

# Revised Plan 2011



## Ethiopia

### Executive summary

Ethiopia has a long and serious history of disasters, the impacts of which are considerably worsened by widespread poverty and generally low levels of development, including poor infrastructure. A total of 12 million people from a total population of 74 million<sup>1</sup> depend on food assistance in 2009.

The Ethiopia Red Cross Society (ERCS) as auxiliary to its local authorities, is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC)'s [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#) signed at the 7<sup>th</sup> Pan African Conference held in Johannesburg under the theme '*Together for Action in Africa*', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "*Together for action in Africa*" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.



The country plan for 2011 is designed in the context of strengthening ERCS to effectively deliver humanitarian services to the most vulnerable people. ERCS will do this through a Disaster Management approach centred on preparedness and prevention, identifying areas at risk and developing programming approaches to assist the communities in controlling the risks. Disaster management activities will include assessments, development and implementation of early warning systems, as well as programmes that reduce risk through combating deforestation.

The Health and Care programme will focus on four priority areas: community-based health and First Aid (CBHFA) activities giving communities the knowledge and skills to prevent and treat the most common preventable diseases. These activities will be closely linked to water and sanitation (WatSan) activities providing infrastructure and training on safe use of water to communities in ten distinct parts of the country. Maternal and child health (MCH) project will be closely implemented with the Ministry of Health focusing on immunization campaigns to control preventable diseases. HIV and AIDS programming will also be prioritized.

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<sup>1</sup> [2007 Census](#)

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

**The total 2011 budget is CHF 1,742,816**

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

## Context

Ethiopia is situated in the Horn of Africa, covering an area of 1.13 million square kilometres and has the second largest population in Sub-Saharan Africa with approximately 74 million people. According to UNDP (2007) the country is currently ranked 169 out of 179 countries in relation to the Human Development Index. 77.5 per cent of population earns less than USD 2 per day, making it one of the poorest countries in the world. Adult literacy rate for male and female is 50 and 22.8 per cent respectively<sup>2</sup>. Ethiopia has a population growth rate of 2.5 per cent and is estimated that the population will number about 101 million people in 2015<sup>3</sup>. Ethiopia is an agricultural country with majority of the population (84 per cent) living in rural areas as subsistence farmers or pastoralists.

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

Ethiopia is one of the most disaster prone countries in the world and is repeatedly affected by flooding and drought. During the last few years, the country has experienced an increase in natural disasters, believed to be caused by over-utilization of land as well as impact of climate change. As the growth in human population is followed by an increased demand for arable land and livestock, - livestock being a vital commodity in agriculture as well as source of food and sign of wealth - the natural resources are placed under heavy pressure.

Ethiopia is not self-sufficient in food production, even in an average year it can meet 70 per cent of its requirements. The country depends on commercial imports and food aid to bridge the gap between in-country production and consumption. The drought in 2008 meant that Ethiopia was faced with a larger than normal production gap. A dramatic increase in the prices of staple foods in the international markets, especially the price of cereals, severely affected the food security status of those already at risk. The capacity to cope, particularly amongst pastoral and agro-pastoral communities, has been eroded by recurring food crises with many communities unable to rebuild their asset base of livestock between crises. Negative coping strategies are adopted including reducing the amount or the quality of food eaten leading to a decline in health and nutritional status, the sale of household assets, which can compromise the future productive capacity of the household, failing to repay loans losing future access to credit and the overuse of natural resources, such as firewood.

The health services in Ethiopia, considered to be one of the weakest in the world, are showing steady improvement, with health coverage rising from 54 per cent in 2004 to 76 per cent in 2007. Health problems are mainly related to preventable and communicable diseases such as malaria, tuberculosis, acute respiratory infections, nutritional deficiency, diarrhoea, and measles as well as

<sup>2</sup> [Human Development Indices](#)

<sup>3</sup> [Human Development Report 2007/2008](#)

prenatal and maternal related diseases. The health care expenditure in Ethiopia is currently among the lowest in Sub-Saharan Africa with the purchasing power parity-(PPP) at USD 21 per capita per year. This is evidenced by the mortality rate for children below five years, which is 123 per 1,000 live births<sup>4</sup>. The life expectancy at birth is 51 and 54 years for males and females respectively. During re-curent floods severe health challenges include outbreaks of Acute Watery Diarrhoea (AWD), malaria and a host of preventable diseases. Child mortality is amongst the highest in the world with an estimated 472,000 child deaths annually.

