Flash flood in Guji May 2024

<table>
<thead>
<tr>
<th>Appeal:</th>
<th>Country:</th>
<th>Hazard:</th>
<th>Type of DREF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRET035</td>
<td>Ethiopia</td>
<td>Flood</td>
<td>Response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crisis Category:</th>
<th>Event Onset:</th>
<th>DREF Allocation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Sudden</td>
<td>CHF 499,838</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Glide Number:</th>
<th>People Affected:</th>
<th>People Targeted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>181,548 people</td>
<td>62,775 people</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operation Start Date:</th>
<th>Operation Timeframe:</th>
<th>Operation End Date:</th>
<th>DREF Published:</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-05-2024</td>
<td>4 months</td>
<td>30-09-2024</td>
<td>01-06-2024</td>
</tr>
</tbody>
</table>

Targeted Areas: Oromia, South West Ethiopia
Description of the Event

Date of event

14-05-2024

What happened, where and when?

The “Kiremt” rains have caused flooding in several districts across the country throughout April and May affecting more than 590,000 people.

The worst situation has been reported since 14th May 2024, when the heavy downpours caused rising river levels and widespread flooding in many areas. The high impact was felt in 9 woredas of Guji and West Guji zones of Oromia region; some areas of Sidama, Central Ethiopia and South West of Ethiopia. Based on rapid assessment completed on 16th May by the National Society branches, more than 181,548 people have been affected by the floods since 14th May while 102,128 people reported displaced and 5 confirmed deaths. About 3,000 houses reported either totally or partially destroyed and 14,553 ha of farming land has been damaged. The floods has worsened the already dire food security situation in the areas. The floods are also happening amidst ongoing disease outbreaks such as cholera and malaria across the country, the majority being reported from Oromia, almost 35% of total epidemic caseload.
Scope and Scale

The recent unusually heavy winds accompanying the March - May rainy season this year, have led to significant displacement, damage to houses, public infrastructure, and croplands and flooding has caused widespread destruction and displacement exacerbating humanitarian needs across Oromia, central and South West Ethiopia.

The overall flood impact and figures are based on both NS assessment completed on 16th May and Ethiopian Disaster Risk Management Commission (EDRMC) which have the Nationwide oversee of the situation.

- Nationwide it is triangulated that over 590,000 people have been affected by floods since April. More than 14 people were killed.
- Floods on 14th May 2024 are among the most devastating with estimated 181,000 people rendered vulnerable due to the flash floods and hundred thousands displaced. During the NS rapid assessment as of 16th May, 109,000 were already identified as impacted by the flash floods of 14th only in Guji and West Guji.
- On 16th, by the time the rapid assessment is released, the affected ppl reported were 109K. By the time of this planning, 120K affected in southern Oromia due to the floods of 14th.

Detailed assessment by branches continue but available secondary data also support the scope and priority analysis. According to the Ethiopian Disaster Risk Management Commission (EDRMC) latest information, Oromia Region Guji and West Guji zones are the most impacted with 20,426 households (HHs) or around 120,481 people affected and 102,128 people displaced following the down pour reported on May 14th, 2024, 5 human deaths and loss of thousands of livestock and hectares of agricultural productions. Over 13,779 ha of cropland reportedly damaged and several villages remain cut off. In addition, the West Guji zone DRM office reported 8 districts (woredas) and 94 kebeles highly impacted and the crucial infrastructure damage, involving health institutions(7), schools(54), water schemes (14) and including 3024 houses, forcing many households to be homeless.

Flooding could heighten the threat of disease outbreaks since Oromia region is the mostly impacted by epidermic in the country with ore than 30% case load. Backflow from drains mixed with floodwaters can become trapped in open areas when inundations recede. These stagnant pools often become a breeding ground for mosquitoes and bacteria, increasing the incidence of insect- and water-borne diseases. Exposure to contaminated water from sewer systems, and septic tanks and open defecation also poses a significant health threat. Zonal authorities have raised concern over low sanitation coverage considering open defecation as commonly practiced, which could further exasperate the spread of the ongoing cholera outbreak in the woredas and Malaria in Gelana and Abaya woredas (West Guji). Displaced communities are currently sheltered with host communities, in camp and some are sheltered under trees, majority being
women, children and elderly people.

The flash flood has also displaced again about 4970 people on May 20/2024 in central and Southern regions of Ethiopia (SIDAMA), the local community is the sole responder with limited food and rehabilitation of damaged houses. The need is beyond the capacity of the regional government to respond, particularly food, non-food items and agricultural supplies. There are no reported humanitarian partners operating in the affected area. More updates to be shared by ERCS branch. It is also forecasted that further more than usual rainfall in the South western Ethiopia, https://www.icpac.net/weekly-forecast/21-28may-2024 and other parts of the country.

In Oromia Region, response is mostly coming from the local community, but partners have been informed of the preliminary needs so as to mobilize some resources, pending the assessment results. Food, shelter, and clean water are the critical needs of the flood-affected people. Regional authorities and OCHA will conduct detailed assessments from 24 May to 1 June to further inform resource mobilization and response modalities.

