

26 January 2021 – 31 December 2022



Ethiopian woman who has been displaced due to fighting, discusses her needs with a volunteer from the Ethiopian Red Cross Society (ERCS). ERCS has been responding to the needs of people affected by the crisis in Ethiopia; but more support is required to allow them to expand the assistance being provided as the situation worsens. © ERCS

Appeal №: MDRTIGRAY	To be assisted: 665,000 people	Appeal launched: 26/01/2021 Appeal revised ¹ : 29/11/2021
Glide №: CE-2020-000229-ETH	DREF allocated: CHF 906,154	Date published: 16/12/2021

IFRC Funding requirement: 9.4 million CHF
Federation-wide funding requirement: 27 million CHF
Current Funding Gap: 18.7 million CHF
To assist: 665,000 people

¹ This Operational Strategy complements the second revision to the Emergency Appeal.

This Operational Strategy details the overall plan, activities and targets that are proposed to support the response to the Ethiopia Crisis and its Humanitarian Consequences under a Federation Wide approach – comprising contributions of the IFRC and Partner National Societies. The Operational Strategy has been redesigned to adapt the response to the current humanitarian situation while direct and secondary impacts of the crisis have become wider and deeper. It is aimed at meeting the most urgent needs of the affected population and prepare for potential escalating needs. There will be integration of National Society Development strengthening to support the host National Societies maintain service delivery, as well as enhance their capacity in relation to the response. It also reflects further efforts towards Movement coordination, sub-regional cooperation, communication, and readiness in case of new expanded population movement with a view to respond to changing context and needs and support operational priorities of the host National Societies.

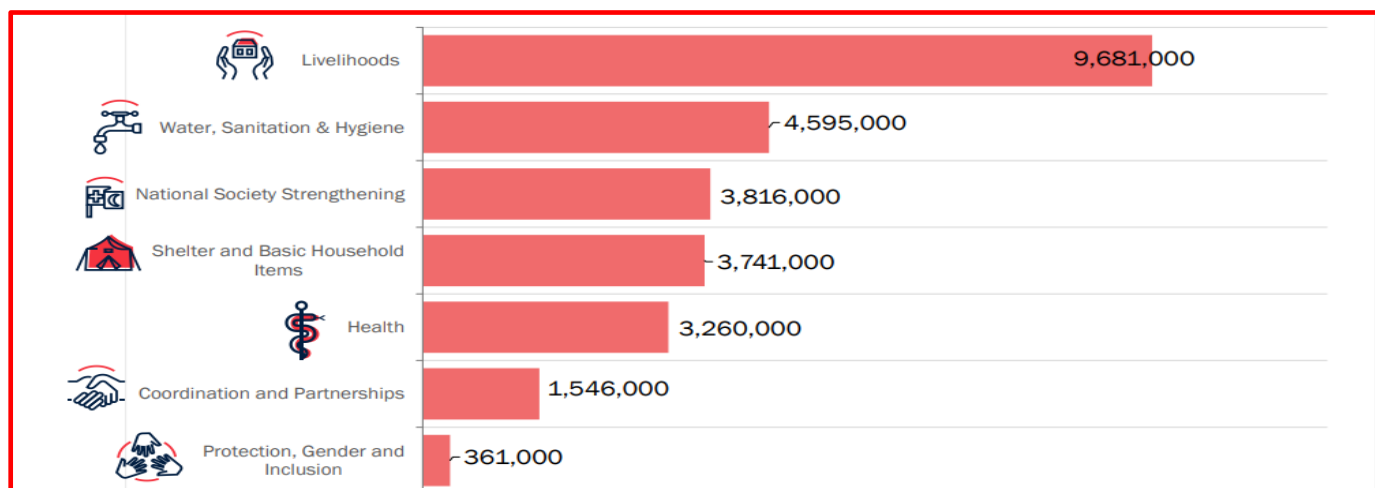
FUNDING REQUIREMENT

The overall Federation Wide funding required is CHF 27 million (multilateral, and bilateral), which comprises a CHF 9.4 million Secretariat funding requirement and a CHF 17.6 million Partner National Society funding requirement.

