

Emergency appeal n° MDRET011

GLIDE n° OT-2011-000154-ETH

Operation update n°1

15 November 2011

Period covered by this Ops Update: 28 October to 11 November 2011;

Appeal target (current): CHF 623,771;

Appeal coverage: 10% [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was launched on 28 October for CHF 623,771 for 6 months to assist from 3,000 to 10,000 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 185,000 was initially allocated from the Federation's DREF to support the national society to respond.



Sudanese refugees living with host community near Sherhole village in Benishangul-Gumuz region. Source: IFRC.

Summary: The need for support to this is Emergency Appeal is growing, as anticipated. Recent commitments by a number of Partner National Societies (PNS) by way of pledges to the Sudan Population Movements into Ethiopia are much appreciated (see details later). As of last week the influx of refugees is increasing further than expected and the contingency numbers of 50,000 in UNHCR planning are proving to be more than realistic and there will be more asylum seekers expected due to unstable security issues in Kurmuk, Sudan. It is feared that there can also be other untraced people along the border which calls for serious follow up in order to save their lives, but UNHCR is reluctant at this time to confirm the large numbers reported to be pressing on the border. However, it is likely that the numbers crossing into Ethiopia, now as far south as the Gambella region, have to be expected to increase.

Most of the refugees have been reallocated to Tongo camp which has about 5,200 persons as of November 3, 2011, already above the original number planned for in this Appeal. Consequently, the ERCS intervention will, as expected, be required to surge further, making ongoing support of this Appeal important. It has been agreed that agencies are required to submit their movement plan directly to ARRA by copying to UNHCR prior to their movement. ARRA has been provided a copy of the Emergency Appeal and will also receive the detailed Plan of Action (PoA) next week. At the recent IASC meeting in Asosa, chaired by UNHCR Representative to Ethiopia, the ERCS was appreciated for its valuable contribution in support of the Sudanese Emergency operation in various aspects mainly its quick measure when it was asked to evacuate wounded and injured people from various entry points which complemented the health service provision endeavours. It is reported that the general security situation of the region is calm. However, monitoring of check points has tightened by the Federal police and the army. WFP confirmed the availability of enough food stock for possible influx from the other side of the border. Mental health problems are regarded as one of the untouched areas to be dealt with as there are refugees in need of this service. It is believed that the local population of the refugee impacted areas should benefit from similar health service provision.

The National Society appreciates the financial contribution from British Red Cross to this Appeal.

The situation

According to The Administration for Refugee and Returnee Affairs (ARRA) and UNHCR, the number of Sudanese refugees crossing through official border crossings (Kurmuk and Geizan) has decreased, but the number of refugees coming through unofficial crossings has increased. The Sudanese Armed Forces (SAF) has seized Kurmuk and Geizan and is now controlling the border. The numbers of refugees are expected to increase in the coming weeks since fighting in Sudan's Blue Nile State is ongoing and local rains have ceased in the Sudan-Ethiopia border. ARR continues providing primary health care services in Ademazine, Tongo and Sherkole. In Sherkole, basic health services including emergency obstetrics, immunization program and other activities are being provided by ARRA. However, in the newer camps of Tongo and Ademazine (transit centre) there are still some basic health services not being provided.

UNHCR has increased its planning figure for 2011 to 50,000 new arrivals from Sudan (from 35,000) and estimates that approximately 28,000 refugees have crossed the border since the beginning of September 2011. Unconfirmed reports are that there are many more refugees hiding in the forests along the border as far south as Gambella and contingency preparations are being made for a transit center at Gambella. Tongo is the closest camp to these new crossing points. Latest figures as of 1 November, 15,169 Sudanese refugees were registered in the two camps at Sherkole and Tongo and in the transit centre, including more than 11,000 registered since the beginning of June. Most of the 28,000 new refugees have arrived due to the fighting in the Blue Nile State in early September and are still scattered along the border in makeshift shelters and/or staying with acquaintances in local communities.

As both Sherkole and Tongo camps have over-reached their capacity of 8,000 and 3,000 refugees, UNHCR and ARRA have agreed with regional authorities in Benishangul Gumuz to extend both camps to accommodate 15,000 and 10,000 refugees respectively. A recent nutrition screening in the refugee camps and surrounding host communities showed a relatively stable nutrition situation, with the exception of Tongo camp, where a 2.8 per cent rate of severe acute malnutrition was recorded (the emergency threshold for SAM is 2 per cent). Based on a recent assessment in refugee-hosting areas, UNHCR and WFP have recommended the provision of two months of food assistance for 22,000 people in the host community. The host community is chronically food insecure and has seen livelihoods eroded as a result of the refugee influx.

