans, plastic 10 litres	5,200	2 per HH
Washing basin, 45cm diameter	2,600	1 per HH
Mats, plastic 2m x 2.5m	2,600	1 per HH
Plastic sheet 4m x 5m	5,200	2 per HH
Blankets, 1.60m x 2.20m	5,200	2 per HH
Cups, 300ml	5,200	2 per HH
Jug, plastic 3 litres	2,600	1 per HH
Ladles, aluminium 125ml	2,600	1 per HH
Rope, polypropylene 20m roll	2,600	1per HH
Plate, metal 24cm	5,200	2 per HH
Soap, laundry, 250 g	26,000	10 per HH
Mosquito net, insecticide treated	5,200	2 per HH
Cooking pot, aluminium 7 litres	2,600	1 per HH
Jerry cans, plastic 20 litres	2,600	1 per HH

Table 5. Items for distribution to 13,000 IDPs (2,600 house-holds).

### Monitoring

Post distribution monitoring will be conducted by ERCS' quality assurance and IFRC PMER team through focus group discussions with beneficiaries, stakeholders' meetings and field observation. The post distribution monitoring survey will ensure transparency and accountability to the people receiving assistance, the government and Movement partners. Monthly updates will be provided on progress of the planned activities and identified challenges encountered in implementation.

### Community Engagement and Accountability

Information will be shared with affected communities on ERCS, the distribution dates, entitlement and how communities can provide feedback to the National Society. During distribution, a feedback desk will be put in place to allow communities provide feedback and raise any concerns they might have to improve the operation. The feedback collected will feed into the monitoring data. RC volunteers will also be trained on communication and feedback collection.

<sup>2</sup> The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

### Logistics Management and Procurement

All procurements will be done in line with ERCS' logistics/financial procedures. However, for all procurements of CHF 75,000 and above, the IFRC procurement oversight and approvals will be required. The IFRC regional logistics unit technical guidance will be sought to facilitate local procurement.

### Coordination

To ensure there is no duplication of efforts, ERCS will participate in coordination meetings with different stakeholders. Participation in inter-agency coordination and Cluster meetings will ensure complementarity and efficient use of resources. ERCS will also ensure coordination between Movement partners to ensure a mapping of resources and support available to the National Society. This DREF operation will complement the financial and technical support ERCS is receiving from in-country Movement partners as well as ERCS' own resources that includes but is not limited to logistics, finance, and human resource.

Partner	Sectors
ERCS	ES/NFIs and Hygiene promotion
Government	Health services and sanitation
In country PNS (Consortia)	Nutrition (CSB and Oil) and Project Coordinator
ICRC	NFIs, transport, First aid kits
IOM	Dignity kits
Finish RC	NFIs

Table 6. Sectorization of areas for support.



AP005	Coordination with other relevant sectors for integrated programming																	
AP005	Coordination with government and other stakeholders																	
AP005	Purchase basic ES/NFI (Blankets, sleeping mat, tarpaulin, cooking pots, plates and cups) from Harer and Diredawa																	
AP005	Transport and distribute the basic ES/NFI among targeted 13,000 affected people/2,600 HHs in four towns																	
AP005	Evaluation of the shelter support provided																	
P&B Output Code	<b>Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</b>	<ul style="list-style-type: none"> <li>- # households provided with technical support and guidance, appropriate to the type of support they receive (Target: 2,600 households)</li> <li>- # volunteers trained in emergency shelter (Target: 20 volunteers)</li> <li>- # households reached with emergency shelter awareness sessions (Target: 2,600 households)</li> </ul>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP006	Identification and mobilization of 20 volunteers for shelter intervention																	
AP006	Awareness raising/training of shelter 20 volunteers																	
AP006	Provide technical assistance to the targeted households																	



## Water, sanitation and hygiene

**People targeted: 13,000 people (2,600 households)**

Male: 6,370

Female: 6,630

**Requirements (CHF 25,094)**

**Needs analysis:** Due to the absence of water and sanitation facilities as well as relating personnel, the affected people have no access to proper sanitation facilities and clean water, thus exposing them to potential health and sanitation risks. In addition, the practice of open defecation by children, and very sick people during the day, and adults during night time makes the probability of the occurrence of acute watery diarrhoea (AWD) and other water borne diseases imminent. Such diseases are common in Somali even in the normal time due to lack of sanitation knowledge and inadequate sanitation/hygiene practices.

**Population to be assisted:** A total of 13,000 people or 2,600 households (25% of the most affected people in Somali region) have been targeted in four areas considering the vulnerability of the most affected population for further health and sanitation risks. Jijiga will be the priority area as it has been most affected by the conflict and violence and support will be based on the findings of the assessment. These targeted population will be involved in mobilization of the beneficiaries and provision of feedback.

**Programme standards/benchmarks:** As the current context and NS capacities are limited, the provision of WASH interventions will be based on current capacities. The NS will strive to meet Sphere standards once its capacity has been enhanced through operational plans.

<b>P&amp;B Output Code</b>	<b>WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>	<i># households identified with good hygiene practices in target areas (Target: 2,600 households)</i>															
	<b>WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>	<ul style="list-style-type: none"> <li>- # of WASH assessments conducted to inform on hygiene practices in target communities (Target: 2 assessments)</li> <li>- # of WASH monitoring trips conducted (Target: 3 trips)</li> <li>- # WASH coordination meetings attended throughout the operation (Target: 4 meetings)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments																
AP026	Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities																
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																
<b>P&amp;B Output Code</b>	<b>WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population</b>	<i># households provided by NS with improved access to safe water (Target: 2,600 households) # water tanks procured (Target: 8 roto water tanks)</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	AP026	Procurement/distribution of 8 Roto/ plastic water tanks (10,000 litres capacity) to IDP host centres															

<b>P&amp;B Output Code</b>	<b>WASH Output 2.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>	<ul style="list-style-type: none"> <li>- # households reached by various hygiene and sanitation messages (Target: 2,600 households)</li> <li>- # volunteers trained on development and implementation of hygiene communication plan (Target: 20 volunteers)</li> <li>- # IEC material produced and distributed (Target: 500 posters and 1,000 leaflets)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	AP030	Conduct needs assessment: define hygiene issues and assess capacity to address the problem.															
AP030	Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).																
AP030	Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.																



# DREF OPERATION

## MDRET019: Ethiopia IDP Population Movement

27/08/2018

<b>Budget Group</b>		<b>Appeal Budget CHF</b>
500	Shelter - Relief	62,660
510	Clothing & Textiles	75,152
530	Water, Sanitation & Hygiene	18,394
560	Ustensils & Tools	105,456
570	Other Supplies & Services	13,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>		<b>274,662</b>
590	Storage, Warehousing	2,600
593	Transport & Vehicle Costs	19,266
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>		<b>21,866</b>
662	National Society Staff	5,595
667	Volunteers	1,848
<b>Total PERSONNEL</b>		<b>7,443</b>
680	Workshops & Training	10,062
<b>Total WORKSHOP &amp; TRAINING</b>		<b>10,062</b>
700	Travel	3,030
730	Office Costs	600
740	Communications	300
<b>Total GENERAL EXPENDITURES</b>		<b>3,930</b>
599	Programme and Services Support Recovery	20,668
<b>Total INDIRECT COSTS</b>		<b>20,668</b>
<b>TOTAL BUDGET</b>		<b>338,631</b>

Reference documents



Click [here](#) for:

Previous DREF Operations

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



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



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