



# OPERATION UPDATE

## Ethiopia, Africa | Hunger Crisis

**Emergency appeal №:** MDRET027  
**Emergency appeal launched:** 29/03/2022.  
**Operational Strategy published:** 27-Feb-2023

**Glide №:**  
**DR-2022-000168-ETH**

**Operation updates #3**  
**Date of issue:** 11-April-2022

**The timeframe covered by this update:**  
 From 27-Feb-2022 to 27-Feb-2023

**Operation timeframe:** 24 months  
 (02/03/2022- 28/02/2024)

**Number of people being assisted:** 500,000  
 people

**Funding requirements (CHF):**  
 CHF 8 million through the IFRC Emergency Appeal  
 CHF 12.5 million Federation-wide

**DREF amount initially allocated:**  
 507,108 CHF



*Ethiopia Drought-affected beneficiary after receiving CASH in the Borana*

From the funding requirement of this Emergency Appeal (EA), the current federation-wide funding situation status stands at IFRC Secretariat multilateral component achieving CHF 1,622,119 (20.3%) of the envisaged 8,000,000 ask-(and the bilateral component achieving CHF 5,040,227 (112%) of the target of 4,500,000. This reflects huge funding gaps and solicits more support to accomplish the planned strategy of the operation.

Here below is a presentation of detailed tabulation of the funding.

Funding Requirement CHF		
Multilateral	Bilateral and Unilateral	Total
8,000,000	4,500,000	12,500,000

Source	Contributions CHF		
	Multilateral	Bilateral and Unilateral	Total
<b>Ethiopian Red Cross</b>		346,786	346,786
Finish Red Cross*		2,736,162	2,736,162
British Red Cross**		670,000	670,000
Norwegian Red Cross (Norwegian Gov't)	507,525		507,525
Italian Red Cross	150,000		150,000
German Red Cross		377,055	377,055
American Red Cross	251,263		251,263
Danish Red Cross***		338,449	338,449
Swedish Red Cross	317,354		317,354
Netherlands Red Cross		251,574	251,574
European Commission - DG ECHO	204,183		204,183
Swiss Red Cross		173,823	173,823
The Canadian Red Cross Society	146,939		146,939
Austrian Red Cross****		146,378	146,378
Japanese Red Cross Society	35,112		35,112
Red Cross of Monaco	9,700		9,700
On-Line donations	43		43
<b>Total</b>	<b>1,622,119</b>	<b>5,040,227</b>	<b>6,662,346</b>
<b>Coverage</b>	<b>20.3%</b>	<b>112%</b>	<b>53.3%</b>

\*Finish RC contributing CHF 256,162 of the total through Swiss RC

\*\*British RC contributing total through Netherlands RC

\*\*\*Danish RC contributing total through Swiss RC

\*\*\*\*Austrian RC contributing total through Swiss RC

## A. SITUATION ANALYSIS

### Description of the crisis

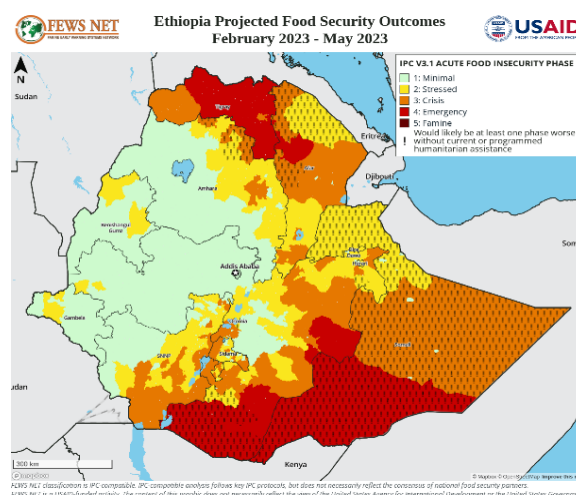
This has emerged following six consecutive failed rainy seasons. The country has a high dependency on rainfed agriculture, the prolonged drought and recent reductions in economic growth rates, rapid population growth, weak institutional capacity, and high levels of conflict make it particularly vulnerable to the impacts of climate change. While climatic conditions differ substantially across Ethiopia, the average temperature is projected to increase, and rainfall is expected to become more erratic. Ethiopia's long history of drought, famine, and locust outbreaks all further the need for increased capacity and resilience to cope with the projected impacts of climate change.

According to [UNOCHA](#) on 28 Feb 2023 posted data revealed that in 2022 Ethiopia has faced multiple overlapping humanitarian crises, putting at risk the lives and livelihoods of millions of people and driving continued high and urgent needs for humanitarian support. The 2023 Ethiopia Humanitarian Response Plan (HRP) requires US\$3.99 billion to target more than 20 million people across the country. This includes an estimated 4.6 million internally displaced people (IDPs).

For the second year in a row, 2023 Ethiopia ranks as number two on Watchlist – making it one of the top countries most at risk of worsening humanitarian needs. Progressively the population at risk has increased to 28.6 million people in need of humanitarian aid and 20 million people estimated to be experiencing food insecurity. Source: <https://www.rescue.crisis.Ethiopiai.2023>

According to [FEW.NET](#), Widespread and severe acute food insecurity is expected across Ethiopia through at least mid-2023, and a higher number of people require assistance compared to the same time last year. Southern and south-eastern (S/SE) Ethiopia are of extreme concern, as a record-breaking drought is forecast to continue in this area through at least mid-2023. According to [UNOCHA, on 23 FEB 2023](#) situation report revealed that the number of severe acute malnutrition cases has increased in 2022 by 21 percent in drought-affected regions of Afar, Oromia, Somali, and SNNPR, compared with 2021. Source:

<https://few.net/east-africa/ethiopia>



Some of the drought-affected areas continue to suffer from a cholera outbreak. In Oromia, West Arsi became the latest zone to report a case. As of 12 January 2023, 891 cholera cases were reported across eight woredas in the Bale, Guji, and West Arsi zones of the Oromia Region and two woredas in the Laban Zone of the Somali Region. The caseload of affected people has increased by 29 per cent in the last month. Close to 1 million people are at risk in the 10 affected woredas.

