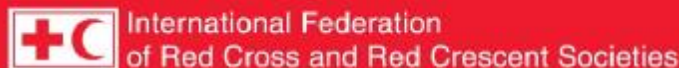


# Final report



International Federation  
of Red Cross and Red Crescent Societies

## Ethiopia: Floods

Final report

Emergency appeal n° MDRET004

GLIDE n° FL-000145-ETH

29 April 2009

### Period covered by this Final Report:

15 September 2007 to 31 March 2009;

**Appeal target (current):** CHF 941,088 (USD 821,190 or EUR 623,659);

**Final Appeal coverage:** 86%

[<click here to go directly to the final financial report or here to view the contact details>](#)

### Appeal history:

- This Emergency Appeal was initially launched on 14 September 2007 for CHF 941,088 (USD 782,284 or EUR 572,438) for 6 months to assist 42,200 beneficiaries.
- Operations Update No.1 focusing on relief distribution, health and hygiene interventions was issued on 28 September 2007.
- Disaster Relief Emergency Fund (DREF): CHF 99,654 was initially allocated from the Federation's DREF to support the national society in its response.
- Operations Update No 2, issued on 1 April 2008 extended the timeframe by 6 months, until 30 September 2008. The appeal extension was to enable the Ethiopian Red Cross Society (ERCS) to conclude its health activities and respond to the new health needs in areas at high risk of acute watery diarrhoea (AWD); Amhara, Southern Nations and Nationalities People's region (SNNR) and Afar regions.



Training local women in prevention of outbreaks of Acute Watery Diarrhoea was central to the programme. Photo: ERCS

**Summary:** From June 2007 onwards, extensive flooding accompanied the main rainy season, causing direct loss of life, displacement and damage to livelihoods, but additionally sparking an increase in the number of cases of Acute Watery Diarrhoea. The Ethiopian Red Cross Society made a multi-sector response to the floods and the consequent outbreaks of AWD. This included both food and nonfood item distributions to affected populations (benefiting 39,100 people), relief supply prepositioning (items including jerry cans and tarpaulins), providing equipment and supplies such as Ringer's Lactate and AWD kits to hospitals in AWD affected areas of Oromia region, and conducting hygiene promotion and/or epidemic prevention trainings in AWD affected regions – Oromia, Amhara, and SNNP. In addition, stocks of AWD kits were purchased to enable the ERCS to respond quickly to future emergencies of this type. There were at least 6,000 beneficiaries from the distribution of medical supplies, and with each AWD kit providing for 1,000 cases approximately 4,000 people will benefit

from the stockpiled AWD kits in the future. Around 15,600 volunteers received training as trainers in hygiene promotion and/or epidemic prevention, but there are not accurate records for how many people were reached by these community volunteers. Making a very conservative estimate that each volunteer would have reached only 5 people (one household), this would give a total of 78,000 beneficiaries from hygiene promotion activities with an assumption that 50 per cent of the beneficiaries for relief and medical items would also have been reached by the epidemic prevention campaign, this gives a conservative total of almost **102,600** beneficiaries of the operation. (39,100/2 + 6,000/2 + 4,000/2 +78,000). This is almost 150 per cent more beneficiaries than planned in the emergency appeal.

However, as some funds were directed towards supporting less capital intensive activities, a balance of funds exists that is currently being used by the ERCS in order to support a clinic in Oromia through procurement of medical items, alongside other activities. The less capital intensive activities included an epidemic prevention campaign rather than WatSan hardware activities, the move away from purchasing AWD kits internationally and instead sourcing the items on the local market (this being due to Government of Ethiopia restrictions on the importation of particular medical items included in the standard kits – adjusting to this being a source of delays in the programme implementation), and reducing the amount of relief items purchased for restocking and pre-positioning (using alternative funding to achieve this). Although the main activities of the appeal ceased some time ago, it will take some time to complete the expenditures. *The financial report is only provisional, a final financial report will be issued when all expenses are finalised.*

## The situation

According to reports submitted for the second forum of the health cluster in Ethiopia<sup>1</sup>, food shortages commonly affect approximately 8 to 10 million people yearly in Ethiopia. In 2006, floods have displaced around 130,000 people, killed 697 people and affected more than 850,000 people in 8 regions. In addition, many disease outbreaks have been reported during the past decades. Since April 2006 an Acute Watery Diarrhoea epidemic affected eight out of nine regions and Addis Ababa Municipality.

