FINAL REPORT

Country| Emergency

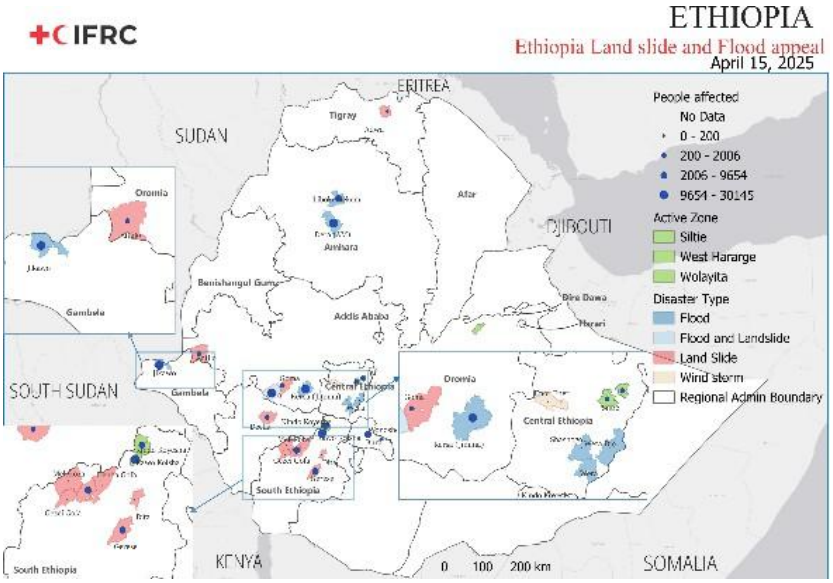


A resident village built by Ethiopia Red cross society, in partnership with the international Federation of Red Cross and Red Crecent and the development organization of church of Jesus Christ of latter-day saints in Burda Kebele, Geze Gofa Woreda, Go

Emergency appeal №: MDRET036 **First launched on:** 30/07/2024	**Glide №: LS-2024-000125-ETH**
Final report issued on: 28/10/2026	**Timeframe covered by final report:** From 31/07/2024 to 30/3/2026
Number of people targeted: 55,712	**Number of people assisted:** 60,640
Funding coverage (CHF): CHF 6 million through the IFRC Emergency Appeal CHF 3.5 million Federation-wide	**DREF amount initially allocated:** CHF 1,000,000

A. SITUATION ANALYSIS

Description of the crisis



In July 2024, heavy rains, landslides, and flooding in Ethiopia affected more than 500,000 people across 14 zones, displaced over 140,000 people, and claimed approximately 420 lives across seven regions. The Oromia, Sidama, Amhara, Tigray, Gambella, Central Ethiopia, Southwestern Ethiopia, and Southern Ethiopia regions suffered extensive damage, including the loss of more than 8,659 hectares of cropland, the death of 113 livestock, and the destruction of 277 houses.

Gofa, Desnech Woreda, Omorate Town, and multiple zones were identified at high risk of landslide, forcing the relocation of communities to a newer identified area. Since then, ERCS and other humanitarian actors have been actively providing humanitarian support to affected people. ERCS, with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), launched an appeal; Ethiopia Landslides and Floods (MDRET036); initially seeking CHF 6 million. This appeal was later followed by an operational update to expand the scope, geographic coverage, and duration of the intervention from 12 months to 20 months, reflecting the evolving needs on the ground. Ethiopia - Landslides and Floods (MDRET036).

To kick-start the operation, a DREF allocation of CHF 1,000,000 was released. Additional income of CHF 1,253,246 was subsequently received, bringing the total available funding to CHF 2,253,246. Total expenditure amounted to CHF 2,245,195, representing 99.6% utilization of available funding and leaving an unspent balance of CHF 8,051.

The response strategy was designed to address both immediate humanitarian needs and longer-term recovery priorities. Key interventions include the provision of transitional shelter and essential household items, food security and livelihood recovery support through multipurpose cash transfers, distribution of agricultural inputs, and skills development opportunities for youth with start-up capital. In addition, the program integrated Water, Sanitation and Hygiene (WASH) services, health and psychosocial support, and community-based disaster risk reduction (DRR) initiatives.

Cross-cutting priorities such as Protection, Gender, and Inclusion (PGI) were mainstreamed throughout the response to ensure safe, equitable, and dignified assistance for all population groups, particularly the most vulnerable. Strong emphasis has been placed on community engagement and participation, enabling affected populations to actively contribute to planning and implementation processes, thereby promoting ownership, sustainability, and resilience in recovery efforts.

Overall, the intervention reflects a holistic and integrated approach aimed at supporting communities not only to recover from the immediate impacts of the disaster but also to strengthen their capacity to withstand future shocks. Despite the significant recovery achieved through the operation, affected communities remain vulnerable to recurrent climate-related hazards, particularly landslides, flooding, environmental degradation, and livelihood shocks. Evaluation findings indicate that while access to shelter, water, and livelihoods improved, some households continue to experience limited food self-sufficiency, incomplete livelihood recovery, and ongoing exposure to environmental

risks. Continued investment in disaster risk reduction, climate adaptation, livelihood diversification, and community preparedness remains essential to sustain recovery gains and strengthen long-term resilience.

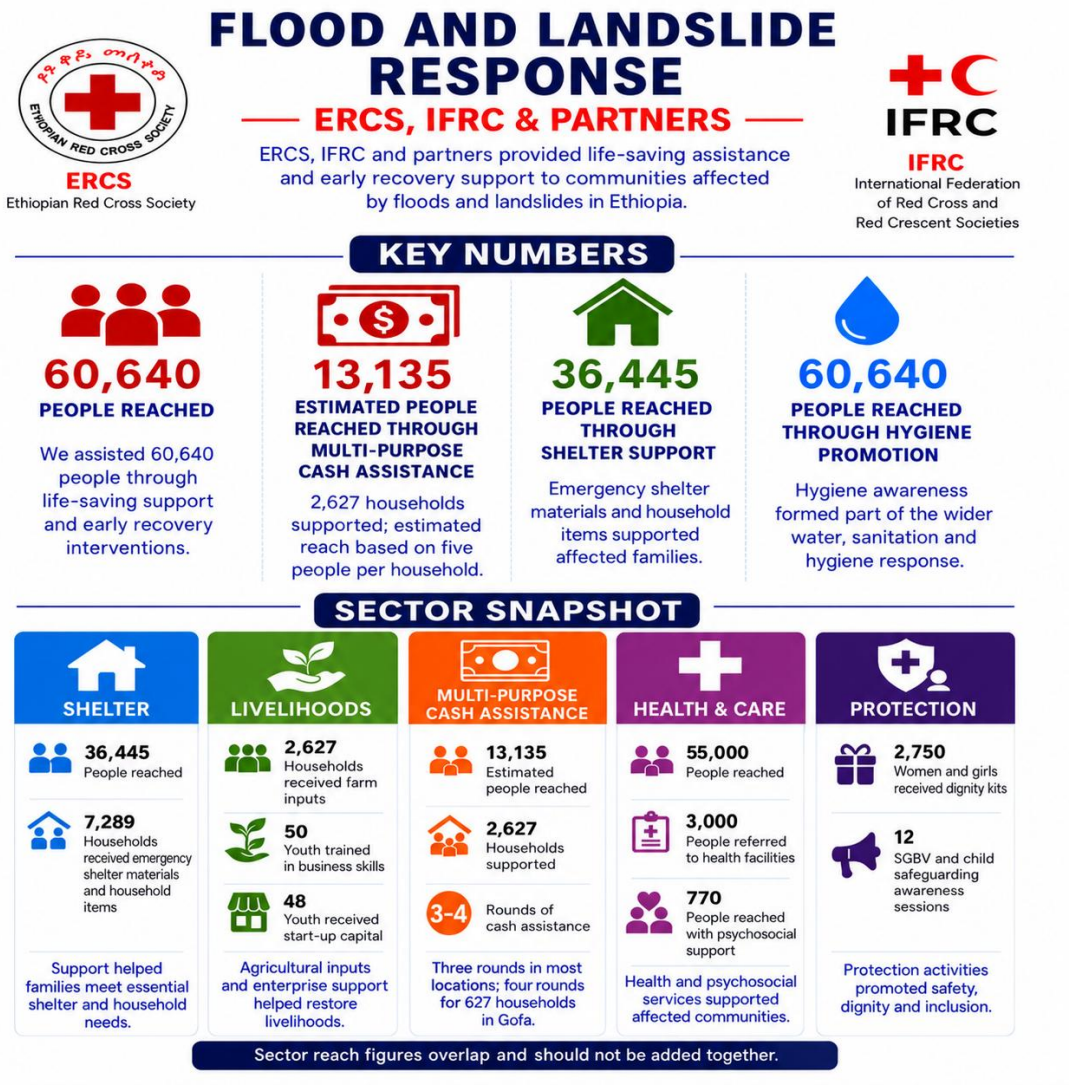
Summary of response

Overall Operational Reach and Impact

The operation delivered integrated humanitarian assistance across shelter, livelihoods, cash assistance, health, WASH, protection, community engagement, and disaster risk reduction sectors. The largest reach was achieved through **Health and Care (55,000 people)** and **WASH interventions (60,640 people)**, while **Shelter support benefited 36,445 people**, **Livelihoods interventions reached 29,960 people**, and **Multi-Purpose Cash Assistance supported approximately 13,135 people**.

Collectively, the response contributed to:

- Restoring safe shelter and dignified living conditions for displaced families.
- Improving food security and rebuilding livelihoods through agricultural and economic recovery support.
- Saving lives through emergency rescue, medical referrals, and health services.
- Enhancing access to safe water, sanitation, and hygiene services
- Strengthening protection, inclusion, and community participation.
- Building long-term resilience through disaster risk reduction, climate adaptation, and environmental rehabilitation initiatives.



The integrated approach enabled affected communities to move beyond immediate relief toward recovery, self-reliance, and greater resilience against future disasters.

Operational risk assessment

Operational risks were identified during the planning phase and integrated into the project design, enabling the operation to anticipate key constraints and include mitigation measures from the outset. However, during implementation, both expected and unforeseen challenges emerged that affected the pace and efficiency of activities.

Major constraints included difficult terrain, damaged road infrastructure, and remote settlements in areas such as West Hararghe and Gofa, which limited access, delayed delivery of assistance, limited staffing and reduced the frequency of monitoring and supervision. Seasonal heavy rainfall further compounded these challenges by causing road blockages and disrupting the movement of personnel and supplies. In addition, logistical issues such as shortages of supplies, rising transportation costs, limited-service providers, and communication gaps in remote areas hindered smooth coordination and timely implementation. Although no major security incidents occurred, the dynamic security context in neighbouring regions required continuous monitoring and posed potential risks to staff safety, access, and community engagement.

