

Operations update



International Federation
of Red Cross and Red Crescent Societies

Horn of Africa: Exceptional Food Security Crisis

Emergency appeal n° MDR64003
GLIDE n° OT-2008-000196-
DJI/ERI/ETH/KEN/SOM
Operations update n° 4
31 January 2011

Period covered by this Operations Update: 26 October 2009 to 15 October 2010;

Appeal target (current): CHF 75,760,326 following appeal's revision on 23 June 2009;

[<click here to view the attached Financial Report>](#)

Appeal coverage: 17%

[<click here to go directly to the updated donor response report or here to link to contact details>](#)

Appeal history:

- This Emergency Appeal was initially launched on 11 December 2008 for CHF 113,992,868 months to assist 2.2 million beneficiaries over a period of five years.
- CHF 130,000 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the assessment activities and mission.
- An exceptional advance of CHF 10 million was extended from the IFRC to support the National Societies of Ethiopia, Djibouti, Kenya and Somalia to respond to the food crisis.
- A revised emergency appeal was launched on 23 June 2009 in which the initial appeal target of CHF 113,992,868 was revised downwards to CHF 75,760,326.



Red Crescent volunteers demonstrating the use water purifiers in Assamo, Djibouti. Photo: IFRC

Summary: The intended early phasing-out of the five-year Exceptional Food Security Crisis appeal in May 2010, announced in [Operations Update no. 3](#), was extended to the end of December 2010 to allow sufficient time for completion of pending activities in Ethiopia. As this operation was based on a holistic, long-term approach to address food security issues, it was impossible to cover the wide range of intended rehabilitation and recovery activities with the low funding received. Therefore, only a limited scope of activities has been implemented overall.

In Ethiopia, some water and sanitation (WatSan) activities have been implemented in the Moyale area of Oromiya and Somali regions. The Ethiopian Red Cross Society (ERCS) is finalizing the plan to identify possible areas of interventions for additional health and care and rehabilitation (water and sanitation) activities in the operational areas indicated in the appeal. The completion of these activities, expected by the end of December 2010, will mark the final stage and complete closing down of the Horn of Africa Emergency Appeal, after which a final report will be produced.

The intended closure of this appeal, integrating food aid, recovery and risk reduction efforts, in no way indicates that the needs of vulnerable drought-affected populations in Ethiopia, Kenya, Somalia and Djibouti were met or are no longer valid and compelling. On the contrary, the needs remain acute and without sustained financial commitment for recovery and risk reduction activities it is inevitable that these people will remain dependent on external food aid in the long-term.

Some of the activities intended for the longer term through this appeal will be or have already been integrated into country-specific efforts (e.g. Ethiopia and Kenya). The International Federation of Red Cross and Red Crescent (IFRC)'s stand-alone operational hub in Addis Ababa, Ethiopia is being phased out with the departure of the IFRC head of operations since March 2010 and transfer of operational responsibilities to the IFRC country or regional representations in Ethiopia, Kenya, Somalia and Djibouti.

The situation

A food security crisis impacting on the lives and health of millions of people was confirmed in the Horn of Africa region in 2008. This crisis was different in that people's ability to cope was in great part due to external factors they had no control over, particularly fluctuations in the costs of oil and food commodities on the global markets. These factors combined with chronic food insecurity already faced by millions in this region created an exceptional crisis.

Nearly two years on, the situation in the East Africa region remains critical despite above-normal rains in 2010, which have increased harvests in some drought-affected areas and decreased the number of people requiring humanitarian assistance. In some areas, however, this above-normal rainfall has caused flooding and displacement of already vulnerable populations.

In its latest outlooks for the October-December 2010 period in East Africa region, the Famine Early Warning Systems Network (FEWS NET) warns that the limited gains made in food security are likely to be reversed due to the moderate *La Niña* event in the region, which was recently confirmed by the Intergovernmental Authority on Development (IGAD) Climatic Prediction Application Centre (ICPAC).

Early forecasts for the October to December rains indicate the probability of below-normal rains in the eastern sector of the region, which would begin to impact food security toward the end of the year. FEWS NET's review of past *La Niña* episodes indicates that most of these episodes have been associated with a prolonged dry season thereafter. If this takes place, below-normal 2011 long rains would further worsen food security conditions of most households well into 2011.

In **Ethiopia**, a good *belg* harvest in June/July improved the overall food security situation and pastoral conditions. Above-normal rains between June-September resulted in flooding which displaced thousands. Though many *woredas* (districts) were affected, the flooding was most severe in Amhara and Afar regions. In 2010, the prices of food staples have been unusually stable and maize prices have significantly declined due to increased supplies from local harvests, macro-economic policies favouring imports and food aid interventions. Those most expected to benefit are poor farmers, urban poor and pastoralists as they spend a significant portion of their income on the purchase of food.

Two good seasons in significant parts of **Kenya's** drought-prone pastoral and marginal agricultural areas extended the recovery from previous droughts into August. It is feared, however, that the impacts of the recently declared *La Niña* event, expected to result in below-average 2010 short rains in the north-eastern pastoral and south-eastern lowlands, could reverse the on-going recovery in these areas, with a decline to high levels of food insecurity beginning in early 2011. In contrast, the same meteorological event is expected to result in above-average 2010 short rains in the western sector of the country, including the north-western pastoral areas and key crop areas in the Rift Valley, Western and Nyanza provinces. This would help result in significant improvement of food security in these areas.

The decline of staple food prices in most markets in the region has unfortunately not extended to south and central **Somalia** where prices have risen due to increased insecurity, taxation, and suspension of food aid. The humanitarian crisis in the country persists despite good rains due to ongoing conflict, continued impact of the drought and a variety of chronic issues. Acute malnutrition rates continue to be high and the below-average forecasts for the October-December *deyr* season could push a higher number of pastoral households into crisis.

Food security remains extremely fragile in **Djibouti** despite some improvement due to recent rains and favourable trade. Rising prices of essential food and non-food items are considered the principal food security threat for the urban poor. Pastoralists are still recovering from several seasons of failed rains that caused significant declines in their livestock holdings. Available pasture resulting from the rains is not expected to last through the six-month dry spell.

Coordination and partnerships

The IFRC has been providing overall support and coordination to host and partner National Societies (both bilaterally and multilaterally), in close consultation with governmental authorities in Ethiopia, Kenya, Somalia and Djibouti.

The IFRC has supported implementation of this appeal through close cooperation with key external players, international organizations (particularly humanitarian agencies of the United Nations), the Humanitarian Office of the European Union (EU) and other potential partners and donors.