Seventy six per cent of the total population in Ethiopia have no access to safe water<sup>5</sup> so the same communities are also experiencing severe water stress, affecting their health, their livestock and their crop production. The impact of acute watery diarrhoea and other water-borne diseases is prevalent and repeated episodes of diarrhoea will slowly erode overall nutritional status, even if sufficient quantities of nutritious and safe food are available. Whenever populations are under severe food stress, strict attention is needed to prevent and respond rapidly to diarrhoeal diseases, especially among the very young or severely malnourished. Sanitation practices are poor, with 88 per cent of the total population not using adequate sanitation facilities<sup>6</sup>.

HIV and AIDS is a serious problem, whilst not reaching the levels of some other Sub-Saharan African countries, with the latest figures showing prevalence in the population of 2.1 per cent<sup>7</sup>. The prevalence of HIV and AIDS in Ethiopia is having a severe impact on the overall health situation in the country. Due to the effects of the HIV pandemic, life expectancy at birth has dropped by seven years and the number of children orphaned due to AIDS is estimated to 750,000. There has also been significant micro and macro-economic impact on individuals, households, communities and sectors such as education and business. Data obtained in 2005 from ante-natal care surveillance and the demographic and health survey indicate that the HIV pandemic may be less severe, less generalized and more heterogeneous than previously believed. The rural pandemic appears to be relatively widespread but heterogeneous, with most regions having a relatively low prevalence of HIV. However, some regions have an adult prevalence rate greater than five per cent.

## National Society Priorities and current work with partners

Established in 1935, ERCS is the oldest NS in Africa recognised by the League of Red Cross/Red Crescent Societies (now IFRC) as the 48<sup>th</sup> member of the organisation. An independent auxiliary to the Government of Ethiopia, providing a full complement of humanitarian services including disaster relief, First Aid training, basic health care, blood donation services, health and hygiene promotion, HIV and AIDS support, and WatSan.

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

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

The National Society has been working with a number of partners for several years, guided by the common aim of alleviating the suffering among vulnerable groups. This cooperation has been enhanced by the joint development and implementation of working modalities within the framework of a Cooperation Agreement Strategy (CAS).

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<sup>4</sup> [World health statistics 2008](#)

<sup>5</sup> [UN-OCHA Ethiopia country profile, HDR 2005 estimate](#)

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

<sup>7</sup> [Ministry of Health, "AIDS in Ethiopia", 2006](#)

Discussions related to the NS' Strategic Development Plan have taken place with partners during partnership meetings conducted every two years. All the activities as outlined in the Strategic Development Plan and the Cooperation Agreement Strategy (CAS) are aligned to the Strategy 2020's strategic aims. The NS is part of the Global Alliance on HIV, and is also one of the five NS in the Eastern Africa Zone participating in the Africa Food Security Initiative.

## Secretariat programmes in 2011

The ERCS' activities in 2011 will be directed at improving the lives of the most vulnerable people of Ethiopia, by reducing the impact of natural and manmade disasters, diseases and improving the capacities of its volunteers. A number of priorities have been identified and extracted by the ERCS from existing programmes and the strategic plan seeking the IFRC secretariat support in 2010 – 2011. The secretariat will continue supporting ERCS by mobilising international resources and rendering technical support for implementation of community-based health and First Aid, HIV and AIDS, MCH, WatSan, disaster preparedness and risk reduction, food security activities, branch capacity building and institutional development.

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

## Disaster Management

### a) The purpose and components of the programme

<b>Programme purpose</b>
Save lives, protect livelihoods, and strengthen recovery from disasters and crises.

**The Disaster Management programme budget is CHF 291,006.**

<b>Programme component 1: Community preparedness</b>
<b>Outcome</b> Improved disaster risk reduction mechanisms at community level.
<b>Programme component 2: Disaster risk reduction (integrated food security)</b>
<b>Outcome</b> Sustainable livelihood of the population affected by disaster is restored through effective disaster recovery programmes.