Federation Wide funding requirement

Country	Secretariat Funding Requirement	Partner National Society Funding Requirement	Federation Wide Funding Requirement
Ethiopia	3,000,000	12,000,000	15,000,000
Sudan	3,500,000	5,000,000	8,500,000
Djibouti	500,000	0	500,000
Sub-regional coordination	2,400,000	600,000	3,000,000
Total	9,400,000	17,600,000	27,000,000

The Secretariat Funding Requirement for IFRC sub-regional coordination will support the Secretariat realize its mandated roles in Ethiopia, Sudan, and Djibouti to Membership Coordination, National Society Strengthening, Federation Wide Technical Services, as well as support cross border cooperation initiatives between the host National Societies. It will also support any emerging gaps in the operation, which are not planned to be covered by partner National Societies and the International Committee of the Red Cross (ICRC).



TIMELINE

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- 3 - 4 November 2020: Fighting erupts between Ethiopian Defense Forces and security forces in the Tigray Region resulting population movement, including across the border to Djibouti and Sudan**
- 18 - 20 November 2020:** IFRC releases CHF 359,213 from the Disaster Relief Emergency Fund (DREF) support to support Ethiopian Red Cross Society (ERCS) assist 7,500 people that had been internally displaced; and CHF 498,763 to support Sudan Red Crescent Society (SRCS) assist 40,000 people that had crossed the border from Ethiopia.
- 26 January 2021:** IFRC issues a coordinated [Tigray Crisis: Population Movement Complex Emergency Appeal](#) requesting CHF 27 million to support 600,000 people as part of a multi country response across Ethiopia, Sudan, and Djibouti. IFRC Surge Capacity (HeOPs and other technical profiles) deployed.
- 30 March 2021:** IFRC issues a [revised Federation Wide Emergency Appeal](#); with a retained funding requirement of CHF 27 million
- June 2021:** Integrated Food Security Phase Classification (IPC) reports that 5.5 million people experiencing Acute Food Security in Ethiopia. [IFRC issues a communication to partners](#) requesting CHF 2.5 million for urgent scale up of response.
- 28 June 2021:** Government of Ethiopia declares a unilateral humanitarian ceasefire.
- July 2021 onwards:** There is sustained fighting, with extension into adjacent Afar and Amhara regions, resulting in new population displacement, including across the border into Sudan. This leads to increase in humanitarian needs, and widespread disruption.
- 11 - 12 October:** IFRC convenes a Roundtable Dialogue Meeting in Nairobi, Kenya with representatives from host National Societies, participating National Societies and ICRC to review the multi-country response under the Tigray Crisis: Population Movement Emergency Appeal.
- 25 October 2021:** Military takeover in Sudan, with protests occurring across the country. Many international partners suspend financial support to Sudan.
- 2 November 2021:** Government of Ethiopia declares a six-month state of emergency following deterioration of the security situation, and protracted nature of the fighting.
- 29 November 2021:** IFRC issues a revised Federation Wide [Ethiopia and its Humanitarian Consequences Emergency Appeal](#) to ensure that the response: remains relevant to the evolving humanitarian situation in Ethiopia, and neighbouring Sudan and Djibouti. The Federation Wide funding requirement is retained at CHF 27 million given the severity and now protracted nature of the humanitarian situation.



Ethiopian Red Cross Society volunteer speaks with a mother displaced by fighting about her needs, while offering psychosocial support. The impact of the crisis has traumatized people across northern Ethiopia, many of whom have been displaced from their home, lost contact with loved ones and had their livelihoods disrupted © ERCS/IFRC

DESCRIPTION OF THE EVENT

The crisis in Ethiopia and its humanitarian consequences are of grave concern. Latest reports indicate that 23 million people² in the country are now in need of humanitarian assistance, due to the combined consequences of conflict, drought, epidemics, food insecurity, and pest outbreaks, which has, in turn, sparked displacement and population movement.

