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Operation Update Report

Egypt: Aswan Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDREG019	GLIDE n° FL-2021-000190-EGY
Operation update n° 1; 26 May 2022	Timeframe covered by this update: 01 December-30 April 2022
Operation start date: 29 November 2021	Operation timeframe: 6 months / 31 May 2022 (2-month extension included from 31 March 2022)
Funding requirements (CHF): 373,314 CHF	N° of people being assisted: 5,125 people (1,025 families) in 11 villages.
Operating National Society: Egyptian Red Crescent Headquarters - 27 branches in 27 Governorates and more than 30,000 volunteers nationwide.	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: Egyptian local authorities and local non-governmental organizations (NGOs).	

Summary of major revisions made to emergency plan of action:

This DREF operation timeframe has been extended for one month to complete the planned lessons learned workshop as well as the DREF training that have been delayed due to measures associated with Ramadan working. Moreover, the satisfaction survey is being conducted by the PDM team.

A. SITUATION ANALYSIS

Description of the disaster

The Aswan Governorate of Egypt faced heavy rains that led to floods in 11 areas between 12 and 14 November 2021. According to the [Ministry of Health announcement](#), the continuous severe weather, including heavy rain, strong winds, and thunderstorms, caused widespread flooding across the southeast part of Egypt, driving scorpions out of the ground, resulting in the death of three people and the injury of 450 others due to scorpion stings.

Several highways and some public infrastructure, houses, lands, and cemeteries have either completely or partially collapsed. Due to the blockage of main roads, some locations/ villages were isolated. A total of 1,100 people (220 families) who lost their houses due to total damage are hosted in 220 temporary houses run by the local authority of Aswan Governorate, while 4,685 people (937 families) are still living in their houses that have been partially damaged and refused to leave.

Because the losses were concentrated in the city's center, buildings in this region were exposed to the majority of rainwater and were severely damaged due to their mud brick construction and palm-leaf roofing. Maintenance crews deployed to the streets to clear the puddles and restore power networks and connections in the affected districts, among other repairs. In response to the affected people, the Governor of Aswan stated that the

distribution of relief will be the responsibility of non-governmental organizations (NGOs), in collaboration with local authorities.

Summary of current response

Overview of Host National Society

The Egyptian Red Crescent (ERC) has headquarters and 27 Branches and more than 30,000 volunteers nationwide. The ERC has volunteer Emergency Response Teams (ERT) who are trained in First Aid, Disaster Management, Psychological First Aid (PFA), logistics, water and sanitation and needs assessments.

After the government's declaration of the emergency alert, the ERC activated its Emergency Operations Center (EOC). Additionally, 20 ERTs (Emergency Response Teams) in 3 branches were activated with an average of 100 volunteers mobilized following the announcement.

Since the first day of response, ERC had assisted affected people with First Aid services, blankets, mattresses, and hot meals.

A total of 20 ERC senior staff at the headquarters and branch levels are overseeing the overall operation at the Emergency Operations Center, while 150 volunteers have been deployed to provide the following services: First Aid for the injured, Psychological First Aid, transportation of the affected to designated assembly points, and distribution of food and essential household items. In addition, a plan has been agreed upon with the Aswan local authority to provide mobile health services for one week in the four most affected areas where they do not have access to nearby Primary Health Centers (PHC).

Overview of Red Cross Red Crescent Movement in country

The IFRC MENA regional delegation is assisting with the implementation of the Emergency Action Plan by, among other things, providing technical guidance on disaster management, finance, and planning, monitoring, evaluation, and reports (PMER), as well as monitoring the implementation of this DREF-funded operation in the provinces of Aswan governorate.

Overview of non-RCRC actors in-country

The ERC, in its auxiliary role to the public authorities, has collaborated with the civil society, ambulance authority, and Ministry of Social Solidarity (MoSS) in response to the event.

