

Ethiopia Crisis and its Humanitarian Consequences

Multi-Country Response in Ethiopia, Sudan, and Djibouti

Emergency appeal No: MDRTIGRAY First launched on: 26/01/2021	Glide No: CE-2020-000229-ETH
Final report issued on: 29/04/2026	Timeframe covered by final report: From 26/01/2021 to 31/12/ 2022
Number of people targeted: 665,000 (Ethiopia, 355,000; Sudan, 300,000; and Djibouti, 10,000)	Number of people assisted: 529,446 people
Funding coverage (CHF): CHF 9.4 million through the IFRC Emergency Appeal CHF 27 million Federation-wide	DREF amount initially allocated: CHF 948,763



Ethiopian targeted woman in SNNPR who has been displaced due to conflict when they received food assistance from the Ethiopian Red Cross Society (ERCS).

A. SITUATION ANALYSIS

Description of the crisis

In northern Ethiopia, the conflict between the Tigray Regional Forces and the National Defence Forces, caused widespread displacement, destroyed crops and infrastructure, and lowered economic activity. As a result of limited humanitarian access, there was widespread acute food insecurity, leading to record-level humanitarian food assistance needs. The ceasefire broke on 24th of August 2022 when parties launched into hostilities and humanitarian access was completely blocked both for flights and convoys. On November 2nd, 2022, the Tigray People's Liberation Front (TPLF) and the Ethiopian Federal Government agreed on a permanent cessation of hostilities and the opening of the region to unhindered humanitarian access. Ethiopia Red Cross Society (ERCS) and Djibouti Red Crescent (DJRC) area scaled-up response efforts in Tigray to respond to the overwhelming unmet needs in the region with the first DRC supported food convoys arriving in December 2022.

An estimated 13 million people in northern Ethiopia were in dire need of food assistance including 1.2 million in the Afar region¹ This led to severe food insecurity and malnutrition. Over 40,000 children were suffering from acute malnutrition, with overall malnutrition rates for under 5-year-olds ranging from 33% to a shocking 45% in early January 2023².

The [OCHA 2 Feb 2023](#) situation report revealed that the displacement situation in the Amhara region continued to deteriorate, following reported fighting in areas bordering the North Shewa Zone and the Oromia Special Zone on 21 January. Reportedly, a few hundred thousand were displaced to nearby woredas of North Shewa Zone. A significant number of houses and private properties were allegedly burnt down and destroyed. Partners mobilised food and non-food items such as emergency shelter, amidst road closure and ongoing hostilities. This displacement further deteriorated the humanitarian situation in North Shewa Zone, which requires urgent response.

In northern Ethiopia (the Tigray, Afar and Amhara Regions), a sprawling humanitarian crisis due to armed conflict placed 9.4 million people at risk. Approximately 1.4 million people were displaced with more than 440,000 of them in Tigray. A comprehensive, multisectoral humanitarian response to new and existing displacements in Tigray remained constrained: staff movement was limited due to security concerns and limited access, including restrictions on cash, fuel, and life-saving supplies. More than 225,000 people were displaced in Afar and 732,000 in Amhara. Damage and destruction of schools and health facilities impacted children's access to inclusive, formal education and prevented access of children and women to essential health and nutrition services, including routine immunization. Protection concerns significantly increased because children were exposed to violence and potential separation from their families. Source [\(UNICEF. 2023\)](#)

The 2023 Humanitarian Response Plan (HRP) appealed for US\$3.99 billion to assist more than 20 million people affected by conflict, violence, and natural hazards across Ethiopia, including 13 million people suffering from the most severe drought impact in southern and eastern Ethiopia. The response was to focus on the most vulnerable people across highly affected areas, including internally displaced people (IDPs), returning IDPs, and affected non-displaced people. Two thirds of the targeted people are women and children. Source [response-plan-summary-2023](#)

The [UNOCHA 18 Jan 2023](#) situation report reflected that in Amhara Region, malnutrition levels were alarmingly high in conflict-affected zones. The data indicated that global acute malnutrition (GAM) rate in North Wollo and Wag Hamra zones was above the emergency threshold at 15.7 per cent and 18 per cent respectively. Meanwhile, GAM rates in North Gondar and South Wollo zones were also high, standing at 13.6 per cent and 12.7 per cent respectively. Overall, of 3.2 million children under-5 were screened for acute malnutrition, with more than 31,500 severely malnourished

¹ Ethiopian Humanitarian Response plan, 2023

² APD-2023

and more than 217,300 moderately malnourished. Lack of food, shortage of nutrition supplies and lack of nutrition services contributed to the high malnutrition rates.

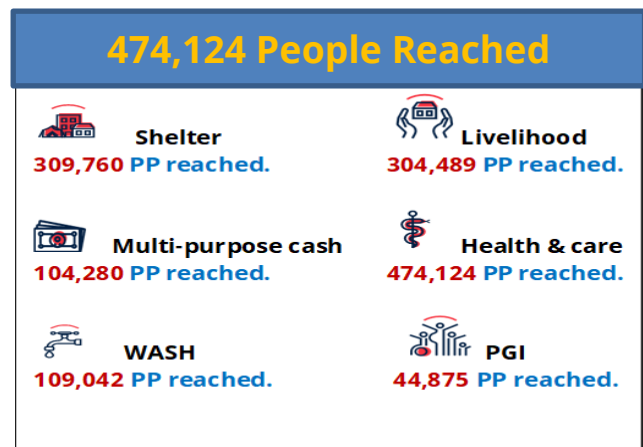
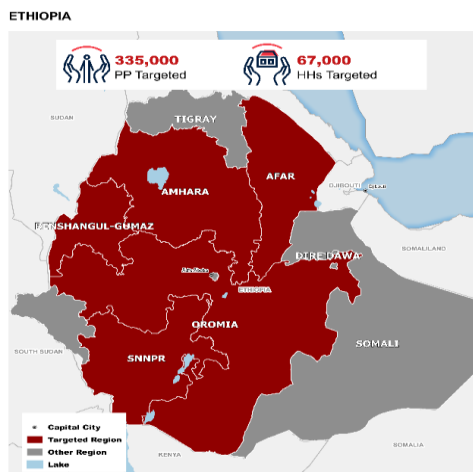
The priority needs in Tigray remained **food, health, and cash**. Estimates pointed to 89% of the population being food insecure with reports describing a decimated health system which lacked essential medicine and supplies across the region. There were also consistent demands on the branches to resume ambulance services for emergency lifesaving cases as there were many accounts of patients’ deaths, people who could not access health care services on time. There were also consistent reported outbreaks both in IDP sites and host communities of malaria, scabies, anthrax and others, thus **WASH** and **health promotion** were key priority sectors. Furthermore, given the trauma and widespread sexual and gender-based violence (**SGBV**) cases and psychosocial support (**PSS**) was also considered a key priority sector both for the community but also for ERCS staff and volunteers in the region. Finally, due to the large-scale displacement of the population in different phases of the conflict, non-food items (**NFIs**) were also identified as a need.