To address these challenges, ERCS applied a proactive and adaptive risk management approach. Emerging risks were continuously monitored, documented, and communicated through established channels, including regular progress reports, coordination meetings, and internal communication systems. When risks began to significantly affect implementation, management undertook structured decision-making processes by assessing the severity of the issues, identifying alternative solutions, and consulting closely with regional and field teams. This enabled timely adjustments such as re-routing logistics, prioritizing accessible locations, and revising operational plans to maintain continuity of activities.

Security risk management was further strengthened through a decentralized system with trained safety and security focal persons in each operational region. These focal points were responsible for collecting, analysing, and reporting security information, ensuring early identification and timely communication of potential threats. In addition, strong coordination with local authorities and community structures enhanced situational awareness, facilitated safer access to affected areas, and improved community acceptance of interventions. Overall, the combination of proactive planning, continuous monitoring, adaptive management, and strong coordination allowed ERCS to effectively minimize the impact of operational risks and maintain the continuity of humanitarian assistance.

B. OPERATIONAL STRATEGY

The overall operational strategy for the Ethiopia - Landslides and Floods (MDRET036) has remained consistent, with a gradual transition from immediate emergency response to early recovery and resilience-building interventions. The operation increasingly focused on the most severely affected and underserved regions, particularly Oromia, Central Ethiopia, and Southern Ethiopia. To ensure completion of critical outstanding activities and consolidation of recovery outcomes, a no-cost extension of three months was requested to March 31st, 2026. The extension aimed to finalization of key sectoral interventions, including shelter construction and handover, livelihood documentation, WASH infrastructure improvements, expanded hygiene facilities completion and utilization awareness, and extending community-based services such as psychosocial support, PGI, and disaster risk reduction initiatives.

Throughout the operation, continuous needs assessment and analysis have been maintained as a core approach to ensure that assistance remains relevant and responsive and prioritise activities based on needs and the resources available. Field assessments, community engagement, Post-Distribution Monitoring (PDM), and regular feedback

mechanisms have informed adjustments to the operational plan. For example, the shift from emergency shelter provision to completion of transitional shelter construction in Wolayta and Silte Zones reflects evolving needs. Similarly, the prioritization of PDM for multi-purpose cash assistance and the integration of Child-Friendly Spaces into existing schools in Gofa demonstrated responsiveness to community feedback and contextual realities. These adaptive measures ensured the interventions remained targeted, inclusive, and aligned with the needs and preferences of affected populations.

The operation also emphasized integrated programming across sectors to maximize impact and support holistic recovery. Strong linkages have been maintained between Shelter, WASH, Health and Care, Livelihoods, PGI, and Disaster Risk Reduction interventions. For instance, shelter construction has been complemented by water supply improvements, sanitation facilities, and hygiene promotion, while livelihood recovery efforts have been supported through agricultural inputs, youth skills training, start-up capital and multi-purpose cash assistance. At the same time, psychosocial support services have been linked with community engagement and protection activities, ensuring that vulnerable groups receive comprehensive support. Integration was further strengthened through cross-cutting priorities such as Protection, Gender and Inclusion, community engagement, and capacity building of volunteers and local actors.

The strategy also strongly promoted early recovery and sustainability by combining immediate relief with long-term resilience-building measures. Key initiatives included supporting agricultural livelihoods, establishing and implementing community-based disaster risk reduction plans identified through eVCA process, including planting trees degraded areas, enhancing water infrastructure, and strengthening local institutional capacity. The planned installation of water storage systems, extension of water supply lines, and expansion of hygiene promotion activities further contributed to sustainable service delivery. Additionally, efforts to institutionalize Child-Friendly Spaces, strengthen psychosocial support at community level, and equip the NS with necessary response equipment, improved the NS emergency response and preparedness capacity.

Throughout implementation, ERCS and IFRC adopted a recovery-oriented approach that linked emergency assistance with longer-term resilience-building interventions. This ensured that response activities not only addressed immediate humanitarian needs but also contributed to sustainable recovery, community ownership, and improved preparedness for future disasters.

Overall, the operational strategy demonstrates a flexible, adaptive, and integrated approach that evolves with the needs of affected communities. By prioritizing the most vulnerable populations, strengthening coordination, and promoting community ownership, the operation has ensured that immediate humanitarian needs are met while laying a strong foundation for recovery, resilience, and long-term development. Overall, the strategy enabled ERCS and IFRC to successfully transition from immediate emergency response toward early recovery and resilience-building, while maintaining flexibility to adapt to evolving community needs and operational realities throughout the implementation period

C. DETAILED OPERATIONAL REPORT

Throughout the operation, continuous needs assessments, community feedback, market monitoring, post-distribution monitoring, and context analysis were used to ensure that interventions remained relevant, responsive, and aligned with evolving priorities. While the operation achieved significant results across all sectors, humanitarian needs consistently exceeded the resources available. As a result, activities and resources were prioritized based on the severity of needs, operational feasibility, and the objective of maximizing support to the most vulnerable communities. This prioritization approach contributed to several indicators being partially achieved or adapted during implementation, as resources were reallocated towards higher-priority and life-saving interventions. Where targets were not fully achieved, this did not reflect implementation challenges, but instead strategic decisions to focus available resources on interventions expected to generate the greatest humanitarian impact.

Shelter, Housing and Settlements

Female > 18: 9,377	**Female < 18:** 8,805
Male > 18: 9,413	**Male < 18:** 8,850

Objective:	*Improving living conditions for affected populations through the effective distribution and replenishment of essential and household items (EHI) and construction of transition shelters.*		
Key Activities:	**Indicator**	**Actual**	**Target**
	# of HH supported with shelter kits	*0*	*2,100*
	# of HH received emergency shelter materials	*3,907*	*5,000*
	# of community members and volunteers trained on safe shelter construction	*75*	*75*
	#HH received in kind or conditional cash for transitional shelter construction	*406*	*540*
	# HH essential Household items	*7,289*	*5,000*

A holistic Shelter, Housing, and Settlements intervention was implemented to improve the safety, dignity, and living conditions of disaster-affected populations through a combination of emergency shelter assistance, Essential Household Items (EHI), permanent shelter construction, sanitation support, Multi-Purpose Cash Assistance (MPCA), and livelihood recovery initiatives. The intervention adopted a phased approach, combining immediate life-saving support with longer-term recovery solutions to enable affected households to transition from emergency displacement toward safer and more sustainable living conditions.

Immediately following the disasters, ERCS prioritized emergency protection, evacuation, and relocation support for households exposed to high-risk conditions. Affected populations were assisted to move from unsafe areas to safer locations, including collective centers, host communities, and temporary shelter arrangements. This rapid response reduced exposure to further hazards and supported vulnerable groups, including women, children, older persons, and people with specific needs.

Under the consolidated shelter intervention indicator, a total of 3,907 households (approximately 19,570 individuals, calculated based on an average household size of five persons) received shelter-related assistance, including emergency shelter materials, household items, and recovery support. In addition, through the broader emergency shelter response, ERCS provided emergency shelter materials and household items to 7,289 households (approximately 36,445 individuals) across multiple disaster-affected locations through the mobilization of pre-positioned humanitarian stocks, humanitarian funding support, and contributions from Partner National Societies operating in Ethiopia. The difference between these figures reflects different levels of reporting: the 7,289 households represent cumulative emergency shelter and household item assistance delivered through multiple response resources, while the 3,907 households represent the consolidated households counted under the overall shelter intervention indicator. These figures should not be combined, as some households receive different types of assistance during different phases of the response.

To address immediate shelter and household needs, ERCS distributed emergency shelter materials and Essential Household Items, including tarpaulins, nails, blankets, sleeping mats, kitchen sets, storage materials, and Hansen

bags. These items enabled affected families to establish temporary shelter solutions, improve protection from harsh weather conditions, reduce exposure to health and protection risks, and restore dignity following displacement.

The geographic coverage of emergency shelter and household item assistance was as follows:

Location	Households Assisted	Estimated Population Reached
Gofa Zone	2,627 HHs	13,135 people
Wolaita, Gamo and Gedeo Zones	2,432 HHs	12,160 people
Southwest Shoa	500 HHs	2,500 people
Central Ethiopia Region	730 HHs	3,650 people
Southwest Ethiopia Region	100 HHs	500 people
Amhara Region	900 HHs	4,500 people
Total	**7,289 HHs**	**36,445 people**

The emergency shelter response exceeded the initial target due to the timely activation of ERCS pre-positioned humanitarian stocks and additional support from Movement partners, including the Swiss Red Cross and German Red Cross. The availability of these resources enabled ERCS to rapidly scale up assistance and reach additional vulnerable households affected by disasters

According to the Final Evaluation Report of the Landslide Appeal, the shelter intervention generated significant positive outcomes for affected households and communities. All respondents reported feeling safe in their current shelter conditions, with 35.62% indicating that they felt very safe and 64.38% indicating that they felt safe, demonstrating strong confidence in the safety and quality of the shelter solutions provided. The evaluation further showed that shelters provided effective protection against environmental hazards, with 49.32% of respondents reporting good protection from rain and flooding, 33.97% reporting very good protection, and 16.71% reporting moderate protection, while no households reported inadequate protection. The intervention also contributed to restoring privacy and dignity, with 81.96% of households reporting moderate improvements and 18.04% reporting significant improvements.

As the response transitioned from emergency relief to early recovery, ERCS placed greater emphasis on durable and sustainable shelter solutions to support the long-term recovery of disaster-affected households. A total of 406 permanent shelters were constructed against a planned target of 540 shelters, achieving 75.2% of the target. The completed shelters benefited 406 households, representing approximately 2,030 individuals, and provided vulnerable families with safer, more secure, and dignified living conditions.

Despite not meeting the numerical target, the shelters completed met the required technical standards and were fully functional, ensuring that available resources were prioritised for quality, safety, and durability rather than quantity.

The distribution of permanent shelters was as follows:

Location	Completed Permanent Shelters	Estimated Beneficiary Population
Gofa Zone	296	1,480 people
Silte Zone	42	210 people
Wolaita Zone	68	340 people
Total	**406**	**2,030 people**

The shelter construction process was implemented through close coordination among ERCS, government authorities, humanitarian partners, technical teams, and affected communities. This collaborative approach ensured compliance with national construction standards, strengthened technical quality, and promoted community ownership. Site planning and relocation support also contributed to more organized settlements, improved access to basic services and infrastructure, and supported the restoration of normal community life, including access to education and other essential services.

In parallel with permanent shelter construction, 669 households (approximately 3,345 individuals) received Non-Food Item (NFI) assistance during the recovery period. The support helped affected families replace essential household items lost during disasters, improve living conditions, and reduce the economic burden associated with displacement and recovery.

