



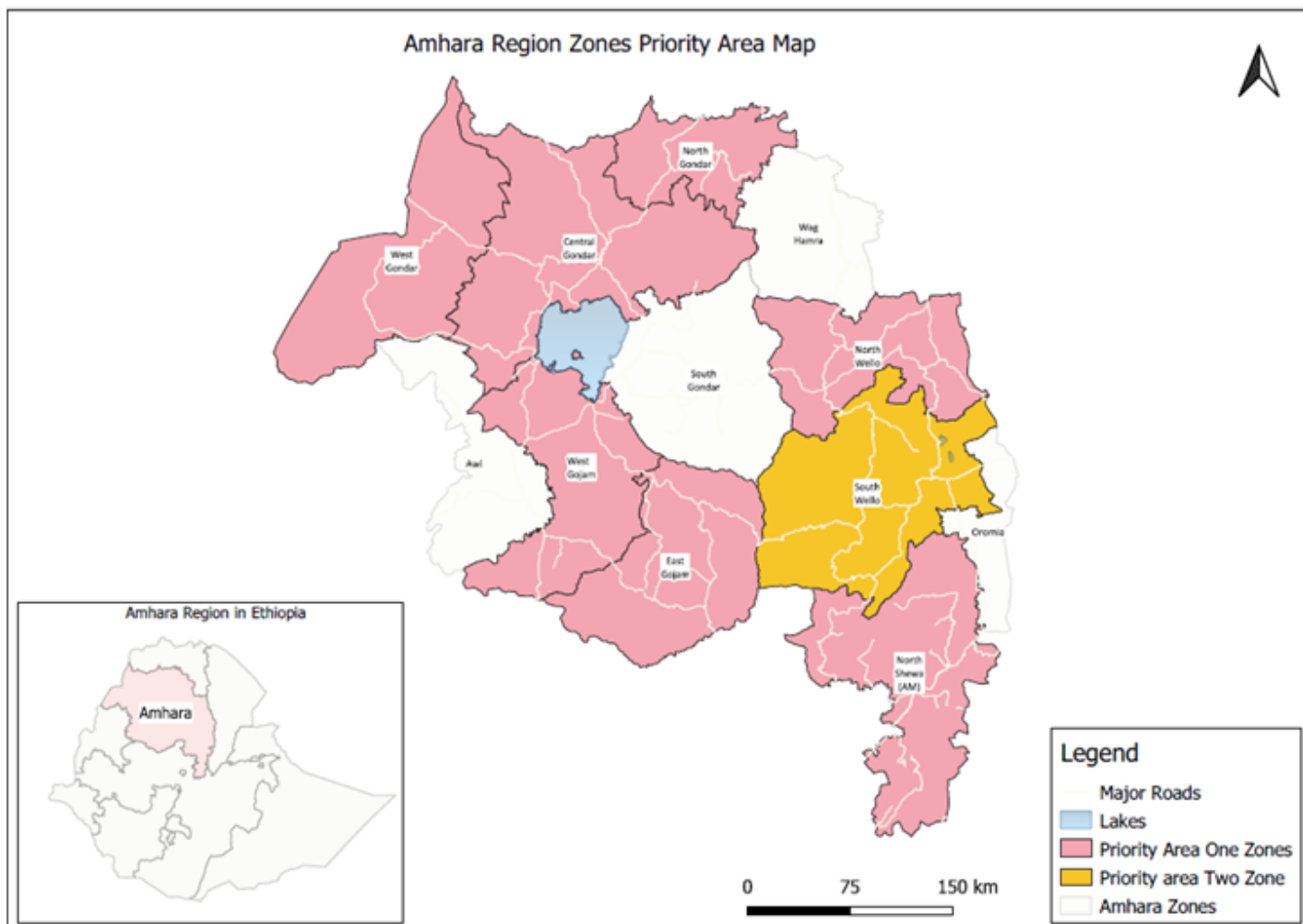
ERCS volunteers in action

Appeal: MDRET031	Country: Ethiopia	Hazard: Civil Unrest	Type of DREF Imminent
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 185,862	
Glide Number:	People at risk: 4,575,398 people	People Targeted: 45,754 people	
Operation Start Date: 2023-09-05	Operation Timeframe: 3 months	Operation End Date: 2023-12-31	DREF Published: 2023-09-11
Targeted Areas:	Amhara		

Description of the Event

Approximate date of impact

A 6-month emergency state was declared on 4th August. Based on failure of peace negotiation and ceasefire since, and in light of the clashes' trends, by half time past that 6 months (end of October) it will be an adequate period for ERCS to re-evaluate the situation, scenario planning and actions. In the worst-case scenario, this could go up to the end of the 6 months.



Amhara map showing hot spots as identified in the ERCS CP by ERCS EOC

What is expected to happen?

Amhara region has been involved in several crisis and related humanitarian consequences for years but before 2021, it was still one of the less volatile regions in the Northern Ethiopia. Recent conflict between the Federal Army and Amhara Militia is believed to be provoked since April 2023 following the killing of one senior government official and the government's actions towards the implementation of peace agreement reached in November 2022, in Pretoria where government announced controversial plans to integrate regional special forces into other security institutions.

