

Emergency appeal n° MDRET011
GLIDE n° OT-2011-000154-ETH
Operation update n°2
30 November 2011

Period covered by this Update: 15 to 29 November 2011;

Appeal target (current): CHF 623,771;
<[Click here to view the attached interim report](#)>

Appeal coverage: 21%; <[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.



Ethiopian Red Cross Society volunteers in Benishangul Gumuz region planning activities in Adamazin transit centre. Source: RC/RC.

Summary:

The situation in Benishangul Gumuz region continues to deteriorate as more refugees are coming following the fall of Kurmuk and Geissan to the Sudanese Armed Forces (SAF). An accelerated site development is underway according to UNHCR. As of 16 November, 19,800 Sudanese refugees are being hosted in three sites in the region: Sherkole camp, Tongo camp, as well as the Adamazin transit centre.

The ERCS branch in Asosa has continued to provide assistance to the Sudanese refugees in the areas of primary health care and health promotion in Adamazin and Tongo camps, reproductive health in Adamazin transit centre, referral system in Adamazin and Tongo camp and nutrition (Severe Acute Malnutrition) in Adamazin and Tongo camp. In addition, ERCS has started the bidding process for the procurement of medical and hospital supplies to send to the Asosa branch. The funds received for this appeal have been prioritized for the health component of this plan including the hiring of additional branch staff to permit the anticipated increase in surge requirements. With the contributions received, ERCS will start the relief and WatSan components of this Appeal, aided by the IFRC Operation Support Unit.

The National Society appreciates the financial contributions from British, Monaco and Swedish Red Cross and urges other sister societies to consider adding their support. As the situation in Sudan worsens and more refugees flee into Ethiopia, agencies are already struggling to sustain support to drought and conflict-affected populations and affected host populations.

The situation

As reported by UNHCR, there are currently approximately 61,000 Sudanese refugees and asylum seekers in Ethiopia. As of 18 November a little over 42,000 of them registered and accommodated in Sherkole, Tongo and Fugnido camps including Adamazin transit centre. Approximately 15,000 of those already in the camps are part of the flow of new arrivals that were displaced after the break out of hostilities in Sudan's Blue Nile State in early September. The rest of the 19,500 asylum seekers are believed to be staying with host communities along the border. The Government refugee agency, ARRA is currently consulting with local authorities to establish the exact number.

Tongo, the newest camp opened on 5 October, has now grown into a camp of 7,500 refugees. As of 16 November, 19,800 Sudanese refugees have been hosted in three sites in the Benishangul Gumuz Region: Sherkole camp (8,891), Tongo camp (7,484) as well as at Adamazin Transit Centre (3,425). Of these, 15,984 arrived since last June. Those refugees in the camps are receiving basic services including food, core relief items, and water, shelter, health and sanitation facilities.

The recent takeover of the Sudanese border towns of Kurmuk and Geissan by the Sudanese Armed Forces (SAF) apparently forced an increase in the number of refugees into Ethiopia at the beginning of November. However, while the number of people crossing through Kurmuk and Geissan border crossings has dropped, there has been an increase in people entering through unofficial border crossings. Refugees were arriving at the rate of 500 per day for several days. Border monitors have described the new arrivals as exhausted and traumatized, many having spent several days in hiding before crossing into Ethiopia through the unofficial crossing at Kutaworke. A few children were diagnosed with fever and diarrhoea on arrival and they were given medical treatment by IOM. Refugees are currently being relocated to Tongo the day after arrival. Hot meals are being provided.

The growing influx has led to accelerated site development on Tongo Refugee Camp, which will now have the capacity to accommodate 15,000 refugees. Together with the regional authorities, UNHCR and ARRA are also in the process of identifying an additional site for the development of a new refugee camp to accommodate new arrivals; those already in the host community and willing to move as well as those that are housed in a temporary site at Adamazin.

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 IFRC and the ICRC support to the ERCS, especially in those areas of assistance covered in this appeal. The IFRC 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 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 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. Additional attention and support has to be provided to the ERCS in order to respond to another operation. The ERCS capacity needs to be strengthened at a-headquarter and branch level.

