

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

Ethiopia

Executive summary

Ethiopia has a long and serious history of being affected by disasters, the impacts of which are considerably worsened by widespread poverty and the generally low levels of development, including weak infrastructure. In October 2008 the Government of Ethiopia estimated that 6.4 million were in need of emergency food aid, revising this number down in January 2009 to conclude that almost 5 million people would remain in need of emergency food aid if there were normal harvests. This excludes the approximately 7 million chronically food insecure people who benefit from the productive safety net programme. In total 12 million people from a total population of 74 million¹ depend on food assistance in 2009.

The country plan for 2010-2011 seeks to address the major challenges, in the context of strengthening Ethiopian Red Cross Society (ERCS) and their ability to deliver services to those in need. ERCS will do this through a

Disaster Management approach centred on preparedness and prevention, identifying areas at risk and developing programming approaches to assist the communities in controlling the risks. Disaster management activities will include assessments, development and implementation of early warning systems, as well as programmes that reduce risk through combating deforestation.

The Health and Care programme will focus on four priority areas: Community Based Health and First Aid (CBHFA) programmes will seek to give communities the knowledge and skills to prevent and treat the most common preventable diseases. These activities will be closely linked to scaled-up water and sanitation programming which will provide both infrastructure and training on safe use of water to communities in ten distinct parts of the country. Maternal and Child Health (MCH) programming will be closely coordinated with the Ministry of Health with a focus on immunization programmes to control preventable diseases. HIV and AIDS programming will also be prioritized.

ERCS will continue strengthening its structures and systems in order to deliver better services to vulnerable people through **enhancing the capacities and effectiveness of the National Society**. Emphasis will be put on improving its resource mobilisation capacity, improving financial systems, mobilising more volunteers and members and increasing contribution of board members to National Society (NS) operations through enhancing their capacities.

The total 2010-2011 budget is CHF 3,592,058 (USD 3,481,423 or EUR 2,363,575)

[<Click here to go directly to the budget summary of the plan>](#)



Map of Ethiopia

¹ [2007 Census](#)

Country context

Ethiopia is situated in the Horn of Africa, covering an area of 1.13 million square kilometres and has the second largest population in Sub-Saharan Africa with approximately 74 million people. According to UNDP (2007) the country is currently ranked 169 out of 179 countries in relation to the Human Development Index. 77.5 percent of population earns less than USD 2 per day, making it one of the poorest countries in the world. Adult literacy rate for male and female is 50 percent and 22.8 percent respectively³. Ethiopia has a population growth rate of 2.5 per cent and is estimated that the population will number about 101 million people in 2015⁴. Ethiopia is an agricultural country with majority of the population (84 per cent) living in rural areas as subsistence farmers or pastoralists.

Ethiopia is one of the most disaster prone countries in the world and is repeatedly affected by flooding and drought. During the last few years, the country has experienced an increase in natural disasters, believed to be caused by over-utilization of land as well as impact of climate change. As the growth in human population is followed by an increased demand for arable land and livestock, - livestock being a vital commodity in agriculture as well as source of food and sign of wealth - the natural resources are placed under heavy pressure. Ethiopia is not self-sufficient in food production, even in an average year it can meet 70 percent of its requirements. The country depends on commercial imports and food aid to bridge the gap between in-country production and consumption. The drought in 2008 meant that Ethiopia was faced with a larger than normal production gap. A dramatic increase in the prices of staple foods in the international markets, especially the price of cereals, severely affected the food security status of those already at risk. The capacity to cope, particularly amongst pastoral and agro-pastoral communities, has been eroded by recurring food crises with many communities unable to rebuild their asset base of livestock between crises. Negative coping strategies are adopted including reducing the amount or the quality of food eaten leading to a decline in health and nutritional status, the sale of household assets which can compromise the future productive capacity of the household, failing to repay loans losing future access to credit and the overuse of natural resources, such as firewood.