Sustained fighting which began in the Tigray region in November 2021, has spread to locations across northern Ethiopia resulting in loss of life, injuries, destruction of property and infrastructure, displacement, loss of livelihood and has led to psychological distress. In June 2021, a humanitarian ceasefire was announced inside the Tigray region, however, fighting has persisted with the extension of the violence into adjacent Afar and Amhara. In Benishangul-Gumuz (BGZ), Oromia, and Southern Nations, Nationalities and Peoples Regions (SNNPR); violence has also continued to flare up. This has generated new population movements, and in some cases, led individuals to face secondary or tertiary displacement. On 2 November 2021, a state of emergency was declared, underpinning the protracted nature of the fighting, and deep concerns regarding the security situation.

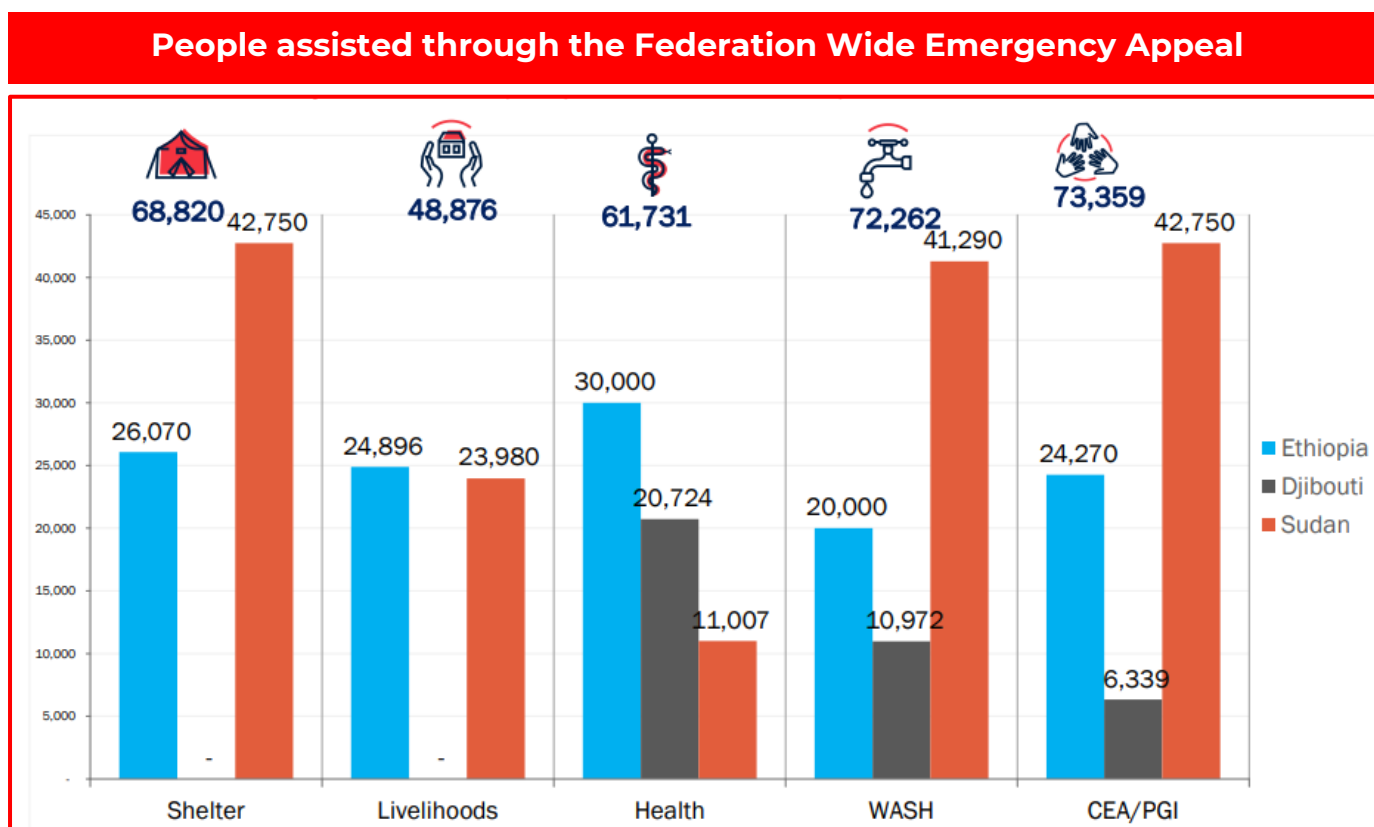
While much of the needs from this crisis originally stemmed from and impacted populations inside Tigray, the evolution of the fighting has now exacerbated humanitarian needs across Ethiopia. Natural and man-made shocks, such as severe droughts and floods, locust infestation, and direct/indirect impact of COVID-19 have

² [ACAPS Ethiopia Complex Crisis](#)

complicated the situation even further; and increased the number of people in need of assistance in other regions of the country.