Although significant progress was achieved, the permanent shelter construction target was not fully reached due to a combination of financial, operational, and contextual factors. The achievement of 75.2% against the planned shelter target was primarily affected by funding limitations, which constrained the number of shelters that could be completed within available resources. In addition, inflation and rising construction costs significantly increased the prices of key inputs, including cement, roofing materials, timber, transportation, and labour, requiring prioritization of available resources toward completing ongoing structures while maintaining required quality standards.

The construction process was further affected by procurement and logistical challenges, including limited availability of qualified suppliers in remote locations, repeated procurement processes due to unsuccessful bidding rounds, market fluctuations, poor road infrastructure, heavy rainfall, fuel shortages, and limited warehouse capacity. The dispersed nature of affected settlements also increased the complexity of supervision, monitoring, and technical follow-up activities.

In West Hararghe, where households utilized MPCA support to establish shelter solutions based on their own priorities, completion was affected by drought conditions during 2025, increased construction costs, and limited household capacity to mobilize additional resources. However, the flexible cash approach enabled households to use locally available materials and community resources to advance shelter recovery. Through this community-driven approach, households were able to construct more than 58 shelters, demonstrating the effectiveness of flexible assistance mechanisms in supporting locally appropriate and sustainable recovery solutions.

Capacity building and community engagement were integral to the success of the intervention. A total of 75 (40 male and 35 female) ERCS volunteers were trained in safe construction techniques, community mobilization, construction support, and quality monitoring. The trained volunteers actively supported community awareness, beneficiary engagement, shelter monitoring, and accountability processes. Their involvement strengthened community ownership, enhanced transparency, and ensured that shelter solutions were responsive to local needs.

The intervention generated important lessons for future shelter programming in Ethiopia. Strong coordination among government authorities, humanitarian partners, technical teams, and communities was essential for effective implementation and resource optimization. The experience demonstrated that active community participation significantly enhances ownership, accountability, and sustainability of shelter interventions. The use of flexible MPCA also highlighted the importance of allowing households to prioritize their most urgent recovery needs, including shelter improvement, household rehabilitation, and livelihood restoration.

Furthermore, integrating emergency shelter assistance with early recovery planning, livelihood support, and resilience-building initiatives is critical to ensure a smoother transition from humanitarian response to sustainable recovery. The intervention also highlighted the need for flexible procurement and supply chain systems capable of responding to inflation, market constraints, and logistical challenges during emergencies.

Overall, the Shelter, Housing, and Settlements intervention significantly improved safety, dignity, and resilience among disaster-affected populations. Despite challenges related to funding limitations, inflation, procurement delays, and operational constraints, ERCS successfully delivered emergency shelter support, durable housing solutions, NFI assistance, and community-based recovery initiatives. The intervention supported affected households to move from emergency displacement toward recovery while strengthening community resilience and laying the foundation for more sustainable settlement solutions.





Newly constructed shelters providing safer and more dignified living conditions for disaster-affected households

Challenges:

The construction faced several operational and contextual challenges, including long procurement processes where delays arose due to limited availability of qualified suppliers, particularly in remote areas, leading to repeated bidding processes and slower construction progress. Inflation impacted the costs of construction materials, further strained available resources, and affected the pace and scale of delivery. Logistical constraints, including inadequate warehouse capacity, poor road infrastructure, heavy rainfall, and fuel shortages, disrupted the timely transportation of materials to targeted locations.

In West Hararghe, where beneficiaries used their MPCT to establish their shelter construction, environmental challenges including drought conditions of 2025 and high construction costs limited beneficiaries' capacity to fully complete their shelters initiatives. Additionally, the scattered and remote nature of settlements made supervision, monitoring, and follow-up activities more difficult, affecting overall efficiency.

Lessons Learned:

The intervention generated key lessons for improving future shelter programming. Strong coordination among government authorities, humanitarian partners, and communities proved essential for effective implementation and resource optimization. Active community participation in shelter construction significantly enhanced ownership, accountability, and sustainability of the interventions. The experience also highlighted the importance of flexible and adaptive procurement and supply chain systems to respond to market limitations, inflation, and logistical disruptions. Integrating emergency response with early recovery planning ensures a smoother transition from temporary support to durable solutions.

Additionally, the flexible cash support contributed to improving housing and shelter in areas where the construction was not planned but prioritized by communities. Furthermore, combining technical assistance with community-driven approaches was critical in ensuring quality, relevance, and long-term impact of shelter interventions. Overall, the project demonstrated that integrated, well-coordinated shelter responses are vital to restoring dignity, improving living conditions, and strengthening resilience among disaster-affected populations.



Livelihoods

Female > 18: 3,415 | **Female < 18: 3,415**

Male > 18:3,153 | **Male < 18: 3,152**

Objective: *Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*

	Indicator	Actual	Target
Key Activities:	*# of HHs received farm inputs including seeds and fertilizers.*	*2,627 hhs*	*3,000 hhs*
	# volunteers and community trained on basic livelihoods monitoring to volunteer on basic livelihoods.	*55 pp*	*90 PP*
	# of youths trained in skill development and supported with starter kit.	*50 pp*	*200 PP*
	# of communities oriented on VSL/Group supported to adopting the existing available schemes, 3 sessions.	*0*	*200 pp*
	# of HHS families received shoats and accessed veterinary services.	*0*	*540 hhs*
	# of displaced HHs received emergency food (3 times).	*1,168 hhs*	*1,500 hhs*
	# of affected children supported with Nutrition food (u5).	*0*	*500*

A comprehensive livelihoods and food security response was implemented to restore and strengthen the resilience of disaster-affected communities, reaching a total of 29,960 individuals, including 3,414 adult women, 3,414 girls, 3,153 adult men, and 3,152 boys. The intervention was aligned with the objective of enabling communities, particularly those affected by disasters and crises, to recover, rebuild, and sustain their livelihoods through a combination of immediate support and longer-term recovery initiatives.

In the immediate aftermath of the disaster, priority was given to life-saving food assistance to stabilize affected households and prevent further deterioration of food security. A total of 1,168 displaced households across Geze Gofa, Gurage, and South Gonder zones received emergency food support. Each household was provided with 50 kilograms of wheat flour and 2.5 liters of cooking oil**,** covering basic nutritional needs for approximately one month. This timely intervention played a critical role in addressing immediate food gaps, reducing hunger, and preventing negative coping mechanisms such as asset depletion, reduced meal consumption, and increased vulnerability.

As the situation stabilized, the response transitioned toward early recovery and livelihood restoration. A total of 2,627 households across West Hararghe, Silte, Gofa, and Wolaita zones received agricultural inputs, including a diversified package of seeds such as maize, wheat, onions, teff, barley, and haricot beans. These inputs were carefully selected based on local agro-ecological conditions and community preferences. In addition**,** 576.25 quintals of DAP fertilizer and 372 quintals of urea were distributed to improve soil fertility and increase agricultural productivity. This integrated support enabled households to resume farming activities, enhance crop yields, and gradually restore their food self-sufficiency while creating opportunities for surplus production

and income generation. The reach was 88% leaving 12% unattained due to limited resources allocation to multiple sectors.

To ensure sustainability and maximize the impact of material support, capacity-building initiatives were implemented at community level. A total of 55 volunteers and community members (45 men and 10 women) were trained in Gofa, Hararge and Silte zones to provide mentorship, technical advice, and ongoing support to beneficiary and households. These trained individuals played a key role in promoting improved agricultural practices, efficient Cash and land use, and better household resource management. Through continuous engagement and coaching, they supported communities in adopting diversified livelihood strategies and strengthening their resilience to future shocks. Target was to train 90 volunteers, but the actual needs in the implementation areas was met by 55 trained volunteers.

Recognizing the vulnerability of youth and the importance of economic diversification, targeted entrepreneurship support was provided to strengthen income-generating opportunities. In Gofa Zone, 50 young people (27 male and 23 female) received training on business skills, including business planning, financial management, and enterprise development. Following the training, 48 participants were supported with start-up capital amounting to 30,000 Birr per person, totalling 1,440,000 Ethiopian Birr, enabling them to establish small-scale businesses. This initiative not only created immediate income opportunities but also contributed to local economic recovery and reduced dependence on humanitarian assistance.

The combination of agricultural support, food assistance, and entrepreneurship development ensured that households received support across both consumption and production pathways, helping communities move progressively from immediate relief toward self-reliance and economic recovery.



Agriculture Input Distribution by ERCS staff



A farmer on his farmland after applying the agricultural inputs received.

Communities were empowered to diversify their livelihood options based on locally available resources. Beneficiaries engaged in both agricultural and non-agricultural activities, strengthening their ability to cope with future shocks and gradually transitioning toward self-reliance. The participatory approach adopted throughout implementation fostered strong community ownership, enhanced engagement, and encouraged collective responsibility in the recovery process. The livestock restocking and VSL interventions were covered by different partners in Gofa where each household received 5 shots, and in other locations, restocking was not prioritized due to limited funding. The VSL and planned nutritional supply for children was coordinated through the social department and other partner, the SOS children Village and World vision, additionally, through this program, beneficiaries were oriented, to sustain the services through MPCT provided for 4 rounds in Gofa and 3 rounds in other locations to all target beneficiaries.

According to the Final Landslide Evaluation, livelihood support interventions had a positive contribution to improving household food security, agricultural production, and recovery among affected communities. Most beneficiaries (90.92%) reported receiving farm inputs, mainly fertilizers (78.54%) and maize seeds (62.31%), with additional support provided for crops such as barley, wheat, haricot beans, teff, and other horticultural crops. Most households considered the input sufficient, with 51.99% reporting that the support was mostly sufficient and 23.52% fully sufficient. The intervention contributed to improved agricultural outcomes, with 68.09% of households reporting moderate improvements and 11% significant improvements in food security and crop production. Similarly, 62.73% of households experienced increased crop yields compared to the period before receiving support, demonstrating that livelihood assistance helped restore productive capacity and strengthen household recovery. The support also contributed to reducing dependency, with 51.44% of households reporting somewhat reduced reliance on external assistance and 31.5% reporting significant reductions.

Despite these positive results, the evaluation identified challenges affecting the sustainability and long-term impact of livelihood support. Nearly half of households (49.11%) had only moderate capacity to maintain or reproduce seeds, while 24.21% were unable to retain seeds for the next planting season, indicating continued dependence on external inputs. In Gofa, beneficiaries reported that delayed delivery of seeds and fertilizers after the main planting season, combined with concerns about seed suitability to local conditions, reduced the effectiveness of the intervention and limited agricultural benefits. As a result, some households used assistance primarily for immediate food consumption rather than productive investment. While livelihood support improved food consumption for most households, with 55.71% reporting moderate improvements and 11.14% significant improvements, sustainable food self-sufficiency remains limited, as many households could only meet their food needs from own production for a few months. Overall, the intervention made an important contribution to recovery and resilience, but continued support through improved seed systems, timely agricultural inputs, technical training, and market linkages is needed to achieve sustainable livelihood restoration and greater household self-reliance.