The health services in Ethiopia, considered to be one of the weakest in the world, are showing steady improvement, with health coverage rising from 54 per cent in 2004 to 76 per cent in 2007. Health problems are mainly related to preventable and communicable diseases such as malaria, tuberculosis, acute respiratory infections, nutritional deficiency, diarrhoea, and measles as well as prenatal and maternal related diseases. The health care expenditure in Ethiopia is currently among the lowest in Sub-Saharan Africa with the purchasing power parity-(PPP) at USD 21 per capita per year. This is evidenced by the mortality rate for children below five years which is 123 per 1,000 live births⁵. The life expectancy at birth is 51 and 54 years for males and females respectively.. During recurrent floods severe health challenges include outbreaks of Acute Watery Diarrhoea (AWD), malaria

Indicators	Ethiopia
Population (millions)	79
Persons living with HIV, adults (percent)	3.5
Orphans due to HIV and AIDS	65,000
Access to affordable essential drugs (percent)	50
Malaria cases (per 100,000)	556
Population with access to improved sanitation (percent)	13
TB cases (per 100,000)	546
Under-five mortality rate (per 1,000 live births)	164
Life expectancy at birth (years)	51.8
Adult literacy rate (percent ages 15 and older)	35.9
Combined primary, secondary and tertiary gross enrolment ratio (percent)	42.1
GDP per capita (PPP US\$)	1,055
Probability of not surviving past age 40(percent)	33.3
Adult illiteracy rate (percentages 15 and older)	64.1
People without access to an improved water source (percent)	78
Children underweight for age(percent ages 0-5)	38

National Human development index²: Ethiopia

² <http://www.nationmaster.com/encyclopedia/UN-HDI-index>

³ [Human Development Indices](#)

⁴ [Human Development Report 2007/2008](#)

⁵ [World health statistics 2008](#)

and a host of preventable diseases. Child mortality is amongst the highest in the world with an estimated 472,000 child deaths annually.

76 percent of the total population in Ethiopia have no access to safe water⁶ so the same communities are also experiencing severe water stress, affecting their health, their livestock and their crop production. The impact of acute watery diarrhoea and other water-borne diseases is prevalent and repeated episodes of diarrhoea will slowly erode overall nutritional status, even if sufficient quantities of nutritious and safe food are available. Whenever populations are under severe food stress, strict attention is needed to prevent and respond rapidly to diarrhoeal diseases, especially among the very young or severely malnourished. Sanitation practices are poor, with 88 percent of the total population not using adequate sanitation facilities⁷.

HIV and AIDS is a serious problem, whilst not reaching the levels of some other Sub-Saharan African countries, with the latest figures showing prevalence in the population of 2.1 percent⁸. The prevalence of HIV and AIDS in Ethiopia is having a severe impact on the overall health situation in the country. Due to the effects of the HIV pandemic, life expectancy at birth has dropped by seven years and the number of children orphaned due to AIDS is estimated to 750.000. There has also been significant micro and macro-economic impact on individuals, households, communities and sectors such as education and business. Data obtained in 2005 from ante-natal care surveillance and the demographic and health survey indicate that the HIV pandemic may be less severe, less generalized and more heterogeneous than previously believed. The rural pandemic appears to be relatively widespread but heterogeneous, with most regions having a relatively low prevalence of HIV. However, some regions have an adult prevalence rate greater than 5 per cent.

National Society priorities and current work with partners

Established in 1935 ERCS is the oldest National Society in Africa recognised by the League of Red Cross/Red Crescent Societies (now International Federation) as the 48th member of the organisation. An independent auxiliary to the Government of Ethiopia, providing a full complement of humanitarian services including disaster relief, first-aid training, basic health care, blood donation services, health and hygiene promotion, HIV and AIDS support, and water and sanitation.

The ERCS is delivering services to vulnerable people through country-wide network of branches and volunteers. The ERCS has 11 regional offices, 27 zone branches, 50 woreda (district) branches, 46 sub-branches, 2,600 Red Cross Committees (grassroots units) and 73,000 volunteers.

The ERCS is having partnerships with number of Partner National Societies (PNS) including the Austrian, British, Danish, Finnish, German, Netherlands, Swedish and Spanish Red Cross Societies. In addition, the National Society receives financial and technical support from the International Committee of the Red Cross (ICRC) as well as technical and financial support channelled through the International Federation.

