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# Final Report

## Ethiopia: Population Movement



International Federation  
of Red Cross and Red Crescent Societies

<b>DREF operation</b>	<b>Operation n° MDRET013;Glide n° OT-2014-000005-ETH</b>
<b>Date of Issue:</b> 29 October, 2014	<b>Operation start date:</b> 12 February, 2014
<b>Date of disaster:</b> 15 December, 2013	<b>Operation end date:</b> 30 June, 2014
<b>Operation manager (responsible for this EPOA):</b> Jill Clements, IFRC country office representative, Ethiopia.	<b>Point of contact:</b> Hagos Gemechu, Deputy General Secretary.
<b>Host National Society:</b> Ethiopian Red Cross Society	<b>Operation budget:</b> CHF 125,220
<b>Number of people affected:</b> 30,000	<b>Number of people assisted:</b> 27,376
<b>National Societies involved in the operation:</b> ERCS, IFRC, ICRC and Swiss Red Cross	
<b>Other partner organizations involved in the operation:</b> United Nations bodies (UNHCR, UNICEF, WFP and WHO) Ethiopian Government Administration of Refugees and Returnees Affairs (ARRA), International Organization for Migration (IOM), , Norwegian Refugee Council (NRC), Danish Refugee Council (DRC), ACF, MSF and ACT Alliance	

## A. Situation analysis

### Description of the disaster

A deadly and destructive conflict between the South Sudan government and the rebels in the newly emerging South Sudan country broke out on 15 December 2013. The conflict resulted in the death of over 10,000 people, displaced over 1.1 million persons internally and caused over 460,700 persons to flee to the neighboring countries including Ethiopia, Uganda, Sudan, The Democratic Republic of Congo and Kenya according to OCHA South Sudan situation report number 44 of 10 July 2014.

According to a UNHCR report issued in the first week of July 2014, Gambela region of Ethiopia was hosting over 166,889 people entering through different entry points mainly Pagak (83,049), Burubiey (38,100), Akobo (37,324) and others. These refugees were sheltered in different camps of Gambela region since January 2014. These included 51,476 persons in Kule 149,003 persons in Kule 2 (currently called Tirkidi), 47,485 persons in Leitchuor and 1,683 persons in Pugnido. The refugees have been receiving different assistances provided by the Ethiopian Government, UN agencies, Red Cross Movement members and International Non-Governmental Organizations (INGOs) through the overall coordination of ARRA and UNHCR.



The ERCS training volunteers from the refugee community to carry out health and hygiene promotion as well as sanitation in Leitchuor camp. Photo/ ERCS

In order to support the Ethiopian Red Cross Society (ERCS) in delivering assistance to some 30,000 South Sudanese refugees living in Leitchour camp site, Gambela region in Ethiopia for an initial 3 months, CHF 125,220 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) in January 2014. On 28 April 2014, an [operations update n° 1](#) was issued to provide an update on the progress of the operation as well as to extend the operation timeframe by an additional 2 months (to end of June). Subsequent to this extension, through [operations update n° 2](#) issued on 13 June, 2014 a revised budget and operational plan were issued and the changes as well as the rationale for the changes provided. The overall total of the initial budget however remained unchanged with these reallocations on the budget lines.

This DREF operation was designed to help ERCS in providing hygiene, sanitation and emergency health interventions for up to 30,000 conflict affected South Sudanese asylum seekers/refugees in Gambela region. The ERCS led joint operation complemented the provision of water supply and health services by the UNHCR, the Ethiopian Government Administration of Refugees and Returnees Affairs (ARRA) and other UN agencies and INGOs working in Leitchour camp.

By the end of the operation, over 27,376 members of the refugee community received hygiene, nutrition and sanitation messages using the 100 trained Health Community Workers (HCOWs) and Community workers (COWs) through cascading the lessons from trained groups to refugee heads of households and then to family members.