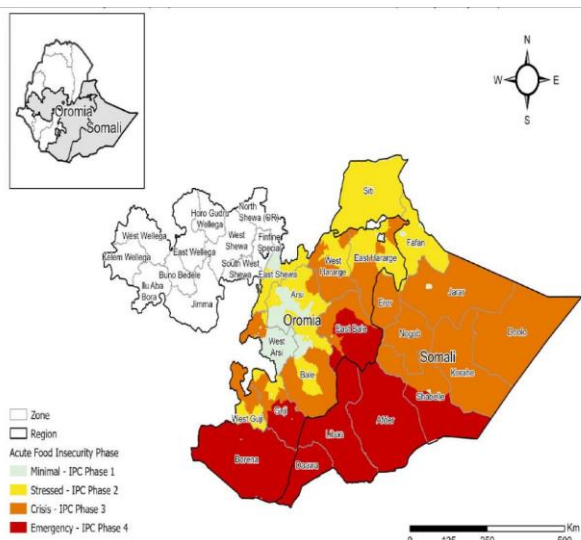
A worsening and expanding drought over the last few months is expected to continue in the coming months following our consecutive failed rainy seasons in parts of Ethiopia, the drought impact has continued to worsen and expand over the last few months with more areas affected, notably in Afar.

## Summary of response

The response strategy and geographical targeting did not change. However, there are enormous changes in the scale in terms of people affected and severity with increased vulnerabilities. However, as aforementioned, the operation did not scale up due to its current low funding.

Nevertheless, the operation has reached 194,946 people out of its 500,000 overall targets and against the 300,000 targets for immediate humanitarian response. Below is a summary of achievements as will be detailed in the operation strategy output/outcome reporting section.

## Implementation Location



## People Reached

### Multi-Purpose CASH

**19,630** HH (46,600 female and 55,030 male) people affected have received CASH.

### Health & Care

**135,000** mothers supported with integrated preventive health interventions.

### WASH

**194,946** people were reached with mass mobilization and mass education in communities.

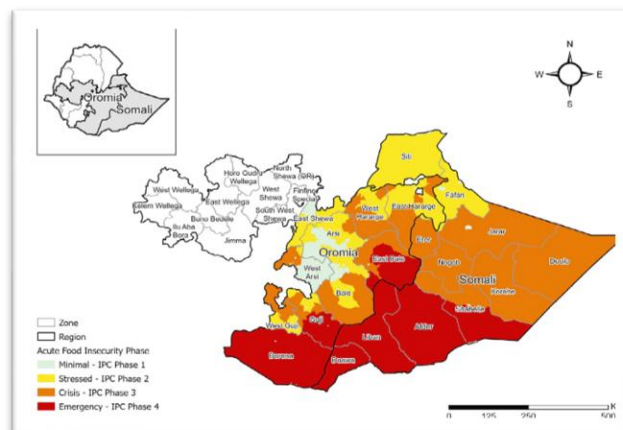
### PGI

**7,1450** (39203 male and 32247 females) addressed with key messages.

## Needs analysis.

Concern remains high for acute food insecurity in many areas of Ethiopia due to the historic drought in southern and southeastern areas and high levels of conflict. These primary drivers, coupled with poor macroeconomic conditions and below-average Maher and Belg harvests, are together driving high humanitarian food assistance needs. Millions of households continue to face moderate to high food consumption deficits during the ongoing lean season.

The [ACAPS 07 February 2023](#) reveal that, as of November 2022, the drought had left approximately 11.9 million people in southern and southeastern pastoral areas of Ethiopia severely food-insecure, mainly in the. With the drought expected to last until at least mid-2023, food insecurity is likely to worsen. Currently, the drought-affected regions of Ethiopia are facing food insecurity levels. Of these, Oromia and Somali regions have a larger proportion of the population facing IPC4 levels as well as a higher drought-affected population. The classification of areas facing Stressed (IPC Phase 2) levels in December 2022 has been predicted to worsen to IPC 3 by May 2023. This projection is worse than the September 2022 prediction of FEWS NET on the food insecurity situation. Source: [FEWS NET \(accessed 08/02/2023\)](#)



The lack of food and resources because of the drought has resulted in severe malnutrition in Oromia, Somali, and the southern regions of Ethiopia. The prolonged drought season has caused more erosion in the soil and made it impossible for agropastoral communities to save their crops and animals. More than 4.5 million livestock have died since late 2021, and at least 30 million weakened and emaciated livestock are at risk of death ([OCHA 05/01/2023](#); [NASA 13/12/2022](#); [WFP 28/10/2022](#)). All of this combined has impacted the availability of food, resulting in a poor nutrition situation among the affected communities. In the Borana zone, over 15% of children under five in half of the kebeles and 58% of pregnant and nursing women across the zone are malnourished ([WFP 28/10/2022](#)). In another study conducted in 36 woredas covering 560,000 children under five, 2% (11,063 children) were severely malnourished or had severe wasting, and 102,967 (18%) experienced moderate wasting. The proxy wasting was above emergency levels at 20% ([UNICEF 01/12/2022](#)).

More than 13 million people are estimated to need WASH assistance across drought-affected areas, with 8.2 million people living without enough water for drinking and household usage ([OCHA 24/08/2022 and 08/09/2022](#)). In June 2022, the cost of water increased by 100% in Oromia and by 50% in Somali compared to the prices in October 2021 ([UNICEF 23/08/2022](#)).