Coordination and partnerships

Since the beginning of the operation, the ERCS Branch has been actively coordinating the Red Cross response. Since the IFRC Ethiopia Country Office, the IFRC Operations Support Unit (IFRC-OSU) the ICRC and Partner National Societies in country support the Asosa Branch great effort has been taken to ensure coordination specifically complementarity between the Federation and the ICRC support to the ERCS, especially in those areas of assistance covered in this appeal. The Federation will maintain close communication with the ICRC delegation in Addis Ababa as well as with their proposed team in Asosa. The IFRC-OSU is staffed by a head of operations, a logistics coordinator, a health coordinator and a WatSan coordinator. The IFRC Ethiopia Country office provides support in the areas of reporting, logistics, finance and administration.

The ERCS, supported by the IFRC, leads the Monthly Movement Cooperation Meetings (MCM) at country level. The MCM is a forum for the Movement partners in-country to update each other on their activities, share experiences, discuss cross-cutting issues and coordinate interventions.

The ERCS/IFRC continues to attend the weekly ARRA /UNHCR task force meeting at both Addis HQ and Asosa levels, which informs the IASC and other partners of the latest developments and acts as a coordinating body for assistance to both the host and the displaced communities in the camps. A Letter of Understanding (LoU) has been signed between ARRA, UNHCR and the ERCS to ensure a well coordinated assistance. Additionally, the ERCS Asosa branch continues providing assistance at Kurmuk, Sherkole and now in Tongo camps in coordination with UNHCR and ARRA in Benishangul region.

National Society Capacity Building: In addition to this new appeal, the Ethiopian Red Cross Society, supported by the IFRC and PNS, is currently scaling up operations under the Horn of Africa Drought Revised Appeal (Ethiopia). The National Society has experience of implementing food security and drought response operations in different parts of the country for many years. It also has also previous experience with displaced populations fleeing conflict and famine from both Sudan and Somalia. *However it is clear that to respond to another operation, attention and support is needed to strengthen the ERCS capacity across the board. To mitigate over-loading with new activities and draining capacity from the ERCS, services for this operation have been harmonized where ever possible to similar activities and deliverables in the Horn of Africa Drought appeal for Ethiopia. These will be noticed when comparing objectives and deliverables in each Appeal.*

Since the onset of the situation ERCS Benishangul Gumuz Regional branch at Asosa has demonstrated effective and pro-active intervention within their existing capacity and continues to be actively assisting in supporting services to the influx of refugees from Sudan. The branch has now received funds from the DREF allocation and as well as the new pledges mentioned. This will permit them to procure and provide additional first aid kits, organize further first aid teams of six volunteers and four staff including drivers deploying two vehicles: one ambulance and one service vehicle. Wounded disarmed combatants and civilians were assisted and transported to Sherkole refugee camp clinic and Asosa hospital by the ERCS ambulances whose costs are supported by the ICRC. However, the proposed operation is growing in size with further influxes of refugees and will require the branch to be significantly reinforced to sustain and expand its activities to deliver the proposed action. The current emergency operation will be incorporating and addressing certain National Society capacity building elements related to emergency response, water and sanitation, health and branch capacity building to deliver better services to the communities during emergencies.

Red Cross and Red Crescent action

The ERCS branch in Benishangul Gumuz (Asosa) initially assessed the situation and the condition of the displaced people in affected areas. The main findings reported lack of food, shelter, sleeping mats, drinking water and sanitation facilities. An assessment was carried out from 30 September to 7 October by a multi-disciplinary assessment team from ERCS and IFRC in the Benishangul Gumuz region and confirmed the needs identified by the branch. This assessment report is available and can be circulated upon specific request. The branch's main activities are:

- Membership drive
- Dissemination
- Youth clubs
- Restoration of Family Links (RFL)
- 24 hour ambulance service
- First Aid services
- Essential drug pharmacy

For the present emergency, the branch is providing two ambulances to assist injured refugees and RFL services. Sixty (60) volunteers assisted in the installation of tents in Adamizin transit centre. The assessment team identified the branch needs for further support in order to scale-up activities and to keep providing ambulance and health services to the refugees.