Challenges:

The implementation faced several challenges that affected efficiency and delivery. The rising cost of seeds and transportation exceeded initial budget allocations, creating financial pressure and necessitating budget adjustments. In addition, limited availability of improved seeds and fertilizers in local and regional markets delayed procurement and affected timely distribution. In some locations, particularly in Gofa, limited access to adequate farmland for displaced households constrained agricultural productivity and forced some beneficiaries to cultivate in less secure or distant areas. These challenges required adaptive management, including centralized procurement and reallocation of resources to ensure continuity of support. Additionally, planned restocking was covered by other partners, implementing the same areas, and it was not prioritized in this appeal.

Lessons Learned:

The intervention generated important lessons for future programming. The provision of integrated support combining agricultural inputs, capacity building, and economic empowerment proved highly effective in promoting sustainable livelihood recovery and reducing dependency on aid. Training and engaging community volunteers strengthened local ownership, ensured continuous follow-up, and enhanced the long-term impact of the intervention. Additionally, linking emergency response with early recovery activities facilitated a smoother transition from relief to development. The experience also highlighted the importance of flexible planning and centralized procurement mechanisms to respond to market constraints and cost fluctuations. Overall, strong community engagement and combining material support with technical guidance are critical for building resilience and ensuring sustainable outcomes.

Overall, the livelihoods intervention contributed significantly to restoring productive capacities and livelihood assets, improving food security, and strengthening resilience among disaster-affected populations. While immediate food needs were addressed through emergency support, the transition to agricultural recovery and livelihood diversification provided a solid foundation for sustainable recovery and self-reliance. Continued support will be essential to consolidate these gains and address remaining vulnerabilities in affected communities.

	**Multi-purpose Cash**	Female > 18: **3,415**	Female < 18: **3,415**
		Male > 18: **3,153**	Male < 18: **3,152**

Objective:	*Households are provided with unconditional/multipurpose cash grants to address their basic needs*		
Key Activities:	**Indicator**	**Actual**	**Target**
	# of HHs that received multi-purpose cash grant for 3 rounds.	*2,627 HHs*	*5,000*
	volunteers trained in Multi-purpose Cash	*90*	*90*
	# of markets assessment conducted.	*4*	*4*
	# of cash monitoring sessions conducted (PDM, Exit surveys).	*3*	*3*

A multi-purpose cash assistance (MPC) intervention was successfully implemented to support disaster-affected households in meeting their essential needs, improving resilience, and enabling dignified recovery. The intervention aimed to enhance household purchasing power, ensure access to essential goods and services, and promote dignity and flexibility among beneficiaries. The response was grounded in evidence-based planning, beginning with detailed market assessments and cash feasibility studies conducted in Gofa, Silte, West Hararghe, and Wolayta zones. These assessments confirmed that local markets were functional, and that major national banks were operational and accessible to displaced households, thereby validating the appropriateness and feasibility of a cash-based response.

The intervention reached a total of 2,627 out of planned 5,000 households across three regions, delivering life-saving financial assistance over three rounds of distribution. In ,Gofa Zone, 627 households received four rounds of MPC, supported through a combination of funding from the German RC one round, and the Coca-Cola Foundation 3 rounds. In Southern and Central Ethiopia regions, 760 households in Wolayta Zone and 665 households in Silte Zone benefited from three rounds multi-purpose cash assistance distributed through bank transfer with the support from IFRC. In Oromia Region, specifically West Hararghe Zone, 475 households were supported with three rounds of MPC funded by IFRC. Cash transfer values were aligned with the regional Minimum Expenditure Basket (MEB), where households in Southern and Central regions receive ETB 6,900 per round, while beneficiaries in Oromia Region received ETB 9,700 per round, reflecting contextual cost variations.

Overall, the intervention disbursed a total of ETB 56,298,900 directly to affected households, significantly contributing to improved access to food, shelter, healthcare, and other essential needs. The cash-based approach enabled beneficiaries to prioritize their most urgent requirements while stimulating local markets and supporting economic recovery in the targeted areas. Two rounds of Post-Distribution Monitoring (PDM) were conducted in Gofa Zone, providing critical insights into utilization patterns, beneficiary satisfaction, and program effectiveness.

Findings indicated that cash assistance played a vital role in stabilizing household conditions, reducing negative coping mechanisms, and restoring a sense of dignity among affected populations. In Harage zone, more than 58 beneficiaries reported using the money for their shelter construction, which also contributed to improving living conditions through flexible cash support.

Operational efficiency and data management were strengthened through capacity building initiatives, where 60 volunteers were trained on beneficiary registration, verification, and documentation using the Kobo digital data collection tool. These trained volunteers were deployed across the four targeted zones, where they played a key role in identifying eligible beneficiaries, collecting accurate household data, and facilitating smooth cash transfer processes. Their involvement enhanced data accuracy, accountability, and the overall effectiveness of the intervention.

According to the Final Landslide Evaluation, the cash assistance intervention had a significant positive impact on affected households by addressing immediate needs and supporting early recovery. Most households use cash to meet essential needs, with 86.11% spending it on food, reflecting the critical role of cash support in addressing food insecurity. In addition, many households allocated funds to education (58.6%), health (51.72%), livelihood activities (50.89%), and shelter-related expenses (44.84%), including repairs and rent. These findings demonstrate that cash assistance provides households with flexibility to prioritize their most urgent needs while also enabling investment in recovery and livelihood restoration. However, challenges such as continued economic pressure and tax demands on disaster-affected communities affected households' ability to fully recover.

The evaluation further indicates that cash assistance contributed to improved household resilience by reducing financial stress, supporting recovery, and preventing negative coping strategies. Most respondents reported a moderate reduction in financial stress (58.87%), while 27.24% reported slight and 11.42% significant improvements. The assistance also supported recovery, with 37.83% of households reporting strong recovery and 11.28% reporting very strong recovery, while only a small proportion reported no improvement. Furthermore, 71.25% of households indicated that cash support helped them avoid harmful coping mechanisms, such as selling productive assets or reducing food consumption. Overall, the intervention was effective in meeting immediate needs, improving household stability, and strengthening recovery among affected communities. However, the findings highlight the need to complement cash assistance with livelihood support, skills development, and market access interventions to achieve more sustainable long-term resilience

Challenges:
Despite the overall success, implementation faced several operational challenges. A significant issue was the provision of incorrect or incomplete bank account details by some beneficiaries, which resulted in failed or delayed cash transfers and necessitated repeated verification processes with financial institutions. Delays were further compounded by late bank account registrations, slow issuance of bank confirmation letters, and occasional data entry errors within the Kobo system.

Lesson learned:
Overall, the intervention demonstrated that well-coordinated, market-based cash assistance is an effective and efficient modality for responding to humanitarian needs in contexts where markets are functional. By empowering households with financial resources, the program not only addressed immediate survival needs but also supported early recovery, enhanced resilience, and promoted dignity among disaster-affected populations. Strong coordination, robust data systems, and trained community-level actors were critical to the success of the intervention and provided valuable lessons for scaling up cash-based responses in future emergencies.

Health & Care

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

Female > 18: 14,028	Female < 18: 14,028
Male > 18: 13,472	Male < 18: 13,472

Objective: *Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*

	Indicator	Actual	Target
Key Activities:	*# of people successfully referred to using the deployed ambulance*	*3,000*	*500*
	# volunteers and staff deployed for search and rescue.	*54*	*50*
	# of volunteers, health workers, and emergency medical team members trained on basic PSS	*44*	*90*
	# of volunteers and medical team members trained on BFA	*200*	*120*
	# of Community-based PSS events organized	*14*	*12*
	#of people reached during Community-based PSS through H2H	*770*	*12,000*
	# NS team trained TOT training to Conduct safe and dignified burial.	*30*	*30*
	# HHs received LLINs (long lasting insecticide treated bed net.	*6,220*	*5,000*
	# of volunteers deployed to Provide community- based PSS and FA at the CFS/community	*76*	*20*
	# of Health staff supported to Provide specialized mental health outreach services.	*4*	*8*

A comprehensive Health and Care response was implemented to strengthen holistic individual and community health among populations affected by floods and landslides, reaching a total of 55,000 people, including 14,300 adult women, 14,300 girls, 13,200 adult men, and 13,200 boys. The intervention was guided by the objective of improving overall health outcomes through integrated community-level services, emergency medical support, and health system strengthening efforts that addressed both immediate life-saving needs and longer-term recovery.

The response adopted a multi-dimensional approach combining search and rescue operations, emergency medical services, Mental Health and Psychosocial Support (MHPSS), disease prevention, and community health promotion. During the early phase of the disaster, 54 trained staff and volunteers, comprising 45 males and 9 females, were rapidly mobilized to conduct search and rescue operations and provide Basic First Aid (BFA) in the most affected areas, exceeding the planned target. These timely efforts contributed to saving lives and reducing immediate risks, demonstrating the effectiveness of coordinated emergency response mechanisms. Age-, disability-, and diversity-disaggregated data were recorded and reported where available. However, the Search and Dead Body Management (SDBM) training could not be conducted due to limited resources and competing recovery priorities. This capacity gap was partially addressed through support provided by other related projects operating in the region.




Volunteers providing psychosocial support through community livelihood activities, helping affected households rebuild their lives and strengthen resilience.

Emergency medical services were further strengthened through the deployment and operation of ambulances, ensuring timely access to first aid and referral services. As a result, up to 3,000 individuals were successfully referred to health facilities, far exceeding the target and contributing to improved health outcomes and reduced complications. This was complemented by the provision of essential equipment, including first aid kits, which enhanced both pre-hospital care and community-level emergency response capacity.

Mental Health and Psychosocial Support (MHPSS) was a key component of the intervention, recognizing the significant emotional and psychological impact of the disaster. A total of 44 volunteers and health workers were trained in basic MHPSS, comprising 36 males and 8 females. The training equipped participants with the skills to provide Psychological First Aid (PFA) and referral services, although the achievement remained below the planned target. In parallel, 200 volunteers and medical team members were trained in Basic First Aid (BFA), strengthening frontline capacity to respond to both physical and psychosocial needs. Sex-, age-, disability-, and diversity-disaggregated data (SADDD) for BFA participants were recorded and reported where available through the training attendance records and monitoring system.
In addition, community-based psychosocial support was expanded through 14 PSS events, exceeding the planned number and providing structured platforms for counselling, awareness, and peer support. These interventions reached 770 individuals through both group sessions and household-level engagement. Achievement under this indicator remained below target primarily due to prioritization of life-saving emergency response activities during the acute phase of the operation, combined with limited availability of specialized MHPSS personnel and access constraints in some affected areas. Furthermore, 76 volunteers were deployed to deliver community-based PSS and first aid services, far surpassing the target and ensuring wider coverage. However, overall outreach remained below expectations due to operational and access constraints.