The flooding has deepened the vulnerability of populations whose resilience is already highly affected by the impact of a prolonged drought since 2020 as the areas were most affected by flooding and drought overlap.

**Source Information**

<table>
<thead>
<tr>
<th>Source Name</th>
<th>Source Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oromia ERCS regional branches</td>
<td><a href="https://www.oromia.redcrosseth.org">https://www.oromia.redcrosseth.org</a></td>
</tr>
<tr>
<td>2. South West ERCS regional branch</td>
<td><a href="https://www.southwest.redcrosseth.org">https://www.southwest.redcrosseth.org</a></td>
</tr>
<tr>
<td>3. ERCC - Emergency Response Coordination Centre</td>
<td><a href="https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/daily-flash-archive/5067">https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/daily-flash-archive/5067</a></td>
</tr>
<tr>
<td>4. DH ECHO Daily Flash of may 16/2024</td>
<td><a href="https://relief.int.report.ethiopia.floods.dg.echo">https://relief.int.report.ethiopia.floods.dg.echo</a></td>
</tr>
<tr>
<td>5. Flood country contingency plan</td>
<td><a href="https://rb.gy/3ni4ii">https://rb.gy/3ni4ii</a></td>
</tr>
</tbody>
</table>

**Previous Operations**

| Has a similar event affected the same area(s) in the last 3 years? | Yes |
| Did it affect the same population group?                        | Yes |
| Did the National Society respond?                               | Yes |
| Did the National Society request funding from DREF for that event(s) | No |

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

- 

**Lessons learned:**

The involvement of the local community through volunteers has facilitated the community's ownership of the activities of the previous emergency response operations. In addition, Providing volunteers with information about their roles and responsibilities was identified as an effective approach to community engagement. On the other hand Promotion of community-level participation by sharing information about activities and their roles in project encourages them to fully support volunteers during the implementation of specific activities, such as water source construction and rehabilitation, behavior change and healthier etiquettes. With limited resources, community participation play very important role in beneficiary identification and selection.
## Current National Society Actions

### Start date of National Society actions

**14-05-2024**

| Coordination | Based on the forecasts, the Ethiopian Red Cross society in collaboration with Government bodies and other partners have been launched some coordination activities with the regional and zonal branch offices, for readiness and response, coordinated by Ethiopia disaster Risk Management Commission (EDRMC) through the country contingency plan. Meeting has been held at national and regional level to inform the preparedness and response mechanism, ERCS being part of the coordination mechanism, has activated the EOC and Branches are directly reporting incidents. The movement coordination is also informed of the situation, and the coordination is activated for updates and resource mobilization led by NS and IFRC CCD. |
| National Society Readiness | The NS has been actively responding to the flood in Eastern part of the country since November 2023, covering Jimma zone in Oromia and Gode zone of Somali regions. The branch will extend the expertise and experience gained in the past operation to respond to these other areas, and replicate to other regions. The NS has also team of trained NDRT and BDRT readily available to be deployed for emergency operation. ERCS has active anticipatory action Protocol, and has implemented preparedness and prepositioning activities, including training to volunteers to monitor situation for activation of Early actions. The NS has activated its Emergence response operation center (EOC) and its Response teams to monitor climatic forecasts. The NS coordination offices and branches are actively involved in the national coordination mechanism for implementation of the flood contingency early actions. The NS branch staff and volunteers are continuing with rapid assessment in collaboration with government authorities, and are planning to join the inter-agency multi-sectoral assessment planned from 24th May. |
| Assessment | The branch has conducted rapid assessment with DRMC in the respective regions and have shared preliminary information to inform immediate humanitarian needs. Under the same coordination, the detailed assessment is scheduled from 24th May with other humanitarian partners to inform the response and recovery plans. |
| Resource Mobilization | The national society is exerting unreserved effort for fund raising activities to be utilized for emergency response in collaboration with IFRC and other partner national societies in the country. The emergency information has been communicated in the movement coordination, PNS in-country have communicated the same to their HQ, yet to get response. The ongoing ECHO project covering Amhara region is not target affected areas, and have no crisis modifier for emergency response, however, it has pledged to support the ongoing Anticipatory action by 50,000 Euro. |

## IFRC Network Actions Related To The Current Event

### Secretariat

IFRC through its Country cluster delegation (CCD) office, provides support to the National Society in coordinating with PNS, delivering services, advocating on behalf of vulnerable people, and strengthening NS capacity. The IFRC facilitates international support to the National Society’s emergency response activities, coordinates the membership and supports the network’s global and regional initiatives. It also provides wider humanitarian diplomacy in international circles on the situation in Ethiopia and the action of the National Society. IFRC also supports accountability as a cross-cutting theme, through the logistic, PMER and Finance technical support. IFRC CCD also provides security support to the NS and PNS in-country.