ERCS Benishangul Gumuz Regional branch is one of the 11th regional branches of ERCS. It was established in 1997. It has one regional branch office, two zonal, 10 woreda and 103 kebele Red Cross committees. Since the beginning of the operation ERCS Benishangul Gumuz Regional branch in Asosa has demonstrated effective and pro-active intervention with its 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 has allowed to:

Red Cross and Red Crescent action

Since the onset of the operation the ERCS branch office in Asosa and headquarters have been actively coordinating the assistance to the influx of Sudanese refugees into Ethiopia. The branch continues providing their main activities, including:

- 24/7 ambulance services for Asossa town dwellers and Sudanese refugees
- First aid training and services
- Supply of essential drugs programme with affordable prices
- Teaching of law and fundamental principles
- HIV/AIDS prevention, care and support project
- Restoring family link programme
- Construction of the youth centre (100% completed) and youth activities
- Construction of the blood bank
- Water and sanitation projects
- Disaster preparedness and emergency response are the major activities of the branch.

The branch has 8 permanent staff, 15 on a contract basis including project staff and a total of 598 volunteers that include first aid instructors, engineers, health professionals and teachers among others. For this operation, the ERCS branch in Asosa, supported by its permanent staff and volunteers has been providing primary health care and health promotion in Adamazin and Tongo camps, reproductive health in Adamazin transit centre, referral system in Adamazin and Tongo camp and nutrition (Severe Acute Malnutrition) in Adamazin and Tongo camp.

On 16 October 2011 the branch mobilized 60 youth volunteers based on ARRAs request in supporting the establishment of a new transit center, Adamazin. The volunteers and the staff cleared bushes and savanna grass land from the wide area of the camp and erected more than 35 tents to house the relocated refugees. The volunteer work was monitored by the President, Secretary General and other senior management members of ERCS and the IFRC country representative. The volunteers' work was very much appreciated by UNHCR, ARRA and other agencies.

The ERCS branch in Asosa in coordination with the ICRC continues to provide Restoration of Family Link (RFL) services. The main activities have been:

- Undertook dissemination about RFL services for refugees at Sherkole and Tongo camp and Admazin transit centre.
- Conducted the assessment regarding the possible communication methodology (RCM, radio or telephone) in Sherkole and other camps together with ICRC staff. According to the finding of the assessment and the choice of the refugee's telephone communication already started and ongoing.
- More than 700 refugees communicated with their families in Sudan. The service has been given in all camps.
- Trained 8 active volunteers on RFL activity and make ready them RFL work.
- Provided maintenance to the "Tikul" (tracing office) at Sherkole Refugee Camp to strengthen the services.

In response to recommendations from the IFRC-OSU, the ERCS convened on 19 November a consultative meeting with ERCS Operational branches (Moyale, Benishangul Gumuz, Guji, Afar and regional offices from Somali and Oromia) engaged in the drought and refugee operations (branch secretaries and board chairpersons) including IFRC-OSU members and ERCS headquarters program managers. The purpose of this meeting was to review the progress of the Drought and Population Movement operations and to hold an open discussion on operational matters, including addressing operational gaps and enhancing operation mechanisms between ERCS headquarters and branches involved in the operation. The outcomes indicated a serious need for the ERCS to further enhance branch capacity particularly at headquarters and branch levels in the areas of coordination, information exchange, emergency relief financial and procurement Standard Operating Procedures (SoPs).

The ERCS Organizational Development department with support from the IFRC-OSU, after an assessment conducted in the branch and the meeting held with ERCS operational branches, concluded that to scale up activities the following human resources are needed in order to scale up activities:

- An operations coordinator
- A health officer
- A reporting officer
- An accountant
- A volunteer coordinator

Additionally, the recruitment process for a health officer, WatSan officer and logistics officer ERCS counterparts at headquarter level to support operations and IFRC-OSU has been finalized and procurement process has started for the medical drugs. The branch needs to be equipped with office furniture and IT equipment including HF radio and field vehicle. The DREF funds have allowed the branch to continue with their ongoing activities, but additional human resources are needed as well as funds in order to scale up the response activities. The loss of an ambulance in a road accident as aggravated the already stretched service so critical at this moment. Alternative and additional options are being reviewed to address this important Red Cross service.