Summary of response



Ethiopian Red Cross Society

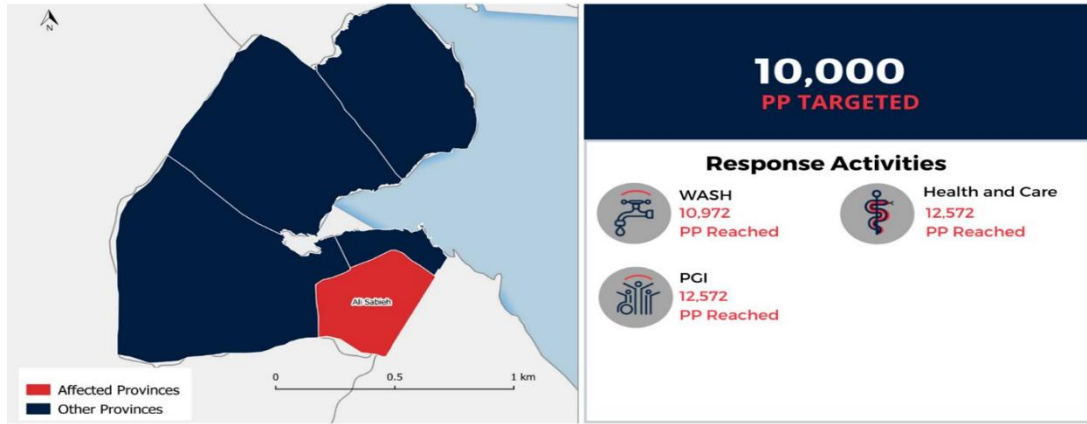
Ethiopia Red Cross was involved in responding to a range of humanitarian needs for displaced populations and host communities in the most affected areas and supported more than 379,760 people through the Federation Wide Emergency Appeal. Below is a summary of achievements detailed later in the operation strategy output/outcome reporting section.



Djibouti Red Crescent Society

The Djibouti Red Crescent Society (DJRC) has strong coordination and cooperation with the government of Djibouti. Though the influx of refugees into Djibouti was modest, the DJRC kept monitoring the situation; and continued to provide services at the Hol-Hol camp.

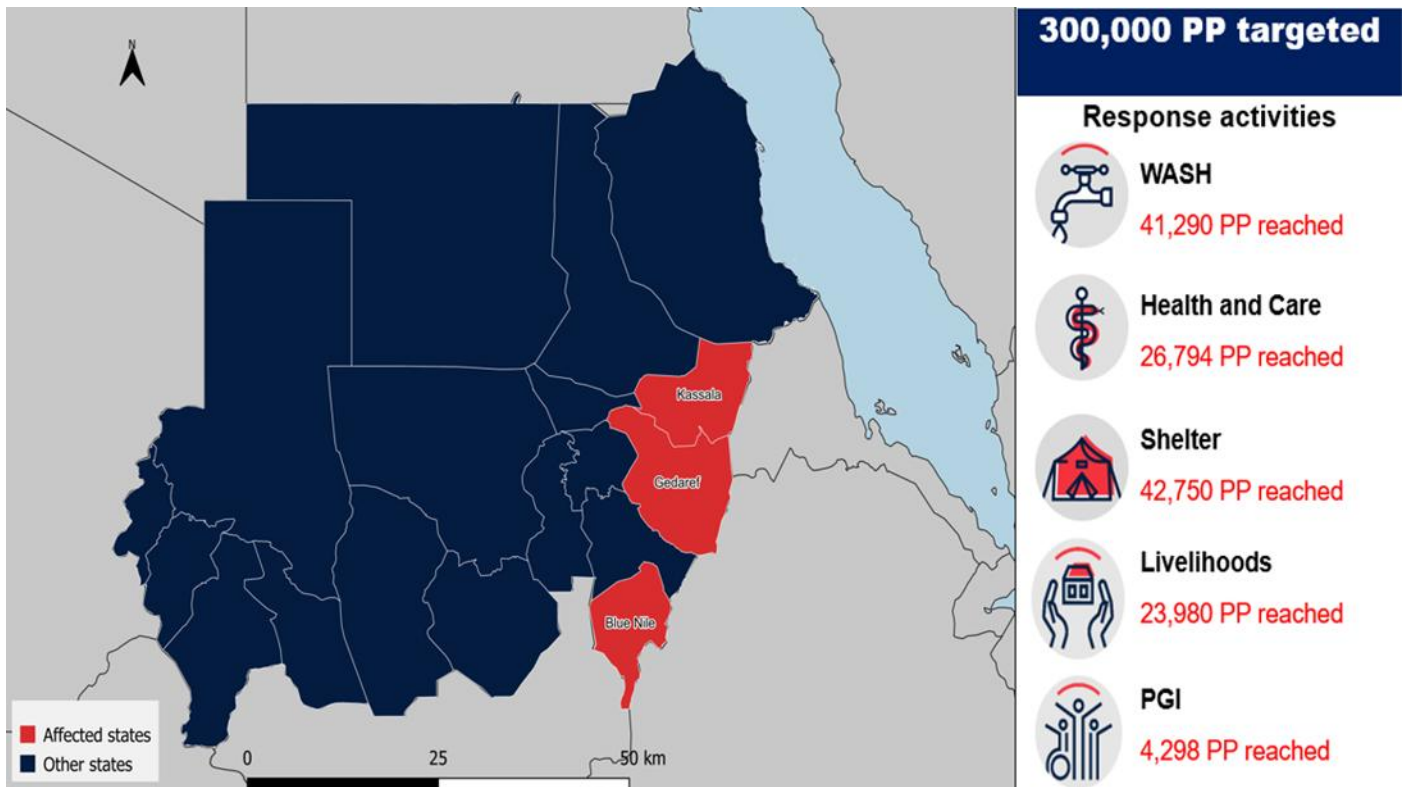
More than 12,572 people were assisted by DJRC so far through this Federation Wide Emergency Appeal.



Sudan Red Crescent Society

Since the onset of the crisis in 2020, SRCS was involved in the initial interventions that included registration of new arrivals, distribution of essential household items, in-kind food assistance and provision of primary health services. Once the refugees were transferred and settled in Um Rakuba and Tunaydba and Babikir, SRCS expanded its services. The key interventions were distribution of essential household Items/emergency shelter, Health/PSS, and WASH sectors. SRCS was a key member of the various sectoral working groups that included health, protection, shelter/NFI and WASH.

By the end of the operation, SRCS has supported more than 42,750 people through the Federation Wide Emergency Appeal.



Operational risk assessment

Anticipated risks and adjustments in operation

There was no change and amendment from the published [12-month Operation Update](#)

B. OPERATIONAL STRATEGY

Vision


To provide relevant humanitarian assistance to 335,000 people (displaced populations, refugees, and host families) including protection and early recovery of people affected by the Ethiopia Crisis and its Humanitarian Consequences. It also addressed the other combined disasters such as floods, droughts, locusts, COVID-19, climate change while delivering an accountable operation that engages, and listens to affected people when meeting their needs, especially the most vulnerable and marginalized. Investments was made in contingency planning, preparedness, and readiness to ensure that assistance can be adapted based on the evolving needs.