In recent years IFRC supported the Ethiopian Red Cross through a number of Disaster Response Emergency Fund (DREF) and Emergency Appeal operations in relation to...
population movement, civil unrest, drought, floods, disease outbreaks and food insecurity. Currently IFRC is implementing different emergency preparedness and response programs at different parts of the country through different interventions including the Hunger crisis appeal, Sudan population Movement appeal, the flood Anticipatory action (funded by DREF) and has long term initiatives for resilience building for protracted crisis. IFRC has shown full commitment to address humanitarian needs of Oromia region flood disaster.

| Participating National Societies | Currently there are 8 PNS present in country with offices at ERCS HQ supporting different programs bilaterally. These include Finnish RC German RC, Norwegian, Canadian, Netherland, Swiss, Austria RC, and Danish Red Cross having active programs supporting the ERCS with National society strengthening, Health, DRM, Livelihood, Resilience, Emergency and Hunger crisis response. Regarding to the this specific operation there is yet contribution and commitment from PNS, and no partner is directly working in the affected areas, and currently ongoing projects including ECHO have no Crisis modifier for emergency response. |

### ICRC Actions Related To The Current Event

The ICRC has presence in Ethiopia for a long period providing humanitarian assistance and protection to people affected by conflict and internal strife. It currently has sub-delegations in Mekelle, Shire, Jigjiga, Nekemte and Gondar. It supports the Ethiopian Red Cross preparedness and response to the needs of people affected by conflict and violence. Currently there it has no support for the Oromia region flood emergency response emergency response from ICRC.

### Other Actors Actions Related To The Current Event

#### Government has requested international assistance

| Yes |

#### National authorities

The Ethiopia Disaster Risk Management Commission issued two flood alerts in January 2024 based on the rainfall forecast for the belg (spring) rainy season, calling for preparedness in flood-risk areas. The national and regional Flood Task Forces were activated accordingly. A national Flood Contingency Plan was also prepared and released in February 2024. Food was pre-positioned at regional warehouses. Clusters have fed into the national Flood Contingency Plan and have reviewed their relief supply stocks, according to cluster targets. Most clusters reported a significant resource gap and could not meet the needs of the National flood contingency plan. The scale of the response is overall very low due to limited resources and preparedness across all the clusters. Nevertheless, the national authorities have been closely monitoring the situation, more rains are being forecasted.

Regional Emergency Coordination Centers (RECC) are activated by the Government in Somali, Oromia, Afar, and southern regions to coordinate the flood response efforts. The RECCs meet on weekly basis. Flood early warning messages re being disseminated to at-risk communities. The reports from ERCS Oromia zonal branches in the affected areas stated that either the Regional Disaster Management Bureau or National Disaster Management Commission dispatched nothing for lifesaving emergency response yet. The current support is from communities. The communities specially those displaced from their home are the most affected and needs immediate lifesaving emergency support. National Authorities have requested immediate support from Humanitarian organization, with the support from OCHA, detailed assessment is planned from 24 May to 1 June in Oromia region to further inform resource mobilization and response.

#### UN or other actors

Humanitarian partners, led by the Ethiopian Disaster Risk Management Commission (DRMC), have put in place flood preparedness and readiness plans for the belg rainy season (March – May), including identification of high flood-risk areas in Afar, Amhara, Oromia, Somali, and Southern regions. A shortfall in funding and resources are...
preventing the prepositioning of supplies. Generally, response so far has focused on reactivating Regional Flood Task Forces, assessments, transportation of relief food and non food items (dispatches to some risk areas), and mapping of resources so far. There has been no engagements by UN or other actors in Guji and West Guji flood emergency response, through the RECC, the assessment is planned from 24th May to 1 June with the support from OCHA.

### Needs (Gaps) Identified

#### Shelter Housing And Settlements

More than 100,000 people are displaced as a result of the destruction or damages of their houses/homes. 3,024 damaged since the floods strikes, and further displacement expected based on the forecasted floods. The displaced communities are essentially in temporary sites, makeshifts.

Important losses are being reported from different branches among the displaced families and there is a need to increase their protection and limit their exposure to the current weather and context in general. The Flooded and damaged houses include different level of damages from completely destroyed to a need of repairs and loss of Shelter NFI. Without resources to adapt the assistance to the detailed specific solution for each family or groups, there is a need to increase the community’s capacity to cope with the situation and lead their recovery process through adapted solutions including awareness on the sustainable shelter.

#### Livelihoods And Basic Needs

The displacement, damage of shelters, Agriculture lands and crops (13,779 hectares), livestock (1,083 animals) and loss of other livelihood assets in Guji and West Guji have deteriorated living condition of the affected communities. The situation has affected the agricultural production and the livestock feeding system making lives of communities who mainly depends on agriculture in dare situation for the next 9 months up to the next harvest period. Markets are disrupted with several villages being disconnected. The affected population are in need of immediate food assistance. Reports from the government and ERCS regional branch show that the flood has caused large-scale damage to crop lands, and livestock and displacement of people.