The National Society has been working with a number of partners for several years, guided by the common aim of alleviating the suffering among vulnerable groups. This cooperation has been enhanced by the joint development and implementation of working modalities within the framework of a Cooperation Agreement Strategy (CAS). Discussions related to the National Society's Strategic Development Plan has taken place with partners during partnership meetings conducted every two years. All the activities of the society as outlined in the Strategic Development Plan and the Cooperation Agreement Strategy are aligned to the Federation's Global Agenda goals. The National

⁶ [UN-OCHA Ethiopia country profile, HDR 2005 estimate](#)

⁷ [UN-OCHA Ethiopia country profile, HDR 2005 estimate](#)

⁸ [Ministry of Health, "AIDS in Ethiopia", 2006](#)

Society is part of the Global Alliance on HIV and AIDS, and is also one of the five National Societies in the Eastern Africa Zone participating in the Africa Food Security Initiative.

Secretariat supported programmes in 2010-2011

The ERCS' activities in 2010-2011 are focused on improving the lives of the most vulnerable people of Ethiopia, by reducing the impact of natural and manmade disasters, diseases and improving the capacities of its volunteers.

A number of priorities have been identified and extracted by the ERCS from existing programmes and the strategic plan seeking the Federation Secretariat support in 2010 – 2011. The Secretariat will continue supporting ERCS by mobilising international resources and rendering technical support for implementation of Community Based Health and First Aid, HIV and AIDS, Maternal and Child Health (MCH) Water and Sanitation, disaster preparedness and risk reduction, food security activities, branch capacity building and institutional development.

Primary target beneficiaries benefiting from the secretariat supported programmes includes small-scale farmers, women headed households, children below 5 years, pregnant and lactating mothers, youth and the elderly as well as people living with HIV (majority are between 15-49 years of age) and households affected with various natural and man-made disasters. Secondary target beneficiaries will be ERCS volunteers and staff benefiting from capacity building through trainings, workshops and experience exchange. Both, direct and indirect target beneficiaries are a diverse group consisting of men and women of all ages, from different ethnic, linguistic, economic and religious backgrounds.

Disaster Management

The disaster management programme budget is CHF 582,012 (USD 564,086 or EUR 382,962)

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, injuries and impact from disasters.
Programme components 1: Community preparedness
<p>Outcome: Improved disaster risk reduction mechanisms at community level.</p> <p>Outputs</p> <ul style="list-style-type: none"> • Improved capacity of ERCS for preparedness and mitigation measures. • Improved capacity of ERCS staffs and volunteers to respond to the effects of disaster. • Improved capacity of ERCS to design and deliver high quality post disaster recovery programmes.
Programme component 2: Disaster risk reduction (integrated food security)
<p>Component outcome: Sustainable livelihood of the population affected by disaster is restored through effective disaster recovery programmes.</p> <p>Outputs</p> <ul style="list-style-type: none"> • ERCS is involved in different Income Generating Activities (IGAs) farm and non-farm activities such as breeding cows; cattle fattening; started bee-hiving; poultry among others. • Target beneficiaries are trained on dairy farming, fattening, bee keeping and poultry and experience shared on food security and microfinance management.

Health and Care

The health and care programme budget is CHF 2,415,533 (USD 2,341,135 EUR 1,589,421).