In June 2007 the Early Warning Flood Taskforce issued a Flood Risk Alert indicating a serious risk of flooding in the catchments areas of Awash, Abay-Tana, Omo-Gibe, Baro-Akobo and Wabisheble rivers during the main rainy season. Over the following months, Ethiopia experienced torrential rains which caused rivers and lakes to overflow, resulting in extensive flooding. Lives were lost, livestock died and destruction to crops and food stocks was recorded.

As the flooding resulted in pollution of water sources and destruction of sanitation facilities, a severe outbreak of AWD was recorded, first in Oromia Region, prompting the regional government to request assistance from humanitarian organizations present in the country. As other regions also experienced flooding, an increase in AWD cases was later reported in the regions of Amhara, Somali, Afar, SNNP and Gambella. Tens of thousands of people were affected by the AWD outbreak and the outbreak claimed the lives of hundreds.

In Oromia region, Arsi was one of the zones worst affected by the AWD outbreak. Out of 26 districts in the zone, 18 were affected. A total of 179 rural kebeles were affected by the outbreak in Arsi. From 24 May to 26 October 2007 a total of 2,071 cases and 38 deaths were registered in the zone. The outbreak spread rapidly as people from unaffected districts came to attend funerals. The disease easily spread to areas that were distant and relatively inaccessible. This led to the situation being far beyond the capacity of the zone task force to coordinate and monitor the response. The response team decentralized its effort to control the outbreak and opened new case treatment centres (CTCs) at Robe, Arbagugu and Chilalo towns other than Assela, the administrative centre of Arsi.

Afar was another region hit by the 2007 flood. The disaster began on 21 August 2007. About 30,000 people were displaced in four kebeles of Boromodaitu district. A flood assessment team visited the region from September 5 to 9 September 2007. The regional Health Bureau opened satellite clinics in the flood affected areas as two clinics were washed away by the flood on the first day. United Nations Children's Fund (UNICEF), MSF-France, OXFAM, AMREF, Mekane Yesus and APDA worked together with ERCS in Afar region in CTC management and drug provision. Similar situations to the above were found in the various affected regions of the country. As the flooding receded, the operation changed its main focus from meeting the immediate needs of the affected populations to AWD prevention. In January 2008, UN-OCHA reported that the number of AWD cases in the

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<sup>1</sup> Members of the forum include the Ethiopian Red Cross Society, UN agencies and International Humanitarian agencies

country had significantly decreased and that the epidemic was under control<sup>2</sup>. This eventually led the operation to an approach strengthened the components of preparedness for and prevention of future AWD outbreaks.

## Red Cross and Red Crescent action

### Overview

After needs assessments carried out in May, June and July 2007 an emergency response task force led by the ERCS Secretary General was established. Ethiopian Red Cross Society actively participated in the bimonthly health partner forum including the Federal Ministry of Health, World Health Organization (WHO), UN-OCHA, UNICEF and CARE.

The Federation's Emergency appeal for Ethiopia was launched on 14 September 2007 for CHF 941,088 (USD 782,284 or EUR 572,438) to assist 42,200 beneficiaries for 6 months.

As described in the above summary the operation covered a number of sectors; food assistance, non-food assistance, health and water and sanitation. After September 2007, the main focus of the operation was on preventing, controlling and mitigating the spread of AWD, through supporting case treatment centres with AWD kits and medical supplies as well as providing training on epidemic prevention to Red Cross volunteers and community members. Distribution of relief, health and hygiene promotion items took place and efforts were made to replenish emergency stocks and pre-position them in strategic locations in preparation for future emergencies.

The first of these activities, food and non-food item distribution, was swiftly implemented to directly respond to the immediate needs of the affected population, and took place in six of Ethiopia's regions and one municipality. The distributions ran through the second half of 2007. There was reduced restocking and pre-positioning of relief items than originally planned with support from this programme, due to the availability of funding from the Annual Appeal and/or country Plan.