The forecasted El Nino phenomenon came after the worst drought in 40 years following five failed rainy seasons which have decimated livestock and crops, pushing regions to the brink of famine. There is a potential disruption foreseen on the market prices and availability of the essential procurement and needs with the ongoing floods situation. The humanitarian situation in Ethiopia remains critical due to a combination of climate shocks and conflict. Political tensions across various regions and a failing economy further add to the challenges affecting the livelihoods of the affected communities.

Continuous Market assessment, food supplies, farm inputs and animal replenishment are required for livelihood restarting. However awareness for livelihood activities may be useful for the communities.

#### Health

The floods are also happening amidst ongoing disease outbreaks such as cholera and malaria. Of 93 woredas reporting active cholera outbreaks across the country, the majority are in Oromia (30) Somali (24), and Afar (12) regions. Similarly, a high number of malaria cases with active outbreaks are reported from 1,397 woredas nationwide, the majority from Oromia (35 per cent). All regions are reporting malaria cases far above the emergency threshold, due to increase of breeding sites. the umbers are likely to increase due to displacement
and destruction of water sources. The social life and economic factors may also contribute to the contribute to the resurgence of communicable diseases, including cholera and malaria. On the cholera outbreak going on, there is an ongoing response to the Cholera outbreak organized by the Government and others partners. ERCS under this DREF have assess that the main priority is to enhance the awareness around the diseases. Ensuring the prevention is strengthen and the volunteers contribute to the behavior change and epidemic prevention in general.

Moreover, the change in life style may contribute to low community perception of communicable diseases, increasing the risk of cross-infection. the reported epidemic case load also indicate low knowledge levels regarding disease prevention among community members, which also will need immediate attention during this operation. the detailed assessment will inform more on the health needs including medical supplies, personnel and community interventions.

**Water, Sanitation And Hygiene**

Frequent WASH-related challenges are experienced by communities during flood hazards across Ethiopia. The effects of floods on WASH services include destruction of water points, shortage of clean water supplies, contamination of water sources, destruction of sanitation facilities, and amplified occurrences of water-borne diseases. Most of the impact on the water sector is largely damage to existing water sources around the riverine areas such as boreholes, shallow wells, springs, and water pans, leaving communities in mud and stagnant water.

Moreover, flood affected areas can be impacted by the ongoing cholera outbreak, requiring scale-up in management of water and sanitation. The recent re-emergence of cholera cases in the some parts of Ethiopia regions, including in Oromia and South West, shows the continued risk as access to safe drinking water and appropriate sanitation remains be major need especially in the displacement center. The poor environmental care may results to the increased mosquito breeding sites, and hence amplified malaria cases.

Major needs reported to be water source repair, water storage kits for displaced people, water purification chemicals to affected communities, emergence latrine in the displacement center, safe and clean drinking water supply, Hygiene supplies , menstrua kits for women and girls of reproductive age, hygiene education for community sensitization.

**Protection, Gender And Inclusion**

The flood that happened has caused a devastating impact on all people causing families to be displaced to evacuation centers outside of their normal homes and community settings, but it can be specifically harmful to women, girls, and other marginalized groups. Reports from the region indicate there are a lot of children, children and elders in displaced centers. This humanitarian context, while compounding pre-existing gender inequities, continues to place women and children at risk of various forms of gender-based violence (GBV.) Women, children minors, and people with special needs vulnerability increase in the context of humanitarian crisis.

The need for inclusive, dignied, and gender-balanced assistance is key to mitigating the risk of any protection and safety concerns. In the case of post-impact displacement and/or relocation, it is critical to ensure the conditions address the minimum PGI standards. In case of GBV cases, counselling and referral services are critically needed.

**Community Engagement And Accountability**

Branch reports identified the community are already responding to the disaster. It will be necessary to discuss with the communities about their needs and how they can best receive assistance and the target population. The ideal would be to ensure communities fully participate in the program, having community committee in place to support in project cycle and having regular information sharing with community through identified modality. The community can share their complaints and feedback on the support they receive, and essential that they know how to report issues.

However, in disaster time CEA inclusion becomes very weak as the responses get fast and sometimes needs time to take community at the center of the project. There are hundreds of volunteers and dozens of staff working in the community and do daily contact with the community in extended geographical locations. Minorities, marginalized groups, and people with specific needs experience unfair exclusion in humanitarian assistance when they are supposed to be the top target groups by the ground humanitarian actors and should not be left behind. All the key criteria will be discussed and agreed by the community to ensure fair inclusion.

**Any identified gaps/limitations in the assessment**

Limitations in government and partner financial capacities have impacted response and implementation of the country flood contingency plan due to increasing humanitarian needs in the country.

On access, some infrastructure such as roads at specific areas damaged are part of constraints challenging the assessment to give
emergency response to some areas. In addition, lack of logistics to address all affected areas also can be considered as limitations in the assessment.

The level of impact is complex, touching on the subsistence, agricultural production, cropping lands and disrupting the local market. This calls for an approach with flexible solution that will fit the context and address the priority for every families. Multipurpose cash transfer will be conducted to meet the basic food, shelter and hygiene needs.