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
Programme component 1: Community Based Health and First Aid (CBHFA)
Component outcome 1: A First Aid system where the community plays an active role and the Red Cross serves as link between the government health care system and the community is established.
Component outcome 2: Services and activities at community level aimed at capacity building of the community and strengthening the financial base for the programme are developed and implemented.
Outputs <ul style="list-style-type: none">• Increased capacity at the branch level to deliver quality services.• Improved knowledge and practices on targeted topics within communities.• Vulnerable groups are able to access relevant CBHFA services.• Increased capacity for commercial First Aid provision in branches.• Increased provision of commercial First Aid services.
Programme component 2: Water and sanitation
Component outcome 1: Access to safe water and sanitation services improved in the target areas.
Component outcome 2: Improved community awareness and understanding of the importance of proper hygiene and sanitation practices measures.
Outputs <ul style="list-style-type: none">• 100 new springs and other water points developed.• 1000 sanplat slabs produced and distributed.• 1,400 water committee members trained.• 100 volunteers receive PHAST ToT training.• Health and hygiene education provided to targeted communities.
Programme component 3: HIV and AIDS
Component outcome 1: Vulnerability to HIV and its impact reduced through expanding care, treatment and support.
Outputs <ul style="list-style-type: none">• Assistance is provided to those most affected by HIV.• Community structures to support and care for PLHIV are enhanced.
Programme component 4: Maternal and Child Health (MCH)
Component outcome 1: Increased MCH service attendance within the targeted communities.
Component outcome 2: Improved MCH services through NS community based activities, including safe motherhood and child health initiatives, vaccination and nutrition activities.
Component outcome 3: Increased public awareness on reproductive health within the targeted communities.
Outputs <ul style="list-style-type: none">• Increased antenatal / postnatal attendance at the existing health facilities/skilled man power.• Improved knowledge and practices on targeted topics within communities.• Vulnerable groups are able to access relevant MCH services.
Programme component 5: Avian and Human Influenza Pandemic

Component outcome 1: Development of pandemic preparedness plans and protocols of the humanitarian sector in the areas of health, food security and livelihoods in Ethiopia is supported.
Component outcome 2: ERCS staff and volunteer capacities along with other significant humanitarian and civil society organizations are strengthened to carry out the humanitarian pandemic preparedness plans and protocols.
Component outcome 3: Functional coordination between global, national and district-level stakeholders, including the UN agencies, in preparedness and response is established.
Outputs
<ul style="list-style-type: none"> • Community baseline analysis and mapping in selected areas is completed. • Networks with relevant partners are developed. • Practical H2P country plan is developed and implemented. • Tools and messages are developed, tested and disseminated. • “First responders” training is developed and delivered.

Organisational Development

The organisational development programme budget is CHF 594,514 (USD 576,203 or EUR 391,190).

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Programme component: Organisational development and capacity building
Component outcome: ERCS has strengthened its capacity to deliver quality services to targeted communities through its branches and volunteer network.
Outputs
<ul style="list-style-type: none"> • Capacity of the board members improved and hence their contribution to deliver Red Cross services. • Capacity of the volunteers improved and hence their contribution to deliver Red Cross services at branch level. • Financial resource capacity of the National Society is improved.

Potential risks and challenges

- Due to the high occurrence of natural and manmade disasters in the country, there is considerable risk that attention may be diverted and, as a consequence, implementation of some of these programme components will be delayed.
- Additional delays might be experienced due to poor infrastructure and staff capacity at local level.
- Other potential risks are inadequate funding, lack of coordination between programme components and partners operating on an individual basis.
- The fact that some of the programme components address social taboos, may affect the efficiency of the programmes.

Role of the secretariat

a) Technical support

The National Society and its programmes as outlined in this country plan will receive technical support from the Federation Secretariat primarily through the Federation Country Office in Addis Ababa and Zone office in Nairobi, Kenya. At present the country office has a team of four staff members; the country representative, finance and administration development delegate and two national staff members responsible for finance, administration and logistics. The country representative will provide overall support to the senior management of the National Society and act as a liaison between the society and its partners when needed. The secretariat will work closely with donor communities and partners to mobilise international resources for programmes outlined in the country plan 2010-2011.

As acknowledged by the NS, there is currently a need to strengthen its financial and narrative reporting systems. The finance and administration development delegate will give support in these areas. The remaining Federation staff members will provide support in the daily activities.

b) Partnership development and coordination

The ERCS has a long experience of cooperating and coordinating their activities with Red Cross and Red Crescent Movement partners, different UN agencies such as the United Nations Office for Coordination of Humanitarian Affairs (OCHA), the World Food Programme (WFP) and the World Health Organization (WHO), external international and national partners and government agencies in addition to other stakeholders present in the geographical areas where they are implementing activities.

The National Society is also a member of the Humanitarian Relief Fund's Review Board. Due to its mandate and its auxiliary role to the Government of Ethiopia as well as its good image among the general population in Ethiopia, the NS takes pride in coordinating and developing partnerships with external national actors that can bring an added value to its work.