A coordination meeting was held on 16 November 2021, between the ERC and the directorate of the health and social solidarity local authority in Aswan to look into the local authority's response plan, which prioritized the role of the ERC in shaping its intervention and coordination role with local NGOs for the next phase. This meeting helped ERC in designing the EPoA for the affected areas. The ERC will take care of some aspects in the thematic areas of shelter, livelihood, health, and WASH, while other organizations provide support in rebuilding houses, major and minor house maintenance, and furniture based on the needs that vary from one location to other.

Needs analysis and scenario planning

Needs analysis

From the start of the operation, ERC assessment teams composed of 15 teams (75 volunteers) were mobilized to the affected areas to conduct rapid assessments. Initial results show that there are approximately 5,935 people (1,157 families) affected, of which 220 families have been evacuated to safety houses provided by local authorities, while others remain at risk with imminent needs as listed below.

Shelter: Houses of 937 families in Aswan have been declared by the Civil Protection as partially to completely damaged. Currently, these families are being hosted by their neighbours and relatives, and some are still residing in their affected houses as they refused to evacuate to new temporary houses. These families are waiting for their homes to be rehabilitated, which are at risk of collapsing by potential floods as they are located in flood streams.

In addition to the infrastructure damage, the muddy flood water has damaged most household items and electric appliances.

Livelihoods and Basic Needs: Because of the damage the floods have caused to their stocks, affected people are struggling to obtain food and other basic needs. Additionally, the floods have killed a significant number of livestock across flooded areas, while the number of floods-affected owners is still unknown. Hot meals were distributed at the beginning of the disaster, yet these people will require financial support to cover food and other imminent needs.

Health: According to the assessment findings, there is a high demand for basic health care to respond to diseases identified and exacerbated by the floods, such as those associated with respiratory diseases. Vectors have proliferated due to the accumulation of water and animal carcasses. Additional risks include the continuous risk of the COVID-19 pandemic in the country, and the health concerns related to its spread among the people, as the floods could precipitate the spread of the disease. In addition, there is a demand for Mental Health and Psychosocial Support (MHPSS) for children and adults, especially for families who are unable to return to their homes because they have been declared uninhabitable.

Water and Sanitation: There is a need to provide quality safe drinking water and to launch preventive health actions for the populations upon their return to their homes, to avoid outbreaks caused by the floods. It is essential to improve hygiene conditions. There is a need to provide hygiene supplies to families who do not have access to funds.

Operation Risk Assessment

Landslides and slopes collapse, as well as road blockage, are among the risks identified in the operation. Another risk factor to consider is COVID-19. According to the Egyptian Ministry of Health¹, 352,123 people have been affected by COVID-19, with 20,052 deaths. In addition, approximately 15% of the Egyptian population has been immunized, with the goal of reaching 40% nationwide coverage by the end of December 2021.

In response to the crisis in the shadow of COVID-19, the ERC will continue to apply operational safety and security measures throughout the operation to ensure maintaining access to the affected population, while ensuring the safety of its staff and volunteers.

The ERC ERT constantly monitors the situation and maintains communication with the local authorities and government agencies to assess the context and the situation of the affected population.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective:

The objective of this operation is to provide humanitarian assistance to at least 4,685 people (937 families) in 11 villages affected by the heavy rains in Aswan governorate through basic emergency shelter assistance, livelihoods support, primary healthcare services, psychosocial support, hygiene promotion including COVID-19 prevention measures.

The ERC has developed an operational strategy for this DREF Operation that focuses on the following topics:

Shelter

The household items (blanket and mattress) will be delivered to affected families for residency in the shelter and rehabilitation during the recovery period, in response to a direct request from the affected population.

¹ [Egyptian ministry of Health](#)

During the delivery of these household items, work will be done with the people to raise awareness for future prevention, preparedness, and response to other events that may occur. A total number of 937 families received household items (5 per family).

Livelihoods and basic needs

The implementation of cash and voucher assistance is proposed to help at least 888 families recover economically. The cash assistance will enable families to meet their immediate food and other needs. The targeted families will receive multipurpose cash disbursement for the amount of 122 USD for one month.

Health


ERC provided affected families with integrated health and care services. They were able to access health services, health promotion, and psychosocial support as a result of their ability to access health services.