The limited knowledge on search and rescue does not give confidence to action teams to act immediately, there is a need to build the skills of NDRT/BDRT and action teams on the search and rescue skills, and equip risky branches with equipment's.

Assessment Report

Operational Strategy

Overall objective of the operation

The operation aims to give life-saving emergency response for people in need in the flood affected zones of Oromia region, (West Guji and Guji zone) for 4 months.

The intervention will aim at life-saving to mitigate risk to lives, the exposure to further losses, and health risks for communities that are already vulnerable with clear clarification on the targets and indicators to be monitored.

Specific objectives are:
- Improve the livelihood through MPCT targeting about 10% of the displaced people (1750 HHs, 10500 pp) with direct support, MPCT to cover basic livelihood and hygiene needs.
- Preventing and controlling the spread of disease outbreak to the affected communities through health and hygiene promotions to about 50% of the affected at risk population (62,775 people). The hygiene and health practices and behaviors will also be improved through access to safe drinking water and minimum hygiene material to 1750 HH among the most exposed and vulnerable families. Reaching at least 10,500 people with the distributions of kits, mosquito nets and water treatment materials.
- Ensure the affected are aware of protection, gender and inclusion, and communities fully participate and have access to share their complaints and feedback.
- Strengthen the national society response capacity.

Operation strategy rationale

To address the immediate needs of the target population, ERCS through this DREF will provide an integrated dignified response in coordination with the government authorities as listed below:

- Livelihoods and basic needs:
  The affected population is in need of immediate food assistance. Reports from the ERCS Branch and government rapid assessment with government identified food as priority need. The flood has caused large-scale damage to crops and farmlands (more than 30,000 acres of farmland affected), and at least 30,000 livestock lost and 102,000 people displaced. The humanitarian situation in Ethiopia remains critical due to a combination of climate change and conflict. Political tensions across various regions and a flailing economy further add to the challenges affecting the livelihoods of the affected communities. ERCS will prioritize 10% of displaced HH with one off MPCT to meet basic livelihood needs, amount calculated from Minimum food consumption to a family of 6 pp, for 1 month, covering basic food and hygiene.

- Multipurpose Cash transfer to 1750HH (10,500 People) 10% of the displaced people. From consultations conducted by the CWG members and learnings from past interventions, vulnerable households have identified MPCT assistance as a preferred form of assistance; with reports of households selling in-kind items further underlining people's preference to independently prioritize their own needs. In the context of the floods, knowing the various impact reported and consequences to various aspect of community's life. The NS will transfer one time ETB 7,000 (CHF 116). This amount covers the recommended minimum cost for basic food items and hygiene supplies for a family of 6 people for a period of 1 month in a context of floods/complex emergency leading to displacement as per CTWG Oromia region. Hence, the MPC will likely enhance the access for food, and contribution to the hygiene, physical protection of the affected communities. The distribution will be associated to sensitization on the use of cash. The approach will also contribute to a local market and socio-economic recovery.

- Shelter, housing and settlement:
  - Operation will Scaling-up the provision of emergency shelter and essential household items to the most vulnerable, displaced and camp-based populations targeting 1750 HH, (10500 pp) 10% of displaced people.
  - Awareness on emergency shelter will be conducted by volunteers during beneficiary registration, shelter distribution and during HH visit on hygiene promotion.

- Health and Care:
- Sensitize and equip ERCS volunteers and staff on key health promotion messages on cholera, waterborne and vector borne diseases. Given that this operation is mainly for the flood’s response, the priority on health with the ongoing outbreak is to enhance the cholera and prevalent outbreaks prevention through messages to the communities and sensitization integrated to the community engagement activities and the volunteers visits/awareness to the households. Epidemic prevention will be integrated to the awareness campaign planned. Volunteers will cover both the hygiene promotion and the health prevention during their sensitization activities.
- Volunteer will continue to monitor disease outbreak, where situation persists, the operation will be updated.

- Water and sanitation and hygiene:
  - Scale-up hygiene promotion campaigns to strengthen WASH knowledge and promote best practices covering 50% (62,775 people) of the affected displaced population to minimize risk of disease outbreak. This is one of the main pillar of the intervention as it will tackle also the ongoing cholera and support the response ongoing, since the region is under surveillance, with more than 35% of cholera and malaria country caseload.
  - Promote personal hygiene through procurement of hygiene supplies, the value being included in the MPCT.
  - Scale-up provisions to distribute water storage kits, and water treatment chemicals to affected households to minimize the risk of waterborne diseases. During the distribution of water treatment chemicals, communities will be sensitized through demonstration on their proper use of water treatment chemicals.

- PGI
  - ERCS will continue to ensure targeting based on PGI minimum standards in emergencies across all sectors. Services will be provided in a safe and equitable manner, taking into account needs based on gender and other diversity factors, as well as data disaggregated by sex, age, and disability. Special attention will be given to vulnerable people living in temporary camps and makeshifts.
  - Conduct briefing of staff and volunteers on safeguarding and ensuring signing of code of conduct.
  - Provision of dignity kits to 800 women and girls living in the temporary camps.
  - Conduct child protection risk analysis and implement child participation, safety, and dignity procedures in the response.
  - Develop community-based information and education initiatives and materials on violence, including discrimination, segregation, sexual and gender-based violence (SGBV) and child protection, and build the capacity of individuals to address these issues.
  - Establish feedback mechanisms (in coordination with CEA teams), including sensitive referral pathways for SGBV and protection cases in coordination with other partners.