The disaster management programme will focus on improving capacity of the NS on preparedness, respond and risk reduction. The NS aims to design and deliver high quality post disaster recovery programmes, aimed at restoring the livelihood of affected populations, in a sustainable manner.

ERCS is involved in different income generating activities (IGAs), farming and non-farming activities such as breeding cows; cattle fattening; stered bee-hiving; poultry among others. Target beneficiaries are trained on dairy farming, fattening, bee keeping, poultry and experience shared on food security and microfinance management.

## Health and Care

### a) The purpose and components of the programme

<b>Programme purpose</b>
Enable healthy and safe living

The Health and Care programme budget is CHF 1,154,553.

<b>Programme component 1: Community Based Health and First Aid (CBHFA)</b>	
Outcome 1	A First Aid system where the community plays an active role and the Red Cross serves as link between the government health care system and the community is established.
Outcome 2	Services and activities at community level aimed at capacity building of the community and strengthening the financial base for the programme are developed and implemented.
<b>Programme component 2: Water and Sanitation</b>	
Outcome 1	Access to safe water and sanitation services improved in the target areas.
Outcome 2	Improved community awareness and understanding of the importance of proper hygiene and practices measures.
<b>Programme component 3: HIV and AIDS</b>	
Outcome 1	Vulnerability to HIV and its impact reduced through expanding care, treatment and support.
<b>Programme component 4: Maternal and Child Health (MCH)</b>	
Outcome 1	Increased MCH service attendance within the targeted communities.
Outcome 2	Improved MCH services through NS community based activities, including safe motherhood and child health initiatives, vaccination and nutrition activities.
Outcome 3	Increased public awareness on reproductive health within the targeted communities.
<b>Programme component 4: Human Pandemic Preparedness (H2P)</b>	
Outcome 1	Development of pandemic preparedness plans and protocols of the humanitarian sector in the areas of health, food security and livelihoods in Ethiopia is supported.
Outcome 2	ERCS staff and volunteer capacities along with other significant humanitarian and civil society organizations are strengthened to carry out the humanitarian pandemic preparedness plans and protocols.
Outcome 3	Functional coordination between global, national and district-level stakeholders, including the UN agencies, in preparedness and response is established.

The health and care programme outputs include; community baseline analysis and mapping in selected areas is completed; increased networks with relevant partners are developed; practical H2P country plan developed and implemented; and 'first responders' training module is developed and delivered.

## National Society Development

### a) The purpose and components of the programme

<b>Programme purpose</b>
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The National Society Development programme budget is CHF 297,257.

<b>Programme component 1: Organisational development and capacity building</b>	
Outcome	ERCS has strengthened its capacity to deliver quality services to targeted communities through its branches and volunteer network.

With support of the Country Representation, the ERCS will focus on improving its structure, programmes and services towards becoming a well functioning NS. As explained above, the NS development programme overall goal can be achieved through the interplay of three key

components, namely organisational development, capacity building and relationship management. The capacity of the governing board members will be strengthened through governance and management training. The NS will ensure tools for effective institutional infrastructure are available, work procedures and systems are updated and standardized at all levels. The NS will work towards having a conducive working environment, whilst tightening performance and accountability system. Linked to performance and accountability the NS will improve accounting systems. In addition, the NS will ensure improved communication, information technology, with close support of the IFRC country and East Africa Regional Representation.

### **Potential risks and challenges**

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

## **Role of the secretariat**

### **a) Technical support**

The ERCS programmes as outlined in this country plan will receive technical support from the IFRC primarily through the Country Representation Office in Addis Ababa and the regional operations hub in East Africa Regional Representation office in Nairobi, Kenya. The country representative will provide overall support to the senior management of the NS and act as a liaison between the society and its partners when needed. The IFRC will continue working closely with donor communities and partners to mobilise international resources to support programmes outlined in the country plan 2011. As acknowledged by the NS, there is currently a need to strengthen its financial and narrative reporting systems. The IFRC will give support in these areas at the request of the NS.