In Sudan, the crisis has led to an increased number of arrivals of people from Ethiopia seeking safety across the border, predominantly to Gedaref, Blue Nile and Kassala states. As of 31 October 2021, a total of 58,021 people had arrived from Ethiopia in Sudan³, of which 50,159 people are residing in East Sudan (Kassala and Gedaref) and 7,862 people in Blue Nile State. The total number of arrivals is expected to increase once verification processes are completed. In addition, with fighting in Ethiopia now spread over a larger geographical area, this is expected to further increase the total number of displacements. Since July 2021, new Qemant arrivals (2,318) from the Amhara region have reached Sudan and are currently accommodated in the Basundah transit centre in Gedaref State. Commissioner for Refugees (COR) and United Nations High Commissioner for Refugees (UNCHR) are planning a new site in Babikri (Gedaref) for all non-Tigrayan arrivals and considering two additional sites as part of the contingency plan, all in Gedaref.

In other countries that share a border with Ethiopia, the influx of refugees has thus far been modest. However, with the escalation of fighting in new areas, the situation is fluid, and there is the possibility of prospective Ethiopian refugee population movement into Djibouti, Kenya, Somalia, and South Sudan. Djibouti shares a long porous border with Ethiopia, and due to the generalization of the fighting beyond Tigray, and into Afar, population movement is possible due to cultural and ethnic affinity. The borders with northern Kenya and western Sudan, present points where people could also cross. In these areas, residents are already experiencing challenging conditions. An influx of arrivals from Ethiopia could increase pressure on scarce resources, prompting further instability, and generating a humanitarian situation which authorities are not yet prepared for.



³ [UNCHR Ethiopia Emergency Situation Update, 31 October 2021](#)

The severity of humanitarian conditions

Impact on accessibility, availability, quality, use and awareness of goods and services

In Ethiopia, the combined impact of fighting and other disasters has affected people across the country. A reported 3.9 million people are internally displaced, with many staying outside of organized camps, but in informal settlements which have been established in public buildings, schools, and open areas with no access to basic services. The fighting in Tigray, including the recent spill-over into new areas of Afar and Amhara regions has also resulted in damage to water and sanitation infrastructures, as well as disruption to education and health services. Displaced populations are also living with or adjacent to host communities, which may put an additional strain on them, as they often have already limited resources. Many humanitarian stakeholders continue to have limited or no access to large segments of the affected population, restricting the delivery of humanitarian assistance, which many people are entirely relying on to sustain themselves.

Compounding impacts of climatic shocks, devastating desert locust infestation, the continued economic consequences of COVID-19, and below-average rainfall for the third consecutive season, particularly in the south and south-eastern parts of the country, have led to drought conditions. Food security needs in the country are overwhelming, with no prospects of improvement without humanitarian assistance. The fighting has further compounded the situation, compromising livelihoods in all affected regions, destroying crops, and disrupting market and supply chains. Meanwhile, most who have been displaced were forced to leave livelihoods and productive assets behind. An estimated 4.4 million people across the country are now facing acute food insecurity, of which 400,000 people are experiencing catastrophic conditions¹. Pregnant and lactating mothers and children under five are especially susceptible to malnutrition effects of the looming food insecurity.

In Sudan, the influx of arrivals from Ethiopia has had a considerable impact, requiring a continual scale-up of services to respond to the urgent needs of refugees; as well as reduce the impact on host communities and the local environment. Many refugees are living in settlements under dire conditions with a lack of shelter, inadequate access to water, poor hygiene and sanitation conditions, and deterioration of health and food insecurity. The capacity of infrastructure and basic services are overstretched. Due to the overcrowding in settlement sites, many refugees have also scattered among existing villages and staying with host communities, further stretching the already limited available basic services. Health systems were already under major pressure, which has only been further exacerbated due to the impact of the COVID-19 pandemic.

