



NFI Distribution for most vulnerable households

Appeal: <b>MDRET031</b>	Total DREF Allocation: <b>CHF 686,066</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Civil Unrest</b>
Glide Number: -	People Affected: <b>4,575,398 people</b>	People Targeted: <b>64,725 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>05-09-2023</b>	Operational End Date: <b>31-03-2024</b>	Total Operating Timeframe: <b>6 months</b>
Targeted Areas: <b>Amhara</b>			

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

# Description of the Event



# ETHIOPIA



EPO | Monthly Report  
1 - 24 May 2024

## Key Figures

### Political Violence Events

143

16% decrease compared to the same period last month

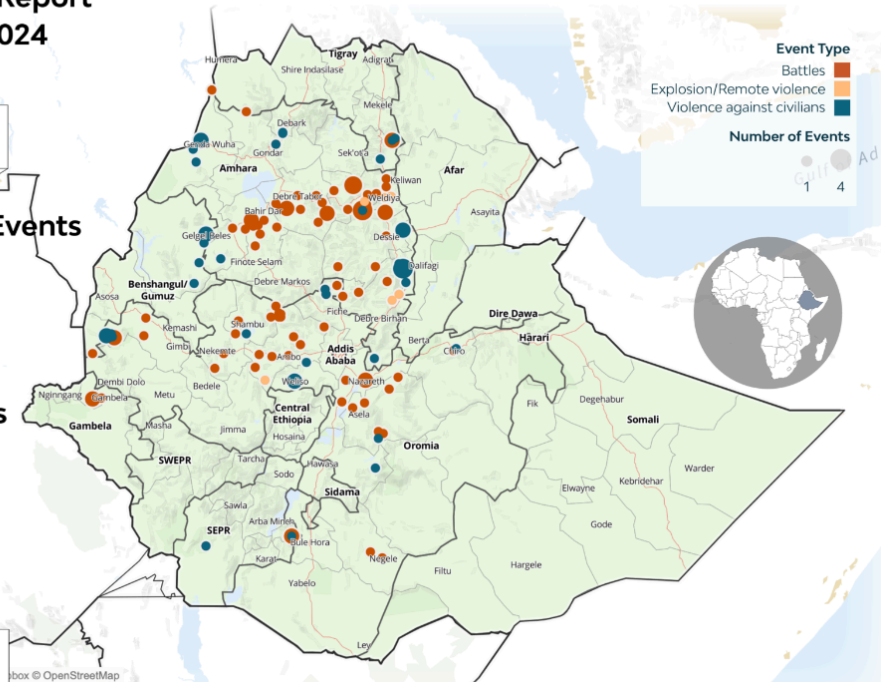
### Reported Fatalities

515

19% decrease compared to the same period last month

## Key Developments

1-31 May 2024



conflict situation update , May 2024. Photo credit ACLED

## Date when the trigger was met

30-10-2023

## What happened, where and when?

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 until recent conflict between the Federal Army and Amhara Militia. The conflict 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. A worrying security dynamic was since then established with continuous fighting between the federal forces and the local Fano militia. The situation gradually escalates to a very complex and volatile situation leading to several civilian deaths, injuries, displacements and complex humanitarian challenges and needs for thousands of people across the region. Continuous isolated fighting and kidnapping in different parts of the region have hindered humanitarian access to affected communities and displaced persons.

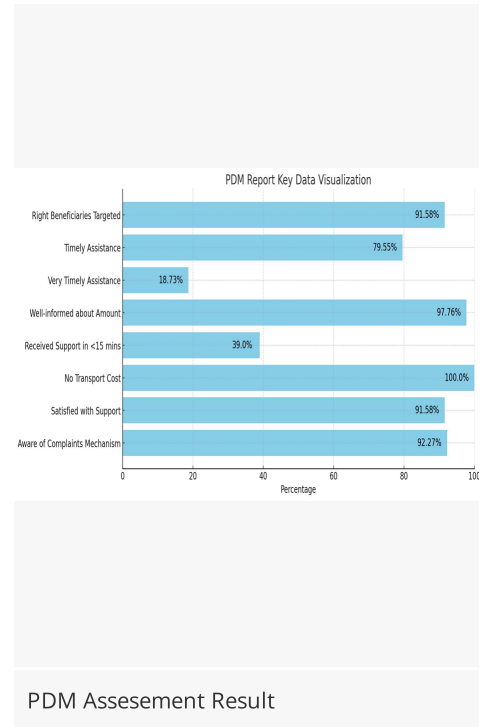
In the week of 7th to 13th October, 27 clashes and 43 fatalities were experienced with an increase of 30% from the previous week. <https://epo.acleddata.com/2023/11/01/epo-weekly-21-27-october-2023/>. The deterioration of the situation and the fights trends observed since July continue.

Already in first week of August, up to 30 clashes were reported by ACLED. On 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.

The state of emergency and imposed curfews declared on 4th August is maintained, aiming to restore security and stability in some areas.



Despite the continuous calls by partners for peace negotiation for ceasefire there hasn't been any evidence for possible acceptance from both forces until now. The situation has worsened with blockade of internet communication, phones, transport, and socio-economical services in some areas for the last 3 months making the situation complex and difficult to monitor. Due the ongoing conflict, the region is facing accessibility challenges including transport, market, food insecurity, malnutrition, disease outbreaks, and lack of basic services. Following the initial scenario planning by ERCS (detailed in the imminent DREF rationale), the best-case scenario was setting the peace dialogue to be successful by October which did not happen and from different sources unlikely to happen. The security situation is likely to remain volatile in the Amhara Region of Ethiopia due to ongoing military operations and failure of peace agreement. <https://crisis24.garda.com>. This requires another approach to tackle the critical emergency needs where access made it feasible.



## Scope and Scale

The Amhara conflict is a volatile and complex situation involving ethnic, political, and historical factors with an alarming effect on civilian communities and the humanitarian situation across almost the entire region. The situation, which started in April, had extended beyond three months since the emergency state declaration and the highest cumulative clashes. The trends of fights remained on average the same over the past months, but cumulative clashes and impacts had led to a more complex and likely protracted situation, necessitating an update in planning and analysis to reflect the current scenario.

From the beginning of August 2023, armed clashes were on an increasing curve with continuous reports of pockets of fighting between parties. This escalation happened when towns were infiltrated by militias, particularly in Gonder, North Wollo, East and West Gojam, Bahir Dar, Gondar, and Shewa Robit, each vying to control the major towns. The conflict expanded in the region, touching 11 zones and 137 woredas, leading to the complex crisis experienced in these areas and across the region. According to Ethiopia Peace Observatory (EPO) and ACLED data for September, more than 158 political violence events and over 1,000 fatalities had been recorded since the start of the conflict, with a high level of insecurity and complexity in humanitarian access.

The displacement scenario foreseen in August had become a reality, with significant humanitarian and socio-economic effects. According to the Amhara Region Humanitarian Situation Updates on Disaster Prevention and Food Security Program Coordination Commission by September 2023, more than 670,000 people had been displaced in six zones, facing multiple challenges. It was reported that 578,227 (89% of displaced people) were living in host communities and forests, fleeing from active clashes. This displacement crisis was a high concern in a country that previously relied on Amhara to host people fleeing conflicts in surrounding regions. Amhara, one of the most populated regions with over 20 million people, had been hosting more than 814,236 total IDPs from multiple regions, including Oromia, Southern Nations & Nationalities, Benishangul Gumuz, Somali, and Tigray Region. Sudanese refugees also added to the displacement crisis scope.

The conflict disproportionately affected women, children, the elderly, and people with special needs. It was reported that the conflict brought severe violations of human rights, causing deaths and gender-based violence (GBV); however, the numbers were not identified due to the blockade of communication and reporting.