- Primary healthcare services in many requested specialties will be developed through 11 Mobile Medical Units (MMU) in targeted affected areas.
- Increasing the preparedness of ERC affected and surrounding branch volunteers to respond to any upcoming emergencies by conducting two Emergency Response refreshment trainings.
- MHPSS actions will be developed through individual or group sessions, as well as disseminating critical messages of care, self-care to interveners, and follow-up via calls, media, and social networks.
- Increasing the capacity of the ERC Aswan affected branch by holding a PSS in Emergency workshop.
- Personal protection equipment is being distributed in order to reduce the risk of contagion for both the affected population and the ERC response teams. This activity will be carried out in tandem with the overall DREF operation.

Water, Sanitation and Hygiene

WASH activities will be carried out through the distribution of 4,685 hygiene kits during hygiene promotion as well as raising awareness about safe water storage and water usage monitoring. The distributed items from the ERC prepositioned stock will be replenished through this DREF Operation.

C. DETAILED OPERATIONAL PLAN

	<h3 style="color: red;">Shelter</h3> <p>People reached: 4,685 people (937 families)</p>		
<p>Outcome 1: : Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</p>			
Indicators:		Target	Actual
<i>% of people satisfied with the shelter assistance provided</i>		90%	ongoing
<p>Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.</p>			
Indicators:		Target	Actual
<i># of people provided with blankets and mattresses.</i>		4,685	4,685
<p>Progress towards outcomes</p>			
<p>Procurement and Deliveries to beneficiaries</p> <p>The procurement process for the household items distributed to the targeted families was completed. Due to the money transfer delay, ERC decided to prioritize its immediate distribution from ERC's warehouse. The ERC team is currently working on conducting the satisfaction survey until the end of May.</p>			



Livelihoods and basic needs

People reached: 4,390 people (878 families)

Outcome 1: Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods

Indicators:	Target	Actual
% of people satisfied with the cash assistance provided.	100%	ongoing

Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
# households supported with vouchers/cash assistance.	937	878

Progress towards outcomes

The process of multipurpose cash distributions, which amounted to 122 USD per family, began with a review of the assessment of vulnerable people based on the agreed-upon criteria, their health condition and location, and the extent of their ability to move to cash distribution centers. The team used it to develop two methods for CVA: hand-to-hand distribution and electronic financial distribution. A meeting was held with the responsible authorities, civil associations, and community leaders in the locations of the targeted distributions to introduce the mission, and methods of distribution, and to coordinate the workflow. Financial aid and phone support procedures were taught to staff and volunteers. Several assessments and verifications were carried out to ensure that the families were in need of cash assistance and had not previously received cash assistance from another organization.

The first method: Direct Cash

The method is aimed at people with disabilities and areas far from electronic exchange centers. In the affiliation, a committee was formed to deliver financial aid, which consisted of the financial and administrative person and a representative of the Ministry of Social Solidarity (MOSS), and coordination with the money transfer company to transfer the money safely to the nearest place where the Cash will be distributed, and the targeted people were contacted and informed of the nearest place to attend and receive the cash through the central operations room. The ERC was keen to conduct a door-to-door team targeting people with physical disabilities.

By the time it was finished, 666 affected families had been covered, representing 75% of the targeted families in the regions of Benban, Kobaniya, and West Aswan.

The second Method: Mobile money (Fawry company)

This method targets the affected people in the vicinity of the Fawry plus center.

As of May 9, 2022, 212 affected families had been covered, accounting for 23% of targeted families.

The operation has so far covered 878 affected families, representing 98 percent of the targeted families, and it is expected to be completed within the operation timeframe.

The ERC team is currently working on the PDM in order to conduct the satisfaction survey in the coming weeks until the end of May.