As of 29 August, at least 183 people were reported as killed in clashes since July, according to information gathered by the UN Human Rights Office. <https://www.ohchr.org/en/press-briefing-notes/2023/08/ethiopia-deteriorating-human-rights-situation>. Armed clashes are in an increasing curve with continuous reports of pockets fighting between

parties has been increasing in many areas, especially since beginning of August 2023 when the towns were infiltrated by militias, particularly in Gonder, North Wollo, East and West Gojam, Bahir Dar, Gondar, Shewa and Robit, competing each other to control the major towns.

On 4 August, there was a declaration of a state of emergency and curfew of six-month which is under the military control as the situation worsened considerably and clashes kept on increasing. Up to 30 clashes in first week of August were reported by ACLED.

Since the start of the conflicts, there has been several call and efforts from international communities and actors for the peace negotiation as the ceasefire has not yet been concluded. However, efforts are still ongoing, and actors continue to engage at different level to have this happen. For instance, in some towns there is minor improvement of major services within the towns, and efforts of pushing for negotiations. There is evidence of pressure from opposition parties and human right actors for the government to facilitate a peaceful dialogue with the Amhara Militias (FANOs), as reported by Ethio 360 media.

Information and updates from the region has been restricted for all actors including media, transport, access, socio-economical services, making the situation complex and difficult to monitor. ERCS heavily relied on information from branches' network of staffs (monitoring team), volunteers and institutions who have trust with the organization. ERCS is present and responding since the past similar events and has kept on supporting the injuries. ERCS has also maintained a monitoring and minimum humanitarian support in the affected branches where access is possible and following the minimum-security measures.



ERCS Mobilizing Food Aid in Amhara region.



ERCS collecting medical supplies donated to Amhara branches by ICRC

Why your National Society is acting now and what criteria is used to launch this operation.

ERCS is appealing to the IFRC-DREF for support in the preparedness for possible responses scenarios to the humanitarian consequences of the ongoing crisis. As part of the ERCS contingency plan, coordination with ICRC has been done, of which partners have been called for support. The ERCS in light with the ongoing situation has set the following indicators to monitor the current situation and trigger the switch from readiness and monitoring to response and others possible actions.

-□ Access is facilitated for humanitarian actors through all the advocacy efforts and/or a peace dialogue, and ceasefire is set-in best-case scenario by October or in the 6 month of emergency state.

Since the declaration of the emergency state on 4th August, effort to organize a peace dialogue has not been successful. If not resolved under the peace dialogue, this conflict situation will result into unmanageable dare needs of humanitarian assistance. While other actors have suspended services, humanitarian access is limited, and compounding disasters are also escalating in the region. A peace dialogue has not been convened yet to serve as a trigger for this operation, but ERCS anticipated that given the effort of different actors, this can happen by end of October in the best-case scenario up to the end of 6 months once the emergency state is declared in the worst-case



scenario.

- Increased clashes and humanitarian consequences with more than 30 forecasted clashes in the coming months. These has led to increased number of injuries; displacements reported in Amhara and other regions including Afar, Oromia, Benishangul etc.

Through the existing presence and trust of branches in identified hotspots, the ERCS will monitor the above indicators to identify the actions to be put in place in each scenario:

- In the best scenario, if the peace dialogue is held by October and successfully concluded, it will limit the violence events and allow access to ERCS and others Humanitarian actors to continue with the assistance in the existing 31 IDPs camps and the socio-economic situation will be re-set.

- In the most likely scenario under which the current situation mainly falls: the peace dialogue has not been set-up in coming weeks, and violence continues to be reported with several humanitarian impact. Needs for first aid, medical services demand keeps increasing. Access remains the main indicator for deployment of the assistance. Assistance continues to be challenging for other actors while ERCS through the branches is present, although through sporadic access. ERCS through the branches can have access to some cities to provide assistance and there is need to scale-up the assistance depending on the access. Displacements have started to happen.

- In the worst scenario, under which the current situation falls, the peace dialogue is either not set or unsuccessful, access and assistance significantly disrupted or blocked for external actors and remains challenging for ERCS branches, hence worsening of the security situation with huge expansion of army fighting. This has led to major scale of humanitarian impacts mentioned in previous scenarios.

Scope and Scale

Since April 2023, the situation in Amhara with the recent conflicts has continued to deteriorate. The clashes are increasing and from UN reports, more than hundred people have already been killed and more people injured. However, the situation is difficult to establish with the limited access and communication. ERCS zonal branches reported that communication particularly the internet was closed, flights were cancelled at the initial stage of the conflict, humanitarian aid and movement of people were restricted and health facilities have a critical shortage of medicines and medical equipment to treat wounded people.

Geographical hotspots on current situation and foresee geographical evolution:

The clashes are expanding to almost all the West, Central, East and North part of the regions. The contingency plan developed in coordination with other partners on the ongoing conflicts identified the following hotspot areas:

- West Gojam (Bahir Dar and its environs),
- Central, west and the North Gondar (Gondar town and its environs),
- North Wollo (Woldiya and its environs),
- North Shewa (Debrebirehan, Shewa Robit, and Amhara sint),
- East Gojam (Debremarkos, Mota and its environs) as first priority areas

There are also reported incidents in South Wollo but based on available information on the scale of reported clashes, incidence and losses, this region is for now on the second priority, following the extent of the ongoing clashes (ref Map from ERCS EOC). Other towns and incidence are likely to be witnessed in light of the current violence trend and existing risk and vulnerabilities that could involve in the worst-case scenario displacements and other humanitarian consequences in Amhara and other regions. Especially Tigray, Afar, Oromia, and Benishangul, these regions also are being monitored in coordination with branches team active there.