The Federation plays an important role in supporting the NS in initiating, developing and coordinating partnerships, especially with regard to the Red Cross and Red Crescent Movement and international organizations. The Federation country office plays a pivotal role in coordinating with other secretariat units, departments and sections in their interaction with the NS. In its cooperation with the Federation and PNS, the ERCS is primarily utilizing the Strategic Development Plan and Cooperation Agreement Strategy (CAS). Considering development and adoption of a new Strategy for the Federation in November 2009, ERCS will be working on development of the new Strategic Development Plan and CAS in the beginning of 2010.

The ERCS is currently exploring the possibilities that lie in the New Operating Model (NOM) of the Federation and the concept of the Operational Alliance. The National Society is also enjoying strong partnerships with the government at federal, regional and zone levels, especially with the Ministry of Health.

For many years, ERCS has been an active and strong advocate for establishing systems for peer-to-peer support among African National Societies and it played an important role in the establishment of the network, New Partnership for African Red Cross Red Crescent Societies (NEPARC) in 2004. The liaison office for NEPARC is currently based in Addis Ababa. The ERCS is also taking advantage of the opportunities that lie in the Federation coordinated networks, by actively participating and sharing knowledge and expertise. Representatives from the ERCS are currently members of RC-Net Organizational Development and Communication working groups.

c) Representation and Advocacy

The Federation Secretariat plays an important role as an advocate and a channel for advocacy on behalf of the Ethiopian Red Cross Society, both internationally and nationally. As an international actor with a broad network, the Secretariat plays an active role in seeking to solicit funds on behalf of the National Society and disseminate knowledge and information about the NS to potential

supporters and partners. At the Zone and country level, the Federation Secretariat is playing a facilitating and supportive role, giving the opportunity to the NS to represent and voice its own opinion in the relevant fora, acknowledging that the society has the capacity to assess and analyze the local political and humanitarian context.

Promoting gender equity and diversity

Ethiopia is a country with long and well established traditions for distinctive gender roles and responsibilities, which, due to the current low levels of development in the country, severely disadvantage women and girls. Evidenced by national statistics, it is apparent that women and girls bear the brunt of disasters, diseases, pandemics and poverty that the majority of the population is experiencing. Girls' participation at all levels of schooling is much lower than that of boys, the illiteracy rates are higher for females than for males, the HIV prevalence among women are higher than among men.

The ERCS encourages participation of both men and women in all its programmes to ensure that the social and biological differences between men and women are taken into account and dealt with in all core programmes. In order to address this issue, the NS is currently developing plans to put in place a gender policy in order to ensure gender equity and diversity at all levels.

Quality, accountability and learning

To ensure its programmes are relevant, the ERCS encourages the full participation of the targeted population in both planning and implementation. Regular meetings with the target population will continue to evaluate appropriateness of the work undertaken.

The responsibility for day-to-day monitoring of the operation will be with the ERCS branches and units but supervised closely by their national headquarters to ensure appropriate accountability, transparency and financial management of the operations. The targeted states will be regularly visited by joint Federation and ERCS monitoring teams.

The situation in the field will be reported on through regular reports. Reports will provide necessary information in relation to: the progress of the operation; and any changes in the situation during the reporting period and any particular problem, constraint or unmet needs. The Federation Secretariat will assist the National Society in meeting its narrative and financial reporting obligations to donors. Efforts will be made to disseminate programme achievements and lessons learned through various inter-agency coordination fora and media. Experience will be consistently documented using set criteria.

As a volunteer and membership based organization, the NS focuses on the needs of the vulnerable people in Ethiopia and thus the NS is first and foremost accountable to the beneficiaries, members and volunteers.

Budget Summary

Programmes	2010 Budget (CHF)	2011 Budget (CHF)	Total (CHF)
Disaster Management	291,006	291,006	582,012
Health and Care	1,260,980	1,154,553	2,415,533
Organisational Development	297,257	297,257	594,514
Total	1,849,242	1,742,816	3,592,058

How we work

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.

Contact information

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