Health

People reached: 5,125 people

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached with medical services.	4,685	4,278

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
# of people reached with medical care screening to reduce relevant health risks.	4,685	4,278

Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of people reached through first aid and pre-hospital care.	238	320

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
# of FA (First Aid) kits replenished.	100	100

Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators:	Target	Actual
# of people reached through RCCE activities	4,685	5,125

Output 4.1: Community-based disease control and health promotion is provided to the target population

Indicators:	Target	Actual
# of RCCE activities conducted to promote community-based disease control	4,685	5,125

Output 4.6: Improved knowledge about public health issues among.

Indicators:	Target	Actual
# of people reached with IEC messages posted and materials distributed	4,685	5,125

Outcome 6: The psychosocial impacts of the emergency are lessened

Indicators:	Target	Actual
# of people provided with psychosocial support services	4,685	1,494

Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators:	Target	Actual
# of PSS (psychosocial support) sessions conducted.	500	654

Progress towards outcomes

- General health screening and examinations, as well as ophthalmological, orthopedic, dermal, ENT, pediatric, maternal, and paramedic services such as medications, investigation, and imaging were provided to the targeted population.
- A total of 11,217 healthcare services were provided for 4,278 people affected through mobilizing 9 integrated Mobile Medical Units (MMUs) that were scheduled in two groups, covering 9 areas over affected towns in Aswan governorate, in coordination with MOHP that allows some cases to be referred requiring some subspecialties, specific drugs, advanced investigations, and minor operations.

- The launch of a health awareness campaign included a specific message about COVID-19 vaccination.
- Emergency Response refresher training was provided to 20 volunteers from affected ERC branches and surrounding branches. The training is designed to ensure that ERC volunteers are fully prepared to respond to any upcoming emergencies.
- Mobile COVID-19 vaccination points were integrated into the overall DREF operation activities.
- Personal protection equipment (PPEs) were distributed to 500 volunteers to help reduce the risk of contagion for both the affected population and the ERC response teams during the implementation of the DREF operation activities.
- Health awareness messages were disseminated by the CBHFA team through a one-day workshop for community leaders, awareness sessions, and a social media campaign. High-risk groups (elderly, mothers, etc.) are educated on COVID-19, Acute Watery Diarrhea, Bloody Diarrhea, Dermatitis, and how to prevent its spread during an emergency. Raising awareness about animal bites, particularly scorpion bites, and how to manage them until you get to the hospital.

The following psychosocial support activities were carried out to assist flood-affected families in coping with the potential trauma of the flooding.

- Psychosocial first aid and psychological assessment were given to the 756 people who were affected.
- A team of psychologists was remotely monitoring the psychological well-being of 58 affected people via a helpline.
- Stress management sessions were provided to 32 people in the waiting area while they awaited their cash.
- Psychoeducation awareness sessions were held to raise psychological awareness about post-traumatic stress disorder in those who had symptoms (stress management, adaptation, dealing with feelings).
- Individual psychological sessions and psychological state assessments were held.
- Psychosocial support activities for children were carried out, including mental health awareness-raising activities for children in order to improve psychosocial well-being (anger management, adaptation, expressing feelings, and renunciation of violence).

The following table shows the number of affected people who received MHPSS services:

Individual Sessions	Helpline Follow Up	Psychoeducation Awareness Session		Activities For Children		Total # of People Reached
		Male	Female	Male	Female	
108	60	41	445	316	524	1,494
		486		840		

The MHPSS unit held a series of painting and coloring sessions for frontline responders. During a crisis, all ERC staff and volunteers have access to an MHPSS helpline where they can make arrangements with specialists to provide culturally relevant trauma assistance.

Psychosocial Support in Emergencies training was provided to volunteers from affected branches to ensure the best possible short and long-term effects of mental health and psychosocial support (MHPSS). The training covered all of the objectives associated with launching well-structured mental health and psychosocial intervention during an emergency.

The first aid kit procurement process had been completed.



Water, sanitation and hygiene

People reached: 5,125 people

Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of target population that has access to sufficient safe water.	100%	ongoing

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
# of site and community assessments carried out	7	9
# of HHs assessment conducted	120	148

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

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards) in the affected area	4,685	1,874 (40%)

Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase

Indicators:	Target	Actual
# of people reached by hygiene promotion activities.	4,685	5,125
# of people provided with hygiene kits.	4,685	4,685
% of beneficiaries satisfied with the services provided	100%	ongoing

Output 2.4: Hygiene promotion activities are provided to the entire affected population.