Humanitarian access:

The humanitarian services started by ERCS to the displaced communities in Amhara following the Sudan crisis and the Tigray-Amhara migration crisis is also disrupted by the ongoing situation. Other humanitarian actors are facing the same challenges. Existing needs and vulnerabilities being affected, are especially for immediate first aid and basic needs. ERCS branches reported that medicines, medical equipment, food, and evacuation of people went to different towns of the region, and some non-food items including sanitary materials are highly required in hospitals and health centers.

All humanitarian actors were evacuated from the region and most of the services were suspended causing more dare situation to the IDP, injured and the most vulnerable groups who are not able to access services. Given a trend of the conflict, ERCS through its mandate and the existence in more than 70% coverage countrywide, must position in a way it can be able to respond effectively once the situation persists.



Migration crisis and foresee deterioration:

Amhara region is the 2nd largest and populated region in the country with more than 20M people. The region was the most stable region during the Tigray crisis (2020/2022) and hence it was relatively safer area for IDPs in the past three years. Due to the internal conflicts across different parts of the country including Oromia, Southern Nations & Nationalities, Benishangul Gumuz, Somali, and Tigray Region, hundreds of thousands of people were forced to come to the Amhara region. According to ERCS Amhara zonal branches' initial assessment conducted from 3 to 9 January 2023, there were about 814,236 total IDPs. Out of these, 485,945 were living in host communities, while the rest were living in 31 IDP camps mainly in west Gojam, North Shewa, Debark, Dabat, Raya Kobo, and China camp in south Wollo. All these regions are now priority hotspots with ongoing clashes.

Following the Sudan crisis, currently the region is also hosting more than 35,035 refugee returnees, 24,789 Sudanese and 9,855 Non-Sudanese arriving through Metema entry point. <https://data.unhcr.org/en/situations/sudansituation>).

With the current conflict, the most vulnerable remain the displaced populations: IDPs and refugees hosted in the region that could be forced to further displacement in the region and beyond. More displacements are also foreseen from the local population in the coming weeks depending on how the situation evolves. Displacements are being forecasted in Amhara and to other regions including Afar, Oromia, Benishangul etc.

Vulnerabilities existing current and foresee scenario:

As a result of the past conflicts, latest conflicts and the compounded vulnerability, community and different government infrastructures and livelihoods have been affected. The influx has increased demand causing the inflation in the region.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	Yes
If yes, please specify which operations	MDRET024, MDRET028,MDRET030

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent

The Northern part of Ethiopia has been subjected to conflict and huge humanitarian consequences since years for which Amhara region was also affected. Indeed, the conflict that broke out between the Federal Army and TPLF in early November 2020 in the Tigray region widely spread first in bordering Amhara and Afar regions and later extended up to the north Shewa zone, Debre Sina town of the region, resulted to massive displacement from the conflict areas to the safer areas. Amhara being the neighboring region has been facing also an important humanitarian needs resulting from that situation.

Over the past years, ERCS provided support in the region through various operations now closed or assistance fully delivered with available resources was delivered. However, previous IFRC-DREF launched in the past 3 years aimed to support reaching the IDPs from Tigray in priority and recently the assistance also include priority of displaced population from Sudan crisis.

Amhara at that time being among the least volatile regions in the country for which ERCS has been providing assistance in coordination with others RCRC partners until recent conflict. The ongoing clashes is posing a new challenge to humanitarian assistance in place and require early actions to be taken to limit the effect of



the ongoing situation in the region that could also affect the migration crisis and humanitarian situation in neighboring regions where there is also response ongoing.

This conflict is different from the one that originated from the Tigray response and population movement operation. These are the main two ongoing operations, which supported population movement from the TPLF and federal government clashes, while this involves Amhara special forces. Thus, focus of this intervention is linked to predicted scenario and deterioration of the humanitarian situation in Amhara.

Lessons learned

NS preparedness for effective response is very important to meet immediate needs of the affected population on timely manner.

ERCS presence in branches have support humanitarian assistance for years in difficult contexts over the past years, making the National society presence stronger than most of the partners present in country.

Furthermore, ERCS is the trusted local organization capable of reaching to vulnerable communities even during crisis using its network of branches and volunteers allocated in 70% of locations in the country, with its core capacity to exist and performing response action on time. This is an added value to the access challenges and coordination system in place.

Current National Society Actions

<p>Health</p>	<p>Since the start of the conflict and especially the recent weeks of increased violence and injuries, ERCS where access was made possible has:</p> <ul style="list-style-type: none"> - Deployed its ambulances to provide emergence transport in areas where the access has improved, and volunteers deployed to provide BFA. - With the support from ICRC and WHO, ERCS has started dispatching medicines and medical equipment from Addis Ababa and zonal/regional ICRC branches to hospitals and health centers in North Shewa and Gondar. - Ambulance services and First aid: Some ERCS zonal branches started the provision of ambulances and first aid services to wounded people in east Gojam and Gondar in areas where access is granted. Branches have also distributed FA kits to its sub branches. The limited resources and access is currently restricted the support provided. For now, 4 (four) volunteer attendants engaged in ambulance service per day.
<p>Activation Of Contingency Plans</p>	<p>The National Society has developed a contingency plan to mobilize resources to strengthen its immediate response in collaboration with RCRC movement partners. The contingency plan was shared as well to non movement partners and activated on 15th August 2023. Resources mobilization for that plan is ongoing and multiple support was received but gaps remains to extend the first aid capacity at woredas level and pre-positioning of material.</p>
<p>Livelihoods And Basic Needs</p>	<p>Following the reduction of humanitarian support there is urgent need of food aid to IDP's, residing in the region The Society HQ supported the branch with various medications and food aid with a budget of more than 13 million ETB, on 18th August, 2023 contributed by ERCS HQ, ICRC and the regional branch.</p>
	<p>ERCS have been present on the region and active for years. Several operations to support the population displaced and livelihood need was deployed not related to the ongoing conflict. All the interventions ongoing in the region are</p>