#### **Lessons learned:**

- It is important and critical that additional assessments be conducted in order to adjust the operational strategies as may be necessary during the operation e.g. launch a larger appeal to cater for the increasing number of refugees arriving in the camps amidst rapidly changing conditions.
- It was important for partners in Leitchour camp to consider extending the services and activities planned for the refugee communities to the host community in the environs. Additionally there is need to take into account any negative impacts of the population movement on the host communities.
- Requesting support from Red Cross partners to fill the financial gaps after end of the DREF operation timeframe period and developing exit strategies are crucial in ensuring that targeted persons are well supported even after end of operation.
- There is need to strengthen cooperation with Movement and non-Movement partners working in Leitchour camp and in the region through active participation in the cooperation meeting, information exchange and resource sharing.
- There is need to strengthen the implementation capacity of the ERCS Gambela branch by deploying strong professional human resources as well as enhancing the relationship with partners and staff working at branch and field levels. Furthermore there is need to establish strong working and accountability structures at Gambela and HQ level while at the same time strengthen the emergency task force team at Gambela and HQ through regularly attending meetings, information and resource sharing.
- It is paramount that for an effective implementation of operations in which several partners are involved that there should be conscious efforts to strengthen communication amongst all partners.

The Netherlands Red Cross and the Silent Emergency Fund, AECID and the Canadian Red Cross and Government contributed towards replenishment of the DREF allocation made for this operation. The major donors and partners of the DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, the Danish Red Cross and government, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Zurich foundations, and other corporate and private donors.

IFRC, on behalf of Ethiopian Red Cross Society, would like to extend thanks to all partners for their support to this operation.

[<click here for the final financial report and here for the contact details >](#)

## Summary of response

### Overview of Host National Society

The DREF support enabled Ethiopian Red Cross (ERCS):

- To conduct rapid and continuous assessments in Gambela region particularly in Lietchour camp.
- Train 300 refugee volunteers in emergency health surveillance, hygiene promotion and personal and environmental sanitation.
- To provide appropriate responses to the affected people through ambulance service, hygiene promotion and environmental sanitations interventions.
- Provision of sanitary and protective materials for trained Health Community Workers (HCOWs), Community workers (COWs) and environmental cleaners.
- To provide monthly financial incentives for volunteers as per Government standards to engage them in hygiene promotion, disease surveillance and environmental cleaning interventions in refugee camps.



National Society volunteers were trained and actively engaged in the environmental sanitation work. Photo/ ERCS

The DREF budget was not fully utilized. Out of the total allocated CHF 125,220 only 84,652 CHF (68 %) of the total budget had been utilized until the end of the operation. The delayed startup of the project due to internal and external factors, such as the severe fuel shortage experienced in March that greatly affected access and the movement of vehicles and staff, as well as the relatively small incentive allocated for refugee volunteers (as per ARRA rate) significantly contributed to the lower budget utilization. The unspent funds amounting to CHF 40,568 will be returned to DREF.

### Needs analysis and scenario planning

Despite several attempts to sign cessation of hostilities and cease fire between the South Sudan government and the rebels, the conflict still continued affecting over 38 million people and resulting in severe humanitarian crises within the country and in the neighboring countries. The Gambella region of Ethiopia received 29,052 refugees in January 2014 and by the first week of July 2014 it had increase to over 166,889 refugees. Leitchuor camp was the first camp where all refugees were relocated from different entry points. Of the first batch of the refugees (24,643 individuals between February and 6 March), the majority were women and children (85%-90%) from the Nuer ethnic group migrated from Upper Nile and Jonglei states of the South Sudan.

**Table 1: Summary of arrivals by month** (Source: UNHCR new arrival report as of 8 July 2014)

Month	Number of persons
January	29,052
February	31,351
March	28,188
April	14,176
May	29,732
June	25,947
<b>Total</b>	<b>158,446</b>

The first baseline survey conducted by ERCS and IFRC team in Mid February 2014 identified a precarious situation among the newly arrived refugees in Leitchuor camp. Most of the refugees particularly women and children were extremely weak physically as they had travelled long distances on foot without adequate food. ERCS team also identified that diarrhea and pneumonia were the most common diseases among the new arrivals, mainly associated with malnutrition and poor living conditions. The base line survey further identified malaria and cholera as major health risks. Furthermore the survey indicated that the knowledge in community based surveillance (community detect, report and follow up of health risks) was very limited. Based on these findings the team recommended:

- Provision of training for refugee volunteers on disease surveillance and follow up of families to enable the provision of timely and effective information to the public and responders and to ensure identification of health risks and timely detection of an outbreak.