### **b) Partnership development and coordination**

The ERCS has a long experience of cooperating and coordinating their activities with Red Cross and Red Crescent Movement partners, different UN agencies such as the UNOCHA, WFP and the WHO, external international and national partners and government agencies in addition to other stakeholders present in the geographical areas where they are implementing activities.

The NS is also a member of the Humanitarian Relief Fund's Review Board. Due to its mandate and its auxiliary role to the Government of Ethiopia, as well as its credible image among the general population in Ethiopia, the NS takes pride in coordinating and developing partnerships with external national actors that can bring an added value to its work. The NS is also enjoying strong partnerships with the government at federal, regional and zone levels, especially with the Ministry of Health.

The IFRC plays an important role in supporting the NS in initiating, developing and coordinating partnerships within Red Cross and Red Crescent Movement and with other international humanitarian organizations. The IFRC Country Representation office plays a pivotal role in coordinating with other secretariat units, departments and sections in their interaction with the NS. In cooperation with the IFRC and PNS, the ERCS is effectively guided by its strategic development plan and CAS. Considering development and adoption of Strategy 2010, ERCS will be working on has reviewed its strategic development plan and CAS process.

For many years, ERCS has been an active and strong advocate for establishing systems for peer-to-peer support among African NS and it played an important role in the establishment of the network, New Partnership for African Red Cross Red Crescent Societies (NEPARC) in 2004. The liaison office for NEPARC is currently based in Addis Ababa.

The ERCS is also taking advantage of the opportunities that lie in the IFRC coordinated networks, by actively participating and sharing knowledge and expertise. Representatives from the ERCS are currently members of east Africa Red Cross Network (RC-Net)'s NS Development and Communication working groups.

### **c) Representation and Advocacy**

The IFRC Country Representation plays an important role as an advocate on behalf of the ERCS, both internationally and nationally. As an international actor with a broad network, the IFRC plays an active role in seeking to solicit funds on behalf of the NS and disseminate knowledge and information about the NS to potential supporters and partners. At the regional and country level, the IFRC is playing a facilitating and supportive role, giving the opportunity to the NS to represent and voice its own opinion in the relevant fora, acknowledging that the society has the capacity to assess and analyze the local political and humanitarian context.

## Promoting gender equity and diversity

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

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

## Quality, accountability and learning

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

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

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

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

[click here to view the budget summary below](#)

## How we work

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.

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.

## Contact information

**For further information specifically related to this plan, please contact:**

- **In Ethiopia:** Fasika Kebede, Secretary General, Ethiopian Red Cross Society, Addis Ababa; Phone: +251.11.515.3853; fax: +251.11.551.2643; email: [ercs.sg@ethionet.et](mailto:ercs.sg@ethionet.et)
- **In Ethiopia:** George Gigiberia, Country Representative, IFRC, phone: +251.11.551.4571; Fax: +251.11.551.2888; e-mail: [george.gigiberia@ifrc.org](mailto:george.gigiberia@ifrc.org)
- **In IFRC Africa Zone:** Asha Mohammed: Head of Operations, Johannesburg; Email: [asha.mohammed@ifrc.org](mailto:asha.mohammed@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

*For Resource Mobilization and Pledges (enquiries)*

- **In IFRC Africa Zone:** Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email [ed.cooper@ifrc.org](mailto:ed.cooper@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

*For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):*

- **In IFRC Africa Zone:** Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email: [terrie.takavarasha@ifrc.org](mailto:terrie.takavarasha@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

## MAAET002 - Ethiopia

### Budget 2011

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	109,275	145,087				254,362
Land, vehicles & equipment		3,370	9,721			13,091
Transport & Storage	4,481	32,155	3,127			39,763
Personnel	85,366	226,546	50,976			362,888
Workshops & Training	41,625	449,508	136,313			627,445
General Expenditure	31,343	222,842	77,799			331,983
Depreciation						
Contributions & Transfers						
Programme Support Services	18,915	75,046	19,322			113,283
Contingency						
<b>Total Budget 2011</b>	<b>291,006</b>	<b>1,154,553</b>	<b>297,257</b>			<b>1,742,816</b>