The National Societies of the Horn of Africa, the key implementers of the proposed operation, have all been involved from the initial assessment phase and fully endorsed the assessment team's recommendations for their respective countries. They all facilitated the necessary contacts with the relevant competent authorities and supported the team in its visits to field locations. They all remain committed to this operation and meeting the still very real needs of those most affected by food insecurity in their respective countries.

In Ethiopia, which was given priority in the emergency phase in view of the number of people in need of food aid, a bi-weekly task force was set up where the HoA team met regularly with the ERCS Secretary General and senior managers of the National Society. These task force meetings continue on an as-needed basis since May 2010.

In preparation for the closing of this region-wide appeal by the end of December, the stand-alone operational hub, based in Addis Ababa, Ethiopia, that coordinated the operation and activities in the four targeted countries, has begun to phase out its management, technical and support services. Since the departure of the head of operations in March 2010 these services have been provided by the individual country representations of the IFRC in Djibouti, Ethiopia and Somalia and the regional representation in Nairobi, Kenya. Bank accounts and financial bookkeeping systems have been closed for the operational hub and responsibility to utilize and manage the remaining funds was transferred to the IFRC country representation in Ethiopia.

National Society Capacity Building

It has been evident from a variety of contexts that National Red Cross and Red Crescent Societies with their country-wide network of branches and volunteers are credible and sought out partners of international and UN humanitarian agencies. One such example is the Red Crescent Society of Djibouti (RCSD), which partnered with the WFP in a food-for-work programme. At this stage, compared to one to two years before, the RCSD is clearly expressing its willingness to fulfil its role as an active auxiliary humanitarian organization in the national context and would like to continue to benefit from the IFRC's disaster management expertise. In regards to this, support needs to be given to the National Society to further develop its capacity to cover remote areas of the country and ensure response is provided where needed in a timelier manner.

Some of the activities carried out through this appeal included training of volunteers, which directly helped to strengthen capacities of the National Society branches, particularly in Somalia where mobile clinics are often the only source of health care for many people. In Kenya, training volunteers in Participatory Hygiene and Sanitation Transformation (PHAST) has been crucial in helping to deal with the disease outbreaks (such as cholera, dysentery, acute watery diarrhoea) resulting from poor water access and sanitation that were a direct result of long-term drought conditions.

Years of operational experience in a wide variety of disaster situations also gave the Kenya Red Cross Society (KRCS) the confidence to launch its own national appeal in support of the drought-related activities and vulnerable groups it identified as most in need of support. Actively advocating for donor support in national and international media helped the KRCS to increase awareness of the urgent situation as well as to raise funds. Other advocacy initiatives such as hygiene promotion and similar health education initiatives had a positive impact on reducing the impact of disease outbreaks.

Red Cross and Red Crescent action

Overview

From April 2008 onwards, early signs of an imminent severe food crisis in the Horn of Africa were recognized by the Red Cross and Red Crescent Societies, and a series of assessments and early actions were undertaken in Kenya, Ethiopia and Djibouti with support provided from the IFRC's DREF. The initial Red Cross and Red Crescent response to food insecurity crises in early-mid 2008 targeted the worst-affected areas identified by the National Societies and verified by the then-Eastern Africa Regional Representation Office through food insecurity monitoring tools such as the Integrated Phase Classification of the FAO.

The crisis in the Horn of Africa unfolded as the IFRC began implementing its five-year [strategic framework on long-term food security](#), launched in April 2008. The spirit of the initiative is to consolidate work already being carried out by African National Societies in regards to food security using a standardized and focused approach through which all food security programmes fall under the umbrella of the relevant National Society with the support of both Movement and external partners. Currently, fifteen¹ African National Societies participate in the Initiative, with five from the East Africa region and two - Ethiopia and Kenya – that are affected by the acute crisis being addressed by this appeal. Activities include small-scale programmes in community-based agricultural development work, re-stocking, income generation and health interventions. The initiative aims at addressing long-term chronic crises while continuing to address acute and immediate needs whereas the scope and scale of this appeal was intended to address large-scale, acute needs triggered by exceptional circumstances in the Horn of Africa as of 2008.

Responding to reports of increasing levels of hardship for millions of people in the Horn of Africa region, the IFRC and National Societies in the affected countries undertook a multi-disciplinary assessment mission in November 2008 to confirm the extent and scale of a major food crisis situation. In its final report, the assessment team expressed its deep concern for the increased and increasing vulnerability of millions of people in the Horn of Africa. It found that coping strategies of the most affected target communities were seriously overstretched, household assets had been reduced to a minimum, and that the overall resilience of large communities had been severely eroded by successive seasons of drought and years of poverty in large parts of the affected countries and by conflict and displacement. Whatever coping capacity that was left was now fully put to the test by an abnormally high cost of cereals and other food in international markets.

The team concluded that external, man-made factors were as important as more traditional factors (e.g., drought, a historical lack of investment in agriculture and population growth) for a good understanding of this massive food security crisis in the Horn of Africa. External factors included the price of food in international markets, the price of fuel and the significant fluctuations in the dollar exchange rates, which directly influenced the real value of remittances to many poor households at the height of the crisis. Although these factors were obviously controlled by actors, mechanisms and events that are largely outside the influence of the people and governments concerned, they had resulted in a crisis that was truly exceptional and acute for millions of already, chronically vulnerable food-insecure.

Based on the assessment results, an integrated food relief and recovery response plan was developed, with a focus on meeting the immediate needs while appropriate medium to longer-term recovery and risk reduction (capacity building) interventions were proposed in a bid to reduce the beneficiaries' vulnerability to food insecurity in the future.

The initial [Emergency Appeal](#) launched on 11 December 2008 sought CHF 113,992,868 (USD 95.4m or EUR 72.8m), and presented the assessment's provisional findings and outlined a preliminary plan of action to support the National Societies of Djibouti, Ethiopia, Kenya and Somalia in assisting 2.2 million beneficiaries over the full five-year timeframe of this operation. Although many donors generously responded to the IFRC appeal, the overall response was low and only reached some 9 per cent coverage by May 2009.

¹ Burkina Faso, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Mali, Mauritania, Malawi, Namibia, Niger, Rwanda, Sudan, Swaziland, Uganda, and Zambia

On 23 June 2009, a [Revised Emergency Appeal](#) for CHF 75,760,326 was launched reflecting deterioration of conditions in Kenya and Djibouti while also scaling-back food interventions in Ethiopia. The appeal was revised and scaled down as there was, by then, insufficient time left to purchase and distribute more food before the *Belg* harvest would be available in the local Ethiopian markets. The appeal revision did not in any way reflect a decrease in the needs of the affected population but merely the IFRC's concern not to undermine local farmers or markets.