Health and WatSan interventions were made on the basis of needs assessments, but as a consequence of the changing situation after the initial flooding it became necessary to make several changes to the activities envisioned in the original appeal.

The most important of these changes was to put a considerably greater emphasis on hygiene promotion and epidemic prevention activities as opposed to water and sanitation hardware. Hygiene promotion had originally been planned as part of the operation under Objective 3 "To contribute to the health status and hygiene awareness among the flood-affected population in Oromia region" and this was later revised to include other regions affected by outbreaks of AWD – Afar, SNNP and Amhara. However, as the floods receded and needs assessments could be carried out, it became clear that the needs for the sanitation infrastructure originally planned under Objective 4 "To reduce the incidence of water borne diseases by providing safe water and adequate sanitation facilities" were not as pressing as the needs for greater community empowerment around water and sanitation management. As a result of this, the WatSan hardware components were removed and the activities instead changed so as to reduce the incidence of water borne diseases through increasing the scope of epidemic prevention training, which grew to eventually encompass many thousands of trained volunteers.

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<sup>2</sup> OCHA, Humanitarian Bulletin: weekly humanitarian highlights in Ethiopia, 28 January, 2008.

## Progress towards objectives

### Relief distributions (food and basic non-food items)

**Objective 1: To replenish ERCS' non-food items stocks for 5,000 households in order to allow for timely and adequate response to future potential disasters**

Expected results	Activities planned
<ul style="list-style-type: none"> <li>The capacity of the ERCS to respond timely to disasters is enhanced and maintained</li> <li>ERCS disaster preparedness stocks are replenished and pre-positioned in selected strategic regions.</li> </ul>	<ul style="list-style-type: none"> <li>Select strategic locations for pre-positioning of relief items</li> <li>Procure 5,000 jerry cans, 10,000 mosquito nets, 10,000 blankets, 5,000 tarpaulins, 5,000 cooking pots and 5,000 teapots</li> <li>Transport relief items to selected locations</li> </ul>

### Achievements

In order to respond to the immediate and pressing needs of the affected populations the ERCS organized distributions of essential relief items across the country, taking in six regions and one municipality (Addis Ababa). Distributions mainly consisted of non-food items, with the composition of the kits distributed dependent on local needs and relevance of the items in question. Largely the items in question were obtained from pre-existing stocks or were funded from other sources.

There were several selection criteria for supplying the kits: highly affected regions, upward trend in numbers of affected people, presence of most vulnerable groups, whether children under the age of 5 and females were more affected, and where there was a definite gap in medical supplies. The ERCS distributed the relief items on the basis of priority of vulnerability and helped to ensure the health and safety of the displaced people.

Distributions of non-food items reached **7,816** families which based on an estimated 5 people per household, amounts to nearly **39,100** beneficiaries. The quantities of items distributed and the numbers of beneficiaries in the respective districts (**see table 1 below**).

**Table 1: Non-food items distributed to the affected families**

Items	REGION							Total
	Somali	Oromia	Addis Ababa	Gambella	SNNP	Amhara	Afar	
Blankets	200	1,164	1,008	0	160	3,452	2,400	8,384
Jerry cans	100	582	504	2,628	0	1,000		4,814
Soap		2,910	2,520	3,000	1,300	6,760	6,000	22,490
Sleeping mat	200			0	0	952	2,400	3,552
Cooking pot	100			5,786	0	34		5,920
Teapot	100			600	0	34		734
Plastic plates	400			14,765	0	3,596		18,761
Plastic cups	400			14,765	0	3,596		18,761
Tarpaulin	100			3,190	125	2,000		5,415
Mosquito nets				1,200	0	0	2,400	3,600
Water guard (bottles)				1,200	1,000	1,000		3,200
Bowl				12,965	0			12,965
Knife				12,965	0			12,965
Spoon				12,965	0			12,965
Fork				12,965	0			12,965
Mixing stick				2,593	0			2,593
Cooking pan				2,593	0			2,593
First Aid kit		3						3
Plastic sheeting		5					13	18
Tents	3	3						6
Stretcher	2							2
<b>Beneficiaries</b>	<b>500</b>	<b>2,910</b>	<b>2,520</b>	<b>15,950</b>	<b>1,200</b>	<b>10,000</b>	<b>6,000</b>	<b>39,080</b>

As well as distribution of non-food relief items, the ERCS undertook additional food distribution in specific communities as required, including providing support to families already affected by HIV and AIDS in Sidamo zone, SNNP region. In total, nearly **9,350** of the 39,100 beneficiaries who received NFIs also received food assistance (see table 2 below).