- Strengthening inter-sect oral collaboration with MSF, ACF and other actors that work on Health Sector in the camp as well at regional level.
- Developing and harmonizing different reporting formats and working documents.
- Engaging in personal and environmental sanitations.

Following the recommendations suggested by the assessment team, the Ethiopia Red Cross Society (ERCS), with financial support from IFRC's DREF, engaged to provide timely and appropriate water and sanitation and emergency health interventions to the targeted 30,000 refugees displaced by the conflict in South Sudan who were in Lietchour refugee camp.

The timeframe for the DREF project was initially proposed for three months between February and April 2014. However, the start of implementation was delayed as a result of internal and external factors and various problems encountered such as staff turnover, lack of appropriate human resources in the market due to short project duration, and difficulties in coordination with health partners. In an effort to fulfill the objectives set, the timeline of the project was extended up to the end of June 2014. In the course of the activities many changes have taken place that contributed to less utilization rate of the budget allocated. For example the rate for camp volunteers per diem calculated on ERCS rate has been changed to ARRA monthly incentive payment rate, which has had a significance change on the amount of money to be paid for the volunteers who have been trained and engaged in disease surveillance, hygiene promotion and environmental sanitation.

The budget was revised in mid June 2014 without any change in the total amount of budget allocated initially. A significant increase has been made on the volunteers' budget line by cancelling the budget line allocated for clothing and textile, water, sanitation and hygiene utensils and tools.

### **Proposed Strategy**

The objectives of the DREF supported operation were to reduce the risk of waterborne and water related diseases and meet the basic health needs among refugee communities in Lietchour refugee camp, Gambela Region. To achieve these objectives many activities have been carried out.

ERCS technically supported by IFRC regional and country offices produced a document requesting IFRC/DREF for CHF 125,220 to reach 30,000 refugees between February and April 2014. This was followed by deploying two ambulances initially engaged in escorting service until 29 March 2014 and provision of training on emergency health surveillance and sanitation for 100 volunteers of whom 25 are women (50 HCOWs and 50 COWs) recruited from the refugee community. ERCS also recruited 200 from the refugee community for environmental sanitation work. These 200 volunteers consist of 192 females who have been trained and actively engaged in the environmental sanitation work.

By working jointly with Non Movement partners such as MSF, ACF, WLF, UNICEF, DRC and NRC both at camp and regional levels ERCS has been an active actor in the camp and at Gambela level in coordinating taskforces focused on health and hygiene activities. This includes the harmonization of data collection and reporting formats for HCOWs and COWs and standard practices in the promotion of hygiene, sanitation and nutrition messages among the refugee community. Over 27,376 members of the refugee community received hygiene, nutrition and sanitation messages using 100 trained HCOWs and COWs through cascading the lessons from trained groups to refugee heads of households and then to family members. This is 91.3% of the planned objective.

In addition to the Federation/DREF supported emergency health and sanitation humanitarian assistances given to the refugee community in Leitchour camp, Movement members particularly ICRC has constructed 200 communal latrines, provided full basic emergency shelter and non-food items, fuel saving stoves and one month fire wood supply for selected 2,600 vulnerable households in Leitchour camp. In addition an average of 21,000 liters of water per day has been provided in Kule camp through water trucking. A patient's transportation service from the camps to Gambela hospital and to the nearby clinics was set up and medical equipment and medicine was provided for Gambela hospital and Ininange health center. Five communal shelters were built at Pagag entry point by ICRC. These mainly hardware assistances helped ERCS and the beneficiaries to integrate the software components provided by the DREF support. The communal latrines constructed and non-food items provided in Leitchour camp helped the trainers and the beneficiaries to change the training in to practical application while cleaning latrine and water containers.