The ERCS health and IFRC-OSU health coordinators went on a field visit to Asosa from 27 to 31 October to discuss with the ERCS branch secretary and agree on coordinating the way forward for the Emergency Appeal. Discussions were held with relevant health and nutrition sectors especially with ARRA and UNHCR in order to consolidate the information collected during the visit and come up with specific recommendations. Meetings were also held with other agencies providing assistance in the Benishangul Gumuz region. During the visit the following information was collected and will give further direction to the Plan of Action being developed:

- ARRA health centre is in need of drugs, equipment and furniture. They also requested for additional staff.
- Asosa hospital reports receiving a greater number of injured people and consequently, being in need of medical supplies and equipment.
- After the meeting held between ARRA/UNHCR and ERCS the following topics were discussed for possible activities in Tongo camp to be carried out by ERCS: Community based management of acute malnutrition, epidemic control and surveillance, immunization and cold chain, first aid kits, psychosocial support (community based).
- UNICEF is willing to work together with ERCS branch in the area of trainings and if required, provision of supplementary feeding equipments and materials.

The ERCS Asosa Branch has provided the following details from the ARRA/UNHCR on the current situation in the camps/transit centers. Further details will be provided in the plan of action as it becomes available

Table1: Situation in camps and transit centers

Services	Ademazine	Tongo	Sherkole	Kurmuk
Primary health care	Provided	Provided	Provided	Absent
Basic emergency obstetric and newborn care	Absent	Absent	Details yet TBC by ARRA	Absent
Comprehensive emergency obstetric and newborn care	Absent	Absent	Yet TBC by ARRA	Absent
Delivery room	Absent	Absent	Yet TBC by ARRA	Absent
Mosquito net distribution	Delayed	Delayed	Yet TBC by	NN/

			ARRA	
Extended program of immunizations	Absent (children vaccinated against measles and polio)	Absent (children vaccinated against measles and polio)	Yet TBC by ARRA	TBC
Cold chain	Absent	Absent	Yet TBC by ARRA	TBC
Referral	Provided	Provided	Yet TBC by ARRA	Provided
Human resources present	2 nurses, 1 TBA	1 pharmacist, 6 nurses	Yet TBC by ARRA	N/A
Staff Needed	1 doctor, 3 midwives, 2 TBA, 1 laboratory technician, 1 laboratory assistant, 1 pharmacist, 1 immunizer, 1 counselor	1 doctor, 3 midwives, 3 TBA, 1 laboratory technician, 1 laboratory assistant, 1 immunizer, 1 counselor	Yet TBC by ARRA	2 nurses, 1 midwife

*TBA= Traditional Birth Attendant

Health services, including Sexual Gender Based Violence (SGBV), Voluntary Counselling and Testing services (VCT), Prevention of mother to child transmission (PMTCT), Antiretroviral (ARV) provision and others are not being provided.

In addition, a health, logistics and WatSan officers are currently being recruited by the ERCS to act as counterparts to the IFRC health, logistics and WatSan coordinators. The ERCS, supported by the IFRC-OSU is finalizing a response plan of action (PoA) based on the above information to address the deliverables laid out in this Appeal. The PoA is available and will be circulated to PNS representatives Ethiopia and the Regional Office in Nairobi and to other PNS upon request.

Progress towards outcomes

ERCS branch in Asosa has continued providing ambulance service and first aid to the influx of Sudanese refugees. Not all activities described below have initiated but with the provision of additional funds both from the DREF and recent pledges from PNS, the branch can now expand both their staffing and procurement to drive these forward in the coming weeks. Contributions to this Appeal have now started to arrive as noted in the introduction and these much appreciated funds will enable the branch to start the most immediate activities in Sherkole and Tongo camps. A detailed plan of action is currently being drafted to better detail the response activities in Benishangul-Gumuz region in the areas of relief support, emergency health and care, WatSan and Disaster Risk Reduction. Some additional NFI items and additional CBFHA services have been identified since the Emergency Appeal was launched in consultation with the ARRA/UNHCR coordinators and are included below. These will be taken from ERCS existing stocks and will be included in the mobilisation table for replenishment.