The drought impacts extended to the cholera outbreak affecting Oromia and Somali regions. As of 30 January 2023, there were 1,055 reported cholera cases, including 28 deaths, in eight woredas in Oromia and two woredas in Somali. Almost one million people were at high risk ([OCHA 30/01/2023 and 18/01/2023](#)). The most likely causes of the outbreak are the use of unsafe water from contaminated water points, a lack of adequate WASH services, poor hygiene practices (such as open defecation), and limited resources for water treatment ([OCHA 24/11/2022](#)).

As of November 2022, the drought that began in late 2020 had internally displaced 590,000 people in the country. Oromia had registered over 275,000 IDPs, and Somali had over 308,000, but the actual numbers could be higher, especially in areas where insecurity has constrained humanitarian access and data collection. [UNHCR 21/12/2022](#)

The drought affects women and girls in numerous ways. For one, they are at elevated risk of GBV due to cultural roles, women usually must travel far distances to fetch water and are often left alone while male family members are looking for food or livelihoods. This puts them at risk of abuse from other people. Food insecurity can also heighten their risk of sexual exploitation and abuse, since the lack of food, water, and personal hygiene elements, such as sanitary pads, can push some girls to exchange sexual activities for money (Early marriage is also common) as an economic coping mechanism in drought-affected areas. According to a Gender and Adolescence Global Evidence survey, 58% of girls were married before the age of 18 in Somali region, with the average age at marriage being 17.4 years, and 8% of girls in the region marry before the age of 15. In Somali, parents and religious leaders often encourage girls to marry immediately after their first menstruation ([GAGE 24/08/2022](#)). The limited availability of and a lack of confidence in response services often hampers GBV response. Cases of gender-based violence in the region are also under-reported because of fears of retaliation by the perpetrator or stigmatization by communities and family members. Nevertheless, the displacement force children to be out of school and expose them to GBV due to the cultural roles within the family.

## Operational risk assessment

There is no change in the risk assessment from the published [operation strategy one](#)

## B. THE OPERATIONAL STRATEGY

### Update on the strategy

The overall aim of this operation was to reach 500,000 people of the most affected people in this crisis, specifically targeting 300,000 people with immediate humanitarian assistance and 200,000 people with early recovery and climate adaptation support in Southern Ethiopia for 24 months.

The drought worsened progressively to aggravating levels in terms of people affected and severity with increased vulnerabilities where the 6<sup>th</sup> rainy season of March–May is also predicted by expert weather forecasts as depressed and below average. However, the response strategy and geographical and demographic targeting did not change nor scale up due to low funding which is still far from the initially planned targets.


A multi-sectoral approach combining immediate humanitarian, recovery, and resilience-building initiatives were envisaged to assist communities to adapt to evolving climate and environmental conditions, in line with IFRC's Pan-Africa Zero Hunger Initiative.

The Emergency Appeal was based on the Federation-wide approach, the priorities of the operating National Society, and in consultation with all Federation members in the country contributing to the response and guided by a single operation strategy with multilateral and bilateral funding streams. The overall operation has reached 194,946 (female: 105,271 and male: 89,675) people out of its 500,000 overall targets and against the 300,000 targets for immediate humanitarian response.

The IFRC's Community engagement and accountability approach, as well as protection, gender, and inclusion (PGI) standards, are applied in the process to help further refine the targeting methodology, with attention to particularly vulnerable and/or most-at-risk groups, including extended households with pregnant and lactating mothers and/or children under age five, households nursing older people, and/or people terminally ill with HIV/AIDS or other chronic conditions, children or adolescent-headed household with specific social protection needs and people with disabilities and internally displaced household.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

 <b>Livelihoods</b>		Female > 18: <b>9930</b>	Female < 18:
		Male > 18: <b>9540</b>	Male < 18:
<b>Objective:</b>	Communities affected by disasters and crisis are provided with assistance to recover or strengthen their livelihoods and improve their food security.		
	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	# Of farmers/households provided with livelihoods recovery assistance	0	5,000
	# Of farmers or groups supported by irrigation schemes	0	1,000
	# Of pastoral households provided with a stock of 5 milking goats each	0	1,000
	# Of farmers trained in agricultural production	0	10,000
	# Of farmers/households provided with livelihoods recovery assistance	0	5,000
<b>Key indicators:</b>	# Of farmers or groups supported by irrigation schemes	0	1000
<p>Given the severity of the drought, the Ethiopian Red Cross (ERCS), in collaboration with the International Federation of Red Cross (IFRC), launched a drought response project that is currently being implemented in Somalia, the Oromia region, and SNNPR. So, a startup workshop was conducted in Addis Ababa at the ERCS training center with the implementing regional branch staff.</p> <p>Project stakeholders from both the Oromia and Somali sides were invited to the inception workshop aimed to create a mutual understanding of the project goal, identifying target woreda/kebeles, and creating clear roles and responsibilities for each stakeholder toward on-time service delivery and the achievement of overall project activities. During this startup, a workshop to standardize the reporting and data flow system IFRC standard reporting template and Indicator tracking table (ITT) was presented by IFRC senior PMER officer, and a mutual understanding was created among the responsible ERCS HQ and branch staff and PNS.</p>			

Subsequently, the detailed project activities were discussed, including how cash transfers can be conducted in Somali and Oromia region target woredas, the number of people affected on CVA, woreda selection, malnutrition screening, WASH materials, and the provision of training was identified. After the launch workshop, the project team facilitated the formation of beneficiary selection and grievance committees in each of the identified 10 kebeles.