<p>Other</p>	<p>disrupted by the ongoing situation. However, through these various actions, the NS was present in the branches since the beginning of the conflict and have kept close monitoring of the situation and initiated some responses mainly focused on immediate health services, coordination and contingency planning.</p>
<p>Coordination</p>	<p>Considering the prevailing complicated humanitarian situations in the Amhara region, the national board gave direction to establish an ad-hoc committee at HQ. The committee consists of two national board members, an ERCS secretary-general, a secretary-general adviser, a communication head, and an EPR manager to oversee the humanitarian situation and coordinate emergency response in the region. Two staff from MoH joined the ad-hoc committee to support the initiatives.</p> <p>The ad-hoc committee further established three sub-committee's communication, resource mobilization, and logistics and response responsible for coordinating the routine emergency operation at the HQ level. Each committee prepared an action plan according to the roles and responsibilities entitled and plan to actively engage in response operation as of 15 August 2023.</p> <p>NS maintained coordination with movement partners to follow up the situation with the branch, however the means of communication have been interrupted. NS used the ongoing programs in the region to support with coordination and emergency response operations. The Austria RC conducted the rapid assessment in Jara IDP camp in North Wollo to follow up the situation in the area.</p> <p>No coordination has been conducted for now in the region as there was movement restriction, and blockage of communication.</p>

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>Technical support in resource mobilization, searching funds for preparedness and emergency response and generally the staffs are exerting unreserved efforts in supporting the national society in resource mobilization.</p>
<p>Participating National Societies</p>	<p>The PNS In country are engaged, the contingency plan was shared to them and they use the ongoing program to support the ambulance services where access were resumed. The Austria RC conducted the rapid assessment in Jara IDP camp in North wollo to follow up the situation in the area.</p>

ICRC Actions Related To The Current Event

ICRC is active in the region supporting wounded with ambulance services in close collaboration with the NS where access is granted, and have donated medical supplies distributed to Bahir Dar, Lalibela, Gonder, Shewa Robit and Debra Markos hospitals for emergency treatment to overcome the problem of the drug shortage during the emergency response.



Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	ERCS is working closely with Government to ensure access to most vulnerable people, and coordination at national level for resource mobilization.
UN or other actors	ERCS and IFRC is participating in the humanitarian coordination platform chaired by OCHA where the humanitarian situation is an agenda, and HTC is planning to strengthen the coordination and Humanitarian response once the access is improved. No Action by UN Agencies at regional level and other actors in the region as movement has been restricted. All humanitarian actors evacuated their staff from the region.

Are there major coordination mechanisms in place?

At National level, there is close coordination at Addis level coordinated by OCHA following the humanitarian situation in Amhara and modality of improving access to the region. However the blockade of communication makes it complex. Currently Humanitarian actors have evacuated their staff from Amhara, and stopped the services as banks also are not operating.

At RCRC movement, the coordination's are integrated to the existing coordination structures with extra meeting held where need arise for this special case. The ERCS governing board has established a task force engaging NS senior management to coordinate the operation where sub committees also established to lead specific sectors including communication and resource mobilization.

ERCS HQ is coordinating with the branch through mobile calls which is the only communication means available.



Anticipated Needs

Water, Sanitation And Hygiene

The situation and movement trends may rise to displacement and WASH needs may be urgently needed. Currently, the region has reported several Cholera cases which may rise in case of fragile situation. ERCS plans to put in place water and sanitation items to address such needs that might arise to meet the needs of 500 HH. these include but not limited to :

- Prepositioning of water storage equipment's
- Prepositioning of water treatment chemicals (chlorine)
- Training of volunteers on Hygiene awareness
- Prepositioning of hygiene supplies (soap)

Community Engagement And Accountability

During emergency preparedness there is a need to put in place a complaint feedback mechanism to make sure that the communities are well aware of the services rendered, ERCS is planning to strengthen the existing community communication mechanisms for them to be able to access the services including raising awareness and simulation of the system. ERCS will work with the existing community emergence committees to identify community feedback mechanism potentially during the conflict, communicate the channel and raise awareness to community on the available system and organize a simulation event with community as part of preparedness.

- Training to staff and volunteers on CEA
- Strengthening and raising awareness on the Complaint and feedback mechanism.
- Simulate the feedback system with community.