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 started but with the provision of additional funds both from the 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 has been 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 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. The recruitment process for an operations coordinator, health officer, reporting officer, accountant and volunteer coordinator has commenced. There is still no need for an EU but in this regard developments will be closely monitored should the situation change.

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 additional NFI items as agreed through the NFI cluster to ensure better living conditions in the camps. • 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. <ul style="list-style-type: none"> • Identify beneficiaries: agree on distribution lists including verification and validation. • Monitoring, evaluation and reporting.
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Progress:

A Letter of Understanding between Government of Ethiopia (ARRA), UNHCR and the ERCS has been signed and it states ERCS will reinforce capacity of 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. Items under this objective are included in the mobilization table. To date, no donor has provided support to the items in the mobilization table. The funds received to date are being prioritized for the health activities (see below for more information).

Challenges:

Due to low funding so far received for the appeal, not much progress is being reported.

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.
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 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 in both host and beneficiary populations	<ul style="list-style-type: none"> • Development, printing and distribution of IEC materials with key health messages. This will improve reach and effectiveness of information to beneficiaries and host communities. 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. • CBHFA • Distribute 5,000 mosquito nets (1 per 2 persons).

Progress: The recommendations from the health team visit 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.

The ERCS procurement department has started the procurement of medical and hospital supplies including: examination beds, patient beds, hospital furniture, stretchers, wheel chairs and many more medical supplies. The purchase requisition has been completed by the ERCS Health department and the bidding process will start shortly. The newly appointed ERCS health coordinator, counterpart to the IFRC-OSU health coordinator, has

started its induction period with the ERCS health department. On 1 December, a team was deployed to Benishangul Gumuz region to conduct a more detailed needs assessment for the planned health intervention in Tongo refugee camp. The purpose of this mission is to undertake needs assessment on health and hygiene interventions, assess if there are any risk of health epidemics and to assure no duplication of activities with other stakeholders. After the end of mission a report will be produced for the ERCS health and care department and IFRC OSU.

The branch is still transporting refugees from different entry points to health institutions using the existing branch ambulance and service vehicle. On the first day of the operation the branch transported 8 wounded soldiers from Bamza to Sherkole refugee camp health centre and Asosa hospital using the branch ambulance and service vehicle. Among other transported refugees have been expecting mothers and newborns. To date, the branch has deployed six first aid volunteers, four staffs including drivers and a total of 109 refugees have been transported through the ambulance service. The branch has requested through this Appeal the need for an additional ambulance.

The branch has been coordinating with ARRA and UN agencies in the area and have expressed a great appreciation to ERCS for the ambulance operation in transporting refugees from different entry points to the health centres.

In first aid, the branch has accomplished the following:

- Provided first aid services for 25 wounded soldiers at Bamza.
- Trained 15 first aiders at branch level to strengthen and increase the number of trained first aid professionals.
- Prepared and refilled 12 first aid kits.
- Organized 5 standby first aid team for immediate response.
- Two days refresher course was conducted for the previously trained first aiders.
- Deployed newly trained first aiders with committed and experienced first aid leader to allow the opportunity of knowledge and skill transfer.
- Appropriate first aid was provided to sick and/or injured refugees when they were transported by ERCS ambulance.
- The branch has 31 active first aiders based in Asosa.

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 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.
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Progress: With the transfers of new funding activities as described above, recruitment of additional staff will permit the proposed expansion of activities in the WASH sector.

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
<p>Enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement.</p>	<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.
<p>Disaster Risk Reduction (DRR) approaches have been incorporated in all recovery sectors.</p>	<ul style="list-style-type: none"> • Branch staff develops skills to strengthen livelihoods. • Provide technical training to help host and affected families to reconstruct livelihoods
<p>Branch staff benefit from improved knowledge and training</p>	<ul style="list-style-type: none"> • Organise training for volunteers, in DRR modalities. • Procurement of IT and office equipment.

