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# Emergency Appeal

## Ethiopia: Population Movements

 International Federation  
of Red Cross and Red Crescent Societies

**Emergency appeal n° MDRET011**  
**GLIDE n° OT-2011-000154-ETH**  
**28 October, 2011**

**This Emergency Appeal seeks CHF 623,771 in cash, kind, or services to support the Ethiopian Red Cross Society (ERCS) to assist from 3,000 to 10,000 beneficiaries for 6 months and will be completed by 30 April 2012. A final report will be made available by 30 July 2012 (three months after the end of the operation). This amount may be revised depending on the escalation in population movements.**

CHF 185,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to start up this operation and the ERCS Asosa branch is fully operational in the field implementing the DREF objectives. Un-earmarked funds to replenish DREF are encouraged.

Since early October, the ERCS Asosa branch in Benishangul-Gumuz region has been responding to the influx of 28,000 Sudanese refugees (see below) and the staff and volunteers have continued to provide support with existing resources. Currently, the branch's capacity to maintain current levels of support, as well as increase their actions is limited.

The ERCS, supported by the IFRC Ethiopia Office's newly formed Operation Support Unit (IFRC-OSU) carried out a detailed assessment of the situation with specific focus on the newly opened camp at Tongo. Following further meetings with the Government of Ethiopia's ARRA agency (Administration for Refugee and Returnee Affairs), where the National Society was asked to address growing needs in health, water and sanitation and relief, the ERCS is now in the final stages of negotiating a letter of understanding (LoU) between ARRA and UNHCR to provide additional services and activities as detailed in this Appeal.

The primary focus is on the general humanitarian needs for up to 10,000 persons in the Benishangul Gumuz region. Specific attention will be provided to the population in Sherkole and the new camp, Tongo and its future extension to be agreed. Primary needs include basic food, water, shelter, health services and logistics and financial support to the ERCS branch. The agreed primary intervention for the ERCS is in the areas of health support services in the camps and to strengthen the health service delivery system of the existing Government Regional health infrastructures, through health and nutrition interventions as well as building the capacity of the health system to effectively respond to public health emergencies, including additional ambulance support. As food assistance and core water and sanitation infrastructure services are covered by other agencies, the ERCS will concentrate its water and sanitation activities in the areas of hygiene promotion among refugee and host families. Some targeted but limited relief support in distributions of non-food items (NFI) is anticipated and may be expanded if the population's needs increase. IFRC will provide ERCS with technical human resource support to the branch.



Sudanese refugees in Sherkole camp in Benishangul-Gumuz region collecting water. Photo: ERCS/IFRC.

[<click here to view the Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>](#)

## The situation

Since the beginning of September, multiple clashes between the Sudanese army and South Sudan militia and rebels in Sudan's Blue Nile state have prompted an estimated 50,000 civilians to flee their homes. According to UNHCR's most recent figures, more than 28,000 have crossed into Ethiopia from Kurmuk, Geissan and other locations on the Ethiopian-Sudanese border.

The volatile security situation in Blue Nile State continues to drive civilians out of their homes into Ethiopia—a situation confirmed IFRC Representatives in Khartoum and Juba as likely to persist and even increase. Approximately, 5,500 new Sudanese arrivals have been accommodated at the Sherkole camp, some 50 kilometres from the border. In addition, some displaced have been hosted by families in villages on the border. In order to encourage onward transit to the new camps, both host families and displaced will receive support from ARRA, Red Cross and other agencies at the new camp sites. As of 23 October, Sudanese refugees arriving at the border with Ethiopia continue to increase. UNHCR and Government of Ethiopia (GoE/ARRA) planning figures for new arrivals are 50,000 people through the end of 2011. Transfers to the Tongo camp (which opened on 5 October) continue, with 1,425 refugees relocated as of 12 October<sup>1</sup>. The humanitarian needs are expected to increase as existing (GoE/ARRA) and UNHCR camp capacity is overwhelmed. With hostilities escalating, new camp sites have been identified and are under preparation in anticipation of increased caseloads. The Ethiopian Red Cross Society (ERCS), the IFRC and the ICRC have been requested to assist government in providing necessary support.