Reports shared by phone and in physical meetings at the headquarters with the branches indicated increasing hostilities in different parts of Amhara, disrupting the critical humanitarian response in many woredas. Urgent humanitarian support, including lifesaving drug



supplies for health facilities, overwhelmed ambulance and first aid services, and limited partners to provide food, safe and clean water, sanitation, hygiene services, and mental health and psychosocial support (MHPSS), were needed. Limited internet connectivity and security issues, including road blockages in parts of the Amhara region, affected humanitarian response activities and report completeness.

The situation exacerbated other complexities in the region, with epidemics such as malaria, measles, and cholera affecting the existing vulnerable communities that had limited or no access to medical facilities. Most of the woredas reached by ERCS faced multiple challenges with no humanitarian services because of accessibility and insecurity situations.

Humanitarian access: The region experienced kidnappings and protracted fighting, limiting access for humanitarian actors. Given the scale of the impacts and needs resulting from the context, there was a clear humanitarian demand now limited to very few organizations with access, including ERCS, on which many actors also relied.

All humanitarian actors had evacuated from the region, and most of the services were suspended, causing a more dire situation for the IDPs, injured, and the most vulnerable groups who were not able to access services. Given the trend of the conflict, ERCS, through its mandate and presence in more than 70% of the country, positioned itself to effectively respond to the current crisis and was considered the most dependable partner to reach more inaccessible areas through its network of branches and volunteers

## Source Information

Source Name	Source Link
1. Ethiopia civil unrest monthly updates	<a href="https://epo.acleddata.com/2024/06/14/epo-monthly-update-may-2024-ethiopias-national-dialogue-faces-high-expectations-and-criticism/">https://epo.acleddata.com/2024/06/14/epo-monthly-update-may-2024-ethiopias-national-dialogue-faces-high-expectations-and-criticism/</a>
2. MDRET031 DREF documents - plan and 01 operational update	<a href="https://www.ifrc.org/fr/appeals?date_from=&amp;date_to=&amp;search_terms=&amp;search_terms=&amp;appeal_code=MDRET031&amp;search_terms=&amp;tex">https://www.ifrc.org/fr/appeals?date_from=&amp;date_to=&amp;search_terms=&amp;search_terms=&amp;appeal_code=MDRET031&amp;search_terms=&amp;tex</a>

## National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

## IFRC Network Actions Related To The Current Event

Secretariat	IFRC has a country cluster office at the premises of ERCS HQ with technical staff supported by AUIO – Addis Ababa’s office. Technical support provided included but was not limited to resource mobilization for preparedness, emergency response, resilience, capacity building, and national society strengthening. An imminent DREF was approved to support the procurement and prepositioning of emergency commodities/equipment, and to support skills development among staff and lead volunteers in the seven most affected zones who cascaded the skills to other volunteers at the woreda level. This support from IFRC, targeted four zones among the most affected, while other zones were supported through other bilateral arrangements with PNS and the UN. IFRC also coordinated with ERCS to ensure that PNS in-country operations supported this emergency operation using the ongoing programs in the region. IFRC deployed 1 operation manager surge to support the operation for a period of 4 months.
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	Nevertheless, IFRC approved budget reviews as requested by NS to the line items which were not able to be accomplished in the project timeline to meet other priority needs.
<b>Participating National Societies</b>	The contingency plan was shared and used to support ongoing programs such as the ambulance services in accessible areas. The Austria RC conducted a rapid assessment in the Jara IDP camp in North Wollo to follow up on the situation in the area and supported 2,000 households with multipurpose cash and rehabilitation of water points. The Netherlands RC (and consortium), with support from ECHO, worked in North Gondar and North Wollo, targeting IDPs and host communities in WASH interventions, EMS, cash distribution, and protection. The Canadian Red Cross supported three ambulance services and provided health insurance to 1,000 of the most vulnerable households in North Wollo.

## ICRC Actions Related To The Current Event

ICRC is active in the country and specifically in Amhara region, supporting the wounded with ambulance services in close collaboration with ERCS where access was granted, and donated medical supplies to 24 health facilities located in Bahir Dar, Lalibela, Gonder, Shewa Robit, and Debra Markos for emergency treatment to address the drug shortage during the emergency response. ICRC also supported affected areas with WASH and food items.

Together with the existing internal movement coordination mechanism, movement partners agreed to have a special bimonthly coordination for the Amhara conflict to monitor humanitarian needs and response. ICRC took the lead in providing guidance to ensure access and security concerns, compliance, and to prevent overlaps and delays. ERCS continued to coordinate with ICRC to enhance humanitarian diplomacy.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>ERCS is working closely with Government to ensure access to most vulnerable people, and coordination at national level for resource mobilization. It also participates in coordination meetings where EDRM at national and regional level.</p> <p>EDRMC and MoH are assigned to work with ERCS committee assigned by the ERCS board to support the conflict emergency response and resource mobilization, following the complex situation in Amhara region and were active during the response operation.</p>
<b>UN or other actors</b>	<p>ERCS and IFRC were actively 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. OCHA provide financing to ERCS to implement response in 2 zones of Amhara, where the access to other humanitarian actors were limited (West Gojam, specifically on Multipurpose cash, and Health (medical supplies)</p> <p>Other UN Agencies and international actors have started minimal interventions through local actors at regional level while monitoring the security situation.</p>

### Are there major coordination mechanism in place?

The ERCS governing board established a task force engaging NS senior management to coordinate the operation, with subcommittees also established to lead specific sectors including communication and resource mobilization.

At the national level, there was close coordination at the Addis level coordinated by OCHA, following the humanitarian situation in Amhara and the modality of improving access to the region. Humanitarian actors had evacuated their staff from Amhara and stopped services as banks also ceased operations. Despite the blockade of communication making exchanges and access complex, ERCS and the movement coordinated to maintain a platform with other partners.

Through the internal existing movement coordination mechanism, movement partners agreed to have special bimonthly coordination



for the Amhara conflict to monitor humanitarian needs and responses. ICRC took the lead in providing guidance and, with IFRC, supported humanitarian diplomacy and coordination.

ERCS HQ and branches had a well-set platform with regular exchanges, and in the inception meeting with branch zonal heads and HQ sector leads, the possible communication and coordination plan was agreed upon. The meeting also elaborated on the indicators and provided tools for reporting, including trigger monitoring

## Needs (Gaps) Identified



### Shelter Housing And Settlements

The reports from targeted branches showed more than 65,000 people in the targeted zones were displaced. The displaced people reside with host communities in areas where they felt safe, others evacuated towns to the forests, when battles concentrated in major towns, conflicting parties were defeating over the township control.

ERCS had prepositioned NFI including Tarpaulin, sleeping mats and blankets, which were distributed to the Displaced HH and host communities, in most urgent need of shelter and not targeted for CASH.



### Livelihoods And Basic Needs

The food insecurity situation has been particular concern, especially since the hostilities erupted during the harvest season and amid food distribution pauses. The food pause is believed to have worsened the food insecurity situation. Further deterioration was expected as insecurity continued to disrupt access to humanitarian assistance, transportation, markets, and basic services. Overall, the region continued to face a heightened malnutrition caseload, with documented data indicating global acute malnutrition (GAM) rated at 21 percent for children and over 54 percent for pregnant and lactating women (PLW), exceeding the global threshold of 15 percent.

According to the Bureau of Agriculture, Livestock Development, and Promotion Office in September 2023, six zones, 14 woredas, and 75 kebeles, with a total of 43,888 households, were affected by severe drought, while more than 42,000 animals have been reported dead in the region. The most affected areas included Waghimra, North Gondar, Central Gondar, Oromo Special Zone, and North Shewa Zone. The livestock sector was equally critically affected, with diverse consequences that included lack of pasture and feed. Expectations for crop residue also failed, except in very few areas with a minimum feed harvest. Given the situation, coping strategies for these communities were also limited with the blockade of other of livelihood support mechanisms.