**Table 2: Food items distributed to the affected communities**

Items	Amhara	SNNP	TOTAL
<b>Wheat flour (MT)</b>	64.35	4	<b>68.35</b>
<b>High energy biscuit (carton)</b>	737		<b>737</b>
<b>Oil (1000l)</b>	1.05		<b>1.05</b>
<b>Sugar (MT)</b>		0.15	<b>0.15</b>
<b>Beneficiaries</b>	<b>8,630</b>	<b>700</b>	<b>9,330</b>

Due to the large scale of needs in provision of relief supplies it was decided to primarily focus resources on this, alongside a focus on stockpiling AWD kits (see Objective 2 below) rather than restocking relief supplies. Additional funding through the Annual Appeal/Country Plan for pre-positioning for disaster preparedness also reduced the need to prioritise restocking. Under this Emergency Appeal 800 tarpaulins and 4,000 jerry cans were purchased in order to complement the items purchased under the Annual Appeal for stockpiling. The sites for pre-positioning of relief items have been chosen, and stocks have been built up. They are in Wolaita Zone, SNNP region, to serve Southern Ethiopia, South Gonder Zone, Amhara region to serve Northern Ethiopia, and East Hararghe Zone, Oromia region to serve Eastern Ethiopia.

#### **Achievements**

Relief item distribution provided a range of necessary items to those directly affected by the flooding enabling them to quickly begin the process of rebuilding their lives. The items supplied varied from region to region, but this was due to the need to respond in a fashion that was both timely and appropriate. In a country as large and culturally diverse as Ethiopia, this tailored approach is essential. Moreover, the distributions included items such as soap, water guard and cooking pots that are essential for ensuring the cleanliness and safety of a families' water consumption. This gave people the necessary tools to control the safety of their water supply, providing a check against the spread of AWD.

In addition, non food items procured and propositioned have enhanced the capacity of Amhara, Oromia and SNNP regions in responding immediate future emergencies. The restocking and pre-positioning of emergency supplies which this objective contributed too, has had a considerable impact on the ability of the ERCS to respond to future emergencies. Without this measure, the NFI distributions described above, needed for the affected population to live with a measure of dignity, would have sorely taxed the ability of the ERCS to respond in future emergencies. However, the ERCS has been able to continue to respond to a variety of emergency situations—from fires affecting a dozen families to large scale flooding affecting thousands of households throughout 2008. Through this approach the capacity of the ERCS to respond has not only been maintained, but in the regions the capacity to respond immediately to future emergencies has been enhanced. Pre-positioning of supplies has been an important part of the ERCS disaster preparedness plans for the years 2008 and 2009, and continues with support obtained under the Country Plan for 2008-09.

## Emergency health

### Objective 2: To control and mitigate the spread of Acute Watery Diarrhoea (AWD) in eight zones of Oromia region.

Expected results	Activities planned
<ul style="list-style-type: none"><li>• Cases of AWD are minimized and controlled.</li><li>• There is improved quality and effective case management at the case treatment centres.</li></ul>	<ul style="list-style-type: none"><li>• In collaboration with the Ministry of Health and WHO, select the ten CTCs to be supported.</li><li>• Support effective case management activities in 10 CTCs.</li><li>• Mobilize ERCS volunteers to address gaps in the CTCs.</li><li>• Procure Ringer Lactate, oral re-hydration salts (ORS), water treatment products and 10 AWD kits.</li><li>• Transport purchased items to the CTCs.</li><li>• Construct temporary latrines in the CTCs.</li><li>• Conduct monitoring activities on the evolution of AWD.</li><li>• Provide weekly reports to the ERCS health and care department.</li></ul>