## Coordination and Partnerships

Following an ICRC protection mission to the Asosa and Kurmuk areas of Benishangul-Gumuz and a report from the ERCS branch requesting additional support, on 26 September a meeting was held between ERCS, ICRC and the IFRC to evaluate the most immediate needs. ICRC supported the decision to have the ERCS and IFRC respond to the increasing numbers of refugees. An ERCS and IFRC assessment team previously deployed to Dollo Ado met with the UNHCR Deputy Country Representative who recommended the Red Cross support the situation in Western Ethiopia. The decisions from this meeting were:

1. ICRC with support from ERCS branch at Asosa will continue to carry out activities restoring family links (RFL). ICRC reports the branch is functioning well.
2. ERCS to reinforce ambulance capacity for the Asosa branch.
3. ERCS and IFRC will mobilise an assessment team.
4. Scale up branch activities where possible.
5. ERCS will coordinate with GoE and UN.



*ERCS and IFRC assessment team in Benishangul-Gumuz region during co-ordination meeting. Source: ERCS/IFRC.*

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. For the start-up of this operation, the IFRC Ethiopia Head of Operations has held several meetings including with ERCS, UNHCR and OCHA officials as well as bilateral briefings with all Partner National Societies present in Ethiopia including Austrian, German, Italian and Spanish Red Cross. Additionally, ICRC has already scaled up support to the ERCS ambulance service to the region. The ERCS/IFRC participate in the weekly ARRA /UNHCR task force meeting that informs the IASC and other partners of developments and acts as a coordinating body for assistance to both the host and the displaced communities in the camps.

On 13 October, ERCS met with high-level officials from ARRA to discuss additional areas of intervention for Red Cross. ARRA officials proposed that the ERCS could fill in gaps in health, human resources and sanitation activities in Sherkole and Tongo camps as well as to future extensions of Tongo. Based on the assessment and ARRA recommendations, through this emergency appeal, ERCS will now provide support in the camps mainly in the areas of health and water and sanitation and Red Cross volunteer services including RFL through reinforced capacity at the Asosa branch and the provision of additional resources as identified in this emergency appeal and budget.

<sup>1</sup> OCHA Sitrep 13<sup>th</sup> October 2011.

UNHCR and ARRA, together with other partners including the ERCS Asosa Branch continue providing assistance at Kurmuk, Sherkole and now in Tongo. With the increase in refugees a larger more sustainable camp is proposed as an expansion to Tongo, for a longer term population of up to 30,000. The ERCS will also look to extending the activities in this appeal to include some activities there and other sites. A recent health and nutrition assessment in Kurmuk showed that the situation is acceptable, but might deteriorate as the numbers increase. It is expected that speeding up the relocation process will help address the health and nutrition concerns. WFP has prepositioned food near the proposed expansion camp areas and IOM is coordinating transport to the camps. UNICEF has dispatched five bladder tanks (10,000 litre capacity each), one pool tester, 20,000 body soaps, and four emergency water treatment kits to provide potable water for the host community in Kurmuk. The ERCS and IFRC assessment team deployed to the areas contacted these agencies and others including government bodies as well as engaging with the Asosa branch of the ERCS.

## 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. Reports indicated the following:

- Lack of food, shelter, sleeping mats, drinking water and sanitation facility. Mainly children, lactating and pregnant mothers are highly risk groups.
- The people are exposed to heavy rain day and night.
- According to the ERCS branch, the number of displaced people in that area has already reached more than 5,000.
- On 14 September, the branch also visited the Kurmuk area, the entry point for the largest number of displaced people where there are now approximately 15,000 of displaced people. There are also large numbers of displaced people are in temporary shelter, in the town and on the open field.
- There is a general shortage of shelter, food, sleeping mats, drinking water, and sanitation facilities.
- Shelter and food needs are substantially being addressed by ARRA and other agencies. The ERCS will focus on the specific relief support, health and some water and sanitation needs described in this appeal.