Indicators:	Target	Actual
# of hygiene promotion sessions conducted	1	1,025
# of hygiene kits distributed	937	937

Progress towards outcomes

Needs assessment

Individual WASH assessments were performed on 148 affected families in addition to 9 general rapid assessments in Nag El Hegab, Sadr, El Baleda, Kema, Ezbet El Sonya, Nag El Bastawisy, Nag El Ababda, and Benban.

The needs assessment revealed that:

- 100 percent of households receive water through piping into the dwelling; almost all households experienced a lack of water for some time to meet their basic needs.
- More than 60% of affected families have had to transfer water by container. They are also inconvenienced by the distance, which may take more than 30 minutes to arrive at the source of water, and the waiting time to get water.
- About 35% of the affected population receives an average of 7 to 8 liters of water per day, 15% receives more than 20 liters per day, and the remaining population receives an average of (10-13) liters per day.
- While 75% of families complain about visible wastewater in the vicinity (30 meters or less) of the accommodation 1 - 2 times per month, 25% complain about the visibility of wastewater in the vicinity throughout the month.

Procurement and distribution of hygiene kits

The process of purchasing the hygiene kit had been completed, and it had been completely replenished. Due to the money transfer delay, ERC decided to prioritize its distribution from ERC's warehouse immediately. The distribution was determined through careful consideration and was based on detailed assessment.

Hygiene promotion

The WASH team ran a campaign to deliver specific messages such as safe water storage, how to use a hygiene kit, and personal hygiene during menstruation. This campaign was combined with the distribution of hygiene kits, assessment visits, and social media.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems, and structures, competences, and capacities to plan and perform

Indicators:	Target	Actual
<i># of volunteers involved in the operation and actively participating in the activities.</i>	500	ongoing

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
<i># of volunteers involved in the operation who are trained in Security, Code of Conduct and Standards and principles of humanitarian aid.</i>	500	ongoing

Progress towards outcomes

- Volunteering management in an emergency was handled by ERC youth and volunteer teams. Participants are able to improve their management of volunteers in their ERC branches who responded to the crisis as a result of the rain, as well as their roles and responsibilities in this capacity. They will also have received training in management and planning tools.
- ERC rented trucks to facilitate transporting household items and hygiene kits to beneficiaries in their locations during the disaster, as well as transporting relief items to ERC warehouses and volunteers to distribution and training locations.
- 500 volunteers involved in this disaster were insured, trained on how to provide disaster services, and signed a code of conduct.

Influence others as leading strategic partner

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
<i>Effective and coordinated international disaster response ensured.</i>	Yes	Yes

Output S2.1.1: Effective and respected surge capacity mechanism is maintained.

Indicators:	Target	Actual
<i>Performance of IFRC monitoring visits</i>	1	1

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national, and international levels that affect the most vulnerable.

Indicators:	Target	Actual
<i>IFRC and NS are visible, trusted and effective advocates on humanitarian issues.</i>	Yes	Yes

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
<i># of Lessons Learned Workshop.</i>	1	-
<i># of M&E plan produced.</i>	1	1

Progress towards outcomes

Following the publication of the DREF Emergency Plan of Action, an M&E plan was produced. The M&E plan was designed to assist the NS in tracking and assessing the outcomes of their interventions throughout the DREF Operation. It also helped to ensure that data is being used efficiently as well as to allow the NS to report on results at the end of the operation.

The Lessons Learned Workshop is scheduled to take place within the timeframe of this DREF operation.

D. Financial Report

The operating budget and response activities remain unchanged. The financial report will be included in the final report.

Egypt : Aswan Floods Disaster Relief Emergency Funds



Reference documents



Click here for:

- Previous Appeals and updates
- [Emergency Plan of Action \(EPoA\)](#)

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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.