Community Engagement and accountability:
ERCS is committed to ensuring that CEA is mainstreamed throughout the response to facilitate the active and meaningful participation of affected communities and to close the feedback loop. This will be done by committing to the highest principles of transparency and accountability and make sure that all stakeholders, particularly affected communities, are actively engaged and involved throughout the process.
- Establishment and use of feedback desks during the outreach, staffed by CEA focal persons. Maintain a national hotline to receive feedback. Conduct monthly.

NS strengthening:
- Maintaining constant contact with ERCS branches and volunteers.
- Capacity strengthening to ERCS staff and volunteers in terms of data collection, reporting, security and search and rescue, which has been identified as a gap.
- A detailed assessment is also being finalized that will inform the selection criteria and identification of the target.
- Conduct joint supportive supervision and holding periodic meetings to provide updates and information on progress.
- Strengthen coordination with movement partners for resource mobilization.

**Targeting Strategy**

**Targeting Strategy Supporting Document**

**Who will be targeted through this operation?**

- The geographical targeting will be done in coordination with local governments authorities to identify the affected areas of West Guji and Guji zones. In the targeting approach, the displaced families will be prioritized for all planned assistance. Targeting strategy will consider affected displaced people residing in the identified temporary camps or make shifts. Beneficiary will be further selected based on:
  - Economical criteria: looking into poor families, affected source of income, number of income and stability of the identified source of income.
  - Social vulnerabilities: including the size of families, the number of children under five in each family and number of elderly, the women and child-headed HHs, the households with people with chronic illness, elders, pregnant and lactating women.
- The reconciliation with other potential support will also be considered to avoid duplication and prioritize the people who didn’t receive any assistance. Thus, NS will prioritize households in urgent humanitarian needs with no support.

Considering the above criteria, cash may be provided to same displaced families also assisted with the shelter depending on the other criteria that will be matched. However, the economic criteria such as income/ if the source of income was directly affected and poor families will be filtering criteria on selecting the people that will receive the cash assistance.

ERCS will work closely with community committees to identify beneficiaries using the existing CEA mechanisms. The targeting will be coordinated with branches and address the humanitarian support gaps identified in these areas. PGI and CEA will be mainstreamed to ensure community fully participate in program and are aware of protection and gender related matters, and all data reported will be disaggregated by age and sex. Beneficiary registration will be conducted through Online data “Kobo” system developed from other operations. *00 women and girls of reproductive age living in temporary camps and makeshifts.

At least 62,775 people, 50% in areas affected by floods will be directly targeted for health and hygiene promotion. The most vulnerable 1,750 HHs (10,500pp) 10% displaced people, will be supported with:

1. Multipurpose cash to meet the basic livelihood and hygiene needs.
2. Water storage kits, (10lt bucket and 20lt jerrycan) and water treatment chemicals for safe water access for period of 3 months.
3. Mosquito nets, distributed as per the standards.

**Explain the selection criteria for the targeted population**

Identification/selection will be based on the level of vulnerability as agreed with the communities, targeting displaced households with special consideration to Level of destruction and damage to homes of:
- Female-headed households, poor with no external support.
- Households with pregnant and lactating women, children under 5 years old, with no external support.
- Households headed by disabled, elderly with no external support.

ERCS will work closely with community committees to identify selection criteria and beneficiaries using the existing CEA mechanisms. Community will select their committees to work with ERCS and will describe best feedback and complaints channels to be used during the responses. All communities will be informed of their functionality.

### Total Targeted Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
<th>People with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>16,949</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls (under 18)</td>
<td>13,811</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>17,577</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys (under 18)</td>
<td>14,438</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total targeted population</td>
<td>62,775</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera and other disease outbreaks existing in the region will likely expand to the areas being affected by floods</td>
<td>ERCS has put measures to ensure continued sensitization to the communities on the waterborne disease. Subsequently, there is an ongoing response in areas affected by Cholera by government health institution.</td>
</tr>
<tr>
<td>there is Ongoing conflict in the region, armed forces may move to the areas or eruption of clashes along the way might be bottleneck for the emergency response operations</td>
<td>ERCS has its own staff/team works on security and the organization receives updated information periodically. Security scanning from concerned ERCS/IFRC/ICRC security.</td>
</tr>
</tbody>
</table>
Branch staff also have good relation to government bodies, and are alerted.

Logistic and Procurement delays

ERCS will activate the emergence procurement processes to ensure they meet timeline, with lesson learned from previous DREF operation.

Damaged infrastructure such as roads may be bottleneck for accessing area of intervention.

Discussing with government bodies to overcome the problem of accessibility and using alternative means of transportation.