Additional efforts to strengthen mental health service delivery included the establishment of an MHPSS coordination mechanism and the deployment of four health professionals to provide specialized mental health outreach services, although this remained below target. These initiatives helped improve access to care and strengthen referral pathways for individuals with severe mental health needs.

Public health promotion and disease prevention were integral to the response. Awareness campaigns were conducted to promote disease prevention, surveillance, and outbreak control, particularly for vector-borne diseases such as malaria and dengue. These efforts were reinforced through the training of volunteers in epidemic control, strengthening community-level early warning and response systems.

Preventive health interventions were further enhanced through the distribution of 6,220 long-lasting insecticide-treated nets (LLINs), exceeding the planned target and significantly reducing malaria risk among vulnerable households in post-disaster settings.

Overall, the integrated intervention demonstrated strong alignment with the objective of improving holistic health outcomes. By combining emergency medical services, psychosocial support, capacity building, and preventive health measures, the response improved access to essential services, enhanced community awareness, and contributed to reducing health risks among affected populations.

Despite these achievements, several challenges affected implementation. Many affected individuals, particularly in Gofa Zone, continued to experience severe psychological distress, requiring sustained and repeated psychosocial support. Early response efforts prioritized physical needs, delaying the scaling up of mental health services. In addition, difficult terrain, dispersed settlements, and logistical constraints limited outreach in some areas, while misconceptions and low awareness affected participation in health promotion activities. The planned training on safe and dignified burials was also not implemented, representing a gap in preparedness.

To address these challenges, repeated MHPSS interventions were conducted, and coordination was strengthened through continuous engagement with local authorities and community leaders. These efforts improved service delivery, enhanced community acceptance, and supported better integration of psychosocial services within the overall response.

Key lessons learned from the intervention highlight the critical role of volunteers in delivering effective community-based services, including health promotion and psychosocial support. The response also underscored the importance of integrating MHPSS early in emergency interventions to ensure a holistic approach. Continuous community engagement and awareness-raising were identified as essential for improving participation, building trust, and ensuring sustainable outcomes.

In conclusion, the Health and Care response made a substantial contribution to improving both physical and mental health outcomes among disaster-affected populations. While strong achievements were recorded in emergency referrals, volunteer mobilization, first aid training, and malaria prevention, gaps remain in mental health coverage and specialized service delivery. Nevertheless, the intervention established a solid foundation for community resilience and health system strengthening, and continued investment in MHPSS, outreach expansion, and capacity building will be critical to fully achieving the intended objective.



Water, Sanitation and Hygiene

Female > 18: **15,760**	Female < 18: **15,760**
Male > 18: **14,554**	Male < 18: 14,554

Objective:	*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*		
Key Activities:	**Indicator**	**Actual**	**Target**
	# of HH supported with Water treatment chemicals & orientation on the usage	*2,627*	*4,500*
	# of HHs received water storage and washing equipment.	*2,627*	*4500*

# of HHs received Hygiene materials/kits.	*2,200*	*4,500*
# of HHs benefited from water trucking.	*0*	*627*
# of community members reached with hygiene awareness.	*60,640*	*55,712*
volunteers trained on integrated WASH intervention	*90*	*120*
# of people reached during mass environmental cleaning campaigns.	*12,960*	*55,712*
# of community and health facility latrines rehabilitated.	*406*	*10*
# of community reservoir/Tanks/ points installed.	*10*	*8*
# of water sources/boreholes constructed.	*4*	*6*
Water quality testing sessions conducted.	*1*	*2*

Water, Sanitation and Hygiene (WASH) response was implemented to improve access to safe drinking water, promote proper sanitation, and enhance hygiene awareness among disaster-affected communities across multiple regions, including Gofa, Wolayta, Southwest Shoa, and Central Ethiopia. The intervention reached a total of 60,640 people, including women, men, girls, and boys, contributing to improved public health outcomes and reduced risks associated with waterborne diseases and poor sanitation conditions.

The response adopted an integrated approach that combined household-level assistance, community engagement, and infrastructure development. At the household level, a total of 2,627 out of planned 4,500 households were supported with water treatment, chemicals and practical orientation on their use, ensuring improved water quality at the point of consumption. The treatment chemicals were distrupted only in Gofa where the water system was distracted, and the only source available before rehabilitation was flowing waters from the mountains which were not safe. In other locations, water treatment was done at the source by the woreda water bureau. In addition, 2,627 households received water storage and washing equipment, representing the highest verified achievement across distributions and significantly strengthening safe water handling practices. Furthermore, 2,200 households benefited from hygiene kits, which included essential hygiene items such as soap and basic sanitation materials, enhancing personal hygiene, and reducing exposure to health risks. These distributions were implemented across different regions using context-specific approaches, providing tailored support based on local needs while avoiding duplication of beneficiary counts.

Capacity building further strengthened the effectiveness and sustainability of the intervention. A total of 90 out of planned 120 volunteers were trained in WASH and hygiene promotion, equipping them with the skills required to mobilize communities, deliver key hygiene messages, and support implementation at the grassroots level. These volunteers played a critical role in expanding outreach, facilitating behaviour change, and ensuring community ownership of the intervention.

Community awareness and behaviour change were central to the intervention's success. More than 60,640 (F 31,533; M29,107) individuals were reached with hygiene promotion activities exceeding the target of 55,712, adding up the host communities in Gofa and Silte where new shelters were constructed. The intervention aimed to improve knowledge on safe hygiene practices, sanitation, and disease prevention. These efforts were reinforced by environmental sanitation campaigns that engaged approximately12,960 community members, encouraging collective action to maintain clean and safe living environments. The campaigns, supported by trained volunteers and local stakeholders, contributed to reducing environmental health risks and strengthening

community responsibility for sanitation.



Newly constructed water point providing safe water access to landslide-affected communities

Significant progress was also made in improving access to safe water through infrastructure development. A total of 4 water sources were constructed, and 10 community water distribution points were installed, 2 water points were rehabilitated, and 1.25 Km water pipeline was extended to a new settlement in Abaya-Koysha kebele, Wolayta zone. These interventions improved water availability and reliability, particularly in underserved and disaster-affected areas. In addition, water storage solutions, including tanks, were erected to support consistent water supply for household use and recovery activities. Initial water quality monitoring was conducted through one testing session, contributing to early surveillance of drinking water safety. Safer sanitation facilities were provided along with the shelters where all constructed houses were planned with latrine and bathroom for household use. A total of 406 sanitation blocks at HH level were constructed with a concrete slab, and drainage system changing the planned approach of 10 communal latrines.

Despite these achievements, several planned activities were not realized. Water trucking services were not relevant for the areas and replaced by water line extension; public and health facility latrines were not constructed, replaced by HH latrines informed by community feedback. Additionally, water quality testing and volunteer capacity were managed by the government, woreda water bureau.

Implementation challenges were most evident in hard-to-reach areas, where geographic barriers limited supervision, community mobilization, and service delivery. However, these challenges were partially mitigated through strong coordination with local authorities and community leaders, which improved access, enhanced communication, and coordinated effective implementation of activities.

According to the Final Landslide Evaluation, the Water, Sanitation, and Hygiene (WASH) interventions made a significant contribution to improving access to safe water, sanitation facilities, hygiene awareness, and disease prevention among disaster-affected households. The project improved household access to safe drinking water, with 57.63% of respondents reporting improved access after receiving permanent shelter and 7.84% reporting significant improvement. Compared with the situation before the project, 48.56% of households reported improved water access, demonstrating the positive contribution of the intervention in enhancing basic living conditions. The project also strengthened household water safety practices, with 63.41% of respondents reporting that they sometimes treat drinking water and 29.02% always treat their water. In addition, sanitation and hygiene support achieved broad coverage, with 85.42% of households having functional latrines, 90.23% receiving hygiene kits, and 86.11% receiving hygiene promotion messages. These interventions contributed to improved hygiene behaviours, with 79% of households reporting moderate or full changes in practices, including handwashing and water treatment, indicating the effectiveness of hygiene promotion activities in reducing health risks.

Despite these positive achievements, the evaluation identified remaining gaps that require continued attention to sustain health and WASH outcomes. While many households experienced improved access to water and sanitation services, some continued to face challenges, including inconsistent water availability, incomplete latrine use, and persistent exposure to waterborne diseases. Around one-quarter of households (25.03%)

reported that not all family members used latrines, and 26.13% of households experienced waterborne diseases in the three months prior to the evaluation. Although 57.36% of respondents reported a reduction in water-related illnesses, a significant proportion indicated no reduction, highlighting the need for continued hygiene promotion, improved water supply systems, and strengthened sanitation practices. Overall, the WASH intervention was effective in improving access to essential services, increasing hygiene awareness, and reducing vulnerability to disease among affected communities. However, sustained investment in reliable water infrastructure, sanitation improvement, and behaviours change initiatives is necessary to consolidate gains and strengthen long-term resilience.



Newly constructed water point providing safe water access to landslide-affected communities

Overall, the WASH intervention made a substantial contribution toward improving hygiene practices, enhancing access to safe water, HH sanitation and increasing community awareness. By prioritizing the highest-impact interventions and ensuring efficient use of resources without duplication, the response successfully reduced public health risks and supported the recovery and resilience of affected populations. Continued efforts will be essential to address remaining gaps, particularly public sanitation infrastructure and to sustain improvements in WASH conditions across the Public areas.

	Protection, Gender and Inclusion	Female > 18: **2,750**	Female < 18: **162**
		Male > 18: **152**	Male < 18: **163**

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**
Key Activities:	*# of volunteers/staff trained in PGI/CEA mainstreaming.*	*75*	*150*
	# of volunteers and government protection staff trained on Protection Case Management, community-based protection mechanisms.	*20*	*60*
	# of awareness sessions on SGBV and Child safeguarding conducted.	*12*	*14*

# of people reached with awareness-raising sessions SGBV and Child safeguarding	*770*	*5000*
# of women and girls received dignity kit.	*2,750*	*4,500*
# CFS established and maintained.	*0*	*4*
# of people participated in gender-sensitive dialogue session	*770*	*2,000*

A set of Protection, Gender, and Inclusion (PGI) interventions was implemented across landslide- and flood-affected areas of Silte, Gofa, and West Hararghe Zones, with the objective of ensuring that communities are able to identify and address the needs of the most at-risk, disadvantaged, and marginalized groups affected by inequality, discrimination, and violations of human rights. The intervention focused on strengthening community awareness, promoting inclusive participation, and enhancing protection mechanisms to ensure that humanitarian assistance is delivered in a safe, equitable, and dignified manner.