The crisis in Ethiopia was continuously complex and evolving, and the IFRC and member National Societies sought to take an agile approach to implement this Emergency Appeal, including periodical reviews of the Operational Strategy and accompanied implementation strategies to ensure that it remained relevant and appropriate to the needs of the affected population across the three (3) countries. Following the de-escalation of violence, ERCS conducted recovery assessments to determine the changing dynamics, including emerging needs related to recovery, durable solutions, enhanced community resilience, and social cohesion, as IDPs began to slowly return to their places of origin. The findings of assessment were integrated into multi-year Unified Country Plans.

For more information on the basis for the implementation strategies under this operation – please refer to the [Revised Emergency Appeal](#) and [Operational Strategy](#).

C. DETAILED OPERATIONAL REPORT

Ethiopia

 Shelter, Housing and Settlements		People Reached	Female > 18:	Female < 18:
			Male > 18:	Male < 18:
			86,981	74,095
			80,290	68,395
Objective:	<i>Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being longer-term recovery through shelter and settlement solutions</i>			
Key indicators:	Indicator	Actual	Target	
	# of households reached with shelter kits	61,952	17,500	
	# of households reached with HH items	61,952	17,500	
	# of volunteers trained in shelter activities	375	350	

Displaced populations abandoned their homes and moved to seek refuge in camps or host communities in different regions. Majority of displaced persons were living in congested open settings with minimum shelter support. ERCS, IFRC and PNS contributed to ensure people in camps, particularly people needing special assistance, lived in safety and dignity, through the distribution of essential household items and emergency shelter kits and technical support, guidance and awareness-raising in safe shelter design and settlement planning provided. During the construction of emergency shelter, ERCS encouraged the communities to utilize salvaged and locally available materials as part of community contribution to the assistance.

A total of 61,975 IDP families (161,075 females and 148, 685 males) were assisted with shelter and household items – this comprises 1,435 families in Gondar and North Wollo zones of Amhara region, who received support from IFRC; and 2,610 families in Afar and Amhara, who received support from the Netherlands Red Cross.

The DRC distributed NFIs to returnees upon arrival in Amhara region, North Gondar while the ERCS Addis Ababa branch distributed digestive biscuits, male and female hygiene kits, milk formula and sanitary pads to a total of 40,900 (9,574F and 31,326M) returnees.

ERCS from their domestic partners mobilized funds and supported a total of 543 households (2,715 people) with “cash for shelter”. A total of 8,975 households (44,875 people) were reached with emergency shelters and EHIs. Contributing partners to emergency shelter and non-food items (ESNFI) support include Austrian Red Cross, German Red Cross, IFRC, Netherlands Red Cross, and ERCS from its domestic mobilized support as summarized in the table below.

Contributing partner under the FW Emergency Appeal	Region/zone	# Of HHs reached	# Of people reached
Austrian Red Cross	Amhara Region, (Dessie Zone)	686	3,430
Ethiopian Red Cross Society	Amhara Region (North Gondar & North Wollo)	29,066	145,330
German Red Cross	Benishangul-Gumuz Region	9,314	46,570
Danish Red cross	Amhara region-North Gondar	12,840	64,200
IFRC	Amhara Region (North Gondar & North Wollo)	1,435	7,175
Netherlands Red Cross	Afar, Amhara Region	2,610	13,050
Finish red cross	Amhara-North wollo (sekota & Jara)	5171	25,855
ERCS/USAID	Benishangul and SNNP (cash for shelter,	830	4,150
Total		61,952	309,760

A total of 375 were trained and involved in the distribution of emergency shelter items and shelter activities. Other activities outlined in the Operational Strategy, such as communal shelter support, and climate and environmental restoration have not been initiated due to the low level of funding received against the Emergency Appeal.



IFRC NFI support to displaced community members.



Item distribution by Volunteers



Livelihoods

Female > 18:
85,501

Female < 18:
72,834

Male > 18:
78,924

Male < 18:
67,231

Objective:

Communities affected by disaster and crisis are provided with assistance to address their basic needs and improve their food security situation

Key indicators:

Indicator

Actual

Target

of people reached with food items (in-kind)

60,898 HHs (304,489 people)

7,500 HHs (37,500 people)

of HHs received a multipurpose cash grant

20,856 HHs (104,280 people)

17,500 HHs (87,500 people)

of people reached with livelihood recovery support

20,856 HHs (104,280 people)

17,500 HHs (87,500 people)

of volunteers trained in cash and livelihood activities on cash and voucher assistance programming

412

400

of volunteers mobilized and trained on climate-sensitive livelihood activities

412

400

Populations have had their livelihoods impacted because of armed violence, floods, droughts, locust infestations – reducing income, and negatively impacted purchasing power thus contributing to the risk of deteriorating food security in the affected areas. ERCS, IFRC and PNS responded targeting displaced populations in camps with food rations in-kind or through a cash mechanism (depending on market feasibility assessment) for at least six months, specifically to special population groups such as children, pregnant and lactating women, the sick, disabled, and older people with food supplements. The assessment of cash feasibility and market potential also determined the survival minimum expenditure basket of cash value per household per cycle. Medium-term livelihood recovery support to host communities, including supporting farmers with seeds and tools.

Beneficiary identification and selection committees and complaints and feedback committees were established at each village (kebele) by the communities to ensure a fair selection process and most vulnerable are addressed. The selection criteria were set and brought for the community to discuss and contextualize based on their situations. These included people who were severely affected by the war, who lost their family members due to war, those who lost partially/or totally lost/burned their homes or property looted; Female headed households; Child headed household and children who lost their parents with no adult to support them; Households affected by war with large family size of 5 and above; Pregnant and lactating women and mothers with children's below 5 years old; Elderly peoples above age of 55, who have no support; People with disability because of war and household headed by people with disabilities; permanently sick household head, people with chronic health problems and who have no other similar support from other actors.

ERSC and PNS 's supported a total of 60,898 conflict affected HHs (158,335 females and 146,154 males) with food transfer intervention – this comprises 283,655 peoples in (Tigray; 37,210, Amhara: 231,261, Afar; 608, Oromia: 4320 and Benishangul: 10,256) who received support from ERCS from domestic fund; 8,000 people (Afar; 4,000 and Benishangul 4,000 people) who received food support from Finish red cross, 9100 people were supported by Netherland red cross and 3,734 people in Afar who received support from the Qatar Red Cross.

Before the actual cash distribution was carried out, expertise from ERCS staff conducted rapid needs and markets assessments as well as cash feasibility assessments at Raya Kobo town. The result of the cash feasibility assessment realized the feasibility of CTP as banks and market were accessible for the beneficiaries and the prices of those identified essential commodities via rapid assessments were affordable. Besides, the wide range of needs of the beneficiaries could be addressed via cash support and would give them freedom of choice among other purposes.

Cash feasibility and market assessments were carried out to inform on the appropriate cash transfer modality; while coordination with the Cash Working Group at local levels was done to determine the amount to be disbursed. The markets were also identified to be equally functional and accessible to support the needs of the affected population. ERCS used an existing FSP (Commercial Bank of Ethiopia). A total of 20,856 households (104,280 people 54,226 female and 50,054 male) were reached with unconditional multipurpose cash assistance to help them meet their basic needs. Please refer to the table below for a detailed breakdown of cash contributions.