Please indicate any security and safety concerns for this operation

The Oromia region faces ongoing security concerns; however, the West Guji and Guji zones currently experience stability. In these areas, the Ethiopian Red Cross Society (ERCS) has implemented various interventions with national and international partners. ERCS will involve local staff and volunteers as needed and maintain security surveillance, leveraging public goodwill and its acceptance approach to ensure the successful execution of proposed activities. The ERCS Security Unit continuously monitors the local security situation and advises response teams on mitigation measures should security conditions worsen.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 121,183
Targeted Persons: 10,500

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of HHs that receive emergence shelter and essential HH items</td>
<td>1,750</td>
</tr>
<tr>
<td># of volunteers trained on emergence shelter</td>
<td>30</td>
</tr>
<tr>
<td># of people oriented on emergence shelter</td>
<td>2,000</td>
</tr>
</tbody>
</table>

Priority Actions

- Procurement of emergence shelter and essential HH items to 17,50 HHs.
- Volunteer training on emergence shelter.
- Community sensitization on emergence shelter.
- Monitoring the need for search and rescue and deploy the necessary support for any upcoming floods as relevant.

Multi Purpose Cash

Budget: CHF 226,822
Targeted Persons: 10,500
Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with MPC</td>
<td>10,500</td>
</tr>
<tr>
<td># of volunteers trained and deployed to support beneficiary identification, registration, and distribution</td>
<td>50</td>
</tr>
<tr>
<td># of PDM conducted</td>
<td>1</td>
</tr>
<tr>
<td>% of households received cash that confirmed it support them access other basic needs</td>
<td>52</td>
</tr>
<tr>
<td>% of households received cash that confirmed it support them access food</td>
<td>80</td>
</tr>
</tbody>
</table>

Priority Actions

• Rapid market assessment and cash feasibility. It will ensure availability of items both shelter, food and basic needs are accessible.
• MCTP training for volunteers and staffs.
• Beneficiary identification, registration, and distribution.
• Deployment of volunteers to support beneficiary identification, registration, and distribution.
• Distribution of MPCT to meet the basic livelihood needs
• Post distribution monitoring to assess the use of cash linked to livelihood needs.
• Monitoring on the use of cash and Post distribution monitoring using minimum standards and inclusion of communities.
• Cash transferring for identified beneficiaries.

Health

Budget: CHF 19,772
Targeted Persons: 62,775

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people who receive health messages</td>
<td>62,775</td>
</tr>
<tr>
<td># of volunteers briefed and engaged on epidemic prevention</td>
<td>50</td>
</tr>
</tbody>
</table>

Priority Actions

• Mosquito Net purchase- 1pcs per HH for 1,750 HHs.
• Volunteers deployment for households visits and sensitization will integrate the health promotions with an accent on cholera, malaria and other water borne/vector borne prevalent diseases.
• A rapid refresher on EPiC will be provided to the deployed volunteers who already possess fundamental skills in epidemic prevention, thanks to the capacity building conducted during previous cholera response interventions.

Water, Sanitation And Hygiene

Budget: CHF 35,828
Targeted Persons: 62,775
### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of volunteers trained on hygiene promotion</td>
<td>30</td>
</tr>
<tr>
<td># of people reached with hygiene promotion key messages</td>
<td>62,775</td>
</tr>
<tr>
<td># of HHs that receive Water storage kits and treatment chemicals</td>
<td>1,750</td>
</tr>
<tr>
<td># of women and girls that receive menstrual hygiene kits</td>
<td>800</td>
</tr>
<tr>
<td># of T-shirts distributed</td>
<td>70</td>
</tr>
</tbody>
</table>

### Priority Actions

- Procurement and distribution of jerricans with the specification of 20 liters and 10-liter bucket to 1,750 HHs.
- Provision Water purification chemicals /10 Strips /HHs for 1,750 HHs.
- Providing training for volunteers on hygiene promotion and deployed for community awareness on health and Hygiene key messages.
- Provide hygiene kits to 800 girls and women of reproductive age.
- Printing and distribution T-shirts for volunteers with health and key hygiene messages.

### Protection, Gender And Inclusion

**Budget:** CHF 1,327  
**Targeted Persons:** 2,000

### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of staff and volunteers received orientation on PGI and CEA</td>
<td>40</td>
</tr>
<tr>
<td># of volunteers deployed for PGI</td>
<td>30</td>
</tr>
<tr>
<td># of community members reached with PGI awareness</td>
<td>2,000</td>
</tr>
<tr>
<td># of people referred to protection and gender services</td>
<td>50</td>
</tr>
</tbody>
</table>

### Priority Actions

- Cascade the PGI training to staff and volunteers at woreda level.
- Volunteers deployment to work on PGI activities.