The beneficiary selection committees handled, identified, and registered the most vulnerable households in their respective kebele. The compliance and feedback committees were formed to enable the mass community to report any of their complaints about the beneficiary selection process. Discussions were conducted with the selection committees on the vulnerability criteria set by the national society to contextualize the real situation. To ensure the selected people affected are appropriately targeted, Kebeles has agreed on beneficiary selection criteria based on participatory, account-based, and transparent principles in consultation with the local community, respective government sectors, and stakeholders in all interventions.

**Food Assistance**

During this reporting period, the Ethiopia Red Cross Society (ERCS) distributed food relief response to almost 3,086 quantal of wheat and Maize flour and 14,978 litter cooking oils with their domestic funds for 10,396 and 9,074 households for Borana and Somali drought-affected communities, respectively.



Figure 1 Ethiopia Red Cross Society (ERCS) distributed food relief response for affected Oromo Borana Community

	<b>Multi-purpose Cash</b>	Female > 18: <b>52,550</b> people	Female < 18:
		Male > 18: <b>46,131</b> people	Male < 18:
<b>Objective:</b>	Ensure access to food and other basic needs through the provision of multipurpose cash grants to households		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	# Of households reached with a multi-purpose Cash Grant	19,630	42,000

# Of volunteers mobilized and trained on Cash & Voucher assistance programming

200

60



Figure 2. Drought-affected beneficiary woman receiving CASH, Somali/Shebelle/Qelafo

In the Oromia and Somali regions, a cash-feasibility assessment was conducted in a sample of 50 homes (HHS) that represented the entire community in selected kebeles of drought response target woredas. The quantitative data was gathered using a standard household questionnaire by the branch project focal person, technical personnel from Woreda government offices, staff from the zonal coordination office, and professional volunteers from Woredas. Overall, the study identified one of the target zone's worst-affected districts, 98% of the sample reported that livestock losses, low yields from the Shebelle River deluge, and crop failures had all significantly reduced their agricultural output.

Selection committees and Complaint and Feedback committees were established at each village (kebele) by the communities to ensure fair selection process and most vulnerable are addressed, selection criteria were set and brought for the community to discuss and contextualize based on their situations. Selection criteria such as peoples those who are severely affected by the war, who lost their family members due to war, those who lost partially or totally lost/burned their properties and home or looted; Female headed households; Child headed household and children's whom lost their parents with no supporter; Households affected by war with large family size of 5 and above members; Pregnant and lactated women's and mothers with children's below 5 years old; Elderly peoples above age of 55, who have no supporters; Peoples become disabled because of war and disable household head, patient household head, people with chronic health problems and who have no other similar support criterion are used for people affected targeting, selection, registration and validation processes.



The selected committee oriented on beneficiary targeting, complaint handling related to CVA, and other cash-related activities. The targeting committees were composed of women's, religious leaders, youth, and community elders' representatives. Overall, the targeting process was Participatory, inclusive (women, the elderly, and people with disabilities are the most affected and are exposed to potential protection risks including sexual and gender-based violence (SGBV), trafficking, sexual exploitation, and abuse) and community centered with adequate feedback mechanism and integral process transparency where the final beneficiary list was displayed in public authorities notice boards and at the community level.

A committee and volunteers chosen by the community oversaw the identification, selection, and registration of cash people affected. Beneficiary targeting was conducted by woreda at all selected kebele, and those who did not have identification documents such as kebele ID were given by kebele, with the assistance of the woreda administration. People affected' data were received in both electronic and hard copy formats, and ERCS HQ conducted stringent verification to ensure that the most vulnerable households in each kebele were selected.

With the contribution of the multilateral fund from IFRC, ERCS trained and deployed 195 volunteers (92 Somali, 56 Oromia region and 38 SNNPR) and 5 volunteers from the Netherlands Red Cross for data collection and registration of people affected and support on the basic Cash Transfer Program and KOBO Toolbox registration.

Volunteers were trained on targeting process, and registration of people affected' information data gathering by Kobo Toolbox. After the training was provided on beneficiary registration tools, household profiles for target beneficiary households were collected by volunteers in both the Somali, Oromia and SNNPR regions in their respective target woredas with the Kobo Collect data collection tools.

*Figure 3. Target affected person assisted with Cash from the contribution of IFRC.*

Cash distributions were checked and facilitated by a team composed of the Branch DRM team, Cash Technical expertise, and accountant from the HQ with Woreda DRM Office heads, volunteers and Kebele beneficiary selections and feedback and complaint handling committees. At each site, team of ten (10) committee members were deployed to verify the exact people affected at different stages, being at coupon distribution, coupon verification by signing on the coupons and the beneficiary to sign on the distribution list at the cash distribution place and submit coupon to the bank tellers to receive the cash.

To ensure transparency and community engagement in all project activities, various tools were put in place, in addition to the compliance and feedback committees formed in all kebeles. The complaint and suggestion registration book, Suggestion boxes, and phone numbers were posted in the proper locations throughout the target kebeles.

. Cash feasibility and market assessments were carried out to inform the appropriate cash transfer modality; while coordination with the Cash Working Group at local levels was done to determine the amount to be disbursed. The markets were also identified to be equally functional and accessible to support the needs of the affected population. ERCS used an existing FSP (Commercial Bank of Ethiopia).

The cash assistance process was preceded with feasibility and market assessments which informed markets functionalities and determined the minimum expenditure basket (MEB), and the cash transfer amount was calculated based on the market value in line with Sphere Standards for food ration basket. The household disbursed value which also conformed with the range recommended of 5000 to 8000 by Cash working group.