ERCS planned to support urgent humanitarian needs targeting displaced households identified as the most food insecure, including women headed HH, HH with malnourished children, pregnant and lactating women, child-headed households, and the elderly, as well as people with special needs who lack livelihood options as a result of the conflict with multi-purpose cash to meet their basic needs. However, the revised Hunger crisis Appeal will complement the effects of drought in the areas.

For the cash feasibility, general observation was that situation was volatile but still possible for ERCS to operation given that:

- Areas where communities were evacuated were safer and other operations in the region were ongoing.
- Banks and markets were in operation; NS transferred funds to Branch through banks and ERCS was operating in close security support from ICRC to meet the population in need.



### Health

According to <https://reliefweb.int/report/ethiopia/unfpa-ethiopia-preparedness-and-humanitarian-response-plan-2024> report showed that due to ongoing conflicts in Ethiopia, particularly in the North and other regions, the primary healthcare system has sustained severe damage, necessitating continuous rehabilitation and system strengthening efforts. Extensive looting resulted in health facilities being left nearly empty, with essential items such as medical equipment, medicines, and office furniture stolen.

Across the country, a total of 76 hospitals, 709 health centers, and 3,217 health posts have been affected by looting and damage due to the conflict. The impact has been particularly pronounced in the Amhara Region, where 40 hospitals, 452 health centers, and 1,728 health posts were affected. Additionally, 5 blood banks, 8 Zonal health departments, and 56 Woreda Health offices in various regions have also



been suffered damage.

The volatile situation in the region posed additional health services challenges following limited access to health facilities, the reported epidemic, as well as delivery of supplies, with more than 3,653 cases and 62 associated deaths reported in 29 woredas in eleven zones, as of 24 September 2023, according to Ethiopia Public Health Institute (EPHI)

Due to volatile situation, the National Society continued to provide emergency ambulance and first aid services to wounded casualty. There was apparent need to maintain and scale up the service, ensuring maintenance and running of the ambulance services. Mental health and psychosocial needs were also a concern for those affected by the armed clashes, including staff and volunteers in the response.

In Amhara region, where armed clashes continue to take place, ambulance services have been severely disrupted while health facilities have become periodically isolated and even unreachable at times due to security issues, however, ERCS worked with ICRC to ensure humanitarian access was improved for EMS. Hospitals were stretching to care for the wounded and critically ill in areas where the security situation was particularly unstable (<https://reliefweb.int/report/ethiopia/responding-urgent-humanitarian-needs-amhara-and-other-hard-reach-areas-ethiopia>).

ERCS continued to support the targeted areas with Epidemic control, EMS and cascade training to staff and volunteers at woreda level to provide Health promotion and active case searching, referral services, PFA and MHPSS to affected population using the initial trained Volunteers.



## Water, Sanitation And Hygiene

The region reported several Cholera cases threatened by the fragile situation. The conflict situation and displacement trends raised WASH needs. According to Ethiopia Public Health Institute (EPHI) reports which showed more than 31 woredas being affected by cholera since January 2023, by November 23 woredas were controlled and 8 were still active, including the targeted 2, Bahir dar city and North Shewa, (Debre Birhan Town).

ERCS have had prepositioned WASH NFI to meet the needs of 400 HH, which supported the rapid assistance through the eminent DREF.



## Protection, Gender And Inclusion

In a complex emergency where different armed actors are involved, human right abuses and protection violation are obvious. ERCS mainstreamed gender and diversity action during the operation to ensure the inclusiveness of marginalized groups. Staff and volunteers engaged were oriented on minimum PGI requirements including DAPS, SGBV, PSEA and child protection and safeguarding. ERCS also Mapped and identified referral pathways, prepositioned dignity kits to be distributed to people in need who were not targeted for Cash.



## Migration And Displacement

Since April 2023, the region witnessed escalating unrest and frequent clashes between government forces and Unidentified Armed Groups (UAGs). As a result, large areas in the region were categorized as “hard-to-reach” by the access working group, indicating compromised safety and security for both the populace and humanitarian workers. Access to fundamental services has been severely impacted, with challenges in commercial transport between cities and delivery of aid supplies to affected communities. As per the Amhara regional Disaster Risk Management Committee (DRMC), the number of Internally Displaced Persons (IDPs) reached 608,746 as of February 2024, with 11 percent (68,630) residing in temporary IDP sites while the remainder integrated with host communities. Furthermore, amidst the volatile security landscape, there has been a surge in gender-based violence (GBV) cases, as reported by the Amhara Public Health Institute.

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 also faced the same challenges. ERCS branches reported, medicines, medical equipment, food, and evacuation of people went to different towns of the region, and some non-food items including sanitary materials were highly required in hospitals and health centers.

The conflict increases migration with a probability to continue for more months. More than 670,000 people had been displaced already in 6 zones. Fights continued and the population fled due to fighting incidence and fear. The challenge accessing information contributed to even lower the real figures. But with fights spreading to almost 75% of the region more people likely to be displaced (temporary or



permanently) as the Amhara region is the 2nd largest and populated region in the country with more than 20M people.

The scope of the displacements is very alarming given the trend and the context of previous migration crisis between Amhara and neighboring regions. Indeed, 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 priority hotspots with ongoing clashes, with limited access of humanitarian actors. In addition, the conflict also has affected to services to more than 100,000 refugee and returnees, hosted in camps in North Gonder. <https://data.unhcr.org/en/situations/sudansituation>.



## Community Engagement And Accountability

During emergency preparedness ERCS worked with communities to put in place a complaint feedback mechanism to make sure that the communities are aware of the services rendered. ERCS worked 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 strengthened the community contact center (toll free line) where communities were able call and share feedback and complaints. Needs remained ton:

- Orienting staff and volunteers at woreda level on CEA
- Raising awareness on the Complaint and feedback mechanism.
- Orientation to community committees on beneficiary identification and complaint management
- Simulate the feedback system with community.
- Strengthen the community contact Centre (Toll free line.)

## Operational Strategy

### Overall objective of the operation

The response was initially planned as preparedness targeting 7 zones of Amhara region with the main objective to ensure NS readiness and stock pre-positioning for the emergency health services, assistance to communities as the foreseen needs that will emerge in case of the continuous conflict and failure of cease fire. Refer to initial plan for the scenario.

Following the persisting humanitarian situation in Amhara region, failure of the cease fire, the DREF objective was revised for an effective response to the humanitarian needs resulting from the increased displacement, deterioration of humanitarian condition, injuries and growing needs. ERCS through the mobilized DREF allocation revised the objective to assist 4 unsupported zones of North Shewa, South Wollo, East Gojam, Bahirdar Zuria city, and meet needs of 64,725 people (12,945HH), 10% of estimated population in need. Main focus being for ERCS to sustain livelihood and basic needs for most vulnerable households, strengthening Hygiene promotion and Emergency health services, including MHPSS. ERCS coordinated very well with movement partners and ensured no resource overlaps.

Objective was met and through the implementation, lesson learned, and challenges encountered has been documented in this report.

### Operation strategy rationale

The operational strategy was maintained as planned, focused on the most likely case scenario for the Amhara conflict to continue with unlikely changes, which was the case for the entire implementation period. To date there still no information on peace agreement. When on the ground, needs and humanitarian situation were unstable, from area to area, with reported pockets fighting, injuries, robbery, attacks to refugees, abduction, roads Blockade, recently the along the Sudan border (Metema) road is inaccessible, and increased humanitarian needs, with limited access to secondary and tertiary health services, blocked communication and increased epidemics. However, the operation continued in the targeted geographic areas as planned in Bahirdar, North Shewa, East Gojam, and South Wollo zones.

Advantage was taken on the strong presence of ERCS and security measures in place. The initial plan was revised from imminent to full response to address emergency humanitarian needs while other recovery planning remains in progress.

