



Cash assistance to flood-affected people in Guji Zone. Photo: ERCS Branch

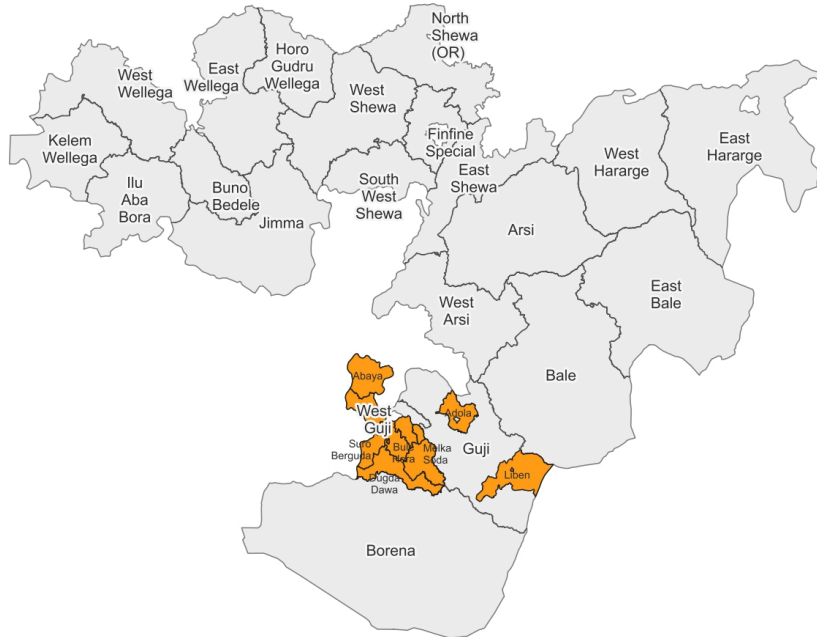
Appeal: <b>MDRET035</b>	Total DREF Allocation: <b>CHF 499,838</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Flood</b>
Glide Number: -	People Affected: <b>181,548 people</b>	People Targeted: <b>62,775 people</b>	People Assisted: <b>80,000 people</b>
Event Onset: <b>Sudden</b>	Operation Start Date: <b>30-05-2024</b>	Operational End Date: <b>30-09-2024</b>	Total Operating Timeframe: <b>4 months</b>
Targeted Regions: <b>Oromia, South West Ethiopia</b>			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

# Description of the Event



## Flood Affected Woredas in Guji and West Guji Zones of Oromia Region



### Legend

- Flood Affected Woreda
- Oromia Zones
- World\_overview\_map

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.



Flood Affected Woredas of Guji and West Guji zones

## Date of event

14-05-2024

## What happened, where and when?

The 'Kiremt' rains caused massive floods in several districts across the country between April and May leaving more than 590,000 people affected.

The worst situation was reported on 14th May 2024, where the heavy downpours caused rising river levels and widespread flooding in many areas. The high impact was felt in 9 woredas of East and West Guji zones of Oromia region; some areas of Sidama, Central Ethiopia and Southwest of Ethiopia. The ERCS branch assessment in Guji reported more than 181,548 people were severely affected, 102,128 people displaced and 5 lives lost in the 9 assessed woredas. About 3,000 houses reported either totally or partially destroyed and 14,553 ha of farming land swept off. The floods also worsened the food security situation in the areas which were recovering from longer drought. The floods also happened amidst cholera and Malaria outbreaks.





Volunteer training on Aqua search and rescue, Photo Credit ERCS



Environmental cleaning campaign in East Guji- Photo by ERCS Branch

## Scope and Scale

The unusual heavy wind during the March - May rainy season led to massive flooding which caused significant displacement, damage to houses, public infrastructure, and croplands. The destruction and displacement exacerbated humanitarian needs across Afar, Amhara, Central Ethiopia, Oromia, Sidama, Somali, South Ethiopia, and Tigray regions.

The overall floods impact and figures according to the joint assessment engaged partners and Ethiopian Disaster Risk Management Commission (EDRMC) revealed:

- Nationwide, over 590,000 people were affected by floods between April and mid may. More than 14 people were killed.
- East and west Guji were most affected with more than 181,000 people rendered vulnerable due to the flash floods and hundred thousand displaced, 109,000 were already identified as displaced, and 5 dead. Guji zones accounted for more than 30 % of the affected population.

The EDRMC confirmed loss of thousands of livestock and 13,779 hectares of agricultural productions which were on maturity stage were damaged, and several villages were disconnected. Additionally, the West Guji zone DRM office reported 9 districts (woredas) and 94 kebeles were highly impacted and the crucial infrastructure damage, involving health institutions (7), schools (54), water schemes (14) and 3024 domestic houses, forced many households to be homeless.

The flooding heightened disease outbreaks, the PUBLIC HEALTH EMERGENCY OPERATIONS CENTER (PHEOC) billeting no. 69, highlighted increasing case for Guji, and the immediate measures taken, IREC being among the partner contributed to the cholera response through the DREF support.

The damaged water sources, displacement and inaccessibility to essential humanitarian services were among the major causes. Zonal authorities raised concern over low sanitation coverage, increased open defecation as commonly practice, as major contributing factors cholera outbreak in the woredas and Malaria in Gelana and Abaya woredas (West Guji). The most impacted most vulnerable displaced communities who were hosted by communities, in isolated camp those sheltered under trees, majority being women, children and elderly people.

The flooding has deepened the vulnerability of populations whose resilience were highly affected by the impact of a prolonged drought since 2020 as the areas were most affected by flooding and drought overlap. The flash flood impacted farm produce of which communities were expecting after the 4 years of drought.