Swiss RC provided supplementary funding to the DREF operation in order to ensure that ERCS had sufficient resources for staffing and support materials to implement the DREF operation. Swiss RC allocated CHF 99,513.17 or ETB 1,924,783.77 aiming to timely and effectively carry out ERCS/DREF planned emergency operation and the monitoring and reporting of the project. In addition the Swiss RC supported the ambulance service in Kule camp and provided surge capacity in terms of human resource and logistics to increase the emergency response implementation capacity of the branch and reduce the health problem of the refugees in the camps. Furthermore, following the end of the DREF supported activities at the end of June 2014 in Leitchour camp, the Swiss Red Cross supplementary budget has been modified to serve the continuation of the DREF supported activities for two months between 1 July and 31 August 2014.

## Water and Sanitation

**Outcome: To reduce the risk of waterborne and water related diseases among refugee communities in Lietchour refugee camp, Gambela Region.**

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> <li>Continuous assessment of water, sanitation, and hygiene situation is carried out.</li> </ul>	<ul style="list-style-type: none"> <li><i>WatSan assessment:</i> Undertake rapid assessment of the hygiene and sanitation situation in Lietchour camp by branch staff and volunteers (3 days, 10 volunteers).</li> </ul>
<ul style="list-style-type: none"> <li>Implement a rapid hygiene promotion campaign.</li> </ul>	<ul style="list-style-type: none"> <li><i>Volunteer hygiene promotion training:</i> Identify and train 50 hygiene promotion coordinators and 5 supervisors of community facilitators (2 days).</li> <li><i>Production of Hygiene Promotion IEC materials:</i> Produce IEC material related to hygiene promotion.</li> <li><i>Hygiene promotion campaign implementation:</i> Carry out a Hygiene campaign on priority hygiene issues using standard channels of communication and IEC materials (50 volunteers, 5 supervisors, 1 month).</li> </ul>

**Impacts:** The continuous assessment conducted by ERCS staffs and trained HCWOs on the hygiene and sanitation situation in Leitchour camp has given timely and relevant information to all partners working in the area of water and sanitation and hygiene promotion to enable them to take appropriate measures that reduced water borne and other related diseases in the camp.

The up to 300 trained refugee volunteers (50 HCOWs, COWs and 200 environmental cleaners have been the major source information collected at community level and shared among partners that took appropriate measures to mitigate potential health risks. Key messages like the importance of hand washing before and after food preparation, use of latrine and breast feeding has been widely spread by these trained volunteers and enabled to reduce health hazards.

Each of the 50 hygiene promoters was able to cover 10 households per day and a total of 500 households on a daily basis and 2,500 households weekly. Together with 50 health volunteers they were responsible for health, nutrition, disease surveillance, house to house visits and community mobilization and health promotion activities on a daily basis within the entire refugee community. They also reminded mothers to cover their vaccination schedule for their children and themselves and encouraged to participate in community mobilization when there is a need to do mass vaccination.

Up to 200 hundred environmental cleaners were deployed in the refugee camp of which 190 are assigned for latrine cleaning and the other 10 offered supervisory support. Those environmental cleaners cleaned 640 communal and family latrines per day. The environmental cleaners were provided with proper self-protection materials (gloves, rain coat, gumboots, chlorine, broom, bucket, spoon, small basin, apron, and mask)

A total of 13,320 people received water related sanitation messages and cleaning for 12,940 jerry cans during the time of water collection at the water points. Moreover by engaging 200 trained environmental cleaners equipped with sanitation and personal protection materials (sanitary glove, dust mask, apron, raincoat, bucket and gumboots) ERCS together with its non-Movement partners enabled to mobilize 7,600 refugees to clean their surroundings and disinfect 200 communal latrines built with the support of ICRC.