Progress towards objectives

1 - Emergency interventions (12-months): Food relief assistance; Health and care; Water, sanitation and hygiene promotion.

Food assistance

Objective: During the emergency phase, ensure that up to 1.43 million people affected by the food crisis receive food assistance (distributions are planned to be carried out through the next harvest period of February-April, depending on the country, to ensure no negative impact on local food production).

Expected results	Activities planned
Ethiopia	
<ul style="list-style-type: none"> An additional amount of 66,060 MT of food, procured directly or through WFP, is available in Ethiopia. Food has been distributed by the ERCS to up to 1,000,000 people for five cycles over a six-month period. 	<ul style="list-style-type: none"> Developing Memoranda of Understanding (MoU) or agreements between the Government of Ethiopia, the ERCS, and WFP. Sourcing 66,060 metric tonnes (MT) of food (4,860 MT of CSB, 54,000 MT of maize, 5,400 MT of pulses & 1,800 MT of vegetable oil). Establish a logistics set-up. Establish pipeline to bring food into selected ERCS warehouses. Plan and prepare four warehousing and repackaging hubs and eight distribution points off these hubs to satisfy space, security and operational requirements. Contract with local logistics providers to transport food from the hubs to the distribution points. Distribution. Agree on distribution lists including verification and final validation.
Djibouti	
<ul style="list-style-type: none"> The RCSD will transport and distribute food in partnership with WFP to 50,000 people for up to six months in peri-urban areas 	<ul style="list-style-type: none"> Agree with WFP on targeting of beneficiaries in peri-urban areas, finalizing lists, monitoring and reporting.
Kenya	
<ul style="list-style-type: none"> The KRCS will distribute food to 380,072 people in partnership with WFP (as currently doing). 	<ul style="list-style-type: none"> Continuation of ongoing distributions, monitoring etc.

Progress

In Ethiopia: As detailed in [Operations Update no. 3](#), emergency food interventions that focused on Moyale and Negale were completed in November 2009. During four distribution rounds, 117,204 beneficiaries in Moyale received rations at 46 various food distribution points; in Negale, 32,796 people received food items at 43 distribution points.

Additional funding received from ECHO allowed the expansion of the operation to support some 60,000 beneficiaries in the Oromiya Zone of Amhara Region which was particularly affected by the failed *Belg* rains in 2009. These areas were identified in an assessment by the ERCS and local authorities as highest priority for food interventions. In the period between agreement on original beneficiary numbers and operational areas and securing of funds to support these identified areas, the federal government informed ERCS that beneficiary numbers in two of the four *woredas* had changed. The change was highly significant since it reduced the number of targeted beneficiaries by half.

After discussion and review of several options, it was decided to drop those *woredas* where agreement on the figures could not be reached and to instead immediately identify alternative areas in agreement with the various local, regional and federal authorities. Three new *woredas* were thus identified: Aliyuamba, Gorobel (Ankober) and Antsokia Gemza. The newly selected target *woredas* were part of one and the same Amhara Region but situated in different zones: Jilie Tumuga (Bete and Senbete) and Dawa Harewa were part of Oromiya zone; Antsokia Gemza was part of South Wello Zone; while Aliyuamba and Gorobel (Ankober) were part of North Shewa Zone. All were, however, similarly affected by failed *Belg* rains and near-zero harvests as the initially identified *woredas* had been.



Red Cross staff members preparation for distribution in Kamisie, Amhara working together with some of the beneficiaries
Photo: ERCS

The move to new target districts did not involve a change in selection criteria nor in implementation modalities. However, it significantly affected the timeframe of the intervention as new assessments had to be conducted to identify the new targets, negotiations had to be held with the authorities at local, regional and federal level, volunteers had to be trained to serve the new areas, a new beneficiary selection and validation process had to be implemented, new warehouses had to be found and transport contracts needed re-bidding. All of this obviously caused significant delays and distributions started only on 22 February 2010. The total number of beneficiaries based on the newly identified areas for intervention grew to 55,600. They received standard food rations through four distribution rounds. Originally, rations were planned according to de-facto averages such as those provided by other humanitarian partners in previous operations, i.e., 12.5 kilograms of cereals instead of the standard 15 kg and 4 kg of corn soya blend (CSB) instead of the standard 4.5 kg. Later the Government of Ethiopia changed the approach and asked partners, including the ERCS/IFRC to increase food rations to standard quantities.

The ERCS, supported by the IFRC logistics delegate, sourced 3,309 metric tonnes (MT) of cereals, 328 MT of beans, 110,500 litres of oil and 337.5 MT of CSB for food interventions in the identified *woredas*. Inspection of all food items was carried out by an independent inspector to ensure that the quality of food complied with standards identified in the IFRC's guidelines.

Distributions were slightly delayed due to national elections in May 2010 as communities and local administrations were busy with pre-election arrangements and ERCS did not want to have distributions during the election week to avoid any misinterpretation of delivered aid. The main food distributions were completed in June 2011 (see table below) and contributed to improving the livelihood of the drought-affected population in the targeted districts of Ethiopia. In total, 54,630 people received food aid. The remaining balance of food items were distributed to the most vulnerable households as additional support to standard rations.

Table 1: Food distribution in Ethiopia					
Distribution points	No. of Beneficiaries	CSB (MT)	Wheat Grain (MT)	Beans (MT)	Oil (litres)
Aliyuamba	16,932	122.90	1,015.92	1,01.59	33,864
Gorobella (Ankober)	8,184	38.00	491.04	49.10	16,368
Antsokia Gemza	6,663	42.00	399.78	39.98	13,326
Jilie Tumuga - Senbete	17,004	98.07	1,020.24	1,02.02	34,008
Jilie Tumuga - Bete	3,677	22.70	220.62	22.062	7,354
Dawa Harewa	2,170	13.80	130.20	13.020	4,340
TOTAL	54,630	337.47	3,277.80	327.78	109,260

Challenges

The biggest challenge faced by the ERCS in the field was identification of beneficiaries for supplementary rations i.e. CSB. The standard allocation (by the Government of Ethiopia) of 35 per cent of total caseload was not always accurate. ERCS volunteers and staff did on-the-spot identification at distribution points and the remaining balance was distributed among most vulnerable after re-targeting and considering broader criteria for vulnerabilities.

In Djibouti: The main activities included training of 80 RCSD volunteers and distribution of 1,526 metric tonnes of food-for-work aid to over 45,000 beneficiaries from the end of May to November 2009. Selection criteria were clearly defined: quarters identified as food insecure by WFPs Emergency Food Security Assessment (EFSA); nature of household's shelter; poor hygiene environment; and, willingness to participate in plastic garbage collection and/or construction of latrines. The average family size in Djibouti has seven persons and many households are female-headed due to cultural factors (high number of polygamous marriages) and frequent population movement.