In this light, A total of 62,775 individuals have been targeted for assistance in five woredas of the Oromia region. This includes 20,000 people in Adola Rede woreda of the Guji zone and 10,693 people in each of the four woredas in West Guji—Bule Hora, Gelana, Suro Berguda, and Abeya.

## Source Information

Source Name	Source Link
1. ERCC - Emergency Response Coordination Centre	<a href="https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/daily-flash-archive/5067">https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/daily-flash-archive/5067</a>
2. DH ECHO Daily Flash of may 16/2024	<a href="https://relief.int.report.ethiopia.floods.dg.echo">https://relief.int.report.ethiopia.floods.dg.echo</a>
3. Flood country contingency plan	<a href="https://rb.gy/3ni4ii">https://rb.gy/3ni4ii</a>



4. Oromia ERCS regional branches	<a href="https://www.oromia.redcrosseth.org">https://www.oromia.redcrosseth.org</a>
5. South West ERCS regional branch	<a href="https://www.southwest.redcrosseth.org">https://www.southwest.redcrosseth.org</a>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>IFRC through its Country cluster delegation (CCD) office, provides support to the National Society in coordinating with PNS, delivering services, advocating on behalf of vulnerable people, and strengthening NS capacity. The IFRC facilitates international support to the National Society's emergency response activities, coordinates the membership and supports the network's global and regional initiatives. It also provides wider humanitarian diplomacy in international circles on the situation in Ethiopia and the action of the National Society. IFRC also supports accountability as a cross-cutting theme, through the logistic, PMER and Finance technical support. IFRC CCD also provides security support to the NS and PNS in-country.</p> <p>In recent years IFRC supported the Ethiopian Red Cross through a number of Disaster Response Emergency Fund (DREF) and Emergency Appeal operations in relation to population movement, civil unrest, drought, floods, disease outbreaks and food insecurity. Currently IFRC is implementing different emergency preparedness and response programs at different parts of the country through different interventions including the Hunger crisis appeal, Land slide and floods Appeal, the Sudan population Movement appeal, the flood and drought Anticipatory action (funded by DREF) and has long term initiatives for resilience building for protracted crisis. IFRC showed full commitment to address humanitarian needs of Oromia region flood disaster.</p>
<b>Participating National Societies</b>	<p>Currently there are 8 PNS present in country with offices at ERCS HQ supporting different programs bilaterally. These include Finnish RC German RC, Norwegian, British, Netherland, Swiss, Austria RC, and Danish Red Cross having active programs supporting the ERCS in areas of National society strengthening, Health, DRM, Livelihood, Resilience and recovery programs. Regarding to the this specific operation there was no direct support from PNS, neither crisis modifier from any operation or emergency response funds. However, following the escalated floods in July, PNS contributed to the Flood and landslide appeal, covering 7 among the affected regions.</p>

## ICRC Actions Related To The Current Event

The ICRC has presence in Ethiopia for a long period providing humanitarian assistance and protection to people affected by conflict and internal strife. It currently has sub-delegations in Mekelle, Jigjiga, Nekemte and Bahir Dar. ICRC supports the Ethiopian Red Cross in security and safer access pillars implementation

## Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
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<p><b>National authorities</b></p>	<p>The Ethiopia Disaster Risk Management Commission issued two flood alerts in January 2024 based on the rainfall forecast for the belg (spring) rainy season, calling for preparedness in flood-risk areas. The national and regional Flood Task Forces were activated accordingly. A national Flood Contingency Plan was also prepared and released in February 2024. Food was pre-positioned at regional warehouses. Clusters have fed into the national Flood Contingency Plan and have reviewed their relief supply stocks, according to cluster targets. Most clusters reported a significant resource gap and could not meet the needs of the National flood contingency plan. The scale of the response is overall very low due to limited resources and preparedness across all the clusters. Nevertheless, the national authorities have been closely monitoring the situation, more rains are being forecasted.</p> <p>Regional Emergency Coordination Centers (RECC) are activated by the Government in Somali, Oromia, Afar, and southern regions to coordinate the flood response efforts. The RECCs meet on weekly basis. Flood early warning messages re being disseminated to at-risk communities. The reports from ERCS Oromia zonal branches in the affected areas stated that either the Regional Disaster Management Bureau or National Disaster Management Commission dispatched nothing for lifesaving emergency response yet. The current support is from communities. The communities specially those displaced from their home are the most affected and needs immediate lifesaving emergency support. National Authorities have requested immediate support from Humanitarian organization. with the support from OCHA, detailed assessment is planned from 24 May to 1 June in Oromia region to further inform resource mobilization and response.</p>
<p><b>UN or other actors</b></p>	<p>Humanitarian partners, led by the Ethiopian Disaster Risk Management Commission (DRMC), had placed flood preparedness and readiness plans for the belg rainy season (March – May), including identification of high flood-risk areas in Afar, Amhara, Oromia, Somali, and Southern regions. A shortfall in funding and resources limited the response and prepositioning of supplies. OCHA in collaboration with the government led the multisectoral needs assessment in the affected areas, and flood risk assessment in the country, UNICEF, WHO and other partners actively participated in Cholera response in the guji, while other actors responded to floods in other affected areas.</p>

**Are there major coordination mechanism in place?**

The Ethiopian Disaster Risk Management Commission (EDRMC) established a coordination mechanism at the national level, alongside parallel coordination mechanisms in regions, affected zones, and woredas, to enhance the response to the flood. OCHA coordinated partners, while sectoral partners managed their own coordination efforts. Under the leadership of the Oromia Regional Disaster Risk Management Bureau, the Joint Flood Coordination Steering Committee was reactivated with the participation of humanitarian and technical government staff. The Ethiopia Red Cross Society participated in coordination platforms at all levels. This coordination mechanism united all actors with a collective focus on implementing robust preparedness measures for further forecasted disasters and providing emergency responses to flood-affected populations across various sectors. Coordination meetings were held regularly and on an ad-hoc basis in response to new emerging situations.