Relief Support (basic non-food items)

Outcome: To improve the overall status of up to an initial 2,000 households in camps in Benishangul-Gumuz and reinforce the interventions undertaken by humanitarian agencies in the region for 6 months.	
Outputs (expected results)	Activities planned
Appropriate non-food items are distributed to targeted beneficiaries in an efficient and transparent manner following well- establish best practices, SPHERE and other guidelines and SoP.	<ul style="list-style-type: none"> Develop Letter of Understanding (LoU) or agreements between the Government of Ethiopia (ARRA), UNHCR and the ERCS to ensure well coordinated assistance. Leasing of three vehicles with Red Cross logo will ensure wider access for ERCS staff relief teams and volunteers. Procurement of two motor bikes to support volunteer management, relief coordination, health and tracing (in coordination with the ICRC existing support in RFL) activities in camps will expand the access and efficiency of these activities as the camp population grows. Procurement and distribution of 2,000 kitchen sets or other

	<p>additional NFI items as agreed through the NFI cluster to ensure better living conditions in the camps.</p> <ul style="list-style-type: none"> • Procurement of 20 tents of various sizes will reinforce local authority capacity to provide facilities for administration, education and health services in the camps and at health centres. • Provision and distribution, as and where required, of up to 400 family tents from the ERCS existing stock and replacement from the mobilisation table. • Procurement/replacement of ambulances for ERCS branch in Asosa. (This support will be agreed and coordinated in consultation with ICRC who support these ERCS activities and details recorded in later Ops Updates) • Contract local service providers to transport NFI and any other relief services that may emerge from hubs to the distribution points. • Mobilize volunteers for facilitating beneficiary identification and relief distributions. • Identify beneficiaries: agree on distribution lists including verification and validation. • Monitoring, evaluation and reporting.
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Progress: A Letter of Understanding between the Government of Ethiopia (ARRA), UNHCR and the ERCS has been signed stating that ERCS will reinforce the capacity of the camp workers to provide timely and appropriate NFI, Health (including First aid, Ambulance and Tracing) & WASH services in Tongo and partly in Sherkole Refugee Camps.

Challenges: Procurement: IFRC-OSU logistics are supporting the ERCS procurement process to expedite the delivery of all NFI items. The branch supplies have dwindled limiting distributions until the new stock arrives but activities continue with the beneficiary identification and liaison with the camp managers.

Emergency health and care	
Outcome: To support ongoing ARRA health programs to improve health status of up to 10,000 people in Tongo camp and adjacent host communities for 6 months.	
Outputs (expected results)	Activities planned
The health status of the population is improved through improved access to medical professionals and thus management of injuries, illness and prevention, early detection and response to epidemics and reduced nutrition.	<ul style="list-style-type: none"> • Recruitment and deployment of health professionals (1 medical doctor, 2 midwife nurses, 1 hygiene promotion officer) which will reinforce the quality and effectiveness of support to the camp activities under the guidance and supervision of ARRA medical director in the camp. • Procurement and provision of drugs and medical supplies for health facilities in the camps and for the Asosa Hospital will improve supply of pharmaceuticals and increase treatment capacity in health centres. • As a contingency the ERCS may if requested support WFP in providing supplementary feeding as an essential health intervention, in case there is an increase in needs within the camps.
The Wounded and sick receive effective treatment through improved ambulance and First Aid services and well supplied health facilities.	<ul style="list-style-type: none"> • Reinforcement of ambulance and first aid services in both camps • Procurement of an ambulance for ERCS branch in Asosa if needed after consultation with the ICRC who supports this service. • Procurement and provision of drugs and medical supplies for health facilities in the camps and for the Asosa Hospital • Procurement of a cholera bed for the isolation centre and bed sheets (40 beds). • Strengthen and expand the health centre capacity to manage isolation cases and reduce risk of contagion in the host and displaced populations. • Deploy 250 volunteers trained in First aid and on epidemic control
Improve community health awareness	<ul style="list-style-type: none"> • Development, printing and distribution of IEC materials with key

in both host and beneficiary populations	<p>health messages. This will improve reach and effectiveness of information to beneficiaries and host communities.</p> <ul style="list-style-type: none"> • Carry out social mobilisation and health promotion campaign activities.
Sustainably contribute to an improved health status of the population in the drought affected woredas through regular health activities based on Community Based Health and First Aid interventions.	<ul style="list-style-type: none"> • Training of 100 Red Cross volunteers on Epidemic Control for Volunteers Manual and Toolkit. • This is an additional activity agreed recently and will be included in ERCS capacity building activities. Distribute 5,000 mosquito nets (1 per 2 persons).