Health

The National Society continues to provide emergency ambulance and first aid services to wounded casualty. There is apparent need to maintain and scale up this service, ensuring maintenance and running of the ambulance services. Mental health and psychosocial needs are also a concern for those affected by the armed clashes, including staff and volunteers in the response. Moreover, this plan anticipates the situation in Amhara can be worsened if there wont be any cessation of hostilities between the government and armed militias. this calls up the NS to be well prepared with urgent needs for emergency FA kits and medical supplies for the health facilities to cope with the demand since the region is cut off for all supplies since the start of the armed clashes. for this reason ERCS is proposed the following activities in advance:

- Support the 14 Ambulance services in hot spots areas.
- Refresher training to Volunteers on BFA, PFA, and MHPSS
- Replenish and prepositioning of FA kits and stretchers

This type of security situation usually increased the rate of unreported diseases and epidemic due to the challenges of accessing health services during conflict period, increased of vulnerabilities and lack of monitoring



of the diseases in the communities for an undetermined period. In the forecasted scenario, there is an increased risk of existing communicable diseases and diseases linked to the quality nutrition, water services as all are currently challenging for the communities. This include cholera, nutrition challenges for children and others most vulnerable groups etc.

The Amhara conflict is compounded with cholera outbreak, where since July 23, the region is responding with limited number of partners and resources to contain the outbreak. As of 27 July 2023, there was a total of 2,343 reported cases, 40 unverified deaths, and a case fatality rate of 1.7%, first reported on 23 July. The outbreak has affected 18 woredas across the region, in Awi Zone and Bahir Dar city, and Central, North and West Gondar Zones, with the epicentre at Quara Woreda in West Gondar reporting for 90 per cent of the cases, which are equally affected by conflict. Primary needs in affected areas are ambulances and tents for cholera treatment centers (12 already established), non-food items, as well as water, sanitation, and hygiene (WASH) interventions including waste disposals, latrines and showers, disinfectant solutions, and clean water for drinking. <https://reliefweb.int/report/ethiopia/ethiopia-situation-report-4-aug-2023#>.

in general, the cholera is arising and risk of water related disease present. The ongoing situation limit the effective evaluation of the WASH and health situation but existing reports on cholera increased and other disease trigger the need to be prepared to intervene with minimum sanitation material as well as WASH items by the moment access is granted in some areas.

Protection, Gender And Inclusion

In a complex emergency where different armed actors are involved is susceptible to human right abuses and protection violation. It is important to consider gender and diversity action during preparedness. Staff and volunteers engaged will oriented on minimum PGI requirements including DAPS, SGBV, PSEA and child protection and safeguarding. Mapping and identifying possible referral pathways, prepositioning of dignity kits is also essential during preparedness stage. The following activities will be carried out:

- Orientation to staff and volunteers on Minimum PGI standards and referral pathways.
- Prepositioning of Dignity Kits targeting 1,000 people

Shelter Housing And Settlements

In conflict situation there is lots of displacements. There is need for prepositioning the NFI items to support while the need arises. These include Tarpaulin, sleeping mats and blankets etc . the NS is proposing to preposition the partial NFI kits 500HH.

Operational Strategy



Overall objective of the operation

This DREF allocation aims at contributing to the NS contingency plan following the ongoing conflict in Amhara region with the objective of reducing the human sufferings arising from recent conflict and violence and ensure readiness of the NS to scale-up the immediate assistance following the evolution of the situation in the 7 priority hotspots identified in the contingency plan.

This DREF comes as part of a coordinated support to the ERCS contingency plan for which the NS is still seeking CHF750,000 to cover the different scenarios. The National Society has engaged country partners internal and external to the movement on that plan and some gaps on the readiness capacity, stocks and emergency first aid still need to be covered through the IFRC-DREF.

Operation strategy rationale

The operational strategy detailed below will focus on the best-case scenario of the contingency plan while monitoring the situation and the set indicators (peace negotiation; access granted expanded to more cities; escalation of reported conflicts and injuries). The contingency plan will be revised based on the evolving situation and development of the scenarios.

Current interventions will complement the wider Amhara contingency plan supported by ICRC and other partners, for now focusing on complementing the existing efforts deployed on the priority needs being emergency health services for which gaps remain despite the ICRC support and pre-positioning. Hence, IFRC-DREF will cover the gap of immediate first aid at community level mainly through first aid and ambulances mobilization as well as the immediate basic assistance to the first displaced population that will likely be recorded. The actual readiness and prepositioning will be activated when different indicators mentioned before are activated to allow safe intervention of the NS. Branches presence and engagement with government will help to monitor the situation and evaluate when NS can deploy the first aid and ambulance services. Following the sporadic situation, the prepared assistance under this plan could be deployed at different time depending on the evolution of the access and clashes in the different hotspots.

Health:

ERCS is planning to strengthen the ambulance services to cater for EMS urgently required now since the access is still complex in some areas, and community are facing challenges to meet medical services, especially for maternal cases, in areas where facilities have no enough supplies or are non-functional. Other challenges include cholera affected areas, conflict injured people, and health emergencies. A total of 14 ambulances will be supported by this DREF, 2 for each hotspot, to ensure availability of emergence transport for the period of 2 months while monitoring the situation. ERCS will also conduct refresher training to volunteers in the hotspot in basic FA and Psychological FA to staff and volunteers, 7 from each zone who will be leading others in supporting communities affected by crisis in their respective zones. The team will be equipped by FA kits and stretchers.

ERCS will strengthen its working relationship with MOH, WHO, Movement and Non-Movement partners including to mobilize medicines and medical equipment, to support the health facilities which are running shortage of medicine and medical supplies in the region amid cholera outbreak. They will also jointly mobilize safe blood, to support maternal cases, and wounded war casualties. The safe blood and planned WASH items will be directly given to 17 identified hospitals.