## Needs (Gaps) Identified

### Shelter Housing And Settlements

The increased displacement due to conflict and climate disasters increase the shelter needs in Ethiopia. A total of 3,024 houses were reported damaged in the Guji floods alone, while more impacts were experienced in other regions. The shelter cluster is working hard to mobilize resources to meet the needs of affected population with the limited available resources. The displaced communities who were primarily living in temporary sites and makeshift shelters has started to return to their original places, however action is needed to strengthen shelter resilience in these flood recurring areas .

Significant losses reported were partially recovered through this response, however the needs were massive, only the most vulnerable were reached with shelter NFI. The flooded and damaged houses ranged from being completely destroyed to requiring repairs. Due to limited resources to tailor assistance to the specific needs of each family or group, there was a pressing need to strengthen the community's capacity to cope with the situation and lead their recovery process. This included promoting adapted solutions and raising awareness about sustainable shelter practices.





## Livelihoods And Basic Needs

The displacement, destruction of shelters, damage to agricultural lands and crops, loss of livestock, and other livelihood assets in Guji and West Guji significantly deteriorated the living conditions of the affected communities. The situation severely impacted agricultural production and the livestock feeding system, leaving communities, who primarily depended on agriculture, in a dire situation for up to nine months, until the next harvest period, while the support from this operation covered the food assistance for 1 month. Markets disrupted markets are yet to resume, with several villages inaccessible due to security situation.

The humanitarian situation in Ethiopia remained critical due to a combination of climate shocks and conflict. Political tensions across various regions and a struggling economy exacerbated the challenges faced by affected communities. Continuous market assessments, food supplies, farm inputs, and livestock replenishment were identified as critical needs for restarting livelihoods. Additionally, awareness-raising for livelihood activities was recognized as potentially beneficial for the affected communities.



## Health

The floods occurred amidst ongoing disease outbreaks, including cholera and malaria. Social and economic factors also contributed to the resurgence of communicable diseases. In response to the increased cholera outbreak, there was a well-coordinated organization by the Government and other partners. Under this DREF, the ERCS participated by intensifying health and hygiene awareness about these diseases complemented by distribution of WASH NFI, to strengthening prevention measures, volunteers were engaged to promote behavior change and epidemic prevention measures were emphasized.

Additionally, changes in living conditions contributed to a low community perception of communicable diseases, increasing the risk of cross-infection. By the end of this response, the reported epidemic caseloads were minimal compared to the beginning, knowledge, attitude and perception were improved. However, health needs remain to be critical, including medical supplies, personnel, and community-level interventions, to manage the outbreak.



## Water, Sanitation And Hygiene

Frequent WASH-related challenges are experienced by communities during flood hazards across Ethiopia. The effects of the floods on WASH services included the destruction of water points, shortages of clean water supplies, contamination of water sources, destruction of sanitation facilities, and increased occurrences of water-borne diseases. Most of the damage to the water sector affected existing water sources in riverine areas, such as boreholes, shallow wells, springs, and water pans, leaving communities surrounded by mud and stagnant water.

Flood-affected areas were further impacted by the ongoing cholera outbreak, necessitating a scale-up in the management of water and sanitation services. The recent re-emergence of cholera cases in parts of Ethiopia, including Oromia and South West regions, highlighted the continued risk, as access to safe drinking water and appropriate sanitation remained a major need, particularly in displacement centers. Poor environmental conditions also contributed to an increase in mosquito breeding sites, amplifying malaria cases.

The operation provided water storage kits for displaced people, distribution of water purification chemicals to affected communities, and health and hygiene awareness, however, major remaining gaps include the repair of water sources, construction of public latrines and repair and maintenance of latrines in the displacement centers, and ensuring access to hand washing facilities. Additionally, the provision of hygiene supplies, menstrual kits for women and girls of reproductive age, and hygiene sensitization needs to be scaled up.



## Protection, Gender And Inclusion

The flood caused a devastating impact on communities, displacing families to evacuation centers away from their homes and community settings. This displacement was particularly harmful to women, girls, and other marginalized groups. Reports from the affected regions indicated a significant presence of children, women, and elders in the displacement centers. This humanitarian crisis, while exacerbating pre-existing gender inequities, placed women and children at heightened risk of various forms of gender-based violence (GBV). The vulnerability of women, children, minors, and people with special needs increased significantly in the context of the crisis.

The need for inclusive, dignified, and gender-balanced assistance was crucial in mitigating protection and safety concerns. In cases of



post-impact displacement or relocation, it was critical to ensure conditions met the minimum PGI standards. Additionally, counseling and referral services were urgently required for survivors of GBV.



## Community Engagement And Accountability

Branch reports revealed that the community had already begun responding to the disaster. Discussions were held with the communities to identify their needs, determine how they could best receive assistance, and define the target population. Efforts were made to ensure that communities actively participated in the program by establishing community committees to support the project cycle and facilitating regular information-sharing through agreed-upon modalities. The community was encouraged to share complaints and feedback on the support they received and was informed about how to report any issues.

Some of the areas had immense security concerns and were not accessible,

Additionally, during the disaster response, the Community participation strengthened the reach to the most vulnerable and hard to reach. Despite the security concerns, feedback from community strengthened the response mechanism, and where possible approaches were revised. The response taken amid cholera outbreak needed immense behavioral change which needed massive participation and engagement of communities in getting factual information and taking safer actions.