Distribution of non-food items was also carried out, benefitting 480 families in Assamo and Sankhal, which included 48 rolls of tarpaulin, 1,600 cakes of anti-bacterial soap, 800 jerry cans of five-litre capacity and 800 jerry cans of 10-litre capacity.

These activities contributed to the improvement of 45,100 people's food security status during the distribution period. However, the effects will remain short-lived without mid- and longer-term sustainable interventions to solve the crucial problems of food security mainstays (availability, accessibility and utilization) in those localities affected by persistent drought and the high prices of staple commodities on the local market.

Distributions	Registered families		Families receiving assistance		Total number of beneficiaries
	Female-headed	Male-headed	Female-headed	Male-headed	
Phase 1 (June 2009)	5,390	2,310	4,544	1,947	45,437
Phase 2 (July 2009)	5,390	2,310	4,442	1,904	44,422
Phase 3 (Aug 2009)	5,390	2,310	4,487	1,923	44,870
Phase 4 (Nov 2009)	4,550	1,950	4,401	1,885	44,002
Total number receiving aid on a monthly basis				6,443	45,103

Food item	Quantity distributed	
	Unit	KG
Rice	22,630	1,131,500
Pulses	4,278	213,900
Sugar	1,637	81,050
Oil	4,998	99,950

Though over 50,000 potential beneficiaries were registered, the number actually receiving assistance was based on self-selection criteria (households' participation in the food-for-work programme), thus 90.2 per cent of the objective was met.

In Kenya: As reported in detail in [Operations Update no. 3](#), the Kenya Red Cross Society completed food distributions to over 1.6 million beneficiaries in the third quarter of 2009 with support from this appeal and contributions received in response to its own national drought appeal launched in January 2009. Low response to the overall Horn of Africa appeal made it difficult for KRCS to respond to the needs of communities most affected by extreme drought. A separate Emergency Appeal ([MDRKE009](#)) was launched on 17 September 2009 by the IFRC for the specific drought situation in Kenya and the most pressing outstanding needs identified in this appeal were incorporated into it.

Emergency health and care

Objective: During the emergency phase 1, preventive, community-level and curative health services are provided, in particular outbreaks of AWD and communicable diseases are prevented and outreach of public health systems are enhanced.

Expected results	Activities planned
<ul style="list-style-type: none"> • Further mortality and morbidity of 1.03 Million beneficiaries as a result of the crisis are prevented through a primary and preventative health care oriented programme. • Disease and malnutrition 'hotspots' identified and responded to. • Key health materials pre-positioned for emergency response to epidemics. • Health messages, focusing on the prevention of AWD and the promotion of better hygiene and sanitation delivered to raise community awareness and encourage behaviour change. 	<ul style="list-style-type: none"> • Assess the basic mortality and morbidity in the population as a result of the crisis, and establish a health data collection and surveillance system where required and not already existing. Share and collect/collate data with other actors especially MoH and WHO/UNICEF. • Assess the health risks of the affected population in terms of health services, prevention, health needs and risk of communicable diseases (in close consultation and integration with WatSan 'software' activities). • Provide training for epidemic response and control to a cadre of Red Cross volunteers for rapid response. • Provide basic First Aid and referral services for affected communities through 250 volunteers for 12 months. • Procure and pre-position key materials such as ORS, First Aid kits, cholera Kits and mosquito nets. • Distribute and train the community on the use of ORS and mosquito nets over 12 months. • In Somaliland and Puntland, establish six fixed and two mobile clinics, with infrastructure, staff, vehicles and supplies, focus upon nutritional surveillance and response and community outreach to vulnerable families. • Coordinate health activities with Government authorities, ministries of health, and other health actors. • Identify potential gaps in clinical capacity and response and investigate areas of further cooperation and support to ministries of health.

Progress

In Somalia: The funds allocated for the operation in Somalia were not adequate to run four full-fledged mobile clinic structures as envisaged in the initial plan of action. In consultation with the IFRC's country representation, the Somali Red Crescent Society (SRCS) revised its implementation strategy and conducted minimal activities during the fourth quarter of 2009. The allocation received was divided equally between Somaliland and Puntland zones. The focus shifted from traditional food distribution to the provision of basic health services and monitoring of malnourished children of the internally displaced and nomadic communities who have limited access to the health services.

In Somaliland, four mobile clinics run by the branches of Burao, Erigavo, Hargeisa and Lasanood were assembled and temporary staff members were engaged. The main focus was in the provision of basic health services to the rural and nomadic communities including malnutrition screening, treatment at community level and referral of severely malnourished cases.

The summary of achievements includes:

- Curative services: 13,100 patients (28 per cent were children and 51 per cent were women) treated for common health problems such as acute respiratory infections, chronic bronchitis, skin infections, diarrhoea, and intestinal worms among others ailments.
- Immunization: 11,095 children were immunized against six diseases including measles, diphtheria, pertussis (whooping cough), tetanus, tuberculosis and poliomyelitis. In addition, tetanus toxoid vaccines were administered to 3,476 pregnant and other women of child-bearing age.
- Nutrition and health education: Out of the 4,083 children screened, 143 were found to be severely malnourished and were referred for treatment while moderate cases were treated at community level using *Plumpy'nut* paste on a weekly basis. Vitamin A and iron supplements were also given to the children. (The *Plumpy'nut*, vaccines and vitamin A were supplied by UNICEF).

- During the field visits mothers were educated on proper breastfeeding, complementary feeding and basic personal hygiene.



SRCS clinic staff members vaccinating children from a village in Puntland. Photo: SRCS

The achievements made through outreach services of static clinics in the Puntland zone include:

- Curative services: 13,822 consultations.
- Immunization: 10,641 children and 3,837 pregnant women and those of child-bearing age.
- Nutrition and health education: Out of the 4,932 children screened, 81 were severely malnourished and were referred to therapeutic feeding centres run by international NGOs such as Medecins Sans Frontieres (MSF).

The SRCS worked closely with UNICEF in screening the malnourished children in the camps for internally displaced people (IDPs) in Berbera and Burao. In Puntland, seven SRCS clinics were selected to pilot the screening of children and distribution of *Plumpy'nut* for moderately malnourished children while severely malnourished children were referred to therapeutic feeding centres.

Challenges

The biggest challenge to achieving this objective was inadequate funding. Though the funding from the Horn of Africa food security appeal was exhausted, the services of the mobile health clinics will continue under the integrated health Care programme.

No other planned activities were undertaken in relation to this objective due to lack of funding. Details of the Kenya Red Cross Society's response to multiple cholera outbreaks related to the drought crisis can be found in [Operations Update no. 3](#) for this Appeal.