Ongoing inflation of goods and services and devaluation of the local currency due to an economic crisis in the country is adding strain to both host communities and refugees; the trends in increased food insecurity, deteriorating basic health services and malnutrition continues in refugees and host communities. Households cannot afford basic essential needs like water, food, housing, clothing, healthcare, and education.

Risks and vulnerabilities

While the humanitarian consequences of the crisis have impacted people indiscriminately, those with special protection needs, and especially women and girls have been among the worst affected – exposed to different forms of abuse and exploitation, including sexual and gender-based violence (SGBV). As new displacements occur due to the fighting, many of those being displaced are women, children, the elderly, and sick people.

In Sudan, to expand existing refugee settlement sites, and clear and for new ones, many trees were cut down. The local environment will suffer further due to overcrowding and increased pressure on available natural resources. Whilst the UN has undertaken major site works including construction of roads and drainage, both the refugee settlements and host communities are highly vulnerable to wind, rain, and flooding, which can cause considerable damage and loss of shelter and household items.

A military takeover took place on 25 October 2021 in Sudan, with consequent protests on the streets, mainly in Khartoum, but also elsewhere in the country. In Gedaref, the security situation remained relatively calm and

stable following a series of demonstrations on 25 and 30 October 2021. However, many international partners have suspended financial assistance to Sudan as a result, which might further compound the humanitarian situation.

In Djibouti, there is a high risk that the escalating situation in Ethiopia will cause an influx of refugees because of homogeneity between communities along the border. The country is a gateway for migratory routes going towards the Arabian Peninsula and beyond. The consequence for Djibouti where the preparedness capacity is limited results in potential pressure on local resources including land, water, and local materials. Ethiopians of Tigray origin who have been stranded in Djibouti since the start of the crisis, have been settled in Hol Hol refugee camp for processing and registration. The increase of arriving refugees has already put additional pressure on existing facilities as well as Hol Hol town which was already suffering from scarce services and severe levels of poverty. An influx of more refugees would stretch services even further, and create tensions with host communities if adequate preparedness measures are not taken.

Ethiopia has reported in 2021 the second highest caseload of COVID-19 in Africa, while Sudan has also experienced new waves of the virus this year. With vaccine coverage remaining low and with the occurrence of new variants in the country, combined with crowded living conditions in IDP settlement sites, the potential risk of an upsurge in cases remains high.

The extent of mental distress and psychological effects caused to the affected population has been devastating.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response



Ethiopian Red Cross Society

The Ethiopian Red Cross Society (ERCS) was established in 1935; is responsible for providing humanitarian assistance to people affected by natural disasters and conflict throughout the country. The main auxiliary role of ERCS is to supplement the government in the fulfilment of its responsibility to address the vulnerabilities that exist in the country. At the National Headquarters (NHQ) level, responses are led by the Disaster Preparedness and Response (DPR) department which support a regional and zonal representation, which are present in all regions of Ethiopia. This comprises a network of 11 regional and 37 zonal branches, 2,176 staff, 44,700 volunteers, 6,000 Red Cross committees at the community level, and 5 million members.

ERCS has previous experience of responding to complex emergencies, including population displacement triggered by civil unrest. This has comprised operations that have been supported by the IFRC through the Disaster Relief Emergency Fund (DREF) and Emergency Appeal, namely [MDRET019 Ethiopia IDP Population Movement](#), [MDRET020 Ethiopia Population Movement](#), and [MDRET022 Ethiopia Civil Unrest](#). Moreover, the ERCS also has experience of working with IDPs, and returnees (Ethiopian migrants from Kingdom of Saudi Arabia), including promoting peace and social cohesion while integrating durable solutions into their responses. ERCS is well prepared for a response to disaster situations through a roster of National Disaster Response Team (NDRT) members, and Branch Disaster Response Teams (BDRT) presence across the country. An Emergency Operations Centre (EOC) located at the NHQ in Addis Ababa supports communication and coordination with branches.