## Operational Strategy

### Overall objective of the operation

The operation aimed to provide life-saving emergency response for people in need in the flood-affected zones of the Oromia region (West Guji and Guji zones) over a period of four months. The intervention focused on life-saving measures to mitigate risks to lives, reduce exposure to further losses, and address health risks for already vulnerable communities, with clear targets and indicators defined for monitoring.

Specific objectives are:

- Improve the livelihood through MPCT targeting about 10% of the displaced people (1750 HHs, 10500 pp) with direct support, MPCT to cover basic livelihood and hygiene needs.
- Disease prevention in affected communities through health and hygiene promotions to about 50% of the affected at risk population (62,775 people). The activities aimed at contribute to changes on practices and behaviors through awareness and material for water management & hygiene for 1750 HH among the most exposed and vulnerable families. At least 10,500 people with the distributions of kits, mosquito nets and water treatment materials.
- Ensure the affected are aware of protection, gender and inclusion, and communities fully participate and have access to share their complaints and feedback.
- Strengthen the national society response capacity.

### Operation strategy rationale

To address the immediate needs of the target population, ERCS, through this DREF, provided an integrated and dignified response in coordination with government authorities and other partners, as detailed below:

Livelihoods and Basic Needs:

The affected population required immediate food assistance. ERCS Branch in coordination with government conducted rapid assessment and identified food as a priority need, and the best response modality being in cash. Communities experienced large-scale damage to crops and farmlands, with over 30,000 acres of farmland affected, at least 30,000 livestock lost, and 102,000 people displaced. Under this operation ERCS prioritized 10% of flood displaced households by providing a one-time MPCT to meet basic livelihood needs based on the minimum food consumption for a family of six for one month, covering essential food and hygiene. The humanitarian situation in Ethiopia remains critical due to increasing disasters and economic instability, which mainly impacts the lives and livelihoods of the affected communities.

Multipurpose Cash Transfer:

ERCS supported 1,750 households (10,500 people), representing 10% of the displaced population, through a one-time transfer of ETB 7,000 (CHF 116). This amount covered the cost of essential food and hygiene supplies for one month in the context of the flood-induced displacement. Sensitization on the use of cash was part of the operation to ensure effective utilization. Additionally, the intervention



contributed to local market recovery and socio-economic revitalization.

#### Shelter, Housing, and Settlement:

The operation scaled up the provision of emergency shelter and essential household items for the most vulnerable displaced and camp-based populations, targeting 1,750 households (10,500 people). Volunteers conducted awareness sessions on emergency shelter during beneficiary registration, distribution, and household visits.

#### Health and Care:

ERCS volunteers and staff were sensitized and equipped with key health promotion messages on cholera, waterborne, and vector-borne diseases. Given the flood response focus, the priority was to enhance cholera and outbreak prevention through community engagement activities. Epidemic prevention measures were integrated into awareness campaigns. Volunteers joined other health partners for the case management amid disease outbreaks and updated the operation where there were needs for the additional resources to intensify the support.

#### Water, Sanitation, and Hygiene (WASH):

Hygiene promotion campaigns were scaled up to strengthen WASH knowledge and promote best practices, following the cholera outbreak in the affected areas amid the response. More than 80,000 people were reached through different channels. Personal hygiene, safe water and proper sanitation usage was part of the key messages. ERCS distributed water storage kits and water treatment chemicals, coupled with promotion to procurement of hygiene materials from MPCT.

#### PGI (Protection, Gender, and Inclusion):

ERCS ensured that interventions adhered to PGI minimum standards in emergencies, providing services equitably while addressing needs based on gender, age, and disability. Special attention was given to vulnerable populations in temporary camps. Dignity kits were provided to 800 women and girls of reproductive age. Child protection risk analysis were conducted, and child safety and dignity procedures were implemented. Community-based education materials addressing violence, discrimination, and SGBV were developed, and feedback mechanisms with sensitive referral pathways were established.

#### Community Engagement and Accountability (CEA):

ERCS managed to maintain active feedback systems. Feedback desks managed by community appeal committee and designated volunteers for documenting the feedback were established during the operation, and a national hotline was maintained to receive feedback. Community feedback were useful to adjust the operation strategy, specifically for MPCT, where the access was limited, beneficiaries were supported to travel to the woreda to access their cash.

#### NS Strengthening:

ERCS maintained constant communication with its branches and volunteers. Capacity-building for ERCS staff and volunteers including data collection, reporting, security, and search-and-rescue operations. A detailed assessment was finalized to inform the selection criteria for targeting beneficiaries. Periodic meetings and joint supportive supervision ensured progress updates. Coordination with movement partners was strengthened to mobilize resources effectively.

## Targeting Strategy

### Who was targeted by this operation?

Geographical targeting was carried out in coordination with local government authorities to identify the affected areas in the West Guji and Guji zones. In the targeting approach, displaced families were prioritized for all planned assistance. The targeting strategy considered displaced individuals residing in identified temporary camps or makeshift shelters. Beneficiaries were further selected based on the following criteria:

- Economic criteria: This included assessing poor families, the extent to which income sources were affected, the number of income sources, and the stability of the identified income sources.
- Social vulnerabilities: This included factors such as family size, the number of children under five, the number of elderly individuals, and whether households were women- or child-headed or included individuals with chronic illnesses, elders, pregnant women, or lactating mothers.
- Reconciliation with other partners support: Beneficiaries were selected to avoid duplication and prioritize individuals who had not



received any other assistance. Households in urgent humanitarian need and without support were given priority.

- At least 80,000 people, in flood-affected areas, were directly reached for health and hygiene promotion.
- The most vulnerable 1,750 households (10,500 people), constituting 10% of displaced individuals, were supported with the following:
- Cash was provided to some displaced families who also received shelter assistance, depending on additional criteria. Economic factors, such as income stability and the impact of the disaster on income sources, served as key filtering criteria for cash assistance selection.
- 800 women and girls of reproductive age among the displaced HH, were provided with dignity kits.