Contributing partners in cash response included the Austrian Red Cross, Danish Red Cross, Swiss Red Cross, German Red Cross, IFRC, Finish Red cross Netherland Red Cross.

Contributing partner under the FW Emergency Appeal	Region/zone	# of HHs reached	# of people reached
Austrian / Canada Red Cross	Amhara region, (South Wollo & North Shoa)	3,452	17,260
German Red Cross	Benishangul-Gumuz (Bildigelu)	300	1,500
IFRC	Amhara (North Gonder, South Gonder, &North Wollo)	4728	23,640
DRC	North Gondar	3,020	15,100
Swiss Red Cross	SNNPR (Gamo Gofa)	2,696	13,480
Netherland Red Cross	Amara region	3,200	16,000
ERCS	Maykadra and Humera- Tigray	1,960	9,800
Finish Red Cross	Afar	1,500	7,500
Total		20,856	104,280

Each household received a tranche of ETB 6,000 (CHF 90). All planned activities under the two results were achieved. An average of 6000 Ethiopian Birr servings was provided daily to needy households to increase food consumption and access to basic of target vulnerable beneficiaries.

A total of 412 volunteers were trained and mobilized on cash assistance programming and on climate-sensitive livelihood and income generation practices. A post distribution monitoring (PDM) survey revealed that the majority (90%) of cash beneficiaries confirmed that the target selection made was fairly and reached the most vulnerable, it was fairly done, and the selection was according to those most in need. Similarly, this result was confirmed by FGD and KII participants. For the cash transfer beneficiaries, 84% of the beneficiaries indicated that the cash received had improved their immediate needs moderately, mainly secured their access to food but also improved the income level, the purchasing power as well as contributed towards debt reduction.

Overall, the PDM survey found that, majority of the beneficiaries had lost their main source of income because of the conflict benefited immensely from the appeal. Household dietary diversity also improved with households consuming a more varied diet, including cereals, oil, legumes, vegetables, fruit, meat, milk, sugar, and spices/tea. As such, the project was relevant and met the objective of giving beneficiaries options for addressing immediate food needs as well as other basic needs.

"...Cash transfer has helped us a lot, I spend the money on food, buying clothes, before, due to the conflict, I could not get one penny to buy food and clothes, but today I have access to food and clothes with this money I will never forget how the cash transfer program has helped me..." Girma Demissie Akalu in Kobo District- Village 03

The main challenges experienced were the limitations of cash and the cut-off of banking and telecommunications networks which hampered the relief activities particularly between August 2022 and November 2022 when access was cut completely. While ERCS and DJRC continued operations during this challenging context, the Peace Agreement of 2nd November and following reopening of humanitarian access enabled the scale-up of the response considerably and sent two rounds of food items and NFIs through the ICRC convoys for both Mekelle and Shire branches.

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 133,134	Female < 18: 113,410	
	Male > 18: 122,893	Male < 18: 104,687	
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators:	Indicator	Actual	Target
	<i># of targeted people reached with basic first aid and medical services</i>	110,405	35,000 HHs (175,000 people)
	<i># of targeted people reached with community-based health services</i>	474,124	50,000 HHs (250,000 people),
	<i># of people reached by targeted with mental health and psychosocial support services</i>	120,000	35,000 HHs (175,000 people)

Volunteers will be mobilized and trained on areas including Basic first aid (BFA), Community Health Promotion, PFA and RCCE – Ethiopia:

412

750

Access to basic health services such as health facilities were challenging to IDP's as the facilities were either closed, damaged, looted or health care workers left for personal safety. With no or limited access to safe water supply and sanitation in the camps, infectious waterborne, and vector-borne diseases increased, and conditions also exacerbated health conditions. Most of the affected population (including children and youth) were exposed to traumatic situations and severe mental stress because of displacement, separation, loss of loved ones, loss of property and livelihoods and forced to flee from their homes.

A total of 35,946 people benefited from emergency first aid and medical services provided by ERCS. Through the Federation Wide Emergency Appeal, ERCS managed to maintain and run 26 ambulances to provide first aid and emergency transportation services for referrals (21 ambulances supported by IFRC, and five (5) ambulances by the Austrian Red Cross). Furthermore, the Austrian Red Cross supported first aid training to 39 ambulance attendants and drivers.



ERCS volunteers providing first aid services.

A total of 110,405 beneficiaries were reached with ambulance and first aid services and 2,600 first aid kits were supplied (2,100 supported by Netherlands Red Cross, and 500 supported by IFRC). Additionally, the Italian Red Cross contributed emergency health kits for two (2) clinics (Kimer Dingay and Nifas Mewucha) in South Gondar, Amhara region which is estimated to benefit 30,000 people.

ERCS North Gondar branch, supported by Danish Red Cross responded to the needs of the IDPs displaced by the Tigray conflict in the sites. 11 ambulances that were operational provided services to 598 people (344 males and 254 female), first aid services were provided to 137 people (81 male and 56 female) and NFIs distributed to 5 health centres in North Gondar. Moreover, as per the plan, medical insurance was provided to 150 vulnerable returnees and accessed free health service for 1 year. This activity could not be started in Debark due to delay in release of budget.



Volunteers trained to provide community health services.

community-based health services.

A total of 412 volunteers were trained and mobilized to provide community-based health services (CBHFA / PSS / RCCE). This was supported by the Austrian Red Cross, IFRC, Italian Red Cross, Netherlands Red Cross, and Swiss Red Cross. Overall, an estimated 120,000 people have benefited from integrated

Contributing partner RC under the FW Emergency Appeal	Intervention	# of people assisted
Austrian Red Cross, IFRC, & Italian Red Cross	Emergency referral and medical services	35,946
IFRC, Netherlands Red Cross, and the Swiss Red Cross	Integrated community-based health services (CBHFA/PSS/RCCE)	120,000
Austrian Red Cross, IFRC, Italian Red Cross, Netherlands Red Cross, & Swiss Red Cross	Training of volunteers in health-related topics	412



Water, Sanitation and Hygiene

Female > 18:
30,619

Female < 18:
26,083

Male > 18:
28,264

Male < 18:
24,076

Objective:

Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services

Key indicators:	Indicator	Actual	Target
		# target people that provided with access to safe drinking water.	80,000
	# target people provided with improved sanitation services	109,042	175,000
	# of people reached with hygiene promotion to support the reduction in the risk of waterborne and water-related diseases	109,042	250,000
	# of households supported with emergency WASH materials	45,835	17,500
	# of volunteers will be mobilized and trained	412	750

Displaced and host community populations depended on limited access to clean, safe, and potable drinking water and water for domestic use in the host communities. ERCS, FRC and PNS provided people in camps and host communities with improved access to safe drinking water, sanitation, and hygiene. This had been achieved through the provision of household water treatment and storage kits (buckets, jerry cans with lids) as well as water trucking. The support also extended to construction of community latrines through provision of toilet slabs and trained local sanitation artisans who further trained the local communities in the construction of locally and culturally improved latrines. Hygiene promotion and awareness sessions, complemented with hygiene related supplies (hand sanitizer and soap), were provided and handwashing stations installed.