Existing stock pre-positioning:

In addition, food, and non-food items will be provided to new and old cases of internally displaced people settled in camps of Debre Birhan, Woldia, and Awi zone Chagni towns, and medicines and medical equipment in Debre Markos, Gondar, and Woldiya. In the current intervention, ERCS will preposition the existing stocks from Addis to the branches for humanitarian needs imperative of human lives and displacements.

- Shelter materials including tents - existing stocks being around 200 (3x4m) tents.
- Households materials at zonal level strategically, where ERCS will transport the (4x3m) tents from its stock at HQ to branch.

Items pre-positioning: Essential households' items:



- Some EHI, water storage kits, and water treatment chemicals to meet at least 2,500 people, targeting 500HHs. ERCS will also orient a team of volunteers on health and hygiene awareness to support communities especially in IDP sites and urban hotspot areas.
- The resources mobilization is also ongoing in country to ensure further pre-positioning, medicines and medical equipment, food and non food items.

Advocacy and coordinate for safe access in identified intervention areas:

On the current scenario, ERCS seeks to strengthen its response capacity in the 7 hotspots priority areas in Amhara region to support an estimated 10% of population in the targeted crisis area, by ensuring the effective emergence services is provided on time where the need arise, and safe access evaluated.

- ERCS will continue to advocate/lobby government and non-government actors at the Federal and regional levels to grant safe and secure access to the people in need of different humanitarian assistance. By the time of this planning, the access had partially improved in some areas where ERCS with its mandate as local partner was able to access and provide humanitarian services where other actors cannot reach.
- As part of preparedness, ERCS will preposition visibility materials for staff and volunteers including RC jackets and flags.

All staff and volunteers will be oriented on PGI minimum standards and CEA in order adhere to the RCRC requirements in service provision. ERCS will also work with the communities to identify best communication mechanism for complaint and feedback during emergencies and ensure required equipment are in place, and community are informed of the channels. One simulation event of the feedback mechanism will be carried out in each zone to make sure the system works and known to the community.

For all the scenario planning, ERCS has kept the branches in alert and will benefit from the trust build over the past interventions and a strong presence in the different woredas. For current and forecasted scenario on evolution and possible scale-up of the intervention, ERCS counts on the following existing capacity:

- Number of volunteers: 2,600 active volunteers can participate in Amhara crises operations, while 442 of them have been trained on first aid and engaged in first aid support actively in the regional state. Teams of attendants in the ambulance have also been deployed.
- Number of ambulance and medical service: 30 ambulances are active in-service provision and there is an existing medical logistic providing pharmacy service.
- Warehouse Capacity: ERCS Amhara regional state branches warehouse has capacity at regional level to store necessary emergency response materials and the zonal branches also have storage capacity even though they are small in size and in addition zonal branch also uses by renting from individuals as storage. There are no ERCS storage at wereda level.

Targeting Strategy

Who will be targeted through this operation?

This DREF will geographically target Amhara region mostly the identified Hotspots.

The highly affected people will be targeted especially women in labor, children, IDPs, people with chronic illness, elders, PWD, pregnant and lactating women, war casualties and households in urgent humanitarian needs.

Explain the selection criteria for the targeted population

The selection criteria for the targeted population will be based on inclusiveness that mostly focus on disproportionately affected population/ people in need and those people will be identified with consultation of local community and local leaders that have full information regarding the crisis situation. The health needs will be reported through community volunteers, ambulance request, or health facility needs. Needs may be massive but the CEA strategies which will be institutionalized with the community will be used to prioritized.



Total Targeted Population

Women:	22,419	Rural %	Urban %
Girls (under 18):	-	80.00 %	20.00 %
Men:	23,335	People with disabilities (estimated %)	
Boys (under 18):	-	17.00 %	
Total targeted population:	45,754		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
The existing situation In Amhara regional state is volatile and if Amhara armed force and government military could not reach on consensus, the gorilla fighters might continue struggling with government that may hinder operation in the areas.	Conducting security assessment with concerned body and as soon as the situation allows, continuing the operation.
Sustained lockdown and restriction of movement during implementation period. Along with curfew, the transportation service has started within the major towns, shops, phone calls and some airports opened up. However, internet network is unavailable, banks are not in operational. All humanitarian actors have evacuated their staff, HTC has not approved the humanitarian access in the region, pausing poor coordination, and deterioration of humanitarian services to the IDP and refugees hosted in the region within short period.	Where access is not granted, ERCS will adhere to the restrictions. ERCS will continue to conduct advocacy with both groups within the region to ensure safer access. ERCS will work with the rest of movement arms to advocate for respect for international humanitarian law and human right as well as access for humanitarian interventions for populations affected. The means of communication are diverse, and NS is thankfully operational and has necessary capacity to closely monitor and act in a limited monitoring possibilities from HQ or from out of the country, relying on branches presences. Monitoring and update are consolidated and provided by calls and when feasible. Furthermore, Secretariat is supporting to mitigate any disruption of communication and financial management.
Risk of abduction of staff or volunteers or vehicles	Conduct security assessment for every mission and always seek for security approval before travel. Always use emblems during services, adherence to humanitarian access guide.
Risk of Epidemic (Malaria and Cholera) escalation during conflict	Work with MOH to ensure preparedness and strengthen community-based prevention mechanism.
Access challenges	- Existing mechanism for volunteers safety will be applied in alignment with the MSR. - In addition to the above minimum requirements that are followed by the branches, the NS has established a communication network with the local authorities/offi-



cial in place to be informed on access restrictions and received regular updates that serve for team orientation and deployments on a daily basis.