From 30 September to 7 October, ERCS headquarters and IFRC deployed a multi-disciplinary assessment team to Benishangul Gumuz, in response to requests from the Branch, ARRA, UNHCR and ICRC who had just completed a protection assessment in the same area. A DMIS alert report was published with initial data from the daily assessment team updates. On 10 October, the assessment team conducted a debriefing session with ERCS, IFRC and PNS to share findings and recommendations. A DREF application for a start up allocation of CHF 185,000 was approved.

The IFRC Ethiopia Office (IFRC-OSU) is providing technical support, advice and professional delegate assistance to the ERCS in all sectors covered in this appeal.

The ICRC has also been involved in the operation by actively monitoring and assessing the evolving situation. Additionally, ICRC has been providing support to the ERCS with RFL activities and reinforcing ERCS ambulance services.

The ERCS, supported by the IFRC-OSU is currently preparing a response plan of action (PoA) to address the deliverables laid out in this appeal.

### The needs

Based on the information and data gathered from the initial Asosa Branch assessment, the follow-up ERCS/IFRC field assessment team findings and most recently outcome from the discussion and agreement with ARRA/UNHCR ERCS, the primary focus is on the general humanitarian needs for up to 10,000 persons in the Benishangul Gumuz region. Specific attention will be provided to the population in Sherkole and the new camp, Tongo and its future extension to be agreed this coming week.

The primary needs are: basic food, water, shelter, health services and logistics and financial support to the ERCS branch immediately to address these basic needs. The agreed primary intervention for the ERCS is in the areas of health support services in the camps and to strengthen the health service delivery system of the existing Government Regional health infrastructures, through health and nutrition interventions as well as building the capacity of the health system to effectively respond to public health emergencies, including additional ambulance support. RFL tracing services will be expanded supported by the ICRC. As food assistance and core water and sanitation infrastructure services are covered by other agencies, the ERCS will concentrate its water and

sanitation activities in the areas of hygiene promotion among refugee and host families. Some targeted but limited relief support in distributions of non-food items (NFI) is anticipated and may be expanded if the population's needs increase. IFRC will provide ERCS with technical human resource support to the branch to permit surge of activities.

While at this moment there is not a sufficient camp population to justify an alert for ERUs, the location, type of camp profile and likelihood of increased case load could later argue for deployment of Wat/San or Basic Health Care ERUs.

**Beneficiary selection:** Target beneficiaries for both host and refugee populations are based on the estimations provided by ARRA and UNHCR who have the mandate to lead this process. The current numbers of displaced are just over 28,000 however it is anticipated that with the evolution of the conflict from air to ground based offensives these numbers will both increase and remain more static inside the Ethiopian side of the border. The numbers now within the UNHCR contingency planning are estimated at up to 50,000. The new camp of Tongo, originally targeted for a population of 3,000 to 10,000 is now seen to be insufficient in land area being available until after the harvest is brought in and also to the topography. Therefore an extension location is being agreed for up to 30,000 persons with Tongo acting as a transit facility initially and then settling as a smaller camp for approximately 3,000 persons.

The ERCS target groups are those displaced entering from Sudan at various entry points and who are expected to relocate to the newly designated camps as soon as possible. From the current number of 28,000 approximately the ERCS caseload would be up to 10,000.

#### **Immediate needs:**

The most critical need for the ERCS to address are in the areas of health monitoring and provision of first aid, ambulance services and basic community health services along with hygiene promotion and some NFI distributions to the displaced and where necessary to the host population. To achieve that immediate surge capacity must be provided to the branch who has already demonstrated the ability and motivation to engage in this action. In addition material, equipment and logistics resources are needed combined with training mentoring and capacity building activities must be delivered in parallel.