The primary goal of the WASH sector was to use hygiene promotion messaging to reduce the risk of water-borne diseases and water-related diseases, as well as to raise public awareness among the targeted community about disease transmission routes and how to avoid them by maintaining a clean environment. During this reporting period, hygiene promotion activities conducted included mass mobilization and campaigning, as well as mass education at community gatherings, and IEC materials. With the contribution of IFRC, ERCS, FRC, NLRC and FRC, 109,042, people were cumulatively reached with hygiene promotion activities and communication materials to reduce opportunistic water and hygiene borne infections and to improve homesteads environmental hygiene in Tigray, Amhara, Afar, Benishangul and Oromia regions.



Community awareness creation on WASH



Water tanker established in Debarik IDP center.

A total of 45,835 households supported with emergency access to adequate sanitation and WASH-related items including jerry cans, aqua tab, laundry soap, hand/body soap, face mask and sanitizer. This comprises 9,975 families in Gondar and North Wollo zones of Amhara region and Tigray region, who received support from ERCS domestic fund, 4,760 families in Benishangul Gumuz region, who received support from the Finish Red Cross, and 20,100 families in Afar, Amhara and Oromia region who received from Netherland Red Cross. Through the Netherlands Red Cross support, 20,000 people accessed potable water in SNNPR. The rehabilitation of damaged water sources provided adequate sanitation for 5,000 people.



Protection, Gender and Inclusion

Female > 18:
27,443

Female < 18:

Male > 18: **23,378**

Male < 18:

Objective:

Communities affected by disaster and crisis become more peaceful, safe, and inclusive through the provision of services that meet the needs and rights of the most vulnerable

Key indicators:	Indicator	Actual	Target
		<i>Conduct assessments on the specific needs of the affected population based on criteria from the IFRC PGI Minimum standards and toolkit t</i>	1
	<i># of volunteers trained on PGI minimum</i>	373	750
	<i># of IDPs provided with relief and protection</i>	82,500	87,500
	<i># of people referred to basic needs and specialized service</i>	5, 946	TBD
	<i># People reached with Dignity Kits</i>	24,270	7,500
	<i># of sectors to mainstream PGI minimum standards</i>	5	5

The primary goal of the IFRC and ERCS humanitarian response was to reach out to the most vulnerable members of affected communities, including people with disabilities, children, pregnant and lactating women, female, and child -headed households, unaccompanied and separated minors/children, minority groups, elderly people, and others.

ERCS, IFRC and PNS mainstreamed PGI in all sectors with special consideration to gender, age, disability to minimize any stigma and discrimination or additional risks and vulnerabilities. 412 staff and volunteers engaged in the response were sensitized on PGI mainstreaming and ensuring protection in all response activities as well as prevention and response to sexual and gender-based violence, abled to address any arising during as well as post-implementation period.

Girls and women were provided with dignity kits containing essential supplies such as sanitary towels for menstrual hygiene management (MHM). Consideration for the inclusivity of PWD and older persons were done through targeted and tailored interventions that meet their specific needs. The response enhanced sensitization

of communities on protection risks, including prevention of gender-based violence and protection of children as well as development and dissemination of referral pathways to facilitate access to services within the shortest time possible and maintaining strict confidentiality. Children separated from their guardians during displacement were also at risk. ERCS, IFRC and PNS worked with ICRC in uniting any displaced children as well as set up safe spaces for use by anyone at risk by enhancing their safety.

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

All volunteers deployed for the operation were provided with trainings and in targeted sensitization sessions concepts of CEA, PGI, PSEA and child protection.

Generally, with strengthened referral pathways, clients were able to access dignified and specialized services. The coordination forums contributed to improved collaboration and complementarity of the intervention with other actors. Migration related vulnerabilities became a cross cutting issue and centre of attention among different stakeholders. The increased knowledge of volunteers contributed towards high quality service delivery. SGBV and PGI training was provided for health extension workers and volunteers and quarterly review meetings on MHPSS were established. As a result, 120,000 people (female 64,800 and male 55,200) benefited under this with those referred being 82,500.

ERCS conducted two (2) PGI assessments that considered IFRC Minimum Standards for PGI in emergencies as an integral part of the tools (guiding questions, key informant interviews, focal group discussions, etc.). The assessment findings demonstrated the need to integrate PGI in targeting, particularly during beneficiary identification and selection under the shelter, housing and settlement sectors, focusing on those with special needs among the affected population. However, PGI has been mainstreamed in all sectors during intervention, including livelihoods, health and care, and WASH, as well as in CEA. A total of 373 volunteers received training on IFRC Minimum Standards for PGI in Emergencies. Overall, a total of 120,000 people benefited from PGI services through operation, of which 5,946 were referred for specialist services provided by ERCS, IFRC and Danish Red Cross.

Other activities outlined in the Operational Strategy, such as child-friendly spaces and the distribution of dignity kits were not implemented due to the low level of funding received against the Emergency Appeal. However, DRC managed to support ERCS to run 3 child-friendly spaces in three displacement sites (Dabat, Debark and Zarema) in North Gondar. These activities directly benefited 2,052 children and indirectly benefited 8,553 IDPs from the sites and families of those children for 8 months.



Child-friendly Spaces in Debarq, Amhara Region



Community Engagement and Accountability

Objective: Adopt standardized approaches for community engagement and accountability – including the collection of community feedback to understand their perspectives, as well as promote their participation in decision-making, and implementation of the response

	Indicator	Actual	Target
Key indicators:	# Complaints received through the feedback mechanism	2	1
	# of staff and volunteers trained on CEA	373	100
	% Community members who feel support provided by the program currently covers their most important needs	100%	75%

Following the de-escalation of violence, an assessment was conducted to determine the priorities and needs of the affected population, and revision of the implementation strategies under the Emergency Appeal and Operational Strategy was done. It was identified that there was a need to strengthen community feedback mechanisms, and based on consultation with the communities, a hotline was agreed as the preferred channel.

ERCS with support from the German Red Cross established two hotlines to collect feedback and complaints in the Metekel zone, Benishangul-Gumuz region, while further hotlines were considered in other areas where the operation is being implemented. In addition to the hotlines, the affected population was reached with aid information through different approaches, including public addresses by volunteers to ensure they were aware of their entitlements and targeting selection criteria and dates of distribution. Additionally, the beneficiary household list was displayed on local administration public notice boards to ensure transparency. The branch managers or hotline numbers were also displayed along the list, for receiving complaints and feedback.

The identified feedback mechanisms were communicated to the communities through the community meetings and through the IEC materials. At community level, CEA committees were established, with 10 to 14 members representing the community groups, and were responsible for discussing feedback and complaints collected from the community. A total of 643 CEA committee members (325 male and 318 female) were sensitized on the minimum actions and feedback management. CEA committees conducted their regular meeting as per their plan and actively supported the project program.

ERCS established Red Cross champion amateur sport clubs where returnees and host communities actively participated at woreda level. Total members were 40 (36 male and 4 female) returnees and host community were facilitating the sports clubs and awareness on different topics were raised including but not limited to WASH, Health, PGI, and CEA Awareness raising on protection enabled target communities to internalize the issue of migration and related vulnerabilities and discrimination. The total number of beneficiaries supported under this Appeal was 683(M 361 and F 322).