Progress: The recommendations from the health team visit (27-31 October) have been incorporated into the PoA and as a working concept paper for the Asosa Branch to mobilise the new funds arriving at the branch. A contact has been established with the ICRC health team about to be deployed to Asosa and close co-ordination between the two Movement partners on health issues and support to the ERCs will be maintained by the IFRC-OSU Health Coordinator.

Challenges: Recruitment and procurement process are proving slower than anticipated. IFRC-OSU is scaling up additional technical support to address these and as noted action is being initiated on the HR front.

Furthermore, decisions will have to be made regarding the protocols for the use of Red Cross recruited health care professionals in ARRA run health clinics. To support the health materials and equipment the costs need to be known and then put in to the PoA. ERCS is interested in doing PSP activities, and there is a need for that in the camp. However, HR resources & capacity are the challenge.

The ICRC is already supporting the ERCS in ambulance and RFL as well as in ensuring complementarity and avoiding duplication. It has been agreed that ICRC will advise the ERCS/IFRC on further support. The details of this potential further support will then be reflected in this appeal through future Operations Updates and the PoA.

Water, sanitation, and hygiene promotion

Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to 2,000 families (10,000 beneficiaries) in Sherkole and Tongo for 6 months.	
Outputs (expected results)	Activities planned
The health status of the population is improved through improved access to clean and safe water supply, adequate sanitation and hygiene promotion according to SPHERE standards.	<ul style="list-style-type: none"> • Assess the existing coverage with a view of ensuring availability of adequate water supply sanitation facilities and hygiene awareness.
<p>Improve water supply in Sherkole and Tongo.</p> <p>Establish two teams of volunteers dealing with household water treatment by end of six months.</p> <p>Distribute 360,000 water treatment tablets by end of six month.</p>	<ul style="list-style-type: none"> • Provide safe water to 2,000 families as permanent water source is installed/restored. • Procurement of 360,000 water treatment tablets for 2,000 households (HHs). • Training of 20 volunteers on household water treatment. • Distribution of 360,000 water treatment tablets. • Monitoring household water treatment and use.
Sanitation facilities in Sherkole and Tongo will be improved.	<ul style="list-style-type: none"> • Provide appropriate sanitation to 250 people (5x50) by constructing 50 semi-permanent family latrines. • Monitoring the use of latrines.
<p>Improve community health and hygiene awareness in both host and beneficiary populations.</p> <p>Establish two viable and sustainable hygiene promotion teams by end of six month.</p>	<ul style="list-style-type: none"> • Prepare materials for hygiene promotion for 2,000 families in the 2 locations. • Training of the 40 PHAST ToTs volunteers. • Training of the PHAST groups. • Disseminating hygiene and sanitation messages to the 10,000 family members. • Monitoring the hygiene promotion activities.

Progress: With transfers of new funding activities as described in the “Progress towards outcome” introduction section, recruitment of additional staff will permit the proposed expansion of activities in the WASH sector.

Challenges: Same challenges as for Emergency Health and Care

Disaster Preparedness and Risk Reduction

Outcome: Reduce socio-economic impact in the affected area through community based programming to identify and address disaster risk and to build resilience.	
Outputs (expected results)	Activities planned
Enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement.	<ul style="list-style-type: none"> Strengthened kebele and woreda community committees to implement DP and DRR activities through training and resources. Launching community awareness campaign in DP and DRR including contingency plans at the community level.
Disaster Risk Reduction (DRR) approaches have been incorporated in all recovery sectors.	<ul style="list-style-type: none"> Branch staff develop skills to strengthen livelihoods. Provide technical training to help host and affected families to reconstruct livelihoods
Branch staff benefit from improved knowledge and training	<ul style="list-style-type: none"> Organise training for volunteers, in DRR modalities. Procurement of IT and office equipment.

Progress: Same as for the progress mentioned in the water, sanitation and hygiene promotion component.

Challenges: Same as for the challenges mentioned in the Emergency Health and Care component.

Logistics Support

While in many situations logistics is a cross-cutting support to the operation and would not be an Appeal objective on which to report in this case the training and capacity building functions are being included as objectives. In addition, the IFRC-OSU will provide support to the ERCS HQ and Asosa Branch in implementing the emergency operation including logistics, procurement and supply-chain management. A logistics and procurement plan for the operation will be developed by ERCS supported by IFRC. On the job training and development of ERCS, branch capacity in logistics will be included. Logistics support training and capacity building activities will, wherever possible be harmonized and coordinated, with those supporting the Drought Operation to maximise the efficiency and resources of the ERCS.