*Figure 4. CVA Beneficiary Bank account verification*

In this reporting period, out of a total of 42,000 targeted households, 19,630 HHs (52,550 female and 46,131 male people) (47%) were supported with cash. 8,402 HHs (42,010 people) by multilateral IFRC funding for Somali region of Kelafo and Dawa, SNNPR, as well as the Oromia region of Borana and Bale, 2,500 HHs (12,500 people) by German Red Cross in both Oromia and Somali regions, 5,228 HHs (26,140 people) by Swiss and Danish Red Cross Moyale Oromia region in collaboration, and 3,500 HHs (17,500 people) by Netherlands Red Cross who received Cash in the Somali region through ERCS FW appeal bilateral resource. Each household beneficiary has received 6,000 Ethiopian Birr only for one round.



Figure 5. People affected collect money from Moyale Commercial Bank of Ethiopia

Post distribution monitoring was also conducted with the aim of setting up if the intended people affected received their rightful amount of cash and whether they got the cash transfer on time as well as finding out how the funds received were used and whether the targeted population was reached.

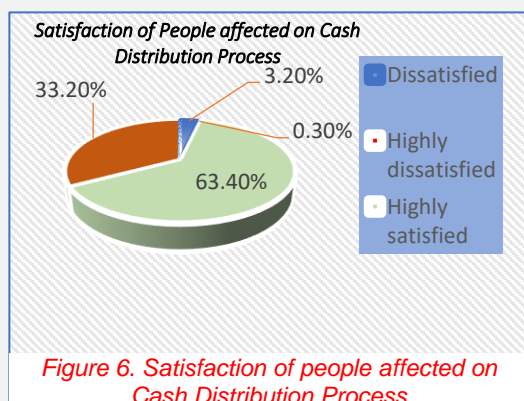


Figure 6. Satisfaction of people affected on Cash Distribution Process

Sampled post distribution monitoring was conducted which focused on beneficiary satisfaction, gender and diversity participation and do no harm and conflict sensitivity.

According to CASH Post distribution monitoring survey revealed that 63.4% of the respondents respond that highly satisfied, 33.2% satisfied and the remaining 3.2% and 0.3% of them responded that dissatisfied and highly dissatisfied.

As to how the cash was spent, food accounts for 69% of the total HHs expenditure, while clothing and debt payment accounts for 10% and 9% of the total HH expenditures, respectively. However, the cash distributed for people affected was sufficient to cover HHs food needs for only 21% of the respondent HHs. Moreover, the number of Meal per day increased for 35.2% of the respondent HHs since cash distribution. In addition to this From the chart, 1800 persons (59%) responded that the items received by the people affected have allowed them to acquire more food to eat and increased their income. 58 persons (17%) responded that the assistance has had no significance impact on their family yet.

## People affected case Stories



Mrs. Zewuditu Abraham is a resident of Bachra Kebele in Tanbaro District, Kenbata Zone, South Region. Mrs. Zewuditu is one of the target people affected of Multi-purpose Cash in the Drought Response Appeal which is implemented by ERCS and IFRC in the SNNPR region. Mrs. Zewuditu is the mother of 4 sons and 2 daughters. Mrs. Zewuditu described her living conditions as follows. My husband was a soldier during the Derg era, so he was wounded on the battlefield and died. He has no pension. Although we are farmers, the size of the farm is not more than 350 square meters. They are the youths of the Church

of Life who built this hut we live in. Because of this, the occurrence of the drought has greatly challenged the survival of the family. We did the found daily work and did not find the daily reward.

Mrs. Zewuditu explains the situation by saying that it has become rare for us to see something that is lickable day and night. Mrs. Zewuditu further explained that one of my children named Belet Abraham went out of the house because there was no one to eat at home. It is not known whether he is alive or dead now. I lost my son. They said that I should be dirt. My second son, Abayneh Abraham, who is studying in the 8th grade, was forced to drop out of school because he did not have enough school supplies and clothes to wear. No, to send me to school, to survive, to eat food or not. If this Red Cross Cash had not been given to me, I would have been in the dust due to the illness caused by hunger.

God bless our supporter; I think I am saved now. Not only me but also the rest of my children will be saved from leaving home and emigrating. The total amount I received is 6000 birrs, out of which we spent 3200 birrs to buy 100 Kg of maize, and we bought the rest of the simple clothes for myself and my children with 1900 birrs in consultation with my children. If they say that they used the rest of the money to buy clothes at home, then the Red Cross, which brought us out of this dark time from death and disintegration, deserves great praise. When they finished their thoughts by saying thank you, they were thinking about their future lives.



**Health and Care**  
(Mental Health and psychosocial support / Community  
Health Medical Services)

Female > 18:  
**135,000**  
people

Female < 18:

Male > 18:  
people

Male < 18:

<b>Objective:</b>	The immediate risks to the health of affected populations are reduced through integrated health services		
	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	# Of people reached with Community-based disease control & health promotion	135,000	30,000
	# Of mothers trained, and capacity supported in (IYCF)	135,000	20,000
	# Of sachets of ORS will be distributed to referral facilities	657,750	1,000,000
	# Of people reached with integrated emergency health services	135,000	100,000
	# Of volunteers trained in integrated health skills (CBHFA, BFA, RCCE, PSS).	281	300
<b>Key indicators:</b>	# Volunteers trained on MUAC screening, assessment levels of dehydration, & referral pathways	281	3000

To improve the overall health of the drought-affected community, the FW Emergency Appeal contributed funding through the IFRC and bilateral PNS support to conduct planned health activities. The appeal overall reached a total of 135,000 persons with health and nutrition awareness, screening, and referral advisory, Community-based disease control & health and nutrition promotion, CBHFA service, and integrated emergency health services.



*Figure 7. Volunteers attending integrated emergency health services*

Furthermore, a total of 281 (150 male and 131 Female) volunteers were trained and deployed to provide CBHFA service (171 volunteers by IFRC, 80 volunteers by the German RC, and 30 by the Swiss RC) through bilateral PNs. These volunteers deployed in their respective kebeles to mobilize their communities to provide the integrated response intervention and reached Community-based disease control & health and nutrition promotion activities.