NS strategy was to contribute to alleviate the multi-sectoral dire needs resulted from the complex situation but also to tackle the disruption of humanitarian access to the critical urgent medical and first aid needs; urgent humanitarian support to livelihoods and basic needs, Shelter, emergence health and WASH services for injuries, disease outbreak, maternal, nutrition, SGBV and protection in many



woredas.

Hence, intervention focused on scaling-up the emergency first aid and support to emergence medical services referral capacity through ambulance services, Emergence shelter and Multipurpose cash to displaced and most vulnerable HH to meet multiple livelihood and basic needs, WASH interventions especially hygiene and health promotion, integrating PGI and CEA mechanism to ensure the conflict affected most vulnerable groups were efficiently targeted. ERCS readiness prepositioning strategy contributed to effective response, however the security situation remained challenge throughout, advocacy and strengthened communication while monitoring the situation, contributed to successful implementation.

#### Shelter

The ongoing clashes has forced more displacement in some active clash areas. In response to the most urgent need for shelter among displaced peoples, total of 420 HH were supported with shelter Non-Food Item (NFI) set, which comprised 1 Tarpaulin, 2 Blankets, 2 Sleeping mats per HH. The distribution of NFI was carried out by the Ethiopian Red Cross Society (ERCS) staff, volunteers, and the trained community committee. The selection criteria were set jointly with Communities and coordinated by the community committee. As a result of this coordinated effort, beneficiaries were able to secure shelter for their families, protecting them from sunlight and frost exposure. This support significantly contributed to maintaining their health and psychological well-being amidst the challenging circumstances.

#### Multi-purpose cash

Cash was found to be best option for this response after conducting cash feasibility and rapid market assessment sampling North Wollo zone Sahila and Zikuala weredas which had seemed to be more remote, and volatile compared to other targeted areas.

Using the existing FSP, Ethiopian Red Cross Society (ERCS) oriented their volunteers and community committee at local level on beneficiary targeting, selection, and registration, work which was well done, and 2500 HH were identified as planned. Beneficiary were supported to open bank accounts; communication channels were identified, and all information were timely shared. One time cash transfer basing on the region MEB, 7000ETB, was issued to 2497 HH, leaving 3 HH which could not complete the documentation on time. PDM was conducted by the end of disbursement.

#### Health and WASH

The National Society continued to provide emergency ambulance and first aid services to wounded casualty in the targeted areas since the preparedness phase to the response phase, where 14 ambulances were maintained throughout the operation. During the preparedness, 2 ambulances were deployed for each zone in the 7 zones, to provide EMS, on activating the response phase, the service were strengthened in the 4 targeted zones of Bahirdar, North Shewa, East Gojam, and South Wollo. More than 200 volunteers were trained and deployed to support integrated health services, including PFA, BFA, MHPSS, ECV, health and hygiene promotion. The operation was carried out amid epidemic, where the region had cholera, malaria and measles outbreak. The operation contributed to improving access to safe water, where 400HH received water storage equipment's, 20 lit Jerry can and 10 Lt Bucket, more than 3000 HH received water treatment chemicals, and were oriented on usage. Health and hygiene education conducted by ERCS volunteers managed to reach more than 100% of the targeted population.

#### Community Engagement and Accountability.

CEA minimum standards were observed throughout the implementation, community participation was effective. In preparedness phase, 7 community committees were established and oriented on handling community feedback, beneficiary identification and selection. To ensure effective management of feedback, 13 staff were trained on CEA, and assigned to support community committee. All volunteers involved in operation were also oriented on CEA minimum action at each phase of implementation. Branches were equipped with the required CEA materials, including printing of communication materials during the distribution process. Community participation in conflict situation improved access and acceptance of ERCS volunteers.

#### Protection, Gender, and inclusion (PGI)

Among the impact of Armed conflict, most of the affected population include marginalized groups, in social, economic, cultural and physical context. Women, children, elderly, disabled, chronic ill people and injured men experience different forms of violence. Therefore, all service provided adhered to the needs of these special groups basing on the major impact, in this case displacement.

To ensure service provider adhere to the minimum PGI standard, 120 staff and volunteers were oriented on Minimum PGI standard, and 2 referral pathways were identified, including health facility and organization providing SGBV services and type of service available, to be utilized properly and on timely manner, 300 women and girls of reproductive age were supported with dignity kits. Nevertheless, all data reporting were disaggregated in gender and age, special needs for children were given priority. People with special needs were well represented in community committees.



ERCS using its well-established PMER department provided the relevant tools for data collection, and reporting. Volunteer were oriented on Kob toolbox utilization and engaged in data collection. With support from IFRC, progress was documented and reported to all stakeholders. Monthly updates were shared with the ERCS HQ and IFRC CCD.

#### Coordination

Movement operation coordination mechanism in place continued to monitor the situation where all movement partners played their specific role, and PNS in country continued to leverage resources to support the conflict in the areas where they were working.

## Targeting Strategy

### Who was targeted by this operation?

This DREF at the eminent stage targeted 7 zones geographically in Amhara region, for preparedness, on review and update, it scaled down and focused on the most affected and unsupported zones of Bahirdar, North Shewa, East Gojam, and South Wollo, aiming to reach 64,725 (10%) of the highly affected people. Priority was given to IDPs and those suffering from injuries or loss of livelihood.

The selection criteria included women and child-headed households, people with chronic illnesses, elders, persons with disabilities, pregnant and lactating women, women in labor, households with malnourished children, war casualties, and households in urgent humanitarian need without support. ERCS worked closely with the oriented community committees to identify beneficiaries using the existing CEA mechanisms in place. The targeting was coordinated with branches and addressed the humanitarian support gaps identified in these areas.

To ensure an effective and equitable distribution process, community committees were established at the zonal level. These committees received comprehensive training on selection criteria, the involvement of the most affected community groups, and recording basic information including feedback and complaints from community. Their primary task was to engage community to set selection criteria, identify beneficiaries who were severely affected by the conflict and in need of support either in cash or in Kind.

### Explain the selection criteria for the targeted population

The selection criteria for the targeted population were based on inclusiveness, primarily focusing on disproportionately affected populations and people in need. These individuals were identified through consultations with the local community and local leaders who had comprehensive information regarding the crisis situation. The health needs were reported through community volunteers, ambulance requests, or health facility needs. Although the needs were massive, the CEA strategies, which were institutionalized within the community, were used to prioritize.

## Total Targeted Population

Women	17,443	Rural	40%
Girls (under 18)	14,272	Urban	60%
Men	18,155	People with disabilities (estimated)	17%
Boys (under 18)	14,854		
Total targeted population	64,725		