Progress: As noted above

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 harmonised 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</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. • Reinforce warehousing with renovated and replacement RubbHall or other facilities. • 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.

logistics capacity through training, workshops, and providing delegates to support the logistics function.	<ul style="list-style-type: none"> • Advise on contracting of local service providers to transport goods from hubs to the distribution points. • Support logistics training and knowledge development
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Progress: The IFRC Regional Logistics Unit has published a mobilization table and is available on the Federation's Disaster Management Information System (DMIS): <https://www-secure.ifrc.org/DMISII/>.

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 evolve. Maintaining timely and accurate information between the field and other major stakeholders is will be important to 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.

The IFRC OSU has presented a communications plan of action to the ERCS for approval. The National Society will develop this plan with 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
<ul style="list-style-type: none"> • 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:

- **In Ethiopia:** Mrs. Frehiwot Worku, Secretary General, Ethiopian Red Cross Society, Addis Ababa; Phone: +251.11.515.38.53; Email: ercs.sg@ethionet.et
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- **Regional Logistics Unit (RLU):** Kai Kettunen, Regional Logistics Delegate, phone +971 4457 2993, email: kai.kettunen@ifrc.org

For Resource Mobilization and Pledges:

- **In Geneva:** Pierre Kramer, Senior Resource Mobilization Officer; Geneva; Email: pierre.kramer@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate, Johannesburg; Phone: +27.11.303.9700; Email: robert.ondrusek@ifrc.org



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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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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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.
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MDRET011 - Ethiopia - Population Movements

Appeal Launch Date: 28 oct 11

Appeal Timeframe: 19 oct 11 to 30 apr 12

Interim Report

Selected Parameters	
Reporting Timeframe	2011/10
Budget Timeframe	2011/10-2012/4
Appeal	MDRET011
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	623,771					623,771
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	<i>185,000</i>					<i>185,000</i>
C4. Other Income	185,000					185,000
C. Total Income = SUM(C1..C4)	185,000					185,000
D. Total Funding = B + C	185,000					185,000
Appeal Coverage	30%					30%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	185,000					185,000
E. Expenditure	-184,999					-184,999
F. Closing Balance = (B + C + E)	1					1

International Federation of Red Cross and Red Crescent Societies
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III. Consolidated Expenditure vs. Budget

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)		623,771					623,771	
Relief items, Construction, Supplies								
Shelter - Relief	40,000							40,000
Construction Materials	40,000							40,000
Clothing & Textiles	5,000							5,000
Food	15,000							15,000
Water, Sanitation & Hygiene	6,000							6,000
Medical & First Aid	85,000							85,000
Teaching Materials	20,000							20,000
Utensils & Tools	65,000							65,000
Other Supplies & Services	10,000							10,000
Total Relief items, Construction, Sup	286,000							286,000
Land, vehicles & equipment								
Vehicles	87,450							87,450
Computers & Telecom	7,000							7,000
Office & Household Equipment	6,000							6,000
Total Land, vehicles & equipment	100,450							100,450
Logistics, Transport & Storage								
Storage	5,000							5,000
Distribution & Monitoring	2,000							2,000
Transport & Vehicles Costs	12,550							12,550
Total Logistics, Transport & Storage	19,550							19,550
Personnel								
International Staff	48,000							48,000
National Society Staff	33,500							33,500
Total Personnel	81,500							81,500
Consultants & Professional Fees								
Consultants	11,000							11,000
Total Consultants & Professional Fe	11,000							11,000
Workshops & Training								
Workshops & Training	70,000							70,000
Total Workshops & Training	70,000							70,000
General Expenditure								
Travel	7,000							7,000
Information & Public Relations	6,000							6,000
Office Costs	1,000							1,000
Communications	1,200							1,200
Financial Charges	1,000							1,000
Other General Expenses	1,000							1,000
Total General Expenditure	17,200							17,200
Contributions & Transfers								
Cash Transfers National Societies		173,708					173,708	-173,708
Total Contributions & Transfers		173,708					173,708	-173,708
Indirect Costs								
Programme & Services Support Recov	38,071	11,291					11,291	26,780
Total Indirect Costs	38,071	11,291					11,291	26,780
TOTAL EXPENDITURE (D)	623,771	184,999					184,999	438,772
VARIANCE (C - D)		438,772					438,772	