### Community Engagement And Accountability

**Budget:** CHF 10,262  
**Targeted Persons:** 2,000

### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of feedback mechanisms identified</td>
<td>2</td>
</tr>
</tbody>
</table>
# Volunteers deployed to support CEA
30

# feedback collected
2,000

% feedback collected that are addressed
50

## Priority Actions
- Develop and distribute CEA materials for information sharing.
- Conduct a One-day training session on CEA.
- Deployment of 10 Volunteers for CEA and PGI for 30 days.
- Setting up a community feedback mechanism.
- Use community feedback to improve interventions.
- Conduct identification of beneficiaries with community

### Secretariat Services

**Budget:** CHF 18,931

**Targeted Persons:** 30

### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># monitoring support conducted.</td>
<td>2</td>
</tr>
<tr>
<td># of trainees for search and rescue training.</td>
<td>30</td>
</tr>
</tbody>
</table>

### Priority Actions
- Conduct monitoring visits.
- Provide IFRC logistics and fleet support for the operation.
- Conduct Search and rescue training for NS team.
- Facilitate the organization of the search and rescue skills and equip risky branches with equipment.

### National Society Strengthening

**Budget:** CHF 65,713

**Targeted Persons:** 80

### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of monitoring visit conducted</td>
<td>2</td>
</tr>
<tr>
<td># of project staff supported by this intervention</td>
<td>1</td>
</tr>
<tr>
<td># of volunteer insured</td>
<td>50</td>
</tr>
<tr>
<td># of participants for sensitization workshop</td>
<td>30</td>
</tr>
<tr>
<td># of staff participated in security training</td>
<td>25</td>
</tr>
<tr>
<td># of volunteers equipped with IEC material printed</td>
<td>50</td>
</tr>
</tbody>
</table>
Priority Actions

- Conduct monitoring of the response by HQ and Branch teams.
- Organize Lesson learned workshop at the end of the implementation.
- Deployment of National Society project coordinator.
- Cover insurance for volunteers.
- NS response capacity will be strengthened through trainings targeting staff and volunteer. (NDRT/BDRT/ action team) on search and rescue, briefing on minimum standards for quality intervention, briefing refresher on health epidemic prevention and hygiene promotion ETC.
- Conduct sensitization workshop.
- Conduct security training for NS and regional staff.
- Equipping of volunteers with visibility jackets.
- Priority messages printed on IEC material, include child safeguarding, health and WASH promotion.
- The NS due to limited capacity on search and rescue has not been able to deploy that assistance following the floods events of May. Given that more floods are forecasted, there is a need to speed-up the capacity strengthening of the volunteers and branches on the emergency search, rescue and evacuation. A training is planned to build skills of NDRT/BDRT and action teams on the search and rescue skills, and equip risky branches with equipment's to allow them to do the needful for the coming events.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

50 volunteers 4 BDRTs and 12 staff will be involved in the DREF operations in addition to staff from branch and Headquarters. The National society project coordinator will be coordinating the intervention.

If there is procurement, will it be done by National Society or IFRC?

Local procurement will be carried out by ERCS logistic team which have vast expertise in the procurement, logistic and warehouse management. The storage capacity at HQ and branch level is adequate to preposition the items for emergency response however ERCS will collaborate with other partners for support for storage at zonal level through its well-established base while all procurement will adhere to the sphere standards, for items which are not available in country, ERCS will consult with IFRC for international procurement. Emergence procurement modality will be adopted for this operation. ERCS has the identified financial service provider, for cash disbursement, with a valid contract.

How will this operation be monitored?

ERCS regional office and local district level coordination office and also head quarter staff will monitor the operations. In addition IFRC cluster delegation office will be involved in the monitoring as well as evaluation of the intervention. Continuous communication and coordination between HQ, branch, and IFRC, along with intervention of the emergency response of necessary updates will be managed accordingly. ERCS through its EOC will coordinate all beneficiary data collection, registration, and protection.

Please briefly explain the National Societies communication strategy for this operation

The Ethiopian Red Cross will regularly share information and updates on the operation through various communication channels, with the Secretary General serving as the primary spokesperson for external communications within Ethiopia. The IFRC will support the Ethiopian Red Cross communications team in engaging with external audiences, emphasizing the ongoing humanitarian crisis. The communications director will work to enhance visibility and garner support for the humanitarian needs and the Ethiopian Red Cross response. There will be close collaboration between the IFRC cluster, regional and global communications units, and the National Society to ensure a coherent and coordinated communications approach. The National Society’s communication team will document the operation process and its outcomes to display on the National Society’s website.
Contact Information

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

National Society contact:  Dires Desyibelew, DRM Director, dires.desyibelew@redcrosseth.org, +251939655881

IFRC Appeal Manager:
Paula Elizabeth FITZGERALD, Head of Delegation, Country Cluster Delegation, interim.paulafitzgerald@ifrc.org, +251953909223

IFRC Project Manager:  Sahal Hassan ABDI, Coordinator, Programs and operations, IFRC Delegation,, sahal.abdi@ifrc.org, +251911207163

IFRC focal point for the emergency:
Sahal Hassan Abdi, Coordinator, Programs and Operations IFRC Delegation, sahal.abdi@ifrc.org, +251911207163

Media Contact:  Susan Nzisa Mbalu, Communication Manager, susan.mbalu@ifrc.org

Click here for the reference