#### **The proposed operation**

The ERCS Secretary General chaired a ERCS/IFRC assessment team debriefing and reviewed the inputs and recommendations from the Asosa Branch assessment and the subsequent meetings with ARRA and UNHCR. IFRC and PNS participated and provided inputs to the deliberations. The consensus was that two intervention options were open:

**Best case scenario:** if the number of new arrivals coming to Ethiopia declines and the pace of relocation is slower in Tongo or any newly built camp as a result of:

- ✓ Peace and stability maintained in Blue Nile state of the North Sudan.
- ✓ Refugees preference to go to the South Sudan rather than coming to Ethiopia.
- ✓ Refugees remain reluctant to be transferred to Tongo and Sherkole camps.

**Worst case scenario:** If an additional 5,000-10,000 refugees arrive in Tongo and other camps, as a result of:

- ✓ Heavy fighting (that is expected as the climate becomes more favourable for use of ground forces) in Blue Nile State of Sudan is continuing.
- ✓ The number of IDPs in North Sudan increases and forced to cross the Ethiopian border as the conflict intensified and increase the number of asylum seekers.

The initial agreement to engage when applying for the DREF was based on the best case scenario, but being ready to surge to the second. At the time of completing this Appeal, the situation has moved somewhat beyond the best case but not to the level of the worst. Consequently, this Appeal reflects that stage of preparation and response.

The following are the primary objectives based on the decision from which to launch this operation. The intervention is based on a reinforced branch platform for the existing and slowly increasing needs. Coordination with ARRA, UNHCR and IOM particularly as well as other agencies will provide early indication of any substantial increase in the caseload. If this is the case, the intervention would move to a worse-case scenario with additional

national and international interventions including ERUs. The progress will be monitored through Operations Updates based on the proposed PoA. The operation objectives are to:

- Provide emergency assistance (non-food items: initially kitchen sets or other agreed items in coordination with the NFI cluster led by WFP) for the most vulnerable.
- Support general Red Cross relief services through the presence of ERCS volunteers in the camps.
- Reinforce existing health services to support existing interventions by government and other agencies.
- To prevent possible outbreaks through health and hygiene promotion activities.
- Conduct hygiene promotion campaigns to support the agencies currently delivering potable water using water trucking.
- Reinforce Asosa ERCS Branch capacity in all areas to ensure efficient and effective interventions.
- Address the need to increase awareness and implement activities in Disaster Risk Reduction (DRR).

#### 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"> <li>• Develop Letter of Understanding (LoU) or agreements between the Government of Ethiopia (ARRA), UNHCR and the ERCS to ensure well coordinated assistance.</li> <li>• Leasing of three vehicles with Red Cross logo will ensure wider access for ERCS staff relief teams and volunteers</li> <li>• Procurement of two motor bikes to support tracing activities in camps will expand the access and efficiency of RFL activities as the camp population grows.</li> <li>• Procurement and distribution of 2,000 kitchen sets or additional NFI items as agreed through the NFI cluster to ensure better living conditions in the camps.</li> <li>• Procurement of 20 tents of various sizes will reinforce local authority capacity to provide facilities for health and other services in the camps and at health centres.</li> <li>• Contract local service providers to transport NFI and any other relief services that may emerge from hubs to the distribution points.</li> <li>• Mobilize volunteers for facilitating beneficiary identification and relief distributions.</li> <li>• Identify beneficiaries: agree on distribution lists including verification and validation.</li> <li>• Monitoring, evaluation and reporting.</li> </ul> |

#### 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"> <li>• 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.</li> <li>• 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</li> </ul> |