## Risk and Security Considerations

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

Risk	Mitigation action
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<p>Sustained lockdown and restriction of movement due to state of emergency declared by the government that reduce access, transportation, business transactions, group gathering, and communications Resulting in humanitarian workers being evacuated, poor coordination, and deterioration of humanitarian services</p>	<p>ERCS adhered to the restriction. ERCS continued to conduct advocacy with both groups within the region to ensure safer access. ERCS worked 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 were diverse, and NS is thankfully operational and despite limited capacity to closely monitor and act in a limited monitoring possibilities from HQ. however, was relying on branches presence and strengthened the communication between the HQ and the branches.</p>
<p>Risk of failure to deliver cash due to insecurity situation.</p>	<ul style="list-style-type: none"> <li>• Existing FSP representation and access in the areas was be evaluated.</li> <li>• ERCS used FSP and online transfers, beneficiaries were supported to open bank accounts and the commercial bank used its woreda existing branches for cash disbursement.</li> <li>• ERCS has updated the CVA risk register following the rapid market assessment and adjusted the intervention basing on the needs.</li> <li>• Sensitivity was applied to the information and especially on the cash process, withdrawal points to avoid exposing the beneficiaries.</li> </ul>
<p>Risk of escalation of Epidemic (Malaria and Cholera) escalation during conflict</p>	<p>ERCS Worked with MOH to strengthen community-based prevention mechanism, through Increased awareness in the community conducted by staff and volunteers trained on ECV</p>
<p>Access challenges</p>	<ul style="list-style-type: none"> <li>- ERCS applied the existing mechanism for volunteers' safety in alignment with the MSR.</li> <li>- In addition to the above minimum requirements that are followed by the branches, the NS established a communication network with the local authorities/officials in place to be informed on access restrictions and received regular updates that serve for team orientation and deployments on a daily basis through the security trained staff.</li> <li>- Existing communication platforms were checked with others humanitarian partners, local trusted institutions and movement</li> <li>- ERCS branches staff and volunteers were always informed on safe movement and areas where there was greenlight. Regular communication and checking were done. Information was shared the same way.</li> <li>- Service were provided in areas where access was approved.</li> </ul>
<p>Delays in implementation due to difficulties in movement/accessing some areas</p>	<p>With the support from ICRC, ERCS strengthened humanitarian diplomacy to ensure safer access, however, continued to Monitor situation while supporting activities that a more urgent in accessible areas</p>
<p>Inability to accessing the targeted people due to existing conflict in Amhara region, especially reaching the most vulnerable in rural areas with humanitarian assistance is formidable.</p>	<ul style="list-style-type: none"> <li>• Conducted security assessment with concerned body and provide update to the team where access is approved.</li> <li>• Used existing community structures.</li> <li>• Dissemination of ERCS work, to communities and ensure visibility and use of the emblem to access hard to reach areas.</li> </ul>

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

Direct clashes subsided in main urban centers such as Bahir Dar, Gondar, and Lalibela following Fano's withdrawal, but sporadic hostilities continued on the outskirts of these areas. The extent of damage and casualties remained unclear, with reports of ethnic-Amhara civilians suspected of supporting Fano being detained in Addis Ababa and other major urban centers. Airports in Bahir Dar (BJR), Gondar (GDQ), and Lalibela (LLI) remained operational, but the resumption of heavy fighting could result in sudden flight suspensions. Local reports indicated widespread disruption to internet and electricity provisions across Amhara, with main roads intermittently



blocked by government troops or Fano members. There were unconfirmed reports of periodic closures of the Metema-Gonder border crossing with Sudan.

Despite the ENDF's stronger military capabilities, achieving a decisive military victory was difficult due to Fano's significant support within Amhara and its guerrilla tactics. Regular exchanges, gains, and losses by both sides continued, with fighting concentrated near Fano bases, ENDF depots, and other government and security force interests. The locations affected by hostilities remained fluid, posing a sustained risk of fighting resuming in main urban centers. Fano's mobility and intent to retake control of urban centers contributed to this risk.

#### Security Measures for RCRC Personnel:

- To mitigate the risks of conflict, crime, violence, health, and road hazards for RCRC personnel, the following active risk mitigation measures were adopted:

#### Security Orientation and Briefing:

- Security training was conducted to staff from each branch to act as security focal point in their respective areas and strengthen the security measures.
- Security orientation and briefings were conducted for all teams prior to deployment to ensure the safety and security of response teams.
- Standard security protocols regarding general norms, cultural sensitivity, and an overall code of conduct were implemented.
- Minimum-security requirements were strictly maintained.

All National Society and IFRC personnel involved in operations successfully completed the relevant IFRC security e-learning courses (i.e., Level 1 Fundamentals, Level 2 Personal and Volunteer Security, and Level 3 Security for Managers). IFRC/ICRC joint security plans applied to all IFRC staff throughout the operation.

#### Area-Specific Security Risk Assessment:

- Security risk assessments were conducted for any operational area where IFRC and NS personnel were deployed.
- Risk mitigation measures were identified and implemented.
- Personnel had insurance coverage.

#### Security Equipment and Measures:

- Minimum security equipment and measures were mobilized as detailed in procedures for various scenarios such as first aid, evacuation, and business continuity plans.

#### Emergency Communications Plan:

- An emergency communications plan was established due to potential telecommunications disruptions. However, communication tools were not able to be procured due to DREF limitation, to complement, the personal phones were used where access were permitted, or request support from UN offices.

#### Sensitivity Management:

- Engaging in political discussions in public forums, both in person and online, was avoided.

#### Travel and Displacement Management:

- Strict security requirements for travel and displacement were applied. Long-distance overland travel was avoided, and air travel was used where possible. Strong journey management procedures were implemented for any overland movement, ensuring strong local support networks, access to the latest threat intelligence, route status, and knowledgeable local drivers with local language capabilities. All official directives were followed, and relevant identification documents were carried to ease passage through spot-checks and checkpoints.

#### Abduction Risk Mitigation:

- Security assessments were conducted for every mission, and security approval was sought before travel. Emblems were used during



services, adhering to the humanitarian access guide.

Security Coordination:

- Security efforts were coordinated with partners, including holding meetings on access and security. Close collaboration with the ICRC was maintained. The security of operation offices and centers was strengthened, and the security of relief items was ensured where possible.

Has the child safeguarding risk analysis assessment been completed?

No

## Implementation



### Shelter Housing And Settlements

**Budget:** CHF 25,704

**Targeted Persons:** 2,500

**Assisted Persons:** 2,100

### Indicators

Title	Target	Actual
# of NFI kits prepositioned	500	500
# trips transportation shelter NFI	5	5
# of HH received NFI	500	420

### Narrative description of achievements

• To ensure an effective and equitable distribution process, community committees were established at the zonal level. These committees received comprehensive training on selection criteria, the involvement of the most affected community groups, and recording basic information including feedback and complaints from community. Their primary task was to engage community or identify beneficiaries who were severely affected by the conflict and in need of support not targeted for cash.

The beneficiary selection process was guided by three key criteria: households that were severely affected or displaced by the conflict, households whose livelihoods were disrupted or who had no source of income and households with a higher number of dependents or family members. These family members are not included in the cash support provided.

In response to the urgent need for shelter among displaced peoples in the Amhara region, total of 420 Non-Food Item (NFI) kits were procured and distributed to the affected individuals basing on the criterion set. The NFI items distributed included 1 Tarpaulin, 2 Blankets, 2 Sleeping mats per HH. The distribution of NFI was carried out by the Ethiopian Red Cross Society (ERCS) staff, volunteers, and the trained community committee. Additionally, a complaint handling committee was formed to address any issues raised by community members. This committee effectively managed and resolved complaints by consulting with staff, volunteers, and selection committee members to ensure timely and appropriate responses.

### Lessons Learnt

Timely prepositioning of NFI items has facilitate easily delivery of items to affected communities and able to reach to affected HHs in coordinated way. As a result of this coordinated effort, beneficiaries were able to secure shelter for their families, protecting them from sunlight and frost exposure. This support significantly contributed to maintaining their health and psychological well-being amidst the challenging circumstances.



## Challenges

- The access challenges and road blockage delayed the transportation of NFI to the targeted areas. With limited communication with the regional Branch office, we were not able to identify suitable time and route to transport the items and then use it effectively to deliver to the branch.
- Due to price fluctuations, number of NFI procured were less by 80 HH, target 500, reached 420.



## Multi Purpose Cash

**Budget:** CHF 309,131

**Targeted Persons:** 12,500

**Assisted Persons:** 12,485

## Indicators

Title	Target	Actual
# of staff and volunteers trained in MPCT and data collection	80	55
# of community committees oriented	4	1
# of rapid Market assessment conducted	1	1
# of HH received cash	2,500	2,497
# of Post distribution monitoring conducted	4	4

## Narrative description of achievements

A rapid market assessment was conducted at the North Wollo zone Sahila and Zikuala wereda levels to evaluate market conditions and determine the feasibility of providing cash assistance to beneficiaries. Additionally, a community committee was established and oriented on the registration and beneficiary selection criteria. This committee was responsible for managing beneficiary identification, ensuring community involvement, and overseeing the entire process. They collaborated closely with the registration team and the complaints handling team. ERCS staff and government representatives from the wereda and kebele levels also participated in the beneficiary registration process.