Enabling approaches



National Society Strengthening

Objective:

Societies have the capacities and resources required to deliver and sustain the humanitarian assistance to communities affected by disaster and crisis

	Indicator	Actual	Target
Key indicators:	<i># of branches prepared to respond to disasters</i>	8	8
	<i># of volunteers mobilized and protected</i>	373	750
	<i># trained BDRT</i>	8	-
	<i>Warehouse renovation</i>	2	-
	<i>Staff recruitment</i>	3	-
	<i>Staff and volunteers training (CBHFA, CVA, Finance, and PSS, Induction)</i>	91	-

A total of six (6) rapid response personnel were deployed for three (3) months to support the inception of the operation, and act as Federation Wide resources to the ERCS and other involved National Societies members. This comprised, a Head of Operations (HEOps), as well as CVA, Communications, IM, PMER, and WASH functions. The IFRC Africa Regional Office (AfRO) provided remote support to transfer roles and responsibilities from the surge team to the longer-term IFRC structure in the CCD, and Regional Office. The IFRC AfRO PGI senior officer provided support in action planning to mainstream PGI across other sectors of intervention. IFRC has supported core cost of ERCS staff involved in the operation, including Operations Coordinator, Finance officer; as well as the PGI officer, which was a newly created position in the National Society.

The German Red Cross supported ERCS to strengthen branch capacity in the Benishangul-Gumuz region through the training of eight (8) Branch Disaster Response Teams (BDRT); as well as the renovation of two (2) warehouses. The Swiss Red Cross has supported ERCS to establish a zonal office in Gamo Gofa, SNNPR. This included the recruitment of two (2) dedicated staff to this office, and to support the operation; as well as the training of 16 staff and volunteers on CBHFA, CVA, Finance, and PSS. In SNNPR, the Netherlands Red Cross provided training for 75 volunteers on their rights and responsibilities, to ensure volunteer safety and well-being.

Overall branch offices have managed to accomplish most of the activities as per the plan and beyond the planned targets. Stakeholders were properly engaged; strong referral pathway was created with concerned stakeholders for both livelihood and PSS interventions. Responsibilities were shared and mutual understanding was created

among the engaged stakeholders. Representatives of stakeholders were familiarized with appeal activities and roles and responsibilities were shared accordingly. The improved engagement of stakeholders helped returnees access dignified assistance with limited bureaucratic procedures. The assistance has also helped beneficiaries to access timely medical care and the in-kind assistance protected them from ailments.

A total of 373 volunteers deployed for this operation were trained and equipped with various provisions including PPE and comprehensive insurance.

The National Society developed a three-year NSD road map to strengthen its capacity in readiness to respond to disaster and the position of IFRC NSD advisor sustained to ensure a good transition.



Coordination and Partnerships

Objective: *Ensure that the response is coordinated with members under the Federation Wide approach; with the ICRC and external partners including respective governments, and other humanitarian stakeholders (UN and INGOs).*

	Indicator	Actual	Target
Key indicators:	<i># of Coordination meeting/forum attended</i>	12	12
	<i># Strengthening Movement Cooperation and Membership session conducted</i>	12	12
	<i># Strategic communication, advocacy, and humanitarian diplomacy conducted</i>	2	2

In Ethiopia, ERCS coordinates with the National Disaster Risk Management Commission (NDRMC) in the planning and implementation of emergency response actions; and is a member of the National Operations Centre. ERCS is also part of the Humanitarian Country Team (HCT) and is represented in clusters and participates in inter-agency working group meetings for various sectors (Cash, Food Security, Nutrition, ES/NFI, Protection.) as well as the NDRMC led National early warning task force and Cash Working Group. Movement Partner focal points are supporting ERCS with engagement in the cluster system. Currently, the National Society and its core participation with Movement Partners, including the IFRC are active in Shelter and NFI, WASH, Protection, and CWG clusters.


The Emergency Appeal, Operational Strategy, and implementation strategies were developed consultatively with all Federation stakeholders. This included the development of a revised Implementation Plan and accompanying data and indicator reporting tools. These replaced those that were developed at the onset of the operation, and after consultation with the National Societies were deemed to not have an ownership or applicable. The operation has been integrated into routine Federation Wide and Movement Coordination and Cooperation structures.


As part of Strengthening Movement Coordination and Cooperation (SMCC), the ERCS, IFRC, member National Societies, and ICRC were coordinated through structured mechanisms which included the Movement Platform at the strategic level, Movement Operations coordination, and Technical Committees, which provided mechanisms for Red Cross and Red Crescent planning, coordination, and information sharing. Further sessions on SMCC were planned to further integrate these structures in Ethiopia.

In October and December 2021, there were cross border dialogue meetings held with the leadership of ERCS, SRCS, and DJRC, along with IFRC, member National Societies, and ICRC, to review the progress made in the operation, and agree on strategies to be put in place given the evolving humanitarian situation in Ethiopia, Sudan, and Djibouti. These meetings informed the revision of the Emergency Appeal and accompanying Operational Strategy document, as well as a renewed focus on strategic communication, advocacy, and humanitarian diplomacy.

Key messages and the development of communication packages were done progressively to reflect the dynamics of the operations. There were also increased engagement with partners and donors, which realized additional contributions to the Emergency Appeal. IFRC also engaged a partnership and resource development consultant to support the development of resource mobilization plans and strategies.

DJIBOUTI

 Health & Care		Female: 6,789	Male: 5,783
Objective:	<i>Communities affected by disaster and crisis have the immediate risks to their health reduced through the delivery of integrated health services</i>		
Key indicators:	Indicator	Actual	Target
	# of people reached with BFA	260	N/A
	# of households reached with PFA	260	N/A
	# of people reached with RCCE	12,572	10,000
A total of 260 individuals received basic first aid (BFA) and psychological first aid (PFA) on a need basis.			
A total of 12,572 people received risk communication and community engagement messaging intended to prevent and control disease outbreaks in the Hol Hol camp and surrounding host communities.			
During the reporting period, other activities in the Health and Care were not implemented due to the low level of funding received for the Emergency Appeal.			

 Water, Sanitation, and Hygiene		Female: 5,925	Male: 5,047
Objective:	<i>Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services</i>		
Key indicators:	Indicator	Actual	Target
	# of people reached with hygiene promotion messaging	10,972	10,000
	# of volunteers trained in WASH	12	25

A total of 10,972 people were reached with hygiene promotion messaging in the Hol Hol camp and surrounding host communities. This was supported by 12 volunteers trained in WASH, who cascaded the messaging to refugees and host communities. Other activities under the WASH sector were not implemented due to the low level of funding received for the Emergency Appeal.