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|  | <p>capacity in health centres.</p> <ul style="list-style-type: none"> <li>Support WFP in providing supplementary feeding as an essential health intervention, in case there is an increase in needs within the camps.</li> </ul>   |
| 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"> <li>Reinforcement of ambulance and first aid services in both camps</li> <li>Procurement of an ambulance for ERCS branch in Asosa.</li> <li>Procurement and provision of drugs and medical supplies for health facilities in the camps and for the Asosa Hospital</li> <li>Procurement of a cholera bed for the isolation centre and bed sheets (40 beds).</li> <li>Strengthen and expand the health centre capacity to manage isolation cases and reduce risk of contagion in the host and displaced populations.</li> <li>Deploy 250 volunteers trained in First aid and on epidemic control.</li> <li>Carry out social mobilisation and health promotion campaign activities.</li> </ul> |
| Improve community health awareness in both host and beneficiary populations  | <ul style="list-style-type: none"> <li>Development, printing and distribution of IEC materials with key health messages. This will improve reach and effectiveness of information to beneficiaries and host communities.</li> </ul>  |
| 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"> <li>Training of Red Cross volunteers on Epidemic Control for Volunteers Manual and Toolkit.</li> <li>Distribute 5,000 mosquito nets (1 per 2 persons).</li> </ul>   |

| <b>Water, sanitation, and hygiene promotion</b>   |   |
|---|---|
| <b>Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water and adequate sanitation, as well as hygiene promotion to 2,000 families (10,000 beneficiaries) in Sherkole and Tongo for 6 months.</b> |   |
| <b>Outputs (expected results)</b>   | <b>Activities planned</b>   |
| 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"> <li>Assess the existing coverage with a view of ensuring availability of adequate water supply sanitation facilities and hygiene awareness.</li> </ul>   |
| <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"> <li>Provide safe water to 2,000 families as permanent water source is installed/restored.</li> <li>Procurement of 360,000 water treatment tablets for 2,000 households (HHs).</li> <li>Training of 20 volunteers on household water treatment.</li> <li>Distribution of 360,000 water treatment tablets.</li> <li>Monitoring household water treatment and use.</li> </ul> |
| Sanitation facilities in Sherkole and Tongo will be improved.   | <ul style="list-style-type: none"> <li>Provide appropriate sanitation to 250 people (5x50) by constructing 50 semi-permanent family latrines.</li> <li>Monitoring the use of latrines.</li> </ul>   |

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| <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"> <li>• Prepare materials for hygiene promotion for 2,000 families in the 2 location.</li> <li>• Training of the 40 PHAST ToTs volunteers.</li> <li>• Training of the PHAST groups.</li> <li>• Disseminating hygiene and sanitation messages to the 10,000 family members.</li> <li>• Monitoring the hygiene promotion activities.</li> </ul> |

### 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"> <li>• Strengthened kebele and woreda community committees to implement DP and DRR activities through training and resources.</li> <li>• Launching community awareness campaign in DP and DRR including contingency plans at the community level.</li> </ul> |
| <p>Disaster Risk Reduction (DRR) approaches have been incorporated in all recovery sectors.</p>   | <ul style="list-style-type: none"> <li>• Branch staff develop skills to strengthen livelihoods.</li> <li>• Provide technical training to help host and affected families to reconstruct livelihoods</li> </ul>   |
| <p>Branch staff benefit from improved knowledge and training</p>  | <ul style="list-style-type: none"> <li>• Organise training for volunteers, in DRR modalities .</li> <li>• Procurement of IT and office equipment.</li> </ul>   |

### 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</p> | <ul style="list-style-type: none"> <li>• Conduct emergency needs and capacity assessments.</li> <li>• Assist the ERCS branch in setting up effective and efficient supply chain and provide reporting on performance.</li> <li>• Support the ERCS in developing detailed logistics and procurement plan for the operation.</li> <li>• Reinforce the fleet needs to deliver the assistance.</li> <li>• Advise on efficient delivery of operation supplies and materials supplies and control supply movements from the point of dispatch to the end user.</li> <li>• 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.</li> <li>• Support Procurement of all supplies in the PoA and budget.</li> </ul> |

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| with the Ethiopian Red Cross Society to support and build logistics capacity through training, workshops, and providing delegates to support the logistics function. | <ul style="list-style-type: none"> <li>• Advise on contracting of local service providers to transport goods from hubs to the distribution points.</li> <li>• Support logistics training and knowledge development</li> </ul> |
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### 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 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.