### Achievements

A total of Six (6) cholera kits were distributed to regional health authorities in Arsi, South West Shoa, West Hararghe, Afar (region), North Wollo and South Wollo zones. Each AWD kit provided supplies for 1,000 cases, giving a total of 6,000 beneficiaries. The stockpiled AWD kits will provide essential medical supplies to treat a further 4,000 beneficiaries. The health authorities used the kits to cover gaps in a number of different health centres and CTCs, rather than using them to establish CTCs. A total of 6,000 units of Ringer's Lactate were distributed to the most affected areas of Bale, West Hararghe, Harar, South West Shoa, bbJimma and East Arsi in Oromia region. Additional medical supplies were distributed as follows: 1,000 infusion sets each to health authorities in West Hararghe, East Arsi and South West Shoa zones (total of 3,000 sets); 1,000 cannulas to West Hararghe; a total of twenty 1kg rolls of sticking plaster to East Arsi and South West Shoa; fifty (50) pairs of gloves, eight (8) litres of Savlon solution, and fifty (50) rolls of cotton were distributed to East Arsi. Some one hundred (100) blankets and three (3) plastic sheets were sent to East Arsi to support the Case Treatment Centre. Sanitation supplies such as soap and water guard, as well as Oral Re-hydration Salt were also distributed to communities by Red Cross volunteers. Items equivalent to approximately four (4) AWD kits were purchased but not distributed. They will serve as an emergency stockpile to allow ERCS and relevant health authorities to respond quickly to possible future significant outbreaks of AWD. Due to the Government of Ethiopia's regulations on drug importation it was not possible to bring in standard AWD kits for stockpiling, and instead it was necessary for the ERCS to undertake a lengthy procurement process to purchase the items individually and build up kits. As such the items purchased are only approximately equivalent to four AWD kits. Additional medicines are currently being purchased to support branch level responses to future disease outbreaks.

Needs assessments were conducted in Afar region as well as Oromia region, in response to reports that the AWD situation was worsening there. AWD treatment guidelines were distributed to each district. Support took the form of required supplies, both medical items and general items for running the centres.

Health education on using clean water, effective sanitation and early treatment was also given at each site. In addition, training was given to health workers in the zones, district health facilities and also to district administrators which had a positive impact on mitigating the epidemic.

As discussed above, there were delays resulting from the regulations on importation of drugs meaning that after the emergency phase it was not possible to import standard AWD kits for stockpiling. Although this has finally been resolved, this together with difficulties in finding the relevant items on the local markets contributed to these activities falling behind schedule. The purchase of additional AWD kits was completed, and they have been stored for future distribution. Final purchases of items to support a clinic in West Hararghe, Oromia region are currently being completed. This will include medicines, medical items and other supplies for the effective running of the clinic.

The ERCS was careful to support the existing health infrastructure rather than working in parallel to the governmental structures. Zonal administration and zonal health departments played a major role in the identification of the worst affected areas, and were involved in the distribution process of relief items as well. This approach clearly meets the SPHERE health systems and infrastructure standard 2: supporting national and local health care systems, which states that "Health services are designed to support existing health systems, structures and providers".

Sphere Standard 1 in the same section is also met as the AWD interventions were clearly a priority health care need in the community, as was standard 3: coordination, as ERCS' interventions were coordinated both with the Ministry of Health and other relevant agencies. Furthermore, under the SPHERE standards on control of communicable diseases, standards 1, 4 and 5 were met, in prevention, outbreak preparedness and outbreak detection, preparedness and response respectively. No new cases were reported in the first five weeks of 2008. The activities of the CTCs were largely wrapped up, and as described above, support from the Red Cross phased out. Since that time there have been periodic outbreaks of AWD in Oromia region but they have not spread as rapidly as in 2007. In 2007 there were a total of 16,719 cases of AWD in Oromia, and 177 fatalities. In 2008, the number of cases had plunged to 997 with one death. The efforts of the ERCS have combined with those of other agencies to dramatically turn around the situation.<sup>3</sup>