ERCS with the support of IFRC trained 40 health extension workers and 281 volunteers in nutrition and community based MUAC screening, assessment levels of dehydration, & referral pathways, and nutrition, as well as raising awareness about healthy child and infant feeding practices, with a focus on IYCF to promote appropriate feeding for infants and young children in all types of emergencies to ensure their survival, health, and growth. These volunteers conducted community-based health first aid services such as malnutrition screening and MHPSS services.

Figure 8. Health extension Workers conduct MUAC screening.

To complement the referral mechanisms 657,750 sachets of ORS were distributed to referral facilities by IFRC with multilateral contribution support, 270,000, to the Swiss red cross 207,750, and ERCS 180,000 sachets. These health extension workers and volunteers reached Community-based disease control & health promotion and trained and capacitated 135,000 mothers on infant young child feeding practice (IYCF) in their respective target areas. To identify malnourished children IFRC distributed for health institution 25 wait scale to Somali region Qelafo Woreda.

In addition, to this IFRC provided support for RCCE and Covid-19 Prevention training for 30 volunteers selected from intervention Kebeles. These volunteers were deployed to their respective kebeles to conduct Covid-19 RCCE through community mobilization and awareness raising regarding preventive measures and rumor tracking for 2 months (June-July). They managed to reach more than 34,620 people with the key message of Covid-19 prevention measures. Through the intervention, it was reported improvement in people's awareness regarding Covid-19 prevention measures, and no new Covid-19 cases were reported in the period.

IFRC and ERCS with support from the FW drought Appeal trained 30 (15 male and 15 female) volunteers on Psychological First Aid (PFA).

 <b>Water, Sanitation, and Hygiene</b>		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
		<b>105,271</b> people	
		<b>89,675</b> people	
<b>Objective:</b>	Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	# Of people are provided with access to safe drinking water	114,639	200,000

# Of households provided with water treatment chemicals/filters & use sensitization	37,976	40,000
# Of households (people) provided with Emergency WASH materials	5097	20,000
# Of people provided with hygiene promotion to support the reduction in the risk of waterborne and water-related diseases	194,946	100,000
# of households educated on community-level household sanitation & waste disposal practices.	4900	10,000
# of people reached with integrated WASH activities	194,946	500,000
# of volunteers mobilized & trained in integrated WASH skills	281	300
# Of WASH assessments conducted (in the region)	1	3



*Figure 9. Volunteers participated on community mobilization & sensitization on hygiene sanitation.*

The primary goal of the WASH sector was to use hygiene promotion messaging to reduce the risk of waterborne and water-related diseases, through public awareness among the targeted community about disease transmission routes and prevention measures including but not limited to keeping clean environments and hygiene practices. To achieve this goal IFRC and PNS are supporting ERCS to reach to drought-affected people with water, sanitation, and hygiene activities.

WASH- (Water and Sanitation Hygiene) integrated skills promotion was trained to a total of 281 (female 150 and male 131) volunteers (171 volunteers by IFRC, 80 volunteers by the German RC, and 30 by the Swiss RC). In addition, the IFRC and ERCS printed 90 T-shirts and 90 hats with hygiene promotion messaging that were distributed to volunteers, staff, and community members. The Netherlands Red Cross supplied 40 water filters (tulip) to 20 health posts and ten health institutions.

During this reporting period, with the contribution of IFRC and PNS a total of 194,946 (female 105,271 and male 89,675) community members were reached with hygiene promotion activities through hygiene promotion campaigning, and mass education at community gatherings and HH level to reduce water and hygiene borne infections and safe disposal of faeces and livestock carcass to protect water point and homesteads to improve environmental hygiene, contributed by IFRC 135,000 and GRC 59946 people. These went along with the supply of 4 containers that can hold 10,000-liter capacity water and 4,100 Jerricans that can benefit 19,774 households (female 63,708 and male 54,269) people were distributed. Additionally, 657,570 sachets of water treatment chemicals were distributed by SRC 207,570, IFRC 270,000, and ERCS 180,000 aqua. This benefited a total of 134,130 households (female 72,430 and male 61,700) target people affected.



*Figure 10. Hand washing practice demonstration*

Additionally, a total of 657,570 (IFRC; 270,000, SRC; 207,570 and ERCS; 180,000) water treatment chemicals were distributed in 32879 Somali and Oromia, Moyale target communities. In complement, with support SRC supported 1003 jerricans for the same number of HHs and AURC supported 4 containers with 10,000 litter capacity of water and which helps to provide services for 114,639 target people affected distributed in Borana and Moyale. ERCS with domestic resource mobilization funds contributed to support 7634 laundry soaps for affected communities.

communities in the affected areas participated in practical hygiene and sanitation campaign organized by trained volunteers, where Drought-related hygiene and sanitation messages were disseminated along with burning and burying animal carcasses and some volunteers went house to house to raise awareness and mobilize the community about the importance of keeping their environment clean.



*Figure 11. Community participates in animal carcass safe disposal.*



## Protection, Gender, and Inclusion

Female > 18:	<b>49,383</b>	Female < 18:
Male > 18:	<b>42,067</b>	Male < 18:

### Objective:

Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination, and other non-respect of their human rights and address their distinct needs

	Indicator	Actual	Target
<b>Key indicators:</b>	# of Materials Information, Education, & Communication (IEC) materials distributed	91450	TBD
	# of volunteers mobilized and trained on PGI Minimum Standards	281	100
	# of assessments conducted on the specific needs of the affected population based on criteria from the IFRC PGI Minimum standards & toolkit	1	TBD
	# of individuals provided with dignity kits	1800	10,000

The primary goal of the IFRC and ERCS humanitarian response during an emergency is to reach out to the most vulnerable members of affected communities, such as people with disabilities, children, pregnant and lactating women, female, and child-headed households, unaccompanied and separated minors/children, minority groups, elderly people, and others. There is a lack of knowledge and understanding about how to recognize and integrate PGI in general, as well as SGBV, child protection, PSEA, disability, and diversity inclusion. According to the IFRC basic minimum for protection, gender, and inclusion in emergencies, ERCS staff and volunteers must be briefed on SGBV, PSEA, Child Protection, Code of Conduct, disability, and diversity inclusion. As a result, the training's rationale is to bridge this knowledge gap.

through this IFRC drought response appeal fund, 250 (125 male and 125 Female) ERCS staff and volunteers were provided with a sensitization workshop on SGBV, child protection, and PSEA. These volunteers were selected from the intervention kebeles to help with various project implementation processes.