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.

| <b>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.</b> |   |
|--|---|
| <b>Outputs (expected results)</b>  | <b>Activities planned</b>   |
| <ul style="list-style-type: none"> <li>• Communications products are made available to media and stakeholders.</li> </ul>  | <ul style="list-style-type: none"> <li>• News releases, fact sheets, video, photographs and interviews with qualified spokespeople are developed and made available to media and key stakeholders.</li> <li>• Direct outreach will be coordinated with the Host National Society and conducted with national and international media.</li> <li>• 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</li> <li>• 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.</li> </ul> |
| 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"> <li>• 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.</li> <li>• 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.</li> </ul>   |
| ERCS Staff and Branch benefit for improved knowledge and training  | <ul style="list-style-type: none"> <li>• Training in basic communications skills is included in courses for volunteers, national disaster response team (NDRT), health and hygiene teams.</li> </ul>  |

### Capacity of the National Society

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 overloading the National Society with new activities and draining its capacity, wherever possible, services for this operation have been harmonised with 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 provided first aid kits, organized a first aid team 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 junior hospital and Asosa hospital. However the proposed operation 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.

The IFRC provides funds to the national society through a “Cash Transfer” system.

### Capacity of the IFRC

The IFRC Country Representation Office is established to best support the Ethiopian Red Cross Society (ERCS) in capacity building, monitoring emergency programmes and coordination within the Red Cross – Red Crescent Movement. To better support the Horn of Africa Drought appeal and this appeal, the office has recently established an Operation Support Unit (IFRC-OSU), comprising an Operations Coordinator, Logistics Coordinator, Water and Sanitation Coordinator and Health Coordinator. This is in addition to existing staff that includes a Country Representative, a Reporting Delegate and finance, administration and logistics officers.

The IFRC’s East Africa Regional Representation Office will continue providing necessary technical assistance within the Regional Framework. The Africa zone office provides technical expertise to further support the operation.

### Budget summary

See attached budget (Annex 1) for details.

Matthias Schmale  
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Bekele Geleta  
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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 (NGOs) 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.

[www.ifrc.org](http://www.ifrc.org)  
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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# EMERGENCY APPEAL