Children supported through educational materials as part of the ERCS-IFRC Landslide Appeal response, promoting protection, learning, and psychosocial well-being among affected communities

Capacity strengthening of frontline responders was a key achievement. A total of 75 volunteers and staff (52 male and 23 female) were trained on Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) mainstreaming. Although this represented 50 per cent of the planned target, the training significantly enhanced the capacity of field teams to integrate protection, inclusion, gender sensitivity, participation, and accountability considerations into humanitarian programming. These efforts contributed to more inclusive and responsive service delivery for affected communities. In addition, 20 volunteers (15 male and 5 female) were trained on Case Management and Community-Based Protection (CBP) mechanisms, equipping them with the foundational skills needed to identify, refer, and support vulnerable individuals. Although this achievement remained below the planned target, the training strengthened the capacity of volunteers to address protection concerns more effectively and ensured that interventions were more responsive to the needs of vulnerable and marginalized groups within the affected communities.

Community engagement and awareness-raising formed a central pillar of the intervention. A total of 20 gender-sensitive community dialogue sessions were conducted, far exceeding the initial target, and provided important platforms for community members to discuss issues related to protection, gender equality, inclusion, and discrimination. These sessions facilitated open dialogue, strengthened community understanding of protection issues, and encouraged greater participation of vulnerable groups, reaching 770 people (415 F /355M) organized during community work. While participation levels were lower than initially anticipated, discussions remained

targeted and focused on highly affected communities, allowing for deeper engagement and more meaningful dialogue on protection, inclusion, and safeguarding issues.

Furthermore, 12 awareness sessions on Sexual and Gender-Based Violence (SGBV) prevention and child safeguarding were conducted, less than the planned number of sessions. These activities improved community awareness of risks, prevention strategies, and referral mechanisms, contributing to increased community responsibility in safeguarding vulnerable populations. However, despite these achievements, the number of people reached through these awareness sessions was not systematically recorded, representing a gap in capturing the full extent of outreach and impact.

Targeted support was also provided to vulnerable groups, particularly women and girls. A total of 2,750 women and girls received dignity kits, contributing to improved personal hygiene, safety, and dignity, although this remained below the targeted level, complemented by other partners provided same service.

In addition, while the intervention initially planned to establish Child Friendly Spaces (CFS) to provide structured psychosocial and recreational support for children, at the community level was covered by other partners at different intervals, and ERCS could not duplicate the efforts, Instead, a flexible and context-appropriate approach was adopted, whereby 660 school children (313 boys and 347 girls) were supported with essential educational materials procured by IFRC with the support from Norwegian Red Cross through CAAC funding This alternative intervention improved access to learning resources, enhanced the learning environment, and contributed to the psychosocial well-being of children affected by the disaster.

Despite these efforts, some planned PGI activities were not achieved. No structured Child Friendly Spaces were established, and attendance data were available for several dialogue sessions; however, complete participant records were not consistently maintained across all activities, limiting comprehensive analysis of participation trends. These gaps reflect challenges in documentation. In addition, planned awareness reach figures were not met due to limitations in tracking and reporting systems.

Several challenges affected the overall performance of the intervention including delays in mobilizing communities at the early stage limited initial engagement, while cultural norms and low awareness of PGI concepts constrained participation, particularly among women and marginalized groups. Operational constraints, including limited staffing and competing priorities, also reduced the scale and frequency of some activities and relocation of beneficiaries. The inability to establish Child Friendly Spaces further highlighted the importance of early and inclusive consultation with communities to avoid conflicts and ensure acceptance of planned interventions.

Important lessons emerged from the implementation. Strong community engagement and dialogue were critical in building trust and increasing participation, particularly when addressing sensitive issues such as gender-based violence and inclusion. The active involvement of volunteers, community leaders, and local authorities proved essential in facilitating outreach and ensuring that interventions were culturally appropriate and widely accepted. Moreover, the need for flexible and adaptive programming was underscored, as demonstrated by the successful shift from planned Child Friendly Spaces to direct educational support for children.

In conclusion, the PGI intervention made a meaningful contribution toward promoting inclusive, accountable, and protection-sensitive humanitarian response. While notable achievements were recorded in community dialogue, awareness raising, and capacity building, gaps remain in service coverage, documentation, and implementation of certain planned activities. Nevertheless, the intervention strengthened community awareness, enhanced the capacity of frontline responders, and laid a solid foundation for more inclusive and equitable humanitarian programming moving forward.

Community Engagement and Accountability

Objective:

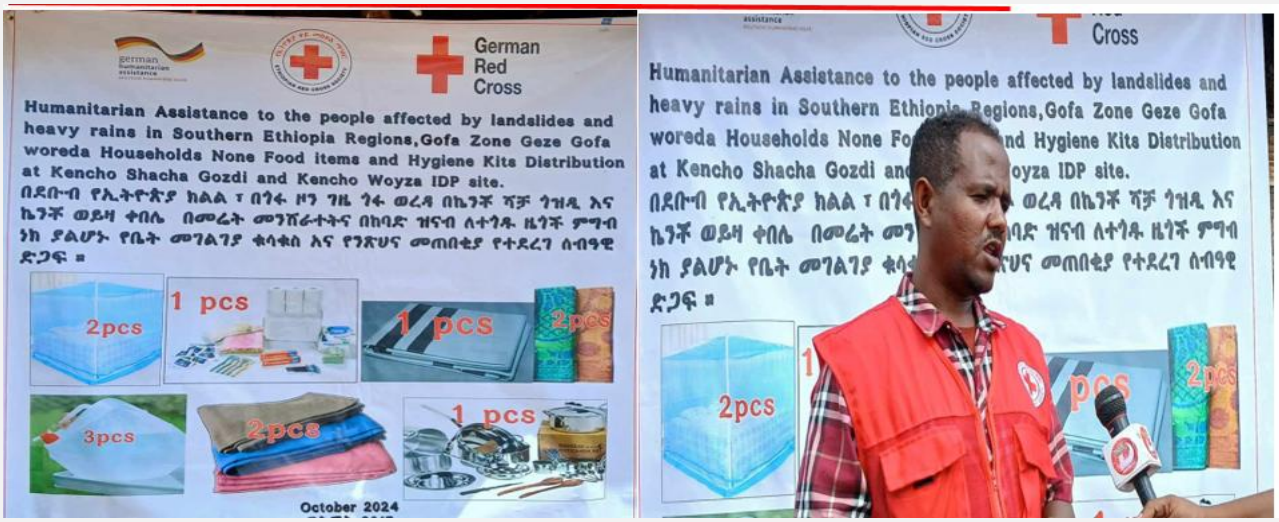
	Indicator	Actual	Target
	# of people participating in the inception meeting.	*210*	*90*
	# Need assessment conducted	*4*	*5*
Key Activities:	*# of volunteers and staff trained on CEA, CoC/PGI /PSEA*	*75*	*150*
	# of types of CEA materials printed	*6*	*12*
	# of feedback mechanisms in place.	*2*	*3*
	# of trained volunteers deployed to manage the information desk.	*0*	*30*

A comprehensive Community Engagement and Accountability (CEA) intervention was implemented across the landslide- and flood-affected zones of Gofa, Silte, Wolaita, and West Hararghe with the objective of strengthening community participation, transparency, and accountability throughout the humanitarian response. The approach emphasized meaningful engagement of communities, ensuring that affected populations, including the most vulnerable and marginalized groups actively participated in decision-making processes and that their concerns, feedback, and priorities were addressed in a timely and inclusive manner.

From the outset, the intervention prioritized participatory engagement and coordination. Rapid needs assessments were conducted across affected areas, with four assessments completed, providing critical data on priority needs, vulnerabilities, and local capacities. These assessments informed response planning and ensured that interventions were context-driven and aligned with community realities. Community-level engagement was further strengthened through inception and stakeholder meetings, as well as shelter handover events. A total of 210 participants were engaged through these platforms, representing government authorities, community members, humanitarian partners, volunteers, and stakeholders. These engagements fostered shared understanding, enhanced transparency, and strengthened collective ownership of the intervention.

Community involvement was further institutionalized through the establishment of community committees, including construction and beneficiary selection committees. These committees played a central role in mobilizing communities, supporting beneficiary identification and registration, monitoring local material use, and facilitating feedback and complaint management. In some locations, communities actively participated in construction processes multiple times per week, demonstrating strong ownership and commitment. Through coordinated efforts, many shelters and basic services including water sources and distribution points were handed over to eligible households, significantly improving living conditions, restoring dignity, and reducing protection risks associated with displacement.

Capacity strengthening of frontline staff and volunteers was a key achievement of the intervention. A total of 75 staff and volunteers were trained in CEA, PGI, and PSEA, equipping them with the skills needed to facilitate inclusive community engagement, manage complaints and feedback, and ensure accountability in service delivery. These trained personnel worked closely with community structures to improve transparency in beneficiary targeting, enhance safeguarding practices, and promote equitable access to assistance. As a result, field teams demonstrated improved application of accountability principles and increased sensitivity to protection and inclusion of concerns.



(CEA) mainstreaming through community consultations, feedback mechanisms, and information sharing to ensure inclusive, transparent, and community-centered ERCS-IFRC Landslide Appeal response.

Efforts to strengthen communication and accountability systems were also reinforced through the development and dissemination of six different types of CEA materials, supporting awareness raising and information sharing within communities. In addition, two functional feedback mechanisms were established and managed in collaboration with community committees, providing accessible channels for beneficiaries to raise concerns, seeking clarification, and providing feedback on interventions. These mechanisms played an important role in improving transparency, strengthening trust, and ensuring that community voices were continuously integrated into program implementation.

Further strengthening accountability, community-based committees were actively involved in managing cash interventions, including beneficiary selection, complaint handling, and feedback management across multiple zones. Members received orientation on feedback handling procedures and protection principles, including PGI and PSEA. In addition, three post-distribution monitoring (PDM) sessions were conducted to assess the effectiveness of cash interventions and gather beneficiary feedback, further reinforcing accountability, and continuous improvement.

Despite these achievements, several gaps were identified. Notably, no trained volunteers were deployed to manage dedicated information desks, since the feedback and complaints handling was managed by community committees, in the modality preferred by the community, and feedback was manually documented limiting the availability of real-time data reporting.