ERCS worked closely with community committees to identify beneficiaries using existing CEA mechanisms. The targeting process was coordinated with local branches to address the humanitarian support gaps in the identified areas. PGI and CEA principles were mainstreamed to ensure full community participation and to address protection and gender-related matters. All data reported was disaggregated by age and sex. Beneficiary registration was conducted using the online "Kobo" system developed from previous operations.

## Explain the selection criteria for the targeted population

Identification and selection were based on the level of vulnerability, as agreed upon with the communities, targeting displaced households with special consideration given to the following criteria:

- Level of destruction and damage to homes of female-headed households that were poor and without external support.
- Households with pregnant and lactating women or children under five years old, with no external support.
- Households headed by individuals with disabilities or elderly members, with no external support.

ERCS worked closely with community committees to define selection criteria and identify beneficiaries using existing CEA mechanisms. Communities selected their committees to collaborate with ERCS and determined the most effective feedback and complaints channels to be utilized during the response. All communities were informed of the functionality of these mechanisms.

## Total Assisted Population

Assisted Women	-	Rural	80%
Assisted Girls (under 18)	-	Urban	20%
Assisted Men	-	People with disabilities (estimated)	12%
Assisted Boys (under 18)	-		
Total Assisted Population	80,000		
Total Targeted Population	62,775		

## Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Damaged infrastructure such as roads may be bottleneck for accessing area of intervention.	Discussing with government bodies to overcome the problem of accessibility and using alternative means of transportation.
Cholera outbreak expanded in the flooded areas, creating a risk of escalation of the humanitarian situation & threatening the community wellbeing. Other water borne diseases & vector diseases were also a permanent risk, especially for communities displaced or living in exposed areas.	During the operation, the Ethiopian Red Cross Society implemented measures to ensure continued community sensitization on waterborne diseases. Awareness campaigns were conducted to educate communities on prevention methods, safe water practices, and hygiene promotion.



	Additionally, in areas affected by cholera, government health institutions carried out an ongoing response, working in coordination with ERCS to mitigate the spread of the disease and provide necessary medical support to affected populations.
there is Ongoing conflict in the region, armed forces could have moved to the areas or the flooded areas could have seen an eruption of clashes along the way might be bottleneck for the emergency response operations. This did not materialize.	Even though the risk did not materialize, the whole timeframe, ERCS ensured the adequate level of safety measures where in place for each activities and in all the targeted areas. Safety trainings, regular briefings and continuous monitoring of the situation were part of the measures in place. More details on the security section below
Logistic and Procurement delays	During the operation, the Ethiopian Red Cross Society (ERCS), as part of the NS processes, the emergency procurement processes were activated for quick humanitarian assistance. Based on previous operations challenges and learnings/successes, ERCS ensured the administrative process and all units are briefed, refreshed on deadlines & SoPs and they know their roles. These measures taken before the operation helped to streamline procurement procedures, enhancing efficiency and responsiveness. These measures minimized delays and facilitated the swift delivery of essential goods and services to affected communities, ensuring an effective and timely humanitarian response.

**Please indicate any security and safety concerns for this operation:**

The Oromia region continues to face security challenges; however, the West Guji and Guji zones remained stable throughout the implementation period. In these areas, the Ethiopian Red Cross Society (ERCS) has a longstanding history of effective collaboration with national and international partners, ensuring strong coordination and information sharing for security management. This collaboration has been instrumental in risk mitigation, safeguarding the response team's safety and duty of care in all circumstances, while also addressing potential safety risks for the communities.

The security scanning were conducted in coordination with ERCS, the International Federation of Red Cross and Red Crescent Societies (IFRC), and in consideration of the International Committee of the Red Cross (ICRC) information. The NS was able to assess potential risks and implement necessary precautions. The Ethiopian Red Cross Society (ERCS) deployed its dedicated security team to oversee and manage security-related matters. More than 15 additional security focal points were trained among the volunteers & staff to support the situation monitoring and provide regular updates on the situation and any localized alerts. ERCS through the National team ensured similar screening is being done and information are collected also from relevant sources, ensuring timely and informed decision-making. Additionally, branch staff maintained strong relationships with government authorities, allowing them to stay informed and promptly respond to security alerts, further enhancing the safety of personnel and operations.

To ensure the effective execution of planned activities, ERCS engaged local staff and volunteers. Ensuring faster and equally accepted presence in the affected communities. A continuous security surveillance was maintained for the response team, in the response areas in general but also for the specific activities implemented. The organization leveraged public goodwill and its established acceptance approach to facilitate safe and effective operations. Strong communication and engagement with local actors, representatives, and community committees ensured that all necessary safety measures were in place for distributions and group gatherings.

The ERCS provided regular security assessments and guidance to response teams, implementing appropriate mitigation measures in the event of deteriorating security conditions. Through these efforts, ERCS remained committed to sustaining its humanitarian support while prioritizing the safety of its personnel and beneficiaries. The ERCS Security Unit continues to monitor the local security situation, providing timely recommendations to enhance operational security and effectiveness.

Has the child safeguarding risk analysis assessment been completed?	Yes
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# Implementation



## Shelter Housing And Settlements

**Budget:** CHF 121,183

**Targeted Persons:** 10,500

**Assisted Persons:** 10,500

**Targeted Male:** 5,355

**Targeted Female:** 5,145

### Indicators

Title	Target	Actual
# of HHs that receive emergency shelter and essential HH items	1,750	1,750
# of volunteers trained on emergency shelter	30	44
# of people oriented on emergency shelter	2,000	1,750

### Narrative description of achievements

- The response in West Guji included providing shelter and shelter training to the affected populations to ensure they are able to build safe shelters with the support of volunteers. This initiative aimed to address the immediate needs arising from the floods impacting the areas, focusing on communities of four Woredas in the West Guji Zone of Oromia region.
- For the effectiveness and relevance of the shelter approach, ERCS provided shelter training to 44 volunteers to efficiently assist those affected.
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### Lessons Learnt

- In sensitive areas, the NS has to ensure safety of the team through communicating with the concerned bodies and a well informed identification and management of the distribution site.