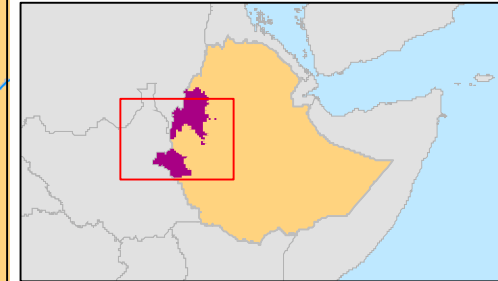
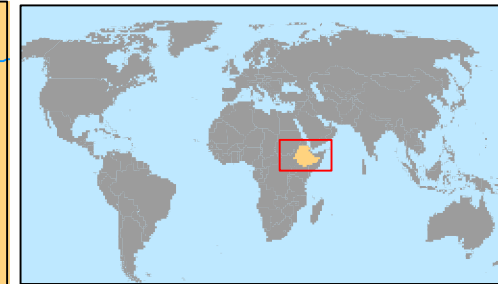
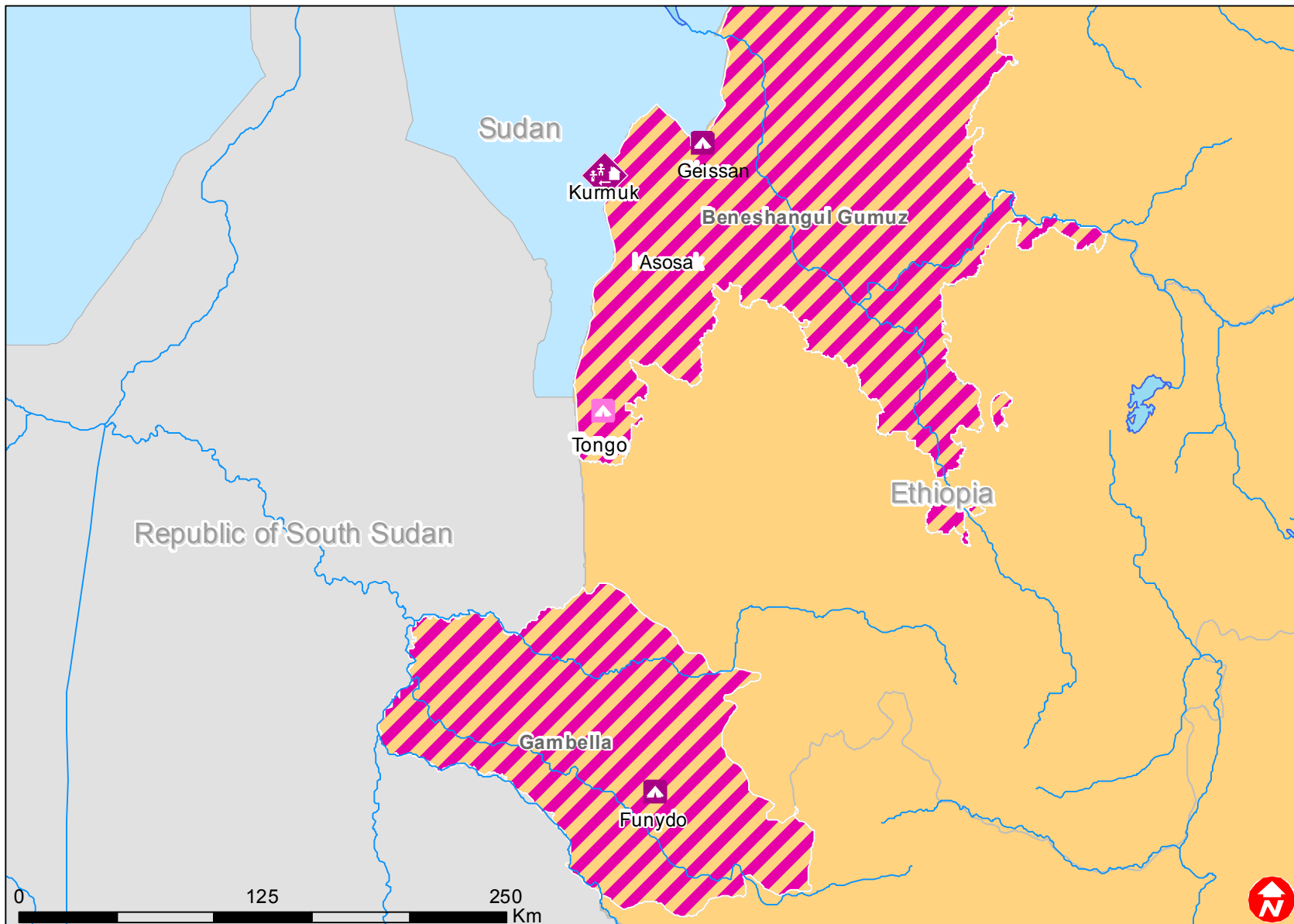
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MDRET011