Outcome: Humanitarian goods are procured, stored, delivered and distributed in a timely, transparent and cost-effective manner.	
Outputs (expected results)	Activities planned
<p>Well coordinated mobilization of relief goods;</p> <p>Coordinated delivery to the operational areas ensuring proper storage and distribution to affected communities;</p> <p>Provision of all necessary vehicles for the operation and effective fleet management;</p> <p>The Federation will also work with the Ethiopian Red Cross Society to support and build logistics capacity through training, workshops, and providing delegates to support the logistics function.</p>	<ul style="list-style-type: none"> Conduct emergency needs and capacity assessments. Assist the ERCS branch in setting up effective and efficient supply chain and provide reporting on performance. Support the ERCS in developing detailed logistics and procurement plan for the operation. Reinforce the fleet needs to deliver the assistance. To meet recent increased demands for logistic capacity. Advise on efficient delivery of operation supplies and materials supplies and control supply movements from the point of dispatch to the end user. Assist the operation in delivering services for the communities including procurement of goods, services and other equipment. Necessary for effective implementation of the planned activities. Support Procurement of all supplies in the PoA and budget. Advise on contracting of local service providers to transport goods from hubs to the distribution points. Support logistics training and knowledge development

Progress: The IFRC Regional Logistics Unit has published a mobilization table which is available on the Federation's [Disaster Management Information System](#) (DMIS)

The Logistics Coordinator is now in communication with the new UNHCR Supply Manager on developing needs in NFI as noted in the tables above.

Communications – Advocacy and Public information

The background to this emergency is both sensitive and at the same time relevant in terms of how the operation may well evolve. Maintaining timely and accurate information between the field and other major stakeholders will be important for resourcing this emergency which has to compete with the needs on the Eastern border of Ethiopia. Therefore, the communications activities outlined in this Appeal are aimed at harmonising the separate but equally important objectives in supporting the National Society to improve their communications capacities and develop appropriate communication tools and products to support effectively both operations.

A communications plan of action will be developed with the National Society that puts an emphasis on both positive media relations and producing content that outlines the needs of the affected populations and the positive information feedback of the operation.

Outcome: The profile and position of the host national society and the IFRC are enhanced, leading to increased availability of funds and other resources to support this and future emergency operations. This will be coordinated with the same objectives for the Horn of Africa Drought Appeal for Ethiopia.	
Outputs (expected results)	Activities planned
Communications products are made available to media and stakeholders.	<ul style="list-style-type: none"> News releases, fact sheets, video, photographs and interviews with qualified spokespeople are developed and made available to media and key stakeholders. Direct outreach will be coordinated with the Host National Society and conducted with national and international media. The launch of this appeal and other major milestones throughout the operation will be supported with people-centred, community level diverse content, including web-stories, video footage and photos will be posted to ifrc.org and shared with other global humanitarian web portals and international media An IFRC communications officer will be deployed to launch a communications/media pilot project to include training of HQ and branch staff leaders. The pilot will include field practice in coordinating the gathering and dissemination of communication materials, liaising with and supporting the Host National Society and acting as spokesperson/media relations focal point for international media.
Existing and potential donors, national societies and other partners receive and use high quality communications materials and tools they need to raise funds and build awareness for this emergency.	<ul style="list-style-type: none"> A communications tool-kit will be developed and distributed to key stakeholders that includes draft news releases, opinion pieces linking the operation to IFRC advocacy priorities (e.g. early warning, emergency health, IDRL), key messages, talking points, reactive lines addressing existing and potential risks to reputation, beneficiary profiles, photos, extended captions and access to video footage for use in the partners' domestic markets. Conference calls for global communicators will be held as needed to share updated information and to understand emerging opportunities and needs in the communications arena.
ERCS Staff and Branch benefit for improved knowledge and training	<ul style="list-style-type: none"> Training in basic communications skills is included in courses for volunteers, national disaster response team (NDRT), health and hygiene teams.

Progress: A new ERCS head of Communications has been appointed and will lead the proposed pilot project with the support of the IFRC-OSU. The project plan proposal will be in place for approval once he is in place next week.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

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1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.