They were also oriented to the RCRC movement's code of conduct for SGBV, child protection, and PSEA, as well as referral pathways for any cases reported at the grassroots level. A total of 91,450 PGI IEC materials prepared were printed and distributed to 71,450 (39203 male and 32247 females) people in SNNPR Tembaro zone, Bale, Borana, and Somali. In addition to these ERCS supported dignity kits for 1800 women in the affected target areas.



## Community Engagement and Accountability

Objective:	Indicator	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
		Actual	Target
	# of Periodic contextual assessments conducted	1	Need base
	# of Engagement and involvement of all stakeholders conducted	93	Need base
	# of complaints feedback mechanism established (31 target kebeles)	49	31
<b>Key indicators:</b>	# of working with a diverse community group established & engaged (per target Kebele)	65	31

Each of the 31 target kebeles (IFRC 14, German RC 10, and Dutch RC 7) established a community-based targeting committee to focus on beneficiary targeting, complaint feedback mechanisms related to the beneficiary selection process, CVA and cash-related activities, and overall project implementation process. These seven-member committees included women's representatives, religious leaders, youth representatives, and elders. Aside from these activities, the Netherlands Red Cross provided CEA orientation in Gujji Brach for 180 participants, including volunteers.



*Figure 12. community-based targeting committee receiving orientation and practicing CEA tools.*

In IFRC drought response Kembata Tembaro zone SNNPR, 48 stakeholders (1 female and 47 male) and in Gamo Gofa 45 (39 male and 6 females) engaged. 16 in Kembata and 2 in Gamo Gofa complaint feedback mechanism and 34 working groups established. 96 (64 male and 32 female) staff and volunteers on trained on the minimum CEA action.

Different tools were in place to ensure transparency and community engagement in each of the project activities, such as the compliance and feedback suggestion registration book, suggestion box, and telephone numbers were posted in the proper places of each Kebeles, and compliance feedback committees were formed in all 31 target kebeles.



## Risk Reduction, climate adaptation, and Recovery

Female &gt; 18:

**105,271**

Female &lt; 18:

People &gt; 18:

**89,675**

Male &lt; 18:

### Objective:

Indicator	Actual	Target
# Of people sustain and linked to longer-term resilience programming	0	200,000
# Of people mobilized to conduct community-based risk reduction	194,946	200,000
# Of community awarded on micro activities and community messaging	0	200,000
# Of people sustained and linked to longer-term resilience programming	0	200,000

### Key indicators:

This operation targeted to engage 300 volunteers, however, currently a total of 281 volunteers were trained on each integrating a multi-thematic approach. IFRC Minimum Standards for PGI in Emergencies and was also included as a component of all sectors (livelihood, Health, Nutrition, WASH, and protection) training provided to volunteers involved in the food security project operation and implementation process. In each training session, a multi-thematic integrated approach was implemented to ensure the volunteer's capacity, and the volunteers were briefed on their roles, risks, and functions.

During this reporting period to reduce risk from the communities IFRC and PNS contributed and 19,630 HHs (9,030 male and 10,600 female) with cash, 135,000 mothers integrated Emergency health and 194,946 people on hygiene promotion activities such as mass mobilization and campaigning, and mass education at community gatherings water treatment and animal carcasses disposal to protect water sources.

In addition, to this IFRC integrated the Covid-19 RCCE Prevention by training and deploying 30 volunteers selected from intervention Kebeles for community mobilization and awareness raising regarding Covid-19 prevention measures tracking rumors and misconceptions to inform the messaging for 2 months (June-July 2022). In June, these volunteers managed to reach more than 34,620 people with the message of Covid-19 prevention measures. The intervention successfully reduced the risk of Covid-19, as there were no new cases reported during the intervention period, and guarantee safety for staff and volunteers working in the area. IFRC, with support from the FW drought Appeal, trained 30 volunteers on Psychological First Aid (PFA) which was also complementing their work within the community.

## Enabling approaches

National Society Strengthening		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
<b>Objective:</b>			
	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	National society preparedness and response plan developed (annually)	0	2
	ERCS one country plan and narration plan developed (annually)	1	2
	# of drought-affected regions ERCS branches capacitated	3	3
	# FA kits supplied to emergency health centers branches	0	5000
	# of volunteers mobilized and trained on PGI minimum standards	84	100
<b>Key indicators:</b>	# of staff and volunteers and staffs involved in the operations to receive briefings on PSEA and code of conduct, and they sign it	35	100
	# of staff and volunteers and staffs mobilized, trained, and deployed on minimum CEA action	281	300

The operation targeted to engage 300 volunteers, however currently IFRC and Netherlands Red Cross trained a total of 281 (male 131 and female 150) were trained on a multi-thematic sector approach. In each training session, IFRC minimum standards for PGI in emergencies and was also included as a component of all sectors (livelihood, Multipurpose cash, WASH, and protection) training was provided who were involved in each thematic sector of the appeal operation and implementation process. To ensure a multi-thematic integrated approach these volunteers were capacitated and briefed on their roles, risks, and functions.