Overall, the CEA intervention made a strong contribution to enhancing participatory, transparent, and accountable humanitarian response. By prioritizing community involvement, strengthening feedback systems, and building the capacity of frontline teams, the intervention improved trust between communities and implementers and ensured more inclusive and responsive service delivery. However, gaps in structured communication mechanisms and scaling of capacity-building efforts highlight areas requiring further strengthening. Feedback received through community structures and complaint mechanisms informed several implementation adjustments, including prioritisation of household sanitation facilities, adaptation of shelter approaches, and modification of community support activities. The experience clearly demonstrated that sustained community engagement, robust feedback systems, and inclusive approaches are essential for delivering effective, accountable, and people-centered humanitarian assistance.

Risk Reduction, climate adaptation and Recovery

Female > 18:**6768** | Female < 18: **6768**

Male > 18:**6247** | Male < 18: 6247

Objective:

	Indicator	Actual	Target
Key Activities:	*# of Communities based EVCA sessions conducted.*	*3*	*4*
	# of communities Implementing EVCA plans.	*2*	*4*
	# of trees planted.	*52,062*	*50,000*
	# of drone operators trained.	*0*	*4*
	# of drone sets procured.	*2*	*2*
	# of people trained on multi-hazard search and rescue TOT.	*0*	*30*
	# of S&R equipment prepositioned.	*0*	*1*
	# Boat and navigation equipment prepositioned.	*1*	*1*
	# Life jackets prepositioned.	*7*	*50*
	# Aqua and Fire protective gears prepositioned.	*1 set*	*25*
	# warehouse constructed/rehabilitated	*2*	*2*
	# of regional volunteers trained BDRT.	*0*	*40*
	# of people reached with Early action messages in the 20 years Flood EAP return period was triggered by the area.	*300*	*TBC*

Disaster Risk Reduction (DRR) and environmental rehabilitation interventions were implemented across the landslide- and flood-affected zones of Wolaita, Gofa, Silte, and West Hararghe. The intervention aimed to strengthen community resilience, enhance local capacity for disaster preparedness and risk identification, and promote sustainable environmental management practices. Through strong collaboration with local authorities, community leaders, volunteers, and technical experts, communities were actively engaged in identifying risks, developing mitigation plans, and implementing locally appropriate rehabilitation activities.

Capacity strengthening was a central component of the intervention. A total of 17 community representatives were trained through two Enhanced Vulnerability and Capacity Assessment (EVCA) training courses, equipping them with practical skills in hazard identification, vulnerability analysis, and community action planning. Following the training, two community EVCA plans were developed and submitted for technical support, enabling communities to take ownership of their disaster risk management processes. In addition, participatory EVCA discussions conducted across multiple zones further strengthened risk awareness and community engagement, contributing to improved preparedness and local planning capacities.

Environmental rehabilitation activities achieved significant results through strong community mobilization, where more than 5,206 people planted at least 10 seedlings each. A total of 52,062 tree seedlings based on agro-ecological suitability were planted across Gofa, Hararge, and Silte Zones, representing the highest verified achievement and making a substantial contribution to environmental restoration, soil stabilization, and watershed protection. More than 250 hectares of land were reinforced by planting Desho, Vetiver, and elephant grass on bund embankments and degraded slopes. Community bi- laws were enacted for land protection, including Area Closure and Assisted Natural Regeneration (ANR) covering about 300 hectares in Hararge zone. These efforts were complemented by broader environmental conservation and land management activities, which enhanced community awareness and ownership of climate adaptation and reduced vulnerability to future disasters. Large numbers of community members actively participated in these initiatives, demonstrating strong ownership and commitment to sustainable environmental management. Beyond environmental rehabilitation, these interventions contributed to climate adaptation by reducing soil erosion, improving watershed management, stabilizing slopes vulnerable to landslides, and strengthening ecosystem resilience in disaster-prone communities.



Sample picture showing community discussions for terracing at Bala Bukis, Rakobas and Mere Lelisa kebeles



Communities participating in soil and water conservation practices to strengthen disaster risk reduction, climate adaptation, and long-term recovery under the ERCS-IFRC Landslide Appeal response.

Efforts to strengthen NS disaster preparedness and emergency response capacity were also notable. A total of two humanitarian drone sets were procured, meeting the planned target, to enhance disaster assessment, early warning, and monitoring capacities, particularly in hard-to-reach areas. Although operationalization was delayed due to regulatory procedures, these assets represent a significant investment in future disaster response capacity. In addition, one rescue boat with navigation and safety equipment was procured and prepositioned, strengthening readiness for flood-related emergencies. The equipment includes life-saving tools such as life jackets, first aid kits, and fire safety items, which enhance rapid response capability during emergencies.

The appeal also supported early warning and early action interventions following activation of the 20-year flood return-period trigger. Early warning was disseminated at Guji town and communities were encouraged to undertake early harvesting to protect agricultural produce from anticipated flooding. The awareness reached 300 people residing along the river. Although the flood event met the Early Action Protocol (EAP) trigger threshold, activation criteria were not fully satisfied, as certain requirements—including the population profile criteria—were not met. Through this appeal communities managed to serve their farm produce and evacuate from the risk areas and minimize the flood impact.

Further strengthening logistics and operational readiness, two warehouses were constructed/rehabilitated, meeting the target and significantly improving storage, prepositioning, and timely distribution of humanitarian supplies, including shelter and WASH materials. These facilities contribute to enhanced efficiency and effectiveness of emergency response operations.

Despite these achievements, several planned activities were not implemented or remained incomplete. No training was conducted for drone operators due to regulatory procedures which delayed approval of importation of drones. The planned search and rescue team's refresher training was not undertaken due to limited funding. The missed capacity building sessions will limit the immediate utilization of newly procured equipment. The regional disaster response teams (BDRT) were not implemented from this appeal but was covered by the RISE project implemented in the same regions. Other implementation challenges included delayed implementation difficult terrain and environmental conditions in some areas, and limited availability of tools and resources for large-scale environmental rehabilitation activities, warehousing.

To address these challenges, strong coordination with government authorities and relevant regulatory bodies was maintained, leading to progress in drone authorization processes. Community mobilization efforts were intensified, and technical support from local government offices played a critical role in guiding implementation and maintaining momentum and provision of storage facilities.

Key lessons emerged from intervention, sustained community engagement and participation proved essential for the success of both environmental and DRR activities. The importance of early planning and stakeholder consultation, particularly technically complex interventions such as drone procurement, was highlighted. Furthermore, strengthening local capacity through training and practical engagement was identified as critical for ensuring long-term sustainability and resilience. Additionally, good collaboration and coordination with government throughout the operation contributed to the overall success of the project.

Overall, the intervention made a substantial contribution to strengthening disaster preparedness, environmental restoration, and community resilience. While strong progress was achieved in areas such as environmental rehabilitation, infrastructure development, and asset procurement and office construction. furthermore, the highlighted areas requiring further attention include continued investment in training, early warning systems, and community-based DRR planning will be essential to sustain gains and enhance resilience against future disasters.

Enabling approaches

National Society Disaster management capacity

Objective:			
Key Activities:	**Indicator**	**Actual**	**Target**
	staff recruited at HQ and Branch level to support the implementation of the operation.	*8*	*15*
	# of Vehicles procured to support the operations.	*2*	*2*
	# of computers procured to support operations.	*5*	*5*
	# of tablet procured to support operations.	*0*	*30*

	# of Staff trained in financial management.	*0*	*30*
	# of staff trained on PMER	*0*	*30*
	# of sessions conducted for DRM, Business development and Project management in Emergency Setting.	*0*	*7*
	# of project documentation developed and published	*4*	*2*
	% Contribution to Branch office construction.	*80%*	*80%*

ERCS, with support from IFRC-CC, implemented a comprehensive package of operational capacity strengthening and institutional development interventions to enhance the effectiveness, coordination, accountability, and sustainability of the landslide and flood response. These efforts focused on strengthening human resources, logistics, monitoring systems, communication, and volunteer support, thereby improving ERCS's ability to deliver timely and quality humanitarian assistance while building long-term institutional resilience.

Significant progress was achieved in strengthening human resource capacity and operational coordination. A total of eight dedicated staff members were recruited and deployed across headquarters, regional, and field levels, including technical specialists such as shelter engineers, coordinators, and operational support staff. These positions were maintained throughout the implementation period, ensuring continuous technical supervision, improved coordination across operational areas, and effective day-to-day management. The sustained deployment of project personnel, including coordination roles at headquarters level, contributed to enhanced oversight, improved planning, and stronger integration of activities across sectors.

Operational monitoring and coordination systems were also effectively maintained. Regular monitoring missions were conducted throughout the project lifecycle, including nine operational monitoring visits, one review meeting, and one post-distribution monitoring (PDM) exercise, ensuring continuous tracking of progress, identification of challenges, and timely corrective actions. These processes strengthened accountability, improved performance management, and ensured that interventions remained responsive to community needs. In addition, ongoing operational support, including vehicle running costs and coordination mechanisms, ensured continuity and efficiency across a 24-month implementation period.

Logistics and operational capacity were significantly enhanced through targeted investments. A total of two vehicles were procured and deployed, strengthening field mobility and enabling better access to remote and hard-to-reach areas. This improvement facilitated more efficient supervision, coordination, and service delivery. Complementing this, five laptop computers were procured and distributed, fully meeting the target and improving reporting, communication, and data management capabilities across project teams. These assets played a crucial role in strengthening information flow, documentation, and evidence-based decision-making. However, the planned procurement of digital data collection tools was not achieved, representing a gap in advancing real-time data systems at field level, while the priority was given to advancing the HQ EOC by developing the EOC website, and also to make it unique by linking it with the IFRC GO platform for information sharing.



Newly constructed ERCS Zonal Branch Office strengthening local response capacity, coordination, and preparedness for disaster risk reduction and humanitarian assistance.

Communication, visibility, and documentation were also strengthened. Comprehensive project documentation was undertaken, including one major project recording and documentary production, supported by collaboration with regional media. In addition, multiple documentation and media sessions were conducted to capture key achievements, beneficiary experiences, and lessons learned. These efforts enhanced transparency, accountability, institutional learning, and stakeholder engagement, while also improving public awareness of ERCS's humanitarian response.

Institutional strengthening was further supported through deployment of IFRC vehicles to support field work and infrastructure development, including contribution to the construction of one branch office, which enhanced local operational capacity and preparedness for future emergencies. This investment contributed to strengthening ERCS's decentralized response capacity and improving service delivery at branch level.



Two hybrid vehicles provided to strengthen ERCS operational capacity, mobility, and timely humanitarian response in disaster-affected communities.

Despite the overall strong performance, several gaps were identified. Planned training initiatives for staff and volunteers on planning, monitoring, financial management, and governance were not implemented, limiting opportunities for further strengthening institutional systems. Similarly, the absence of digital data collection tools like tablets and mobile phones for field data capturing constrained the expansion of real-time monitoring and reporting capacity retaining the team to the paper-based system.