### Water, sanitation and hygiene promotion

#### Objective 3: To contribute towards improving the health status and hygiene awareness among the flood-affected population in Oromia, Amhara, SNNP and Afar regions.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>Increased hygiene awareness among the population affected by floods;</li> <li>As a result of increased hygiene awareness, key caretakers adhere to essential hygiene practices (at personal and domestic levels);</li> <li>Increased latrine demand and usage, and created sense of ownership at household level;</li> <li>AWD cases at community and household levels are identified and referred to CTCs within the shortest time possible.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct AWD assessments in affected areas</li> <li>Set up surveillance and case identification mechanisms</li> <li>Refer suspected cases to case treatment centres</li> <li>Train ERCS volunteers on case identification and treatment of mild cases</li> <li>Provide PHAST training to ERCS volunteers from affected communities, at the branch level (zones and kebeles)</li> <li>Conduct PHAST sessions and monitor level of adherence to safe hygiene behaviour in the next 6 months</li> <li>Design and distribute information, education and communication (IEC) materials and conduct AWD prevention campaigns</li> <li>Supply and distribute water treatment products and train beneficiaries at the household level on how to use them</li> <li>Provide ORS as part of oral re-hydration therapy (ORT) for the management of mild cases in the affected households</li> <li>Provide weekly reports to the ERCS health and care department</li> </ul>

#### Objective 4: To reduce the incidence of water-borne diseases by providing safe water and adequate sanitation facilities

Expected results	Activities planned
<ul style="list-style-type: none"> <li>Improved access to adequate safe water in affected locations;</li> <li>Reduced incidence of waterborne diseases among the flood-affected communities;</li> <li>Public sanitation facilities are provided at selected places, including schools</li> </ul>	<ul style="list-style-type: none"> <li>Conduct sanitation facilities needs assessments in close cooperation with local health offices;</li> <li>Evaluate existing sanitation facilities and common practices;</li> <li>Provide training in latrines construction and maintenance to targeted beneficiaries;</li> <li>Conduct PHAST training for beneficiaries provided with sanitation facilities;</li> <li>Design and construct 10 ecological sanitation (Ecosan) latrines each in five locations, as a pilot scheme;</li> <li>Constitute sanitation committees in selected communities;</li> <li>Provide weekly reports to the health and care department of the ERCS.</li> </ul>

### Achievements

As more regions reported outbreaks of AWD it was decided to revise the scope of this objective to also include branches in the regions of Amhara, SNNP and Afar. Field assessments were undertaken in Afar region and Arsi zone, Oromia, based on reports that the situation was deteriorating. An extensive AWD prevention campaign was organised, covering **26** branches and training a total of **15,600** volunteer community trainers in AWD prevention. These volunteers formed house to house hygiene promotion teams who visited the residents of their villages. In addition, volunteers cleaned marketplaces and provided refreshments for those working to chlorinate wells and water sources. Training, transport, tools and food and/or drink for the volunteers were paid for by this appeal.

<sup>3</sup> 2008 data to August only. Source: World Health Organization, Ethiopia Office

The trained volunteers distributed **26,000** bottles of water guard, **26,000** units of PUR and **26,000** bars of soap to maintain levels of hygiene. This corresponds to 100 bottles of waterguard, 100 units of PUR and 100 pieces of soap per kebele. This was intended only to give awareness to the community of these products, their use and advantages, with the idea that afterwards they are able to purchase more to protect them.

The participants in the AWD prevention trainings were women, and particularly those who had an influential role in their communities – either because of social standing or due to holding traditional roles as healers or birth attendants – were targeted.

An exchange of programme staff working on AWD was organized between the branches, in order to boost capacity in both branches through experience sharing and learning. An evaluation workshop was held in April 2008 to exchange experience among forty-one programme coordinators, volunteer coordinators and volunteers who had taken an active part in implementing the AWD prevention programme. This provided a forum to those involved to share their experiences and learn from one another, and to update them on developments at the national level.

In addition, 7 Regional and zonal branches' PHAST officers and program coordinators took part in a sensitization workshop on the AWD outbreak. As reported in [Operations Update No.1](#) the flooding in many parts of the country led to delays in the planned needs assessment of sanitation facilities. As the floods receded the needs on the ground as well as the activities were re-assessed. It was seen that there was a considerable need for community empowerment to manage their sanitation and water needs safely and effectively. At the same time, it was noted that the planned ecological latrines would not be suitable for construction in the planned areas due to the height of the water table. It was thus decided to shift the focus and revise the action to focus to a greater degree on the software components such as PHAST and/or epidemic prevention trainings, which are described above.