Water, Emergency water, sanitation and hygiene promotion

Objectives:

(a) The risk or prevalence of water-borne, sanitation and hygiene/environment related diseases has been contained and water stress reduced through the provision of adequate safe water, adequate sanitation, hygiene promotion, solid waste and waste water disposal/drainage and vector control to beneficiaries for 12 months.

(b) A rapid response capacity to address WatSan related disease 'hotspots' has been prepared and developed.

Expected results	Activities planned
<ul style="list-style-type: none"> • Increased awareness among the target population of the threat of watsan-related diseases and immediate actions to undertake to reduce incidence and severity of diarrhoeal disease. • Increased availability of safe and adequate water and reduction of water stress to 250,000 beneficiaries. • Increase watsan rapid response capacity. 	<ul style="list-style-type: none"> • Initiate and train a Red Cross volunteer-lead hygiene promotion campaign within the affected population, working closely with health authorities and existing health structures and capacities, especially where pockets of WatSan related diseases may be evident or increasing, focusing on awareness of WatSan related diseases and their primary causes, and the immediate means to address diarrhoea, procure and distribute ORS and HHWT products where appropriate and provide guidance on their use. • Improve water collection and safe storage through procurement & distribution of adequate water containers, initiate or facilitate a regular water quality testing component, especially in 'hotspots'. • Provide referral assistance, through trained Red Cross volunteer mobilisation, for persistent or acute diarrhoea cases to health facilities

<ul style="list-style-type: none"> • Improve and/or provide safe excreta disposal (pit latrines mostly) for specific safe excreta disposal for up to 10,000 beneficiaries. • Encourage improved community implemented family latrine construction for a further 100,000 beneficiaries. • Reduce disease threats from poor environmental health and sanitation conditions. • Reduce the threat from vector borne diseases. • Increased availability of water for livestock and potential fodder production. 	<p>and monitor incidence rate or trends of diarrhoea especially in 'hotspots'. Undertake household visits to families affected by diarrhoea.</p> <ul style="list-style-type: none"> • Encourage the use of 'cat method' or designated defecation areas in the first instance to improve excreta disposal. • Target up to 10,000 beneficiaries for urgent latrine construction and a further 100,000 beneficiaries for community based and implemented improved family latrine construction. • Assess where greatest needs for water supply are evident and procure hand pumps and spare parts and initiate rapid repair and maintenance of existing water sources with Red Cross volunteer, community and (where appropriate) government-supported repair and maintenance teams. • Pre-position watsan Disaster Response Kits and vector control materials and equipment to increase rapid response capacity. Train Red Cross volunteer teams for rapid deployment of the same. • Where appropriate, increase water supply for both human <i>and</i> livestock populations. Further assess and prepare for fodder production and construction of <i>new water sources</i> where appropriate. • Assess the areas initially where needs are greatest for institutional (clinics, schools) and family latrine construction and/or improvement, initiate a prioritised family latrine construction component. • Initiate the digging of solid waste pits or collection of solid waste while improving waste water or surface water drainage through Red Cross volunteer and community action.
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Progress

In Ethiopia: The ERCS signed a cooperation agreement with the stakeholders, particularly with Woreda Water and Health offices that outlined roles and responsibilities during the implementation. Community volunteers were selected based on the number of households in each targeted kebeles (ward) and in cooperation with local health offices to ensure sustainability. In total, 207 volunteers were trained in eight consecutive five-day training of trainers (ToT) sessions. Individual PHAST tool kits were produced by 13 ERCS volunteers and distributed to the trainees. Of the 207 trained, 62 were women. A total of 108 volunteers were trained in Moyale Oromyia and 99 in Moyale Somali.

A pond was rehabilitated in Ketela, Moyale Oromyia, located some 23 kilometres from Moyale Town. Rehabilitation included construction of check dams, the spill way and silt trap. Two pumps were installed in Karaya by ERCS staff and volunteers. Installation was supervised by a water engineer deployed to the area by the National Society's headquarters. The installation was done in cooperation with a local NGO active in the water and sanitation field. As a result, 3,300 people benefited from access made available to wells.

The newly trained volunteer trainers started cascading PHAST to the communities reaching 307 people in both areas of Moyale during the first round of training. As a coordination office was established in ERCS Moyale on a temporary basis to link to the emergency operation, it was agreed with the local health authorities to continue with PHAST training after ERCS completes its interventions. This will help to ensure sustainability of the intervention.

As part of sanitation activities foreseen through the project, 400 SanPlats slabs were produced and distributed in both *woredas* – 200 in each district for households that dug family latrines. By the end of December 2009, a total of 140 households had fixed the slabs to their newly dug family latrines. It was agreed with the local health office that extension workers in each *woreda* will follow-up to monitor households' utilization of the SanPlats slabs.

In Djibouti: In addition to the 240 households that benefited from the construction of ventilated improved pit (VIP) latrine, training and hygiene promotion sessions were conducted for 68 RCSD community health volunteers (48 for Djibouti city and 20 for Dikhil and Alisabieh districts). This group is now a potential resource for the NS if the need for any other intervention arises.

Twenty two groups have been organized and trained in PHAST methodology for hygiene promotion within the Balbala (periphery of Djibouti city) community's poor and exposed quarters. This same area benefited from the construction of 150 VIP family latrines. A total of 6,100 jerry cans were procured and distributed to the communities of Sankhal, Assamo and Balbala was intended to help promote the safe storage of water within their homes.

A hygiene promotion campaign, combined with the procurement and distribution of 19,600 bars of soap and water purifiers, was undertaken in Balbala, Assamo and Sankhal to further increase awareness among the target population on the threat of water and sanitation-related diseases and immediate actions they should undertake to reduce the incidence and severity of diarrhoeal disease.

Challenges

Because of low funding, it was not possible to provide safe and adequate water (10 litres per person per day) to the drought-affected pastoralists in Sankhal and Assamo. This remains an urgent need as the water purifiers distributed can only help the community through a short period of risk.

Logistics support for the emergency phase

Objective:

(a) The most urgent and relevant humanitarian goods are procured, delivered and distributed equitably to those in need, in a timely and transparent and cost-efficient manner.

(b) The operation obtains and uses effectively an appropriate transport system.

(c) Standard logistics procedures are followed and reported upon while providing training and advice to host National Societies and IFRC delegates and staff as needed.