A total of 55 individuals, including staff, volunteers, and committee members (37 males and 18 females), received one day of training on Multipurpose Cash Transfer (MPCT) and Kobo data collection. These trained individuals were actively involved in identifying, registering, and verifying beneficiaries' key data using the Kobo Toolbox. They traveled to kebele-level locations to conduct beneficiary registration, perform data cleaning, and verify the registered data on the Kobo platform.

The criteria for beneficiary registration included: individuals displaced by the current conflict., HHs with a high number of family members, including children and the elderly and families lacking support and income.

The community was thoroughly informed about the beneficiary selection process, including the criteria, participants involved, and how selected households would be notified. A complaints handling team was established to manage any grievances raised by community members. This team documented complaints, identified their causes, handled them on a case-by-case basis, discussed solutions, provided recommendations, and ensured the registration process adhered to the established criteria, taking necessary measures to address any deviations or issues. three complaints were raised by the community members to the team. the team has seen their concern and complaints, and briefly discussed and clarify the selection criteria, and finally the team has resolved the issues.

Using the Kobo Toolbox, 2,500 households were identified, verified, and registered. Ultimately, 2,497 households received one-time multipurpose cash assistance of 7000 Birr per HH, after completing the identification, verification, and registration processes. The cash was disbursed to beneficiaries via bank transfer.



One cash staff member traveled to the targeted weredas and kebeles to oversee the beneficiary selection process, ensuring it was conducted according to the organization's cash guidelines and was free from fraud, nepotism, or partiality. This staff member confirmed that the selection process adhered to the ERCS cash beneficiary guidelines, with no deviations observed. The names of selected beneficiaries were posted publicly, and community complaints were managed effectively and promptly, with no instances of fraud or bias detected.

The Post-Distribution Monitoring (PDM) report, conducted across four zones in the Amhara region, provides a comprehensive analysis of the assistance program, highlighting its strengths and identifying areas for improvement. The data indicates that the program is largely successful in targeting the right beneficiaries, with 533 out of 582 respondents (91.58%) affirming this. However, 49 respondents (8.42%) felt that more vulnerable individuals were not targeted, suggesting a need for ongoing refinement of the selection criteria to ensure inclusivity.

Timeliness and communication emerged as strong aspects of the program. A significant majority of respondents (79.55%) received assistance on time, while 18.73% reported receiving it very promptly. Additionally, 567 out of 580 respondents (97.76%) confirmed that they were well-informed about the amount they would receive, contributing to high satisfaction levels. This transparency is further reflected in the satisfaction with information provided regarding cash distribution, with 69.07% of respondents satisfied and 30.93% highly satisfied.

The report also underscores the efficiency of the program concerning waiting times and transport costs. While 39.00% of respondents received support within 15 minutes, a notable 28.52% reported waiting for more than an hour, indicating potential inefficiencies in the process. Furthermore, no beneficiaries incurred transport expenses, as 43,860 instances of no cost were recorded. This suggests that the program effectively provided or reimbursed transportation, thereby reducing financial burdens and enhancing accessibility.

Overall satisfaction with the support received is high, with 91.58% of respondents expressing satisfaction. Additionally, 92.27% of respondents acknowledged their awareness of the complaint's mechanism, indicating that the program has successfully communicated the availability of feedback channels. To further enhance the program, efforts should focus on reducing instances of late assistance and long wait times, streamlining distribution processes, and ensuring more comprehensive targeting. Addressing these areas can enhance the program's overall impact and effectiveness, ensuring greater beneficiary satisfaction.

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## Lessons Learnt

- Creating Good communication and working relationship with zonal and woreda level government, community and other stakeholders has facilitated the implementation of cash amid conflict situation and lessen the transport challenges of in-kind support.
- Despite the ongoing conflict, the markets and banks were functional, and they had mechanism to ensure they reach the beneficiaries.



## Challenges

- The poor communication and security situation in North Wollo zone led to late distribution of cash to beneficiaries.
- The road to Sahila wereda was in accessible due to the broken bridge by the northern conflict, and staffs had to take the other route, across the Tekeze river.
- 3 beneficiaries were not able to receive cash, as they didn't provide correct bank account details, and due to the project timeline, the process had to continue.
- No of staff planned to 80 and oriented 55, due to change in the areas targeted for implementation from 7 zones to 4 zones.



**Budget:** CHF 164,196

**Targeted Persons:** 32,363

**Assisted Persons:** 69,064

## Indicators

Title	Target	Actual
# of ambulances in operation	14	14
# of volunteers trained on BFA	50	57
# of volunteers trained on MHPSS	120	102
# of FA kits prepositioned	700	420
# of stretchers prepositioned	100	0
# of people supported by ambulance services	15,000	4,463
# of people provided with BFA	15,000	7,977
# of people provided MHPSS	6,473	6,615
# of volunteer deployed for MHPSS, BFA	120	121
# of people reached with health awareness	32,363	69,064
# of volunteers trained on ECV	80	91

## Narrative description of achievements

The conflict disrupted health services across the region, in such a way the emergence medical service was very highly needed, to meet the needs of maternal care, injuries and other referrals. This DREF contributed to ensure emergency medical, first aid and MPHSS care is available or referral for that is organized for the community's while.

A total of 14 ambulances were deployed to provide critical medical transportation services to the affected population, ensuring timely access to health institutions. The Disaster Response Emergency Fund (DREF) has funded the operational and maintenance costs for these ambulances in two phases: the first phase covered 14 ambulances across 7 zones, and the second phase strengthened the support with all the 14 ambulances across 4 targeted zones. These ambulances collectively served lives of 4,463 individuals, offering both transportation and first aid services during emergencies.

Due to compounded epidemic in the region, the planned ECV has provided a basic knowledge of what is epidemics, role of the volunteers in epidemic control, how they can identify the cases and report to health facilities and so on. The 91 trained volunteers were



assigned/deployed to the team that working in the health and hygiene promotion and support in reaching the community members through cholera, malaria and measles messages and case identification and referring to health facilities.

The impact of these efforts has been significant. A total of 6615 HHs (19,851 individuals) have benefited from MHPSS services, addressing the psychological and emotional needs of the affected people.

Additionally, A total of 7977HHs (23,931 individuals) have received Basic First Aid (BFA) services, ensuring immediate medical assistance and stabilizing patients before they reach healthcare facilities, and total of 69064 communities were reached with health and hygiene awareness messages through community meetings, house to house visit, different community gatherings.

To effectively support these operations, 121 volunteers were mobilized and oriented in integrated community-based health. Among them, 57 volunteers received training in Basic First Aid (BFA) and Psychological First Aid (PFA), while 102 volunteers were trained in Mental Health and Psychosocial Support (MHPSS). These trained volunteers were assigned to the ambulances for a total of four days per week, where they provided essential emergency health services. to make response effective, volunteers were equipped with total of 420 first aid kits, which were placed to the respective branches to support the BFA services and were issued in accordance with ERCS stock management procedures.

The close alignment of expenditure with the allocated budget reflects efficient use of funds and effective budget planning. However, due to the unavailability of stretchers in the market and the urgent need for ambulances in conflict-affected areas, the budget initially intended for stretchers has been reallocated to ambulance support. Additionally, the budget for the lessons learned workshop has been redirected to ambulance services due to the ongoing conflict in the project implementation areas. These reallocations have been approved by the IFRC Program and Operations Coordinator.