- Existing communication platforms are checked and volunteers are informed on safe movement and areas where there is a greenlight.

- Some cities access has improved and ERCS will take that opportunity to act, especially for the immediate first aid supported by IFRC-DREF, and medical services supported by other partners.

Risk of theft of humanitarian relief items.

Strengthen security of the operation office/centers, where possible insure the relief items.

Please indicate any security and safety concerns for this operation

The recent developments follow increased tensions in Amhara after the federal authorities in April attempted to restructure all regional armed forces into a unified federal force to strengthen the country's military capabilities. Nevertheless, the move was rejected by some soldiers from the Amhara regional security forces, prompting fighting with the ENDF. Fano also rejected the move, deeming it a threat to Amhara interests, and also became involved in clashes against the ENDF.

Since 31 July, fighting has occurred in several urban centres, including Bahir Dar, Debre Birhan, Bichena, Debre Tabor, Debre Werk, Gondar, Kobo, Lalibela and Shewa Robit. It is currently concentrated in small towns and rural areas near military depots and Fano bases, as well as police stations and government offices. On 26 August, Fano reportedly retook control of Debre Tabor town amid intense clashes with the ENDF. Separately, on 25 August, the Amhara regional state president Yilkal Kefale resigned from his position and was replaced by Arega Kebede. Several other regional state government positions were reshuffled.

Direct clashes have subsided in main urban centres in recent weeks, including in Bahir Dar, Gondar and Lalibela, following Fano's withdrawal. However, sporadic hostilities on the outskirts of these areas continue. The extent of damage and casualties associated with the conflict remains unclear. Reportedly, ethnic-Amhara civilians suspected of supporting, sympathising with or having links to Fano are being detained in the capital Addis Ababa and other major urban centres.

While operations at Bahir Dar (BJR), Gondar (GDQ) and Lalibela (LLI) airports are ongoing, the resumption of heavy fighting in their vicinity may result in the suspension of flights with little or no warning. Local reports have indicated that widespread disruption, particularly to internet provisions and electricity, persists across Amhara. Main roads continue to be intermittently blocked by government troops or Fano members. There are also unconfirmed reports of periodic closures of the Metema-Gallabat border crossing with Sudan.

Sporadic clashes between the ENDF and Fano will persist in Amhara over the coming weeks. Despite the ENDF's significantly stronger military capabilities, a decisive military victory will be difficult to achieve. Fano can call on significant support within Amhara and continues to employ guerrilla tactics. Therefore, regular exchanges or gains and losses by both sides will continue. Nonetheless, the militia may surrender or retreat to regroup if it faces considerable military setbacks.

Fighting will remain concentrated in small towns and rural areas near Fano bases and ENDF depots, as well as other government and security force interests. However, given Fano's mobility and previous stated intent to retake control of main urban centres, locations affected by the hostilities will remain fluid. While Fano would struggle to retake control of main cities, this will nonetheless sustain the risk of fighting resuming in these areas.

To reduce the risk of RCRC personnel falling victim to conflict, crime, violence, health and road hazards active risk mitigation measures must be adopted. Security orientation and briefing for all teams prior to deployment be undertaken to help ensure safety and security of response teams. Standard security protocols about general norms, cultural sensitivity and an overall code of conduct be put in place. Minimum-security requirements will be



strictly maintained.

All National Society and IFRC personnel actively involved in the operations must successfully complete prior to deployment the respective IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security and Level 3 Security for Managers). IFRC security plans will apply to all IFRC staff throughout the operation.

Area specific Security Risk Assessment will be conducted for any operational area should any IFRC and NS personnel deploy there; risk mitigation measures will be identified and implemented. Personnel must have insurance cover.

Minimum security equipment/measures required:

- Functional Satellite phones, communication tools,
- Advanced First Aid Kits,
- PEP Kits,
- Hibernation stocks,
- medical evacuation plan,
- relocation plan,
- safe accommodation
- fully kitted vehicles.

Ensure an emergency communications plan is in place due to the likelihood of disruption to telecommunications.

- Charge all communication devices and, where feasible, keep extra batteries for backup.
- Be mindful of engaging in political discussions in public forums, both in person and online.

RC Personnel not to undertake long-distance overland travel and conduct journeys by air if possible. Any overland movement requires strong journey management procedures, strong local support networks, access to the latest threat intelligence, route status and a knowledgeable local driver with local language capability. Anticipate additional security force checkpoints and a heightened security force presence. Follow all official directives and carry relevant identification documents to ease passage through spot-checks and checkpoints.



Planned Intervention

	Shelter Housing And Settlements	Budget	CHF 25,704
		Targeted Persons	2500
Indicators	Target		
# of NFI kits prepositioned	500		
# trips transportation shelter NFI	5		
	Priority Actions:	<ul style="list-style-type: none"> • Prepositioning of immediate EHII kits targeting 500HHs including mainly blankets, Tarpaulin, sleeping mats as first priorities for forecasted displaced. • Transportation of shelter materials to branches including tents. 	

	Health	Budget	CHF 92,225
		Targeted Persons	4575
Indicators	Target		
# of ambulances in operation	14		
# of volunteers trained on BFA	50		
# of volunteers trained on MHPSS	50		
# of FA kits prepositioned	700		
# of stretchers prepositioned	100		
	Priority Actions:	<ul style="list-style-type: none"> • Support the 14 ambulance management cost, 2 per hotspot area., including fuel, maintenance and volunteer allowances for 3 months. • Refresher training to Volunteers on BFA. • Refresher training to volunteers on MHPSS. • Replenish and prepositioning of FA kits and stretchers. • Coordinate with branches and HQ for the activities planned. • Coordinate with partners ICRC and WHO. • Monitor medical alert in coordination with security and health facilities for the ambulance services planned. 	