| Budget Group   | Multilateral Response | Inter-Agency Shelter Coord. | Bilateral Response | Appeal Budget CHF |
|--|-----------------------|-----------------------------|--------------------|-------------------|
| Shelter - Relief                                     | 40,000                |                             |                    | 40,000            |
| Shelter - Transitional                               |                       |                             |                    | 0                 |
| Construction - Housing                               | 0                     |                             |                    | 0                 |
| Construction - Facilities                            | 0                     |                             |                    | 0                 |
| Construction - Materials                             | 40,000                |                             |                    | 40,000            |
| Clothing & Textiles                                  | 5,000                 |                             |                    | 5,000             |
| Food   | 15,000                |                             |                    | 15,000            |
| Seeds & Plants                                       |                       |                             |                    | 0                 |
| 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            |
| Emergency Response Units                             |                       |                             | 0                  | 0                 |
| Cash Disbursements                                   |                       |                             |                    | 0                 |
| <b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b> | <b>286,000</b>        | <b>0</b>                    | <b>0</b>           | <b>286,000</b>    |
| Land & Buildings                                     | 0                     |                             |                    | 0                 |
| Vehicles Purchase                                    | 87,450                |                             |                    | 87,450            |
| Computer & Telecom Equipment                         | 7,000                 |                             |                    | 7,000             |
| Office/Household Furniture & Equipment               | 6,000                 |                             |                    | 6,000             |
| Medical Equipment                                    |                       |                             |                    | 0                 |
| Other Machinery & Equipment                          |                       |                             |                    | 0                 |
| <b>Total LAND, VEHICLES AND EQUIPMENT</b>            | <b>100,450</b>        | <b>0</b>                    | <b>0</b>           | <b>100,450</b>    |
| Storage, Warehousing                                 | 5,000                 |                             |                    | 5,000             |
| Distribution & Monitoring                            | 2,000                 |                             |                    | 2,000             |
| Transport & Vehicle Costs                            | 12,550                |                             |                    | 12,550            |
| Logistics Services                                   |                       |                             |                    | 0                 |
| <b>Total LOGISTICS, TRANSPORT AND STORAGE</b>        | <b>19,550</b>         | <b>0</b>                    | <b>0</b>           | <b>19,550</b>     |
| International Staff                                  | 48,000                |                             |                    | 48,000            |
| National Staff                                       | 0                     |                             |                    | 0                 |
| National Society Staff                               | 31,250                |                             |                    | 31,250            |
| Volunteers   | 2,250                 |                             |                    | 2,250             |
| <b>Total PERSONNEL</b>                               | <b>81,500</b>         | <b>0</b>                    | <b>0</b>           | <b>81,500</b>     |
| Consultants  | 11,000                |                             |                    | 11,000            |
| Professional Fees                                    |                       |                             |                    | 0                 |
| <b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>     | <b>11,000</b>         | <b>0</b>                    | <b>0</b>           | <b>11,000</b>     |
| Workshops & Training                                 | 70,000                |                             |                    | 70,000            |
| <b>Total WORKSHOP &amp; TRAINING</b>                 | <b>70,000</b>         | <b>0</b>                    | <b>0</b>           | <b>70,000</b>     |
| 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                               | 0                     |                             |                    | 0                 |
| Shared Support Services                              | 1,000                 |                             |                    | 1,000             |
| <b>Total GENERAL EXPENDITURES</b>                    | <b>17,200</b>         | <b>0</b>                    | <b>0</b>           | <b>17,200</b>     |
| Partner National Societies                           |                       |                             |                    | 0                 |
| Other Partners (NGOs, UN, other)                     |                       |                             |                    | 0                 |
| <b>Total TRANSFER TO PARTNERS</b>                    | <b>0</b>              | <b>0</b>                    | <b>0</b>           | <b>0</b>          |
| Programme and Supplementary Services Recovery        | 38,071                | 0                           | 0                  | 38,071            |
| <b>Total INDIRECT COSTS</b>                          | <b>38,071</b>         | <b>0</b>                    | <b>0</b>           | <b>38,071</b>     |
| <b>TOTAL BUDGET</b>                                  | <b>623,771</b>        | <b>0</b>                    | <b>0</b>           | <b>623,771</b>    |
| <b>Available Resources</b>                           |                       |                             |                    |                   |
| Multilateral Contributions                           |                       |                             |                    | 0                 |
| Bilateral Contributions                              |                       |                             |                    | 0                 |
| <b>TOTAL AVAILABLE RESOURCES</b>                     | <b>0</b>              | <b>0</b>                    | <b>0</b>           | <b>0</b>          |
| <b>NET EMERGENCY APPEAL NEEDS</b>                    | <b>623,771</b>        | <b>0</b>                    | <b>0</b>           | <b>623,771</b>    |



# Ethiopia: Population movements



-  Affected Regions
-  Refugees crossing the border
-  Refugee camps
-  New camp site in Tongo