## Lessons Learnt

Abide by RED Cross fundamental principles and maintain its commitment have created believe by both conflicting parties and they provide access to provide ambulance service even though it was not totally the same scenario across all the targeted zones and all the time. This comprehensive approach has not only facilitated medical care but also ensured holistic support for the physical and mental well-being of the affected communities.

## Challenges

- Price fluctuation hindered the operation to meet the planned 700 BFA kits, and managed to get 420, which in due course contributed to support the operation, the deficit being covered by the NS.
- There was urgent need of stretchers, however, the quality in the market was very poor, and large size and unable to fit to our ambulances. Therefore, the ERCS technical procurement committee did not approved them. The NS requested IFRC-CC team to reallocate the stretcher budget to support ambulance management cost which was also highly required.
- The pockets fighting contributed to blockade of roads, thus, conflict erupted during the planned training provision time in West Gojam and East Gojam zones leading to participants from the zones being unable to attend the training. Thus, MHPSS trainees dropped by 10 volunteers.
- Health status of displaced people, especially children and pregnant women deteriorate due to limited support, more action is required to ensure their continued care and access to essential health services.



## Water, Sanitation And Hygiene

**Budget:** CHF 39,584

**Targeted Persons:** 64,725

**Assisted Persons:** 69,064

## Indicators

Title	Target	Actual
# of storage equipment's set prepositioned	500	400



# of water chemicals strips prepositioned	15,000	18,500
#volunteers trained on health and hygiene awareness	120	111
# of soap bars prepositioned	1,000	1,000
# of people reached with hygiene promotion	64,725	69,064
#of HH received soap bars	500	500
# of HH reached with chemicals strips	15,000	3,686
# of HH received storage equipment's set	500	400

## Narrative description of achievements

Due to the rising number of cholera cases in the region, there was critical need for water storage equipment, treatment chemicals, and soap for hygiene improvement to meet the urgent needs of the displaced population.

A total of 167 volunteers, were trained in hygiene promotion and have been engaged in raising community awareness about hygiene, reaching 69,064 people (30,940 males and 38,124 females).

To address access to safe drinking water, a total of 18,500 strips of water treatment chemicals have been purchased and distributed at the zonal level, benefiting 3686 HHs (11,058 individuals.). Additionally, 400 households from these families received comprehensive water storage equipment, including sets of 14-liter buckets and 20-liter jerry cans, along with water treatment chemicals and two bars of soap per household. Another 100 households from these 3,686 were supported with only water treatment chemicals and two bars of soap per household to address their specific unmet needs. However, due to market inflation, it was impossible to provide the remaining 100 households with the prepositioned sets of water storage equipment. The rising costs hindered our ability to procure the necessary quantities, thereby affecting our original plan.

These beneficiaries were selected basing on the set criteria, where most urgent needs were to be identified, for in-kind support, while others wait for MPCT. The community selection committees identified, played key role in identification and selection, while managing complaints from community. This committee included community members, faith-based leaders, highly affected community members, wereda-level sector representatives, and ERCS volunteers per zone. The set criteria for beneficiary identification included people displaced by the current conflict, households with a high number of family members including children and the elderly, families lacking support and income, and individuals living in villages with poor water access and sanitation.

In-kind distribution for the WASH was confirmed with community representative as the most effective to ensure impact on the WASH gaps and guarantee hygiene considerations are part of the improvement to avoid associated risks that could further put the community in danger.

The provision of these items went concurrently with the hygiene awareness campaigns are significantly helping beneficiaries maintain their health and protect themselves from cholera and related diseases. The health awareness activity is done through home visit, public gathering like using market days, social gathering, and community meeting days.

## Lessons Learnt

- Using the already existed public meetings and gathering to disseminate information are helpful and peoples willing to listen and interact, and agree to collaborate for their community benefits.
- Provision of in-kind hygiene kits give room for actual demonstration. It is not easy to monitor Cash supported HH if they real prioritized hygiene supplies for their HH.

## Challenges

- There were times that public gathering totally abandoned, and volunteers are not allowed to conduct due to the conflict reputed or fear of it.



- Market inflation and the rising costs hindered our ability to procure the necessary quantities, thereby affecting our original plan.



## Protection, Gender And Inclusion

**Budget:** CHF 5,483

**Targeted Persons:** 6,500

**Assisted Persons:** 6,200

### Indicators

Title	Target	Actual
# of staff and volunteers oriented	120	36
# of referral pathway identified	2	2
# of dignity kits prepositioned	500	500
# of people received dignity kits	500	500
# of people reached with PGI services	6,500	6,200

### Narrative description of achievements

Among the impact of Armed conflict, most of the affected population include marginalized groups, in social, economic, cultural and physical context. Women, children, elderly, disabled, chronic ill people and injured men experience different forms of violence. Therefore, all service provided adhered to the needs of these special groups basing on the major impact, in this case displacement.

To ensure service provider adhere to the minimum PGI standard, 36 staff and volunteers were oriented on Minimum PGI standard, and 2 referral pathways were identified, including health facility and organization providing SGBV services and type of service available, to be utilized properly and on timely manner.

To ensure special group participation, the community beneficiary selection committee established involved community members representing special groups, faith-based leaders, wereda level sector representative and ERCS volunteers in each zone to handle the beneficiary selection. The selection criterions were jointly set and agreed at community meetings, which prioritized most vulnerable people displaced due to the current conflict, and more of the groups which needed the extra protection, displaced household with high number of family members including children & elderly, families who haven't got support and have no income at all.

In addition. To ensure women dignity, 300 dignity kits were procured and distributed to people. Total of 6200 individuals including children, girls, women and people with disability and elders were reached by the inclusion in multiple services, including ambulance, basic FA, MHPSS service, MPCT, WaSH kits and NFI items including Dignity kit provision. In addition, awareness raising considered the special needs for special groups like children, elderly and people with disabilities by ensuring key messages are disseminated in their friendly local language. Nevertheless, data collection and reporting adhered to disaggregation, on gender and age.

### Lessons Learnt

- Community involvement during the awareness raising and discussion time is important to address challenges of people with special needs.

### Challenges

- Cultural influence to report the case immediately if the Gender problems happen, more awareness needs to be strengthened.
- Male domination in most leadership position.





# Community Engagement And Accountability

**Budget:** CHF 16,091

**Targeted Persons:** 12,500

**Assisted Persons:** 12,500

## Indicators

Title	Target	Actual
# of staff trained on CEA	120	120
# of feedback mechanisms identified	3	2
# of communities committees oriented on on CEA	7	6
# of CEA simulation event conducted	7	6
% feedback collected that are addressed	100	95

## Narrative description of achievements

A total of 120 volunteers have been trained on Community Engagement and Accountability (CEA) and have been integrated into various service provision sites. Additionally, seven community committees have been established and received a one-day orientation on CEA at the zonal level. During this orientation, they identified effective feedback mechanisms to be used during emergencies.

CEA tools were provided to the zonal branches to help them carry out these activities effectively. The CEA tool are CEA guidelines, training manuals, checklist and brochures. Each of the established committees has actively engaged with community members using the feedback system. They have worked to identify any gaps in their processes and made necessary corrections to improve their implementation in seven hotspot zones. The CEA simulation conducted in 7 zones such as West Gojam, East Gojam, North Shewa, North Gonder, South Gonder, North Wollo and Bahirdar

Moreover, two specific feedback mechanisms were established and utilized by the community to provide feedback. The help desk handled by the community complaint committee, and the ERCS specified phone number, where community can call and share their complaint. Other information sharing mechanisms included notice board and community meeting. A total of 163 complaints were collected and 95% were fully addressed. This system allows for continuous monitoring and improvement, ensuring that the needs and concerns of the community are promptly addressed and that the response activities are effective and efficient

- During supervision, gap was identified in managing and reporting community feedback, ERCS requested to have a trained staff for each zone to support the community committees. 13 staff were trained for 3 days to work as CEA FP in their respective areas.