Djibouti Red Crescent Society volunteers conducting RCCE activities to reduce the risk of disease outbreaks in the Hol Hol camp

	Protection, Gender, and Inclusion	Female: 6,789	Male: 5,783
Objective:	<i>Communities affected by disaster and crisis become more peaceful, safe, and inclusive through the provision of services that meet the needs and rights of the most vulnerable</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people reached through PGI services</i>	12,572	10,000
	<i># of volunteers trained on PGI minimum standards</i>	12	N/A
<p>A total of 12 volunteers received training on IFRC PGI Minimum Standards in Emergencies. The volunteers mainstreamed PGI considerations into the Health and Care and WASH activities, which reached in total of 12,575 people.</p>			

Enabling approaches

	National Society Strengthening		
Objective:	<i>Ensure that the National Societies have the capacities and resources required to deliver and sustain humanitarian assistance to communities affected by disaster and crisis</i>		
Key indicators:	Indicator	Actual	Target
	<i># of volunteers mobilized and protected</i>	12	TBD

12 volunteers were mobilized to support the activities conducted in the Hol Hol camp and surrounding host communities. They received training on CEA, PGI, and WASH to strengthen their response capacity; as well as been issued with personal protective, visibility items (bibs, caps, etc.), and received IFRC secretariat global insurance. They also received orientation on their rights and entitlements as volunteers.



Coordination and Partnerships

Objective: *Ensure that the response is coordinated with members under the Federation Wide approach; with the ICRC and external partners including respective governments, and other humanitarian stakeholders (UN and INGOs).*

Key indicators:	Indicator	Actual	Target
	# of Coordination meeting/forum attended	NA	NA

The IFRC Addis Ababa CCD supported the National Society with the implementation of operations and strengthening of governance. There were no other active Red Cross and Red Crescent partners operating in Djibouti.



Community Engagement and Accountability

Female: **7**

Male: **5**

Objective: *Adopt standardized approaches for community engagement and accountability – including the collection of community feedback to understand their perspectives, as well as promote their participation in decision making, and implementation of the response*

Key indicators:	Indicator	Actual	Target
	# Staff and volunteers trained on CEA	12	TBD
	% Community members who feel support provided by the programme currently covers their most important needs	0%	60%

A total of 12 volunteers received training on CEA. The volunteers mainstreamed CEA considerations into the Health and Care and WASH activities.

SUDAN



Livelihoods

Female: **8,633**

Male: **15,347**


Objective: *Communities affected by disaster and crisis are provided with assistance to address their basic needs and improve their food security situation*

Key indicators:	Indicator	Actual	Target
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Key indicators:	# of people reached with food items (in-kind)	23,980	32,500
	# of HHs received a multipurpose cash grant	0	7,500
	# of people reached with livelihood recovery support	0	37,500
	# of volunteers trained in cash and livelihood activities on cash and voucher assistance programming	0	100

A total of 4,796 households (23,980 people) were assisted with in-kind food support with contribution from partners including Kuwait Red Crescent, Qatar Red Crescent, and Turkish Red Cross.

The operation planned the provision of multipurpose cash grants and early recovery livelihoods assistance. However, due to the low level of funding received against the Emergency Appeal, this was not initiated.

 Health & Care	Female: 13,933	Male: 12,861
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Objective: *Communities affected by disaster and crisis have the immediate risks to their health reduced through the delivery of integrated health services*

	Indicator	Actual	Target
Key indicators:	# of households reached with PFA	24,615	46,412
	# of people reached by emergency healthcare services	26,794	75,000
	# of people reached with community-based epidemic control and health promotion	15,280	100,000
	# Volunteers trained in health-related topics	187	225

The SRCS clinic in Tunaydba camp continued to provide various primary health care services that included consultations, laboratory testing, drug dispensing, dressing, ante-natal and delivery, and health education and promotion within the settlements. By the end of the operation period, a total of 24,615 new arrivals were provided with PFA. Additionally, 12 football teams were established as one of the psychosocial support activities reaching 3,132 youth and adolescents.




Tunaydba temporary PHC clinic Dec 2021

There were 26,794 consultations done of which 44% were refugee and 56% host community. Primary health care services were available to all refugees and host communities through the Tunaydba health clinic. In 2022, at least 849 antenatal visits were recorded of which 70% were from host community and 30% refugee with

30% being second visit. The Tunaydba health clinic was upgraded, to a permanent structure and a store was rehabilitated to be used by SRCS as a warehouse.

A total of **15,280 people** were reached with community-based epidemic control and health promotion. This included messaging on personal hygiene nutrition, open defecation, and COVID-19 prevention strategies. Of these, **500 homes visits** were conducted, and 5,578 pieces of bathing and laundry soap distributed. A total 2,400 hygiene kits including 2,448 pieces of soap, 10,000 face masks, and 3,000 leaflets with health 24messages in the Tigrayan language were distributed.

Qatar Red Crescent provided in-kind support, including mosquito nets. A total of **55 volunteers**, comprising refugees and people from the host communities were trained in health promotion, while **187 volunteers** were trained on mental health and PSS.

 Water, Sanitation, and Hygiene		Female: 21,471	Male: 19,819
Objective:	<i>Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services</i>		
Key indicators:	Indicator	Actual	Target
	<i># Target population that has adequate access to safe water.</i>	23,617	100,000
	<i># Target population have access to adequate sanitation</i>	41,290	100,000
	<i># of people reached with hygiene promotion messaging</i>	41,290	100,000
	<i># latrine cubicles/stances constructed or rehabilitated</i>	615	TBD
	<i># of households reached with WASH items</i>	40,270	50,000
	<i># of volunteers trained on WASH</i>	100	750

There was need to support both refugees and host communities with improvements of water facilities to address the WASH needs. SRCS conducted health and hygiene promotion activities in all camp locations with support from NLRC as below:

- Constructed 225 communal latrine blocks and 140 individual latrines.
- Constructed 115 emergency bathing units.
- Constructed 325 hand washing stations.
- Installed 75 high tower solar lights around hygiene facilities for protection.
- Distributed of 3,900 jerry cans and 832 hygiene kits in Tunaydba and Um Rakuba.
- Volunteers were deployed to conduct COVID-19 screening in transit centres and at SRCS health units.

SRCS provided people in camps and host communities with improved access to safe drinking water, sanitation, and hygiene. This was achieved through the provision of household water treatment and storage kits (buckets, jerrycans with lids); as well as water trucking whenever needed. Several community-level constructions of latrines through provision of toilet slabs and training of local sanitation artisans and volunteers who further trained the local communities in the construction of locally and culturally appropriate latrines was prioritized. Hygiene promotion, awareness sessions, as well as hygiene related supplies (hand sanitizer and soap), were provided and handwashing stations installed.

Despite measures taken to protect the water treatment unit, strong wind and heavy rain caused some sections to collapse affecting water supply to the host community.



Protection, Gender, and Inclusion

Female: **4,298**

Male:

Objective:

Communities affected by disaster and crisis become more peaceful, safe, and inclusive through the provision of services that meet the needs and rights of the most vulnerable

Key indicators:

Indicator	Actual	Target
# of sectors to mainstream PGI minimum standards	5	5
# of volunteers trained on PGI minimum	115	60
# of people reached with Dignity Kits	2,706	2,500
# of people referred to basic needs and specialized service	4,298	N/A

While providing WASH services and facilities, the project design considered girls' and women's dignity, security, and safety. Sector partners also ensured that the communal and institutional latrines were gender-segregated, safe with latches on the doors, and easy to access secured places. Through the operation, disabled people-friendly WASH facilities were constructed to suit this vulnerable population.