### Challenges

- Challenges during the emergency shelter and essential items distribution during the flood response were difficulties in reaching affected areas (kebeles) due to the ongoing conflict, and access challenges.
- The massive impacts compared to the available resources.



## Multi Purpose Cash

**Budget:** CHF 226,822

**Targeted Persons:** 10,500

**Assisted Persons:** 10,500

**Targeted Male:** 5,355

**Targeted Female:** 5,145

### Indicators

Title	Target	Actual
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# of people reached with MPC	10,500	10,500
# of volunteers trained and deployed to support beneficiary identification, registration, and distribution	50	55
# of PDM conducted	1	1
% of households received cash that confirmed it support them access other basic needs	52	57
% of households received cash that confirmed it support them access food	80	91

## Narrative description of achievements

- Identified beneficiaries received cash on time and lives saved, the cash supported households began to rebuild their lives, the humanitarian aid also reduced hunger impacts of post flooding and mitigated the escalation of the disaster, and school dropout reduced as well.

- 1750 families received cash assistance to fulfill or contribute to their basic needs. The bank transfer was used to disburse the money to each family as a one-off installment. Amount was ETB 7000 per household.

- Post-distribution verification was conducted to ensure targeted beneficiaries received the cash and safely withdraw the cash amount for their pressing needs.

- According to the bank's Financial Service Provider (FSP) report, 147 beneficiaries did not receive cash assistance during the first disbursement. This was due to an error where the cash intended for 111 households (HHs) in Robi Magada Kebele was mistakenly transferred to 111 HHs in Hidha Korma Kebele, Surro Barguda Woreda. As a result, these 111 HHs in Hidha Korma Kebele received double payments.

The mistake occurred due to duplicate beneficiary records from one kebele when the list was shared with the bank. Additionally, 36 beneficiaries faced account-related issues, preventing them from receiving their payments.

This issue was resolved through coordination between the bank and the National Society (NS). The 36 beneficiaries' account challenges were addressed, and the remaining 111 affected beneficiaries were paid using other NS funding sources.

## Lessons Learnt

- Flexibility in the operation helped the beneficiaries to safely access their cash.

- Feedback mechanism in place identified the challenge and was timely corrected.

- Strengthen the checking of beneficiaries by printing the list by Kebele rather than how it is now, by Woreda to reduce risk of duplication.

## Challenges

- Due to security situation, beneficiaries from 7 kebeles could not be reached by mobile bank services, thus, had to travel to the woreda to access cash. They were topped up with transportation cost, which was reallocated from budget line items with balances. The cost ranges from 600- 1000 Birr to travel between 45 to 86 KM to the woreda center.

- The double transfer of cash to 111 families was noticed during the reconciliation of cash disbursement with the PSP. This mistake occurred due to duplicate beneficiary records from one kebele when the list was shared with the bank. Additionally, 36 beneficiaries faced account-related issues, preventing them from receiving their payments. To manage this challenge, The NS has to cover another transfer to the 111 HH that never received their transfer and correct the account error of the 36 others HH to reinitiate the transfer. The coordination and the well established SoPs for cash with the selected FSP helped to quickly address the issues.



**Budget:** CHF 19,772

**Targeted Persons:** 62,775

**Assisted Persons:** 80,000

**Targeted Male:** 40,800

**Targeted Female:** 39,200



## Indicators

Title	Target	Actual
# of people who receive health messages	62,775	80,000
#of volunteers briefed and engaged on epidemic prevention	50	54
# of HH who received mosquito nets	1,750	1,750

## Narrative description of achievements

- The integrated health services were provided during the emergence operation, where health and hygiene messages were developed and disseminated through different media as effective measures to address the immediate health and hygiene impacts brought by the floods. Accordingly, the NS focused on health support to communities affected by floods and addressing waterborne disease outbreaks and future prevention. Community volunteers engaged were oriented on epidemic control and deployed to their respective areas.
- Ethiopia has experienced prolonged epidemic in the country, Guji being among the most affected areas during this response operation. In collaboration with other partners, the Ns used the DREF funding to support the awareness around the cholera outbreak and other diseases ongoing during the time of this operation. Resources were allocated to enhance the volunteers presence & messages delivery; creation and diffusion of IEC; actioning community engagement channels such as group discussion, interactive door to door visit as part of the health and hygiene campaigns. This was done despite the access constraints.

## Lessons Learnt

- Effective health and hygiene awareness, combined with disease prevention efforts, require timely and accurate information dissemination to affected communities. Successful interventions depend on well-structured communication strategies that promote best practices in health and hygiene, supported by essential resources such as water treatment supplies, long-lasting insecticide-treated mosquito nets, and hygiene materials.
- The necessity of community engagement in health education, and the importance of rapid mobilization of resources to address immediate health risks after disasters. Ensuring access to clean water and sanitation facilities was also crucial in preventing disease outbreaks in the flood-affected areas.
- Coordination with other stakeholders was very key amid disease outbreak where roles were assigned to different stakeholders to ensure proper resource utilization and case management.

## Challenges

- The operation faced challenges during health awareness rising and disease prevention including difficulties in reaching affected populations because of continuous raining, damaged infrastructure like roads to the affected kebeles.
- The security problems in the zone limited the awareness campaigns, amid cholera outbreak, and access to health services.
- There was an increased cholera and Malaria confirmed cases amid response, which made the operation to intensify the awareness campaigns.