		Budget	CHF 7,283
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	Water, Sanitation And Hygiene	Targeted Persons	2500
Indicators		Target	
# of storage equipment's set prepositioned		500	
# of water chemicals strips prepositioned		15000	
#volunteers trained on health and hygiene awareness		60	
# of soap bars prepositioned		1000	
	Priority Actions:	<ul style="list-style-type: none"> • Prepositioning of water storage equipment's (set of 14 lt bucket and 20 lt Jerrycan). • Prepositioning of water treatment chemicals (chlorine). • Training of volunteers on Hygiene awareness. • Prepositioning of hygiene supplies (2 soap bars per HH for 500 HHs). 	

	Protection, Gender And Inclusion	Budget	CHF 5,483
		Targeted Persons	500
Indicators	Target		
# of staff and volunteers oriented		60	
# of referral pathway identified		2	
# of dignity kits prepositioned		500	
	Priority Actions:	<ul style="list-style-type: none"> • Orientation to 60 staff and volunteers on Minimum PGI standards. • Identify available PGI related referral pathways. • Prepositioning of dignity kits targeting 1,000 people. 	

	Community Engagement And Accountability	Budget	CHF 7,900
		Targeted Persons	15000
Indicators	Target		
# of staff trained on CEA		60	
# of feedback mechanisms identified		2	



# of communities committees oriented on on CEA	7
# of CEA simulation event conducted	7
Priority Actions:	<ul style="list-style-type: none"> • Training to staff and volunteers on CEA. • Equipping branches with CEA tools. • Orientation to 7 communities committee on CEA and identify the feedback mechanism during emergency. • Simulate the feedback system with community in 7 hot spot areas.

	National Society Strengthening	Budget	CHF 29,789
		Targeted Persons	45754
Indicators		Target	
#monitoring sessions		3	
# of project staff supported		1	
# ERCS flags prepositioned		200	
Priority Actions:		<ul style="list-style-type: none"> • Operation monitoring branch/region & HQ. • Support Project Coordinator for 3 months. • Preposition of ERCS flags. • Coordination with RCRC movement and non-movement partners. • Monitoring security access and ensure information update. • Coordinate the security alerts with ambulance services when deployed. 	

	Secretariat Services	Budget	CHF 17,479
		Targeted Persons	
Indicators		Target	
# monitoring support conducted		2	
# and type of security equipment procured.		5	
Priority Actions:		<ul style="list-style-type: none"> • Monitoring visits for the operation. • Fleet support and vehicle lease. • Equip the cluster with security equipment. 	



About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

About 30 HQ and branch professional staffs, and 202 volunteers will be engaged during the preparation phase who will be leading other volunteers in case the need will increase within their respective zones. 50 for MHPSS, 50 for BF, 60 for hygiene promotion and 42 support ambulance services, 3 per ambulance.

If there is procurement, will it be done by National Society or IFRC?

Local procurement will be carried out for by ERCS logistic team which have vast expertise in the procurement, logistic and warehouse management. The storage capacity at HQ and branch level is adequate to preposition the items for immediate response, however ERCS will collaborate with other partners for support for storage at zonal level through its well-established base while all procurement will adhere to the sphere standards.

How will this operation be monitored?

Emphasis is made on encouraging continuous assessment of the situation, monitoring of the services requirement basing on the ongoing conflict and security situation. Feedback mechanism will be placed in community to ensure all emergence needs are reported through the right channel. the identified feedback mechanisms simulation will be monitored for its functionality.

Analysis of monitoring observations will help with timely decision-making on the review and activation of the response operation. Attention will be paid to data management (including cholera prevalence, security, SGBV and protection cases).

Continuous communication and coordination between HQ, branch and RCRC movement partners, along with issuance of necessary updates will be managed accordingly. In coordination with the ERCS EOC center and the security teams, the emergence updates will be shared periodically.

Please briefly explain the National Societies communication strategy for this operation.

Ethiopia Red Cross will regularly share information and updates on the operation via a range of communications channels and the Secretary General will be the primary spokesperson for communications to external stakeholders within Ethiopia. IFRC will support the Ethiopia Red Cross communications team to communicate with external audiences with a focus on the protracted humanitarian.

The communications director will generate visibility and support for the humanitarian needs and the Ethiopia Red Cross response. Close collaboration will be maintained between the IFRC cluster, regional and global communications unit, and the National Society to ensure a coherent and coordinated communications approach.



Budget Overview



DREF OPERATION

MDRET032 - Ethiopia Red Cross Society Amhara Civil Unrest

Operating Budget

Planned Operations	138,595
Shelter and Basic Household Items	25,704
Livelihoods	0
Multi-purpose Cash	0
Health	92,225
Water, Sanitation & Hygiene	7,283
Protection, Gender and Inclusion	5,483
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	7,900
Environmental Sustainability	0
Enabling Approaches	47,267
Coordination and Partnerships	0
Secretariat Services	17,479
National Society Strengthening	29,789
TOTAL BUDGET	185,862

all amounts in Swiss Francs (CHF)



Contact Information

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

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

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[Click here for the reference](#)