## Lessons Learnt

- The CEA training provided to zonal staffs help the ERCS zonal level to have one focal staff on CEA and able to support the CEA activity implementation.

- Orientation and simulation exercise to community committee made them active and effective feedback systems during implementation.

## Challenges

- There experienced massive needs due to protracted crisis, and blockade of access of other humanitarian actors.





**Budget:** CHF 51,733

**Targeted Persons:** 8

**Assisted Persons:** 8

## Indicators

Title	Target	Actual
# monitoring support conducted	3	1
# and type of security equipment procured.	5	0
# of surge deployed	1	1

## Narrative description of achievements

IFRC led the operation coordination with the NS and ICRC to ensure each partner play the significant role. ICRC coordinated the advocacy for safer access and medical support to the branch. The coordination meeting held by NS, IFRC and ICRC agreed on strengthening acceptance and access to ensure staff, volunteers and assets protection.

The operation started as eminent DREF covering 7 zones which were experiencing active conflict and later activated to response covering 4 zones which were not covered by other actors. The operation was well reported and coordinated on the existing coordination mechanism, MOC, Operation coordination, Security, communication and CTWG. Partners mapped ongoing operations in the region, and identified possible support. With the support from NLRC, the ECHO project in the North complemented with the ambulance services, CRC, and Austria, also supported ambulance in the North. ERCS, received financial support to cover western zones, and the 4 remained zones were covered with this DREF.

- 1 surge staff was deployed for 4 months to support this operation.
- During the implementation period, two comprehensive monitoring visits to the North Shewa and North Wollo zonal branches were conducted. During these visits, we closely examined the implementation and documentation of the DREF activities. Our assessment included a thorough review of how these branches are managing and utilizing the allocated finances and maintaining IFRC standards. We evaluated the efficiency, effectiveness, and transparency of the processes in place to ensure that the funds are being used appropriately to support the intended relief efforts. Our findings helped in understanding the strengths and areas for improvement. The key findings included volunteers engagement documentation like attendance, full information not full recorded, branch level volunteers meeting conducted, but minutes not fully documented, and finance summary reports were not compiled per activity based and on monthly based. The CEA feedback documentation and compilation needed close follow up and agreed to orient key staff for each branch to support with feedback management.

## Lessons Learnt

- Movement coordination contributed to safer access to the region, however the region is categorized in RED.
- The DREF support supported the NS to gain trust among the community, government, and conflicting parties and continued to provide humanitarian services when the access was safe without challenge, the operation ended safely, and UNOCHA channeled the support to conflict affected population through ERCS.
- Longer term interventions required to meet the needs of the displaced people, the support provided was very minimal compared to needs, in the compounded disasters. More support is required for epidemics which are more driven by ongoing conflicts.

## Challenges

- Limited information was gathered from the beginning of the project due to communication blockade, and IFRC failed to support the branch with improved communication gadgets due to DREF limitations to assets procurement.
- Limited access, to operation areas due to weak security status.



**Budget:** CHF 74,145

**Targeted Persons:** 64,725

**Assisted Persons:** 64,725

## Indicators

Title	Target	Actual
#reports from monitoring sessions conducted	6	3
# of project staff supported by this intervention	1	1
# ERCS flags prepositioned	200	200
# of communication sat-phone and internet gadget	2	0
# of RC jacket prepositioned	500	543
# of volunteer insured	202	20

## Narrative description of achievements

There was a concerted effort to mobilize resources and partners in support of the Ethiopian Red Cross Society's (ERCS) contingency plan to provide services to those in need in the Amhara region. At regional level, this DREF supported deployment of a coordinator, who was assigned to oversee the implementation of the Amhara Conflict Response activities for six months.

To enhance visibility and awareness, 200 ERCS flags were procured and distributed to all 7 affected zones. They have been using in the field operation and day to day activity, especially in movement, and service provision points, to make sure the conflicting parties identify the RC. The advocacy done to the parties also contributed to safer access. In addition, each volunteer was equipped with the jacket, which they were supposed to put on all the time when in operation. A total of 543 RC jackets were procured and distributed to volunteers.

A coordination meeting was conducted with the International Committee of the Red Cross (ICRC) to discuss the current conflict status and areas for integration and collaboration, aiming to avoid duplication of efforts. The meeting included a total of nine participants: three from ERCS, two from ICRC, and four from the International Federation of Red Cross and Red Crescent Societies (IFRC). During this meeting, it was agreed that information updates would be shared biweekly to ensure all parties are informed and coordinated.

The security focal persons were identified for each zone and equipped with security management knowledge. Fourteen zonal branch staff received four days of integrated communication and security training. These trained individuals are now serving as security focal points for their respective zonal branches, actively providing security updates and necessary information to ensure the safety and security of operations.

The operation planned to strengthen communication in insecure environment by providing sat-phone and internet gadgets, since there was blockade in the region. However, it was not possible due to DREF eligibility, and funds were relocated for providing CEA training for zonal staffs to strengthen the CEA activity at respective zones.

The 3 monitoring visits were performed from HQ and branch at the operation area, out of planned 6, where 2 from HQ and 1 from branch participated to oversee the planned activities implementation including Cash beneficiary identification, registration, verification and disbursement process.

## Lessons Learnt

- Overall, these efforts have strengthened the capacity of ERCS and its partners to respond effectively to the conflict in the Amhara region, ensuring that resources are used efficiently, and that support reaches those in need.

- The security focal points contributed a lot in paving way to the field and alerting in case of insecure environment and plan well response activities. The advocacy session with conflicting parties contributed to the safer access, and acceptance of the RCRC services. The red Cross was the main humanitarian acter on ground during the conflict, and sub-granted by OCHA to support other areas.

## **Challenges**

- Communication blockade in the region limited the operation update from the region, the planned communication equipment procurement not approved.
- The limited access to the region could not allow all planned monitoring visits, however, NS managed to conduct 3 Monitoring visits out of planned 6 due to the unpredicted security situation in the region. The project coordinator located in the area was often visiting the woreda and provide the required support.
- The protracted conflict affected community at large resulted to increased humanitarian needs.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRET031 - Ethiopia - Civil Unrest

Operating Timeframe: 05 Sep 2023 to 31 Mar 2024

Selected Parameters			
Reporting Timeframe	2023/09-2024/8	Operation	MDRET031
Budget Timeframe	2023/09-2024/8	Budget	APPROVED

Prepared on 15/Aug/2024

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>686,066</b>
DREF Anticipatory Pillar	185,862
DREF Response Pillar	500,204
<b>Expenditure</b>	<b>-656,511</b>
<b>Closing Balance</b>	<b>29,555</b>

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

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	25,704	168,383	-142,680
AOF3 - Livelihoods and basic needs	309,131	465,950	-156,819
AOF4 - Health	164,196		164,196
AOF5 - Water, sanitation and hygiene	39,584		39,584
AOF6 - Protection, Gender & Inclusion	5,483		5,483
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>544,098</b>	<b>634,333</b>	<b>-90,236</b>
SF11 - Strengthen National Societies	90,236		90,236
SF12 - Effective international disaster management		-103	103
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	51,733	22,281	29,452
<b>Strategy for implementation Total</b>	<b>141,969</b>	<b>22,178</b>	<b>119,791</b>
<b>Grand Total</b>	<b>686,066</b>	<b>656,511</b>	<b>29,555</b>

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

## Please explain variances (if any)

The Ethiopia Civil Unrest DREF project had a total planned budget of 686,066, with actual expenditures amounting to 656,511. This resulted in a variance of 29,555, reflecting a 4.3% reduction from the original budget. The variance was primarily due to favorable exchange rate gains, as nearly all activities were carried out as planned.

# Contact Information

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

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[Click here for reference](#)