## Water, Sanitation And Hygiene

**Budget:** CHF 35,828

**Targeted Persons:** 62,775

**Assisted Persons:** 80,000

**Targeted Male:** 40,800

**Targeted Female:** 39,200

## Indicators

Title	Target	Actual
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# of volunteers trained on hygiene promotion	30	54
# of people reached with hygiene promotion key messages	62,775	800,000
#of HHs that receive Water storage kits and treatment chemicals	1,750	1,750
# of women and girls that receive menstrual hygiene kits.	800	800
# of T-shirts distributed	70	40

## Narrative description of achievements

DREF flood response focused on improving Water, Sanitation, and Hygiene (WASH) services, which significantly benefiting affected households.

- The WASH items distributed to the families includes water treatment for a use for 3 months, water storage material. Families were oriented to use 1 tab in the jerrycan of 20 liters.
- The provision of water storage items to 1,750 families played a crucial role in reinforcing community awareness on safe water practices. The distribution of 20-liter jerrycans and 10-liter buckets enabled households to safely store and manage their water, particularly in the sensitive context of cholera risk and other waterborne diseases that posed a threat to their health and well-being.
- During and after the distribution, messaging and orientation on the use of water treatment chemicals were more effectively received and readily integrated into daily household practices. The direct application of these materials enhanced community adherence to safe water management, contributing to improved public health outcomes. The orientations were conducted as well during public events, the distribution and during the hygiene promotion house to house visits. To maintain hygienic condition, the essential dignity kits, containing sanitary pads, laundry and bath soap, for women of reproductive age impacted by flooding, helped communities to manage health and sanitation needs effectively.
- Active participation of communities in environment cleaning has been paramount in management of disease outbreak.

## Lessons Learnt

- Flood response significantly impacted community health and helped to prevent disease outbreaks. Conducting the interactive hygiene promotion activity was very informative on driven cause for common disease escalation; these interactive feedback channels helped to understand the unique challenges posed by flooding in the different settlements and provide critical messages to guide the communities through risks.
- The flexibility of the DREF, to intensify the health and hygiene promotion under this DREF contributed in the cholera elimination in East Guji, where the outbreak increased after flooding.

## Challenges

- The flood caused massive damage to water supply infrastructure, and increased hygiene-related health risks due to flooding, and resulted to increasing cholera during the response.



## Protection, Gender And Inclusion

**Budget:** CHF 1,327

**Targeted Persons:** 2,000

**Assisted Persons:** 2,550

**Targeted Male:** 700

**Targeted Female:** 1,850

## Indicators

Title	Target	Actual
# of staff and volunteers received orientation on PGI and CEA	40	37



# of volunteers deployed for PGI	30	37
# of community members reached with PGI awareness	2,000	2,550
# of people referred to protection and gender services	50	80

## Narrative description of achievements

• The Protection, Gender, and Inclusion (PGI) activities during the DREF flood response project focused on addressing the causes of risks, enhancing the safety and dignity of affected communities, particularly women, elder people, disable person and children. These activities included conducting assessments on the specific needs of vulnerable populations and implemented measures to ensure their protection and inclusion in flood response efforts. this include considering the needs of special groups during targeting and service provision.

## Lessons Learnt

• Not all people are equally affected during disasters , the PGI consideration has contributed to reach people with special needs with dignity.

## Challenges

• The challenge faced during 'Protection, Gender and Inclusion (PGI)' was particularly in relation to WASH (Water, Sanitation, and Hygiene) issues. Communities experienced increased vulnerabilities during flood events, led to inequalities. Access to health and hygiene materials was limited to special groups. the insecure situation limited access to service providers, which forced the target population to move long distances to access services. ERCS jointly with community committee established the best means to ensure access for people with special needs.



## Community Engagement And Accountability

**Budget:** CHF 10,262

**Targeted Persons:** 2,000

**Assisted Persons:** 1,600

**Targeted Male:** 640

**Targeted Female:** 960

## Indicators

Title	Target	Actual
# of feedback mechanisms identified	2	2
# Volunteers deployed to support CEA	30	37
# feedback collected	2,000	1,600
% feedback collected that are addressed	50	100

## Narrative description of achievements

• The DREF-Oromia Flood Response focused and implemented Community Engagement and Accountability to enhance flood response effectiveness. These were through; deploying volunteers and distribute CEA and PGI materials for information sharing, setting up channels for affected community members to voice concerns and provide feedback on flood response and build trust, and engagement the community as part of implementation, by selecting community committees to support in beneficiary selection and appeal committee for addressing community feedback. total of 1600 feedback were collected and addressed in all the implementation areas.



## Lessons Learnt

• Despite the security challenges in the affected areas, engagement of local volunteers from the respective community, and community committees, and providing training on the code of conduct, roles and responsibilities, utilizing diverse communication channels such as social media, we improved information dissemination and feedback collection about aid process. Consequently, we successfully accomplished the DREF-Oromia Flood response project successfully

## Challenges

• During the DREF-Oromia flood operation, in certain kebeles of affected Woredas of West Guji Zone was difficulties to access the place and gather affected population because of security issues in the zone. however, using community committee and volunteers ERCS managed to provide support to the most vulnerable families.



## Secretariat Services

**Budget:** CHF 18,931

**Targeted Persons:** 30

**Assisted Persons:** 20

**Targeted Male:** 17

**Targeted Female:** 4

## Indicators

Title	Target	Actual
# monitoring support conducted.	2	2
# of trainees for search and rescue training.	30	20

## Narrative description of achievements

• One monitoring visit was conducted in the affected areas, involving PDM and lesson learned session, where the PMER participated.