Expected results	Activities planned
<ul style="list-style-type: none"> • Coordinated mobilization of food and relief goods; coordinated reception of all incoming goods; coordinated warehousing, centralized provision of standard vehicles as required; and coordinated and efficient dispatch of goods to final distribution points. • The IFRC will also work with the host National Societies to support and build logistics capacity through training, workshops, and providing delegates to support the logistics function. 	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Set-up supply chain and control supply movements from point of dispatch to final distribution point. • Monitor and evaluate the supply chain and provide reporting on performance. • Mobilisation and procurement activities will be coordinated by the Federation Dubai-based Regional Logistics Unit (RLU). • Liaise and coordinate action with ICRC, WFP and any other key actors to ensure that the IFRC logistics operation uses all information to be as efficient and effective as possible. • Develop an exit strategy.

Progress

The IFRC continued supporting the ERCS in sourcing food, securing storage space and contracting transport companies for activities in Amhara Region. The logistics delegate recruited for the Horn of Africa Operation has been supporting the ERCS to set-up an effective supply chain and control its supply movements throughout the operation. The food tendering process was monitored by the IFRC's HoA office and the ERCS tender committee's decisions were approved by the Committee of Contracts at the IFRC's Secretariat in Geneva. The IFRC's regional logistics unit (RLU) in Dubai facilitated the procurement process by playing an advisory role, particularly for the operation in Amhara Region.

An independent inspection company was hired by the ERCS to check quality of food both at suppliers' warehouses and at final distribution points to ensure it met IFRC's standards and those of local regulations in Ethiopia.

Challenges

The inspection of suppliers' warehouses indicated some cereal stocks had mild insect infestation so the supplier was advised to re-fumigate stocks before starting deliveries to the operational areas. It also emerged that the beans were not the specified type hence a re-tendering exercise was conducted by the ERCS. Marking of bags with relevant logos (ERCS and ECHO) took more time than planned. This, in combination with the above-mentioned issues, delayed the operation's start to the end of February 2010.

2 - Recovery Interventions (3-years and concurrent with 1 and 3) Health and care (recovery)

Objective: During the recovery phase (36 months/3 years) community-based First Aid is provided and training of epidemics response teams is carried out with a view to assisting the most vulnerable.

Expected results	Activities planned
<ul style="list-style-type: none"> Initial, highly focused primary and preventative health care programme expanded. Epidemics responded to in cooperation with MoH, WHO and UNICEF. Key health messages delivered to raise community awareness and encourage behaviour change. National Society health intervention preparedness and first response capacities strengthened and improved. 	<ul style="list-style-type: none"> Continue to provide training for epidemic response and control to a cadre of Red Cross volunteers for rapid response. Expand the initial traditional First Aid into full scale CBFA focusing on neglected groups in the existing service delivery of National Societies, including remote rural areas and nomadic and semi-nomadic pastoralist groups on a wider scale. Continue to train the community on the use of ORS and mosquito nets over 12 months. Adapt existing or develop appropriate IEC materials for community health campaigns (posters and leaflets). In Somaliland and Puntland, establish 6 fixed and 2 mobile clinics, with infrastructure, staff, vehicles and supplies, focus upon nutritional surveillance and response and community outreach to vulnerable families. Coordinate health activities with Government authorities, ministries of health, and other health actors.

Progress

These activities were not undertaken due to lack of funding.

Water, sanitation and hygiene promotion (recovery)

Objectives:

(a) Integrate and coordinate all WatSan activities with health activities and structures, government and other WatSan actors.

(b) Support further capacity building of host National Society WatSan capacities at volunteer, branch and middle management levels.

(c) Develop an integrated, community-based recovery and mid to longer-term strategy and set of activities to re-establish coping mechanisms, reduce vulnerability and restore dignity.

Expected results	Activities planned
<ul style="list-style-type: none"> Encourage improved community implementation of family latrine construction for a further 100,000 beneficiaries. Increased availability of water for livestock and potential fodder production. 	<ul style="list-style-type: none"> Assess the areas initially where needs are greatest for institutional (clinics, schools) and family latrine construction and/or improvement, initiate a prioritised family latrine construction component. Initiate the digging of solid waste pits or collection of solid waste while improving waste water or surface water drainage through Red Cross volunteer and community action.

Progress

These activities were not undertaken due to lack of funding.

Livelihoods (recovery)

Objective 1:

(a) Provide, restore, and strengthen people's food production and livelihoods in a manner that is sustainable and that builds overall self-reliance in food security.

(b) Support selected households (particularly in the pastoralist community and urban migrants) who have lost assets and therefore the ability to produce food or livelihoods through the direct provision of cash support.

Expected results	Activities planned
Djibouti	
<ul style="list-style-type: none"> More food available for distressed pastoralist communities, struggling to cope with the current food shortage. 	<ul style="list-style-type: none"> Selection of appropriate sites with water and sanitation teams. Government permission for usage and entitlement of land. Site planning for distribution of land into individual household and

<ul style="list-style-type: none"> • 5,000 households in selected areas along nomadic pastoral routes will be provided with support to clear and develop land, and fencing for the production of fodder crops. • Cash for work to support the development of sanitation structures in peri-urban areas in Djibouti. 	<ul style="list-style-type: none"> • community plots. • Setting up management committees. • Provision of tools. • Cash support for work. • Identification of water and sanitation related projects in peri-urban areas in Djibouti. • Cash support for work in support of water and sanitation teams.
Ethiopia	
<ul style="list-style-type: none"> • 5,000 households in selected areas along nomadic pastoral routes will be provided with cash for work (or food-vouchers for work if the availability of food would be too problematic) to clear and develop land, and fencing for the production of fodder crops. 	<ul style="list-style-type: none"> • Selection of appropriate sites with water and sanitation teams. • Government permission for usage or entitlement of land. • Site planning for distribution of land into individual household and community plots. • Setting up management committees. • Provision of tools. • Cash support for work.
Objective 2: Support marginal farmers, agro-pastoralists, the landless, pastoralists who have become food insecure to restore and strengthen their livelihoods through a range of schemes including asset replacement, conditional cash grants, revolving loans, strengthening community structures, production inputs, and new technologies.	
Expected results	Activities planned
Djibouti	
<ul style="list-style-type: none"> • 5,000 households will have perennial access to water, land and resources for fodder production and links to veterinary support in selected sites along pastoral migration routes to enable them to have a geographical safety net, for water and fodder, at times of stress. 	<ul style="list-style-type: none"> • Selection of appropriate sites with watsan teams, and development of water points/ harvesting (see watsan above). • Government permission for longer term use of land, site planning, plot distribution, management committee (see CFW above). • Training in fodder production through FAO/ MoA. • Development of nurseries, composting techniques. • Provision of seeds, tools, simple irrigation for fodder production. • Links to existing services and training from veterinary services, in immunisations animal healthcare.
Kenya	
<ul style="list-style-type: none"> • The livelihoods of 1,800 pastoral households most affected by drought and disease will be restored through restocking (through re-distribution) improved veterinary care, fodder production, training in hay making, training of community animal health workers. Improved breed stock and development of water sites. • The livelihoods of 18,000 farming households will be restored and strengthened through a mixture of cash grants, inputs, training, community development, and assets. 	<ul style="list-style-type: none"> • Support and development of Pastoral associations. • Community based selection and targeting of affected households. • Support from ministry for selection, veterinary care of shoats, training. • Purchase of shoats through community and local markets. • Purchase of better breeding stock. • Re-stocking through re-distribution of shoats to 1,200 families. • Distribution of better breeding stock to 600 households. • Training to 1,000 families in hay baling and storage of hay. • Training, seeds and irrigation provided to selected families for fodder production. • Support and development of farming organisations. • Provision of seeds (rice, maize, sorghum, cowpeas and green grams) and fertilizers to 18,000 farmers. • Provision of knapsack sprayers and 50 pump sets to farming organizations. • Training of farmers in use of irrigation, in diversifying production, cash cropping. • Introduction of fruit trees, quick, 2-3 years as well as 5 years.
Ethiopia	
<ul style="list-style-type: none"> • 5,000 pastoral households in 	<ul style="list-style-type: none"> • Selection of appropriate sites with watsan teams, and development