The move away from more capital intensive water and sanitation infrastructure activities towards people-focussed hygiene promotion and epidemic prevention training also contributed towards the under-expenditure of the programme.

### **Achievements**

Each of the 15,600 volunteers given training can be expected to train a minimum of 5 people (one household) on utilization of safe water for the house hold, environmental hygiene and protection from and/or avoidance of AWD transmission. This equates to 78,000 beneficiaries for this activity.

These activities demonstrate the critical role that volunteers can play in an emergency situation like this, and also the long-term impact that working with the right groups of volunteers can provide. Trainings were conducted at the kebele level, which improved access to the trainings and was greatly appreciated by the participants. The activities also served as a means of empowering women, firstly because they were given responsibility in terms of distribution of items and health messages, and also because the training sessions created a women-only forum where they could learn from each other, and where they were free to express themselves and discuss their ideas.

Communities can now draw upon the knowledge and training of a significant number of Red Cross volunteers should cases emerge. These volunteers also provide a trained resource pool for future emergency responses to AWD outbreaks. It is felt that the approach of targeting volunteers within the communities who already have credibility within their communities and who are therefore able to provide trusted advice to the affected populations is one which will have longer-term impacts, by producing community norms that reduce the risk of AWD.

Regional health bureaus and zonal departments have reported on the general improvement of the AWD situation in the targeted areas. In Amhara region there were 5,441 cases and 81 deaths in 2007, and only 884 cases and one death in the first eight months of 2008. In SNNP region there were 8326 cases and 60 deaths and 15 cases and one death in 2007 and 2008 respectively.<sup>4</sup> Data disaggregated by region are not available for the period after August 2008, but there was no dramatic increase in the number of cases in the final four months of the year.

### **Communications – Advocacy and Public Information**

The ERCS has a well established and experienced communication and information department which was mobilized immediately after the disaster struck. Photographers and/or camera operators were deployed to the field in order to gather material on the ERCS response.

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<sup>4</sup> World Health Organization, Ethiopia Office

## Conclusion

### Lessons learned

Coordination could have been deepened to yield greater results. Agencies such as OXFAM and CARE were on the ground together with the ERCS. Coordination did take place, for example with ERCS' participation in the health cluster forums and meetings, but this collaboration could have been further strengthened in order to provide assistance that was even better targeted. A further lesson learned is that it is necessary to plan for greater follow-up and support to trained hygiene promoters or PHAST trainers in order to both get a picture of the effectiveness of their work, and to help them grow into their role and become more effective.

There were several causes of delays in the programme, such as the problems mentioned above regarding importation of standard AWD kits. Another cause of delays was the need to continually redesign programmes to adapt to changing circumstances both external (in terms of the reduced needs for WatSan hardware) and internal (in terms of, for example, budget revisions due to implementing less capital intensive activities), which drew in time in terms of coordination and consultation. These delays mean that a balance of funds remains on the project, and this is currently being cleared, with expenditures on medical items and support for a clinic in West Hararghe, Oromia region and to arrange insurance for 10,000 ERCS volunteers such as those who undertook the epidemic prevention campaign. The remainder of the balance funds will also support a number of other activities relating to Disaster Management and Health and Care that are currently being identified by the ERCS.

### How we work

*All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

#### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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**International Federation of Red Cross and Red Crescent Societies**