In addition to this IFRC and Netherlands Red Cross trained 100 and 150 volunteers respectively on MUAC screening, assessment levels of dehydration, & referral pathways, and nutrition. These volunteers conducted community-based health first aid services such as malnutrition screening and MHPSS services.

The IFRC cluster office provided adequate coordination and technical support of both multilateral and bilateral components and sustained with a full-time head of delegate, operation manager, partnership, resource development advisor, and Senior PMER officer.

The National Society has a strategic three years NSD road map to strengthen its Red-ready capacities and the position of NSD advisor leading this Federation-wide effort is paramount to be sustained to ensure a good transition. The operation mainstreamed NSD to ensure its strategies are aligned with the National Society NSD road map.



## Coordination and Partnerships

### Objective:

	Indicator	Actual	Target
<b>Key indicators:</b>	# Coordination sessions or meetings conducted	8	8
	# of Coordination of the response through a Federation A wide approach session conducted	8	8
	# of Strengthening Movement Cooperation & Membership Coordination session conducted	8	8
	# of Strategic partnerships communication, and humanitarian diplomacy in place	8	8

In Ethiopia, ERCS collaborates with the National Disaster Risk Management Commission (NDRMC) in the planning and implementation of emergency response actions and is a member of the National Operations Center. ERCS is also a member of the Humanitarian Country Team (HCT), where it is represented in clusters and participates in inter-agency working group meetings for various sectors (cash, food security, nutrition, ES/NFI, and protection), as well as the NDRMC-led National Early Warning task force and cash working group. Movement partner focal points help the ERCS engage the cluster system. Currently, the National Society and its core partners, including the IFRC, are active in the drought response, livelihood, cash, WASH, protection, and CWG clusters. In addition, ERCS involved local leaders in geographical targeting, beneficiary verification, and identification to ensure the most vulnerable inclusion in the cash transfer program.

As part of Strengthening Movement Coordination and Cooperation (SMCC), the ERCS, IFRC, member National Societies, and ICRC are coordinated through structured mechanisms such as the Movement Platform at a strategic level, Movement Operations coordination, and Technical Committees, which have provided mechanisms for Red Cross and Red Crescent planning, coordination, and information sharing. Additional SMCC sessions are planned to further integrate these. The ERCS leads monthly Movement Cooperation Meetings (MCM) at the country level.

The MCM is a forum for movement partners in-country to update each other on activities carried out, share experiences, discuss crosscutting issues, and coordinate interventions monthly base. The PNS in coordination with ERCS and IFRC have supported more recent field achievement in Somali and Oromia for the Population Movement operation, and the ongoing hunger crisis.

Key messages and communication packages have been developed gradually to reflect the operations' dynamics. There has also been increased engagement with partners and donors, which has resulted in additional

contributions to the project. Furthermore, the IFRC has hired a partnership and resource development consultant to help develop resource mobilization plans and strategies. Group. Movement partner focal points help the ERCS engage the cluster system. Currently, the National Society and its core partners, including the IFRC, are active in the drought response, livelihood, cash, WASH, protection, and CWG clusters.

## **Financial Report**

The detailed Interim Financial Report is annexed.

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/2-2023/2	Operation	MDRET027
Budget Timeframe	2022/2-2023/12	Budget	APPROVED

Prepared on 10 Apr 2023

All figures are in Swiss Francs (CHF)

### MDRET027 - Ethiopia - Hunger Crisis

Operating Timeframe: 27 Feb 2022 to 31 Dec 2023; appeal launch date: 29 Mar 2022

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>0</b>
<b>Donor Response* as per 10 Apr 2023</b>	<b>1,472,421</b>
<b>Appeal Coverage</b>	<b>#DIV/0</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,434,222	569,782	864,440
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	545,483	-545,483
AOF4 - Health	0	0	0
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	0	0	0
SFI2 - Effective international disaster management	416,360	44,769	371,591
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	1,651	436	1,215
<b>Grand Total</b>	<b>1,852,232</b>	<b>1,160,469</b>	<b>691,763</b>

## III. Operating Movement & Closing Balance per 2023/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,487,875
Expenditure	-1,160,469
<b>Closing Balance</b>	<b>327,406</b>
Deferred Income	0
Funds Available	327,406

## IV. DREF Loan

* not included in Donor Response	Loan :	507,108	Reimbursed :	507,108	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/2-2023/2	Operation	MDRET027
Budget Timeframe	2022/2-2023/12	Budget	APPROVED

Prepared on 10 Apr 2023

All figures are in Swiss Francs (CHF)

### MDRET027 - Ethiopia - Hunger Crisis

Operating Timeframe: 27 Feb 2022 to 31 Dec 2023; appeal launch date: 29 Mar 2022

## V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	251,263				251,263		
European Commission - DG ECHO	204,183				204,183		
Japanese Red Cross Society	35,112				35,112		
Norwegian Red Cross (from Norwegian Government*)	507,525				507,525		
On Line donations	168				168		
Other			15,453		15,453		
Red Cross of Monaco	9,878				9,878		
Swedish Red Cross	317,354				317,354		
The Canadian Red Cross Society	146,939				146,939		
<b>Total Contributions and Other Income</b>	<b>1,472,421</b>	<b>0</b>	<b>15,453</b>	<b>0</b>	<b>1,487,875</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>1,487,875</b>	<b>0</b>	

## Contact information.

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**For further information specifically related to this operation please contact:**

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### Reference documents

Click here for:

[Six month Appeals & update](#)

[Previous Appeals and updates](#)

## 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 Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate, and always promote all forms of humanitarian activities by National Societies, to prevent and alleviate human suffering, thereby contributing to the maintenance and promotion of human dignity and peace in the world.