The day to day monitoring of these trained people by going house to house in refugee settings helped a lot in keeping their houses and surroundings clean, exercise good hygiene behavior like washing their hands before food and after use

of toilet and significantly improved the safe disposal of children feces which were not very common while fleeing their home land and temporarily settled in reception centers

<b>Emergency Health and Care</b>	
<b>Outcome: To meet the basic health needs among refugee communities in Lietchour refugee camp, Gambela Region</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Emergency health needs assessment.</li> </ul>	<ul style="list-style-type: none"> <li><i>Health assessment:</i> Undertake rapid health assessment in Lietchour camp to identify communicable disease threats, including epidemic potential, and to define the health status of the population (2 days, 10 volunteers).</li> </ul>
<ul style="list-style-type: none"> <li>Community-based Disease Surveillance.</li> </ul>	<ul style="list-style-type: none"> <li><i>Community-based Disease Surveillance:</i> Train 50 volunteers in communicable disease control and epidemic preparedness and support community-based disease surveillance and ensure early reporting of cases, and prompt detection and response to outbreaks (50 volunteers, 5 supervisors, 3 months).</li> </ul>
<ul style="list-style-type: none"> <li>Secondary care referral services</li> </ul>	<ul style="list-style-type: none"> <li><i>Secondary care referral services:</i> Provision of ambulance to Lietchour refugee camp for transport of patients from primary to secondary care (3 volunteers 1 driver, 3 months).</li> </ul>

**Impacts:** The initial health assessment team identified that diarrhea and pneumonia were the most common diseases among the new arrivals mainly associated with malnutrition and poor living condition. It further identified malaria and cholera to be the major health risks in the camp. This was consistently communicated with other partners to take precaution measures and understand the health status of the refugee community in Lietchour camps.

The training provided for 100 refugee volunteers (HCOWs and COWs) on communicable disease control, epidemic preparedness and support community-based disease surveillance helped to identify many of the sick and malnourished children, pregnant mothers, lactating mothers and elder who were then referred to MSF clinics for appropriate and timely treatment. Although there is no intervention impact assessment conducted by any partners so far, this is believed ultimately contributed in minimizing the number of morbidity and deaths among refugee community.

In general, the refugees participatory approach during the training and actual involvement in the action believed to promote hygienic behavior, sanitation improvement and community management of water and sanitation facilities. The immediate result of these interventions is believed to contribute to a considerable reduction of diarrheal diseases due to continuous disinfection of the highly filthy areas and improved use of safe and clean water through cleaning water containers.

Between March 29 and 26 June 2014, ERCS deployed two ambulances with technical assistance of 4 volunteers (one supported by Swiss Red Cross in Kule camp and one by DREF in Lietchour camp). In general, a total of 62 people in Lietchour (21 male and 41 female) received ambulance services of whom 47 were referred to Gambela hospital and 5 to Nyignang health center. In addition 125 people (43 male 82 female) received ambulance services in Kule camp out of whom 57 were referred to Gambela hospital and 68 to MSF clinic in Itang town.

The two ambulances have played a great role in saving the life of critically sick people and women in labour in the two camps. However, there was a greater need than anticipated in the number of journeys the ambulance undertook, therefore creating an over-expenditure of transportation budget line.

**Table 2: Summary of the provision of ambulance services between April and June 2014.** (Source: ERCS Gambela branch DVM)

Month	Kule 1 and 2 camps							Kule	Leitchour camp						Leitchour		
	Delivery	malaria			unspecified		Total	Total	Delivery	malaria			unspecified		Total	Total	Total
	F	M	F	M	F	M	F		F	M	F	M	F	M	F		
April	4	2	5	11	8	13	17	30	0	1	2	1	2	2	4	6	36
May	4	3	7	11	27	14	38	52	12	5	1	7	12	12	25	37	89
June	8	5	3	11	16	16	27	43	5	2	0	5	7	7	12	19	62
<b>Total</b>	<b>16</b>	<b>10</b>	<b>15</b>	<b>33</b>	<b>51</b>	<b>43</b>	<b>82</b>	<b>125</b>	<b>17</b>	<b>8</b>	<b>3</b>	<b>13</b>	<b>21</b>	<b>21</b>	<b>41</b>	<b>62</b>	<b>187</b>