• Search and rescue training coordinated y IFRC was conducted, involving 20 ERCS staff, volunteers and government representatives. the training was held at the ERCS training centre and practical session at Maritime institute where water body and equipment were outsourced. A facilitator form KRCS was requested through peer-to-peer support among the NS, and Ethiopia fire brigade for the government policy, guideline and coordination.

## Lessons Learnt

• Through peer to peer support the NS can support each other to strengthen the capacities.

• The strengthened NS capacity at local level is key to reach the hard to reach areas.

## Challenges

• Access to the affected areas were limited due to security situation, however the NS branches managed to support people in need through their local community committees.



## National Society Strengthening

**Budget:** CHF 65,713

**Targeted Persons:** 80

**Assisted Persons:** 22

**Targeted Male:** -

**Targeted Female:** -



## Indicators

Title	Target	Actual
# of monitoring visit conducted	2	2
# of project staff supported by this intervention	1	2
# of volunteer insured	50	50
# of participants for sensitization workshop	30	30
# of staff participated in security training	25	17
# of volunteers equipped with IEC material printed	50	85

## Narrative description of achievements

- The NS was able to train 20 volunteers on search and rescue methodologies and technique with the peer support from Kenya RC,
- A team of 17 staff and volunteers participated on the security training and were able to support in security scanning during the operation. The capacity built through this process will be valuable for future intervention knowing the complex setting in some of the intervention areas. The trained team will be future focal point from branch level.
- 50 volunteers were registered to the insurance as part of the duty of care of the NS for the volunteers.
- The project monitoring and community participation was useful to inform the situation and changing operation due to the specific needs.

## Lessons Learnt

- Community participation and flexibility in program has made the response possible for this operation.
- Collaboration with security structures helped to inform the operation and access to the affected areas.

## Challenges

- The operation areas were hindered by security situation which made the NS to use alternative routes to reach the affected areas and spend more time and resources. Nevertheless, for cash assistance, beneficiaries were topped up with transport cost to access their cash at woreda level, since the bank could not go for Mobile services in the respective kebeles. Presence of the ERCS units in the respective areas helped to inform the operation and support to the people in need.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRET035 - Ethiopia - Floods

Operating Timeframe: 30 May 2024 to 30 Sep 2024

Selected Parameters			
Reporting Timeframe	2024/5-2025/9	Operation	MDRET035
Budget Timeframe	2024/5-2024/9	Budget	APPROVED

Prepared on 10/Oct/2025

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>499,838</b>
DREF Response Pillar	499,838
<b>Expenditure</b>	<b>-489,095</b>
<b>Closing Balance</b>	<b>10,743</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	30,507	6,737	23,769
AOF2 - Shelter	113,787	114,682	-896
AOF3 - Livelihoods and basic needs	212,979	226,823	-13,844
AOF4 - Health	18,565	19,772	-1,207
AOF5 - Water, sanitation and hygiene	33,641	35,828	-2,186
AOF6 - Protection, Gender & Inclusion	1,246	1,327	-81
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>410,724</b>	<b>405,168</b>	<b>5,556</b>
SF11 - Strengthen National Societies	71,338	75,975	-4,637
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	17,776	7,952	9,824
<b>Strategy for implementation Total</b>	<b>89,113</b>	<b>83,927</b>	<b>5,186</b>
<b>Grand Total</b>	<b>499,837</b>	<b>489,095</b>	<b>10,742</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

The IFRC-DREF allocated CHF 498,773 to fund this intervention. CHF 489,212 were spent to reach 1750 families, representing 10,500 people. The balance of CHF 9,561 is explained as follows:

The NS requested fund reallocation amounting 841,300 ETB to meet the transport cost for 800 beneficiaries to the woreda level, for 7 kebeles which were not accessible for mobile banking. The access and the security situation justified these adjustments. Funds to cover these safety measures and transport costs were balanced from other budget lines, including bank service charges which were meant for mobile banking.



The majority of the unspent balance is due to savings on the procurement of some items. Some items cost less in the market compared to the forecast prices, resulting in balances between 5% to 10%. including Mosquito nets, Water purification Tablets, Menstrual and Hygiene kits, Shelter NFI and transportation costs. These costs contributed to strengthening Hygiene promotion which was a need during the response, to address the cholera outbreak jointly with other partners, where the NS worked on the intensification of Health and Hygiene promotion. For this matter the 500,000 ETB was reallocated for WASH interventions including awareness and distribution of water treatment chemicals in the kebeles of east Guji mostly affected by cholera.

Final balance as per stated in the financial report annexed will return to the pot after the publication of the present report.



# Contact Information

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

**National Society contact:** Dires Desyibelew, DRM Director, [dires.desyibelew@redcrosseth.org](mailto:dires.desyibelew@redcrosseth.org), +251939655881

**IFRC Appeal Manager:**

Paula Elizabeth FITZGERALD, Head of Delegation, Country Cluster Delegation, [interim.paulafitzgerald@ifrc.org](mailto:interim.paulafitzgerald@ifrc.org), +251953909223

**IFRC Project Manager:** Sahal Hassan ABDI, Coordinator, Programs and operations, IFRC Delegation,, [sahal.abdi@ifrc.org](mailto:sahal.abdi@ifrc.org), +251911207163

**IFRC focal point for the emergency:**

Sahal Hassan Abdi, Coordinator, Programs and Operations IFRC Delegation, [sahal.abdi@ifrc.org](mailto:sahal.abdi@ifrc.org), +251911207163

**Media Contact:** Susan Nzisa Mbalu, Communication Manager, [susan.mbalu@ifrc.org](mailto:susan.mbalu@ifrc.org)

[Click here for reference](#)