Key staff and selected volunteers participated in short course on Age, Gender, and Disability by RedR to build on efforts made to enhance inclusivity. The aim of the training was to contribute towards awareness and recognition of cultural prejudices and attitudes that persons with disability, older people, and different genders experience. The training was grounded by the fact that gender issues were perceived to be related only to women and girls rather than social differences between females and males. Staff acquired skills and knowledge on how to deal with diversity especially around aspects of mainstreaming acceptance and respect, for instance, persons of different ethnicity.

However, in the true sense of gender and inclusion, there were and still remain many obstacles and challenges. For instance, women's participation in local governance such as water committees remained a mirage due to strict gender roles division grounded in customary laws though statutory laws may allow. It was observed that even when women were involved, their voice and representation was not equal or matched to that of men.

5 PGI trainings (3 Tunaydba) (2 Um Rakuba), 1PGI, PSEA, SGBV, PSS, Safeguarding Essential were done both in Um-Rakuba and Tunaydba.



Community Engagement and Accountability

Objective:

Adopt standardized approaches for community engagement and accountability – including the collection of community feedback to understand their perspectives, as well as promote their participation in decision-making, and implementation of the response

Indicator	Actual	Target
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Key indicators:	# of complaints received through the feedback mechanism	0	N/A
	# of staff and volunteers trained on CEA	85	All

The NLRC project incorporated Community engagement and accountability (CEA) from the inception. During the development of behaviour change and communication plan, household visits, group discussions, and face to face interactions were identified as preferred communication channels. This was followed by the development of a feedback and communication system by installing communication boxes places strategically in the camps with locks for anonymous communication receipt and follow up for solution while protected the identities of the information sources. As part of the projects' accountability to affected people (AAP), the staff upheld the five minimum commitments, such as consulting or engaging the affected population in assessments, designs, implementation, monitoring, and inclusion of women and girls. Deliberate efforts were made to strengthen feedback mechanisms and post-distribution surveys.

Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication) were considered and adopted. The general approach to methods of communications were based on general public participation in regard to handwashing, Hepatitis E awareness and cleaning campaigns. Cleaning of jerricans and MHM activities were majorly for girls and women.

2 CEA TOT training for 30 participants were done in Tunaydba and Um Rakuba.

Risk Analysis

The table below shows risks that were encountered, and mitigation measures taken.

Risks	Country	Likelihood	Impact	Mitigation Measures
Escalation of the conflict	Sudan	Low	Attempts to return back to Ethiopia	<ul style="list-style-type: none"> • RCRC supported returnees'
Protracted refugee camps	Sudan	High	Increase in humanitarian needs	<ul style="list-style-type: none"> • Potential support voluntary return home. • Established communication with local Red Cross in Ethiopia. • Worked with UN and other NGOs.
Governance and management structure of NS	Djibouti	Low	Slowed implementation of operations	<ul style="list-style-type: none"> • IFRC supporting DJRC with National Society Development activity related to governance support

D. FINANCIAL REPORT

This emergency appeal, with a funding ask of CHF 9 million had a total funding coverage of CHF 1,312,453 (14%).

In Ethiopia and Sudan, variations between the approved operating budget and the actual expenditures come from adjustments made during implementation to respond to evolving operational needs and contextual priorities. As activities progressed, specific sectors required additional investment to ensure continuity and program quality, while efficiencies were achieved in others through optimised resource allocation. These reallocations were made within

the overall approved funding available and were guided by ongoing monitoring to ensure that the programme remained on track to deliver its intended results.

In Sudan, given the extraordinary circumstances created by the conflict that broke out in April 2023, the operation faced severe disruptions that resulted in the loss of key documentation and significant constraints on the implementation of this appeal. This loss of documentation resulted in unavoidable gaps in the financial records for the latter part of the operation. Following a review of the situation and consultations with IFRC management, the remaining balance of CHF 39,825 was formally reconciled in order to proceed with the closure of the Emergency Appeal. This approach ensured a responsible and accountable conclusion of the financial process while also ensuring the EA could be closed in a transparent manner. More detailed information on the financials of the EA can be found in the attached financial report.

Contact information.

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

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Reference documents



Click [here](#) for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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 (NGOs) 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.

Operational Strategy

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/11-2025/12	Operation	MDRTIGRAY
Budget Timeframe	2020/11-2025/12	Budget	APPROVED

Prepared on 29 Apr 2026

All figures are in Swiss Francs (CHF)

MDRTIGRAY - Tigray Crisis - Population Movement

Operating Timeframe: 18 Nov 2020 to 31 Dec 2022; appeal launch date: 24 Jan 2021

I. Emergency Appeal Funding Requirements

Total Funding Requirements	9,396,000
Donor Response* as per 29 Apr 2026	1,312,453
Appeal Coverage	13.97%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	533,326	136,509	396,818
PO02 - Livelihoods	20,227	2,666	17,561
PO03 - Multi-purpose Cash	7,564	346,998	-339,434
PO04 - Health	18,787	228,691	-209,904
PO05 - Water, Sanitation & Hygiene	32,399	171,457	-139,058
PO06 - Protection, Gender and Inclusion	247,353	0	247,353
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	988,207	729,803	258,403
PO10 - Community Engagement and Accountability	0	-41	41
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	1,847,862	1,616,083	231,779
EA01 - Coordination and Partnerships	254,678	87,594	167,084
EA02 - Secretariat Services	59,993	434,275	-374,282
EA03 - National Society Strengthening	19,062	139,556	-120,493
Enabling Approaches Total	333,733	661,424	-327,691
Grand Total	2,181,595	2,277,507	-95,912

III. Operating Movement & Closing Balance per 2025/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,280,932
Expenditure	-2,277,507
Closing Balance	3,425
Deferred Income	0
Funds Available	3,425

IV. DREF Loan

* not included in Donor Response	Loan :	1,306,154	Reimbursed :	357,391	Outstanding :	948,763
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Operational Strategy

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/11-2025/12	Operation	MDRTIGRAY
Budget Timeframe	2020/11-2025/12	Budget	APPROVED

Prepared on 29 Apr 2026

All figures are in Swiss Francs (CHF)

MDRTIGRAY - Tigray Crisis - Population Movement

Operating Timeframe: 18 Nov 2020 to 31 Dec 2022; appeal launch date: 24 Jan 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	194,157				194,157		
British Red Cross	304,621				304,621		
DREF Response Pillar				948,763	948,763		
Japanese Red Cross Society	42,880				42,880		
Lithuania Government	104,094				104,094		
On Line donations	3,661				3,661		
Other	281				281		
Red Cross of Monaco	43,871				43,871		
Swedish Red Cross	207,360				207,360		
The Canadian Red Cross Society	97,481				97,481		
The Netherlands Red Cross			38,090		38,090		
The Netherlands Red Cross (from Netherlands Govern	275,671				275,671		
Turkish Red Crescent Society	20,000				20,000		
Total Contributions and Other Income	1,294,079	0	38,090	948,763	2,280,932	0	
Total Income and Deferred Income					2,280,932	0	