Overall, the operational capacity strengthening and institutional support interventions achieved substantial results across most planned areas. Key achievements in deployment of staffing, logistics improvement, operation monitoring, volunteer support, EOC strengthening and communication significantly enhanced ERCS's operational effectiveness, coordination, and accountability. While some capacity-building and system enhancement targets were not fully achieved, the intervention established a strong foundation for sustained organizational growth, improved emergency preparedness, and more effective humanitarian response in future operations.

Coordination and Partnerships

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	No. of movement coordination meeting conducted	*6*	*6*
	No. of external coordination meeting conducted/attended	*4*	*4*

ERCS, in collaboration with the IFRC, continued to strengthen both internal and external coordination mechanisms throughout the implementation of the landslide and flood response operation. Effective coordination played a critical role in enhancing information sharing, operational planning, resource mobilization, and collaboration among humanitarian actors and stakeholders involved in the emergency response. During the reporting period, ERCS successfully achieved its coordination targets, conducting a total of six Movement Coordination (MoC) meetings against the planned target of six, and participating in four external coordination meetings against the target of four.

As part of the Movement coordination efforts, the Emergency Appeal and Operational Strategy (OS) were presented and discussed during the July and September Movement Coordination (MoC) sessions. These meetings provided an important platform for ERCS, IFRC, and Movement partners to review operational progress, discuss implementation challenges, share updates, and strengthen coordination on response priorities and resource allocation. Through membership coordination, this operation remained to be a standing agenda throughout the implementation which contributed to improving alignment among partners and ensured unified response in a coordinated and complementary manner. The coordination also enhanced strategic decision-making and promoted accountability and transparency within the operation.

The appeal was successfully funded bilaterally and multilaterally by different PNS and external donors. This includes contribution from NS humanitarian funding amounting 9,381,200 ETB; bilateral funding from local resource mobilization from Coca Cola foundation 250,000 USD, the church of Jesus Christ, contributing 300,000USD, PNS in-country; German RC 264,759 Euro, Netherland RC 15,000 Euro, Swiss RC, 3,800,000 ETB.

External coordination mechanisms were set at regional level, where the ERCS Southern regional branch actively participated in the Emergency Coordination Command Center established in Gofa since August 2024. This engagement strengthened coordination with government authorities, humanitarian actors, and sectoral coordination coordinated through the incident command post, whereby in other regions RDRM bureau, was leading the coordination role.

The coordination activities undertaken during the operation contributed significantly to improving collaboration, operational effectiveness, and stakeholder engagement throughout the response. Strong internal coordination mechanisms enhanced communication and alignment among ERCS structures and Movement partners, while external coordination strengthened partnerships with government institutions, humanitarian agencies, and sector coordination platforms. The operation also demonstrated the importance of maintaining active participation in national and regional cluster coordination mechanisms to improve complementarity, avoid duplication of efforts, and ensure more effective humanitarian response delivery.

Going forward, ERCS plans to further strengthen both internal and external coordination mechanisms to enhance operational effectiveness and preparedness for future emergencies. The National Society also aims to strengthen

its participation and engagement in cluster coordination platforms at both national and regional levels to improve collaboration, information sharing, and integrated humanitarian response planning among humanitarian stakeholders.

Shelter Cluster Coordination

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	No. of advocacy and fundraising for the shelter and settlement sector conducted	*01*	*TBD*
	No. of Capacity building for shelter and settlements actors conducted.	*2*	*TBD*

Cluster coordination was strengthened through targeted surge support, who facilitated effective engagement among shelter actors and advocating stakeholders involved in the response on shelter construction. The deployed surge personnel played a key role in supporting shelter coordination efforts by organizing and facilitating three coordination meetings, which provided a platform for joint planning, information sharing, and alignment of interventions. To enhance communication and ensure timely updates, digital coordination mechanisms were established, including shared links and WhatsApp groups, enabling partners to exchange information in real time and improve reporting efficiency. In addition, technical support was provided in the development of the national Shelter Technical Working Group (TWG), contributing to improved standardization, coordination, and technical guidance for shelter interventions at the country level. These efforts collectively strengthened coordination structures, improved collaboration among partners, and enhanced the overall effectiveness and coherence of the shelter response.

Secretariat Services

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Surge deployed to support operation	*1*	*2*
	# of Staff supporting operation	*4*	*4*

Secretariat Services played a critical role in strengthening coordination, technical support, and resource mobilization to ensure the effective implementation of the landslide and flood response operation. Through the support of Movement partners, efforts focused on improving operational efficiency, enhancing field-level coordination, and reinforcing systems for implementation and monitoring. These interventions contributed to strengthening overall response capacity and ensuring timely and well-coordinated delivery of humanitarian assistance to affected communities.

During the reporting period, one surge personnel was deployed against a target of two, while all four planned operational support staff were successfully mobilized, fully achieving the staffing target. Although the surge deployment target was not fully met, the deployed personnel provided substantial technical and operational support across key areas, including assessments, coordination, monitoring, resource mobilization, and security

management. Their contribution significantly improved operational effectiveness and supported the implementation of planned activities. Technical support for rapid assessments in Gofa Zone enabled the generation of timely and reliable data, which informed evidence-based decision-making and improved targeting of humanitarian interventions.

Coordination and collaboration were further strengthened through continuous engagement with members and external stakeholders. These efforts facilitated mobilization of additional support, including remote technical assistance and material contributions such as Child Friendly Space (CFS) supplies from the IFRC Regional Office. Regular field monitoring missions were conducted to track progress, identify operational gaps, and provide technical guidance to field teams, thereby improving the quality, accountability, and timeliness of implementation. At the same time, security assessments were undertaken to monitor the operational environment, ensuring the safety of staff and volunteers, and informing risk mitigation measures.

Looking ahead, Secretariat Services will continue to focus on strengthening coordination with both Movement and non-Movement partners to mobilize additional resources and technical expertise. Active participation in coordination platforms at both internal and external levels will remain a priority to enhance collaboration and operational alignment. Additional efforts will be directed toward expanding remote technical support from the Regional Office, exploring further surge deployment opportunities at the Country Cluster Delegation level, and providing ongoing technical assistance to strengthen implementation, monitoring, and preparedness for future emergency operations.

D. FINANCIAL REPORT

To kick-start the operation, a DREF allocation of CHF 1,000,000 was released. Additional income of CHF 1,253,246 was subsequently received, bringing the total available funding to CHF 2,253,246. Total expenditure amounted to CHF 2,245,195, representing 99.6% utilization of available funding and leaving an unspent balance of CHF 8,051.

DREF Operation
Final Report (CHF)

Date from: 29 Jul 2024 to 19 Oct 2026

MDRET036 - Ethiopia - Landslides and Floods

Operating timeframe: *Start date: 29-Jul-2024 End date: 31-Mar-2026*

Appeal launch date: *01-Aug-2024*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**2,573,247**
DREF Response Pillar	1,000,000
DREF Anticipatory Pillar	
Expenditure	-2,564,793
Closing Balance	**8,453**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items		70,016	-70,016
PO02 - Livelihoods		30,604	-30,604
PO03 - Multi-purpose Cash			
PO04 - Health			
PO05 - Water, Sanitation & Hygiene			
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	2,071,617	1,984,864	86,753
PO10 - Community Engagement and Accountability			
PO11 - Environmental Sustainability			
Planned Operations Total	**2,071,617**	**2,085,484**	**-13,867**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	502,086	479,310	22,776
EA03 - National Society Strengthening			
Planned Operations Total	**502,086**	**479,310**	**22,776**
Total	**2,573,703**	**2,564,793**	**8,909**

III. Expenditure by budget category & group

IFRC

DREF Operation
Final Report (CHF)

Date from: 29 Jul 2024 to 19 Oct 2026

Description	Budget	Expenditure	Variance
Operational Forecasting		0	0
		0	**0**
Services Items		374	-374
Transport Items		81,024	-81,024
Relief items, Construction, Supplies		**81,398**	**-81,398**
Vehicles	120,000		120,000
Land, vehicles & equipment	**120,000**		**120,000**
Storage		402	-402
Distribution & Monitoring		2,663	-2,663
Transport & Vehicles Costs	26,000	9,103	16,897
Logistics Services	24,000	5,501	18,499
Logistics, Transport & Storage	**50,000**	**17,668**	**32,331**
International Staff	378,528	305,283	73,245
National Staff	50,500	49,733	767
Personnel	**429,028**	**355,017**	**74,012**
Consultants (Individual)		6,730	-6,730
Professional Fees	1,000		1,000
Consultants & Professional Fees	**1,000**	**6,730**	**-5,730**
Workshops & Training	21,350	16,122	5,228
Workshops & Training	**21,350**	**16,122**	**5,228**
Travel	21,778	21,791	-13
Office Costs	15,000	15,683	-683
Communications		795	-795
Financial Charges		-4,037	4,037
Other General Expenditure		1,964	-1,964
General Expenditure	**36,778**	**36,195**	**582**
Cash Transfers National Societies	1,758,467	1,852,451	-93,984
Contributions & Transfers	**1,758,467**	**1,852,451**	**-93,984**
Programme & Services Support Recovery	157,080	156,419	661
Indirect Costs	**157,080**	**156,419**	**661**
Pledge Earmarking Fee	0	936	-936
Pledge Reporting Fees		1,000	-1,000
Pledge Specific Costs	**0**	**1,936**	**-1,936**
Shared Office and Services Costs		40,857	-40,857
SOSC Allocations		**40,857**	**-40,857**
Total	**2,573,703**	**2,564,793**	**8,909**

Prepared on 19-Oct-2026

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Variance Explanation

The budget variances are primarily due to differences between the planned budget allocation and the actual coding of expenditures across the programme outputs. Shelter and Livelihoods activities were initially budgeted under Risk Reduction, Climate Adaptation and Recovery. However, the related expenditures were subsequently recorded under their respective outputs, PO01 and PO02. Consequently, expenditure reported under PO09 is lower than originally budgeted, while the corresponding costs are reflected under Shelter and Livelihoods.

E. Annex

PDM Report for Siltie and Wolayita Zones

Field PDM.docx

PDM Consolidated Report_ Landslide.docx

Landslide PDM-3rd Report .docx

Case stories

Case Story. 1 “I lost my family in seconds… but ERCS and IFRC helped me keep what was left alive.”.docx

Case story 2 We Carried the Grief Then We Carried the Recovery.docx

From Alight to Hope Film documentary film.mp4

Contact information

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Reference documents

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Click here for:

- Previous Appeals and updates
- Operational Strategy

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.