<p>the Afar region will have perennial access to water (see watsan), land and resources for fodder production in selected sites along pastoral migration routes</p> <ul style="list-style-type: none"> • 5,000 agro-pastoral and marginal farming households will strengthen their livelihoods through the development of farm and non-farm livelihoods, the natural resource bases, access to credit and other services. 	<p>of water points/ harvesting (see watsan above).</p> <ul style="list-style-type: none"> • Government permission for longer term use, site planning, management committee. • Training in fodder production through FAO/ MoA. • Development of nurseries, composting techniques. • Provision of seeds, tools, simple irrigation for fodder production. • Agreement with FAO/GoE on partnership within the existing project on improving nutrition and household food security. • Community action planning agreement on input packages for credit (livestock, poultry, vegetable gardens, fruit trees, trees for fuel, fodder production, water harvesting structures, fuel saving stoves, pit latrines, vocational training). • Establishment of credit system, training of savings & credit groups. • Development of nurseries. • Links with veterinary services.
<p>Objective 3: Support households that have dropped out from livelihoods or are only seasonally able to produce or access food, to diversify their livelihood options, obtain training, and receive cash and loan support to start new livelihoods. Livelihood diversification will include learning new marketable skills, facilitating new enterprises that add value to existing livelihoods and support the development of minor transport or communication enterprises to develop market access.</p>	
<p>Expected results</p>	<p>Activities planned</p>
<p>Djibouti</p>	
<ul style="list-style-type: none"> • (Pilot) 250 urban and peri-urban household drop-outs from pastoralism are enabled to start alternative livelihoods as part of a pilot, through conditional cash grants, training and marketing support in the urban informal sector • 5,000 vulnerable pastoral household drop-outs in selected locations in urban, peri –urban and rural areas are able to diversify their livelihoods to be more food and income secure throughout the year. 	<ul style="list-style-type: none"> • Training of staff with the support from FAO and finalisation of programme rollout. • Targeting and selection of beneficiaries using agreed selection criteria. • Market and livelihoods study to make an assessment of viable informal sector and rural livelihoods. • Development of grant packages. • Sourcing of training and marketing support. • Development of peer groups. • Opening of bank accounts. • Provision of training. • Release of grants in instalments. • Monitoring of usage and outcomes of grants. • Review, learning and development of larger project.
<p>Kenya</p>	
<ul style="list-style-type: none"> • 5,000 households from within agro-pastoral and pastoral communities are enabled to earn alternative incomes, increase food production and become more resilient to food insecurity. 	<ul style="list-style-type: none"> • As above, but with specific training and toolkits provided for bee-keeping. • Promotion of fruit marketing. • Training of 4 women’s groups in handicraft making.
<p>Ethiopia</p>	
<ul style="list-style-type: none"> • 5,000 households from within agro-pastoral and pastoral communities are enabled to earn alternative incomes, increase food production and become more resilient to food insecurity. 	<p>As above (Djibouti).</p>

Progress

In Djibouti: In close coordination with the National Society, the IFRC facilitated the arrival and set-up of British Red Cross in Djibouti and gave full support to its bilateral intervention. Among 1,000 target families, 250 peri-urban households were enabled to start alternative livelihoods through conditional cash grants for livelihood activities.

Challenges

No real progress could be made on these objectives with the limited funding received.

3 - Risk reduction efforts and capacity building (concurrent with 1 and 2)	
Objective 1: Build immediate to long-term support to reinforce resilience, and to protect assets from being lost through distress sales.	
Expected results	Activities planned
Djibouti	
<ul style="list-style-type: none"> Development of community based structures and management systems in all areas that DRCS is working to ensure that community based systems to protect key assets are introduced. 	<ul style="list-style-type: none"> Training of community level animal health workers. Training and support for the development of savings and credit institutions.
Kenya	
<ul style="list-style-type: none"> Development of community based structures and management systems in all villages that KRCS is working to ensure that community based systems to protect key assets are introduced. 	<ul style="list-style-type: none"> Training in the development of seed banks for farming communities. Training of community level animal health workers. Training and support for the development of savings and credit institutions.
Ethiopia	
<ul style="list-style-type: none"> Development of community based structures and management systems in all villages that ERCS is working to ensure that community based systems to protect key assets are introduced. 	<ul style="list-style-type: none"> Training in the development of seed banks for farming communities. Training of community level animal health workers. Training and support for the development of savings and credit institutions.
Objective 2: Develop capacities and methodologies for longer-term food security, risk reduction, and livelihood programming.	
Expected results	Activities planned
<ul style="list-style-type: none"> Early warning and surveillance systems in place for key areas, and participation in surveillance systems to include FEWS and basic health in cooperation with UN and other agencies. 	<ul style="list-style-type: none"> Setting-up of early warning surveillance and reporting systems in relation to drought, animal sales, crop failure, and malnutrition.
<ul style="list-style-type: none"> Trained early response and recovery capacity in livelihoods within National Societies. 	<ul style="list-style-type: none"> Training in livelihoods, methodologies for response.
<ul style="list-style-type: none"> Regional peer learning. 	<ul style="list-style-type: none"> Setting-up on-line fora to share reports and learning during implementation stage across all participating national societies.

Progress

No progress was made towards achieving these objectives due to lack of funding.