MDRET004 - Ethiopia - Floods

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/8-2009/2
Budget Timeframe	2007/8-2009/2
Appeal	MDRET004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>941,088</b>					<b>941,088</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>Australian Red Cross</i>	72,219					72,219
<i>Belgium Red Cross (Flanders)</i>	16,150					16,150
<i>British Red Cross</i>	164,889					164,889
<i>Irish Red Cross</i>	41,693					41,693
<i>Japanese Red Cross</i>	30,212					30,212
<i>Monaco Red Cross</i>	8,365					8,365
<i>Netherlands Red Cross</i>	66,920					66,920
<i>Norwegian Red Cross</i>	390					390
<i>Norwegian Red Cross (from Norwegian Government)</i>	132,145					132,145
<i>On Line donations</i>	838					838
<i>South Africa Government</i>	80,450					80,450
<i>Swedish Red Cross (from Swedish Government)</i>	138,522					138,522
<i>Unidentified donor</i>	-3,382					-3,382
<i>United Arab Emirates Red Crescent</i>	5,851					5,851
<b>C1. Cash contributions</b>	<b>755,261</b>					<b>755,261</b>
<u>Inkind Personnel</u>						
<i>Norwegian Red Cross</i>	55,800					55,800
<b>C4. Inkind Personnel</b>	<b>55,800</b>					<b>55,800</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>811,061</b>					<b>811,061</b>
<b>D. Total Funding = B + C</b>	<b>811,061</b>					<b>811,061</b>
<b>Appeal Coverage</b>	<b>86%</b>					<b>86%</b>

**II. Balance of Funds**

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>C. Income</b>	<b>811,061</b>					<b>811,061</b>
<b>E. Expenditure</b>	<b>-809,444</b>					<b>-809,444</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>1,618</b>					<b>1,618</b>

International Federation of Red Cross and Red Crescent Societies

MDRET004 - Ethiopia - Floods

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/8-2009/2
Budget Timeframe	2007/8-2009/2
Appeal	MDRET004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>941,088</b>					<b>941,088</b>	
<b>Supplies</b>								
Shelter - Relief	66,450							66,450
Clothing & textiles	186,100							186,100
Water & Sanitation	32,823							32,823
Medical & First Aid	204,819	47,029				47,029		157,790
Teaching Materials	4,200							4,200
Utensils & Tools	108,322							108,322
Other Supplies & Services	2,780							2,780
<b>Total Supplies</b>	<b>605,494</b>	<b>47,029</b>				<b>47,029</b>		<b>558,465</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom		6,907				6,907		-6,907
Office/Household Furniture & Equipm.		10,377				10,377		-10,377
Others Machinery & Equipment		992				992		-992
<b>Total Land, vehicles &amp; equipment</b>		<b>18,275</b>				<b>18,275</b>		<b>-18,275</b>
<b>Transport &amp; Storage</b>								
Storage	560	9,691				9,691		-9,131
Distribution & Monitoring	59,640	15,712				15,712		43,928
Transport & Vehicle Costs	14,460	15,380				15,380		-920
<b>Total Transport &amp; Storage</b>	<b>74,660</b>	<b>40,782</b>				<b>40,782</b>		<b>33,878</b>
<b>Personnel</b>								
International Staff	126,504	186,885				186,885		-60,381
National Staff	4,498	5,910				5,910		-1,412
<b>Total Personnel</b>	<b>131,002</b>	<b>192,795</b>				<b>192,795</b>		<b>-61,793</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	33,243	2,212				2,212		31,031
<b>Total Workshops &amp; Training</b>	<b>33,243</b>	<b>2,212</b>				<b>2,212</b>		<b>31,031</b>
<b>General Expenditure</b>								
Travel		18,432				18,432		-18,432
Information & Public Relation		763				763		-763
Office Costs		757				757		-757
Communications	1,200	1,147				1,147		53
Professional Fees		2,707				2,707		-2,707
Financial Charges		14,752				14,752		-14,752
Other General Expenses	34,318	27,635				27,635		6,683
<b>Total General Expenditure</b>	<b>35,518</b>	<b>66,192</b>				<b>66,192</b>		<b>-30,674</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		390,167				390,167		-390,167
<b>Total Contributions &amp; Transfers</b>		<b>390,167</b>				<b>390,167</b>		<b>-390,167</b>
<b>Programme Support</b>								
Program Support	61,171	49,168				49,168		12,003
<b>Total Programme Support</b>	<b>61,171</b>	<b>49,168</b>				<b>49,168</b>		<b>12,003</b>
<b>Services</b>								
Services & Recoveries		2,823				2,823		-2,823
<b>Total Services</b>		<b>2,823</b>				<b>2,823</b>		<b>-2,823</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>941,088</b>	<b>809,444</b>				<b>809,444</b>		<b>131,644</b>
<b>VARIANCE (C - D)</b>		<b>131,644</b>				<b>131,644</b>		