### Challenges:

- The ERCS branch implementing the operation has limited experience in managing emergency operations but sufficient surge support to enhance the branch capacity was provided by the HQ. The branch for instance did not plan nor budget for office stationary and equipment costs during the operation leading to an overexpenditure on this budget line.
- The withdrawal of the Swiss Red Cross supported project coordinator and the delay of her replacement created challenges in the implementation of complementary activities. Additionally, though ERCS has prior experiences in dealing with such emergencies, internal and external factors aforementioned delayed the start of activities implementation.
- Lack of harmony and agreement on the PHAST approach to be used in training HCOWs amongst partners in this response operation delayed the provision of training.

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## Contact information

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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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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**Disaster Response Financial Report****MDRET013 - Ethiopia - Population Movement**

Timeframe: 28 Jan 14 to 30 Jun 14

Appeal Launch Date: 28 Jan 14

FINAL REPORT

**Selected Parameters**

Reporting Timeframe	2014/1-2014/9	Programme	MDRET013
Budget Timeframe	2014/1-2014/6	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		125,220				125,220	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		125,220				125,220	
<b>C4. Other Income</b>		125,220				125,220	
<b>C. Total Income = SUM(C1..C4)</b>		125,220				125,220	
<b>D. Total Funding = B + C</b>		125,220				125,220	

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

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		125,220				125,220	
<b>E. Expenditure</b>		-84,652				-84,652	
<b>F. Closing Balance = (B + C + E)</b>		40,568				40,568	

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>125,220</b>			<b>125,220</b>		
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	12,682		9,339			9,339	3,343	
Water, Sanitation & Hygiene	7,264		3,944			3,944	3,320	
Teaching Materials	6,002		3,334			3,334	2,667	
Utensils & Tools	810		1,107			1,107	-297	
<b>Total Relief items, Construction, Sup</b>	<b>26,758</b>		<b>17,725</b>			<b>17,725</b>	<b>9,033</b>	
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicles Costs	11,410		17,420			17,420	-6,009	
<b>Total Logistics, Transport &amp; Storage</b>	<b>11,410</b>		<b>17,420</b>			<b>17,420</b>	<b>-6,009</b>	
<b>Personnel</b>								
National Society Staff	19,026		11,982			11,982	7,044	
Volunteers	34,363		18,950			18,950	15,412	
<b>Total Personnel</b>	<b>53,389</b>		<b>30,933</b>			<b>30,933</b>	<b>22,456</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	4,521		2,286			2,286	2,236	
<b>Total Workshops &amp; Training</b>	<b>4,521</b>		<b>2,286</b>			<b>2,286</b>	<b>2,236</b>	
<b>General Expenditure</b>								
Travel	8,890		4,683			4,683	4,207	
Information & Public Relations	7,690		2,190			2,190	5,500	
Office Costs	593		2,982			2,982	-2,389	
Communications	3,326		381			381	2,945	
Financial Charges	1,000		857			857	143	
Other General Expenses			30			30	-30	
<b>Total General Expenditure</b>	<b>21,498</b>		<b>11,122</b>			<b>11,122</b>	<b>10,376</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	7,643		5,167			5,167	2,476	
<b>Total Indirect Costs</b>	<b>7,643</b>		<b>5,167</b>			<b>5,167</b>	<b>2,476</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>125,220</b>		<b>84,652</b>			<b>84,652</b>	<b>40,568</b>	
<b>VARIANCE (C - D)</b>			<b>40,568</b>			<b>40,568</b>		

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**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	125,220		125,220	125,220	84,652	40,568	
Subtotal BL2	125,220		125,220	125,220	84,652	40,568	
<b>GRAND TOTAL</b>	<b>125,220</b>		<b>125,220</b>	<b>125,220</b>	<b>84,652</b>	<b>40,568</b>	