Communications – Advocacy and Public Information

While there was significant international and national media attention for this operation in its first full year (2009), there were not any new advocacy or media campaigns launched in 2010. Instead, these types of activities were incorporated into or carried out as part of country-specific appeals or projects.

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.

Contact information

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[<Financial statement attached below; Click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDR64003 - Horn of Africa - Exceptional Food Security Crisis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/10-2010/12
Budget Timeframe	2008/10-2013/12
Appeal	MDR64003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	75,760,326					75,760,326
B. Opening Balance	0					0
Income						
Cash contributions						
<i>Andorra Government</i>	11,152					11,152
<i>Australian Red Cross (from Australian Government)</i>	460,395					460,395
<i>Belgian Red Cross (Flanders) (from Belgian Federal Government)</i>	754,489					754,489
<i>British Red Cross</i>	468,118					468,118
<i>Cyprus Red Cross</i>	639					639
<i>European Commission - DG ECHO</i>	2,415,459					2,415,459
<i>Finnish Red Cross (from Finnish Government)</i>	1,427,708					1,427,708
<i>Irish Red Cross</i>	67,823					67,823
<i>Japanese Government</i>	1,185,818					1,185,818
<i>Japanese Red Cross</i>	247,100					247,100
<i>Libyan Red Crescent</i>	10,000					10,000
<i>Luxembourg Government</i>	152,952					152,952
<i>Monaco Red Cross</i>	36,906					36,906
<i>New Zealand Red Cross</i>	19,980					19,980
<i>Nordea Life & Pensions SA</i>	115,960					115,960
<i>Oman - Private Donors</i>	4,399					4,399
<i>Swedish Red Cross</i>	464,549					464,549
<i>Swedish Red Cross (from Swedish Government)</i>	3,427,752					3,427,752
<i>Swiss Red Cross</i>	128,073					128,073
<i>Swiss Red Cross (from Swiss Government)</i>	272,156					272,156
<i>Unidentified donor</i>	-70					-70
<i>United Arab Emirates Red Crescent</i>	239,926					239,926
<i>WFP - World Food Programme</i>	154,294					154,294
C1. Cash contributions	12,065,576					12,065,576
Outstanding pledges (Revalued)						
<i>European Commission - DG ECHO</i>	499,813					499,813
C2. Outstanding pledges (Revalued)	499,813					499,813
Inkind Personnel						
<i>British Red Cross</i>	64,900					64,900
<i>Canadian Red Cross</i>	12,613					12,613
<i>European Commission - DG ECHO</i>	6,200					6,200
C5. Inkind Personnel	83,713					83,713
Other Income						
<i>Services</i>	-5,798					-5,798
C6. Other Income	-5,798					-5,798
C. Total Income = SUM(C1..C6)	12,643,303					12,643,303
D. Total Funding = B + C	12,643,303					12,643,303
Appeal Coverage	17%					17%

International Federation of Red Cross and Red Crescent Societies

MDR64003 - Horn of Africa - Exceptional Food Security Crisis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/10-2010/12
Budget Timeframe	2008/10-2013/12
Appeal	MDR64003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	12,643,303					12,643,303
E. Expenditure	-11,786,531					-11,786,531
F. Closing Balance = (B + C + E)	856,772					856,772

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Appeal	MDR64003
Budget	APPEAL

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		75,760,326					75,760,326	
Supplies								
Shelter - Relief		41,626				41,626	-41,626	
Construction Materials	407,440						407,440	
Food	13,362,181	2,425,604				2,425,604	10,936,577	
Seeds, Plants	375,000						375,000	
Water & Sanitation	2,889,221	66,019				66,019	2,823,201	
Medical & First Aid	1,506,490	18,884				18,884	1,487,606	
Teaching Materials	495,000						495,000	
Utensils & Tools	361,667	23,433				23,433	338,234	
Other Supplies & Services	5,211,428	6,292				6,292	5,205,136	
Total Supplies	24,608,427	2,581,858				2,581,858	22,026,569	
Land, vehicles & equipment								
Vehicles	460,000						460,000	
Computers & Telecom	212,500	21,765				21,765	190,735	
Office/Household Furniture & Equipm.	1,975,842	30,301				30,301	1,945,541	
Others Machinery & Equipment	2,930,637						2,930,637	
Total Land, vehicles & equipment	5,578,979	52,066				52,066	5,526,913	
Transport & Storage								
Storage	225,425	88,506				88,506	136,919	
Distribution & Monitoring	263,047	42,603				42,603	220,444	
Transport & Vehicle Costs	4,467,033	211,092				211,092	4,255,941	
Total Transport & Storage	4,955,505	342,201				342,201	4,613,304	
Personnel								
International Staff	8,260,629	1,012,564				1,012,564	7,248,066	
Regionally Deployed Staff	20,000						20,000	
National Staff	1,439,099	46,267				46,267	1,392,831	
National Society Staff	9,809,006	188,329				188,329	9,620,677	
Consultants	1,228,795	329,021				329,021	899,774	
Total Personnel	20,757,529	1,576,181				1,576,181	19,181,348	
Workshops & Training								
Workshops & Training	3,698,545	5,686				5,686	3,692,859	
Total Workshops & Training	3,698,545	5,686				5,686	3,692,859	
General Expenditure								
Travel	805,263	179,068				179,068	626,195	
Information & Public Relation	368,634	58,311				58,311	310,323	
Office Costs	2,646,982	128,675				128,675	2,518,307	
Communications	2,416,030	48,490				48,490	2,367,540	
Professional Fees	49,394	35,647				35,647	13,747	
Financial Charges	23,714	-85,474				-85,474	109,188	
Other General Expenses	4,927,468	3,189				3,189	4,924,279	
Total General Expenditure	11,237,485	367,906				367,906	10,869,579	
Contributions & Transfers								
Cash Transfers National Societies		5,977,466				5,977,466	-5,977,466	
Total Contributions & Transfers		5,977,466				5,977,466	-5,977,466	
Programme & Service Support								
Programme & Service Support	4,923,855	793,583				793,583	4,130,273	
Total Programme & Service Support	4,923,855	793,583				793,583	4,130,273	
Services								
Services & Recoveries		88,734				88,734	-88,734	
Services & Recoveries		-91				-91	91	
Shared Services		750				750	-750	

International Federation of Red Cross and Red Crescent Societies

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Budget Timeframe	2008/10-2013/12
Appeal	MDR64003
Budget	APPEAL

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		75,760,326					75,760,326	
Total Services		89,393					89,393	-89,393
Operational Provisions								
Operational Provisions		190					190	-190
Total Operational Provisions		190					190	-190
TOTAL EXPENDITURE (D)		11,786,531					11,786,531	63,973,794
VARIANCE (C - D)		63,973,794					63,973,794	