ERCS has responded to the crisis in northern Ethiopia, and its humanitarian consequences across other parts of the country since its onset in November 2020. They carried out initial assessments inside the Tigray region before other humanitarian stakeholders were able to have access. ERCS has been involved in responding to a range of humanitarian needs for displaced populations in the most affected areas. This has included basic first aid, pre-hospital care, ambulance services, support to health services, distribution of essential household items and

emergency shelter, disbursement of multi-purpose cash grants, provision of in-kind food assistance, livelihoods support, water, sanitation, and hygiene (WASH) services; as well as engaging in Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA).

More than 80,000 people have been assisted by ERCS so far through this Federation Wide Emergency Appeal.



Sudan Red Crescent Society

The Sudan Red Crescent Society (SRCS) was established in 1956 and is among the most experienced organizations providing humanitarian assistance in Sudan. At the NHQ level, responses are led by a Disaster Management (DM) Department, which supports representation across all states of the country. This comprises a network of 18 state branches, 780 staff and 40,000 volunteers.

Before the crisis in northern Ethiopia, and the resulting influx of refugees into Eastern Sudan, SRCS was already present in these areas; and working with other humanitarian stakeholders including the Sudan Humanitarian Aid Commission (HAC) and United Nations High Commissioner for Refugees (UNHCR) to provide humanitarian assistance in Kassala state (Hamdayet). SRCS has been involved in the registration of new arrivals, distribution of essential household items, in-kind food assistance, as well as provision of primary health services through an existing health centre. Following this, SRCS has expanded its services to refugee settlements in Gedaref state (Um Rakuba and Tunaydba), where it is a key partner in the response, particularly in the Essential Household Items/Emergency Shelter, Health/PSS and WASH sectors. SRCS participates in the relevant sectoral working groups, including Health, Protection, Shelter/NFI and WASH, which are led by a combination of UN and INGO agencies.

More than 45,000 people have been assisted by SRCS so far through this Federation Wide Emergency Appeal.



Djibouti Red Crescent Society

The Djibouti Red Crescent Society (DJRC) was established in 1977; and is among the most respected organizations providing humanitarian assistance in the country, with strong coordination and cooperation with the government of Djibouti. It comprises an NHQ, and branches in Ali-Sabieh, Arta, Dikhil, Djibouti-Ville, Obock and Tadjoura, country, which are supported by 34 staff and 300 volunteers.

Though the influx of refugees into Djibouti, has thus far been modest, the DjRC has been monitoring the situation; and continuing to provide services at the Hol Hol camp in areas including basic first aid and health awareness, and WASH. There has also been a focus on PER, to ensure that the DjRC is best able to respond, working with partners, should there be an increase in demands.

More than 31,000 people have been assisted by DJRC so far through this Federation Wide Emergency Appeal.

1.2 National capacity and response

In Ethiopia, the overall response of humanitarian stakeholders is coordinated, through the National Disaster Risk Management Commission (NDRMC) with support from UNHCR. Through the NDRMC the government is supporting populations affected with the distribution of in-kind food assistance to displaced populations, as well as providing seeds in advance of the last planting season. In Sudan, Commissioner for Refugees (COR) and UNHCR co-chair the Refugee Consultation Forum (RCF) at the national level. Operational coordination in the field takes place in the Refugee Working Groups (RWGs), also co-chaired by COR and UNHCR. UNHCR has launched the inter-agency refugee emergency response plan for the refugee influx from Ethiopia which is guiding the overall response. In Djibouti, it is coordinated by the Office National d'Assistance aux Réfugiés et Sinistrés (ONARS) with support from UNHCR. In the case of Ethiopia through the

The host National Societies as an auxiliary to their respective governments, coordinate with these agencies at all levels, to ensure their response maximizes the resources available; and avoids duplication with other humanitarian stakeholders. There is also coordination with civil defence and security agencies to ensure that the National Societies and Red Cross and Red Crescent Movement partners can have uninterrupted access to all areas of the country; and provide unimpeded humanitarian assistance.

2. International capacity and response

2.1 IFRC and membership

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides operational, technical, and financial assistance to the National Societies in countries involved in the response through Country Cluster Delegations located in Addis Ababa and supporting ERCS and DjRC; and in Khartoum, supporting SRCS. Further assistance is provided by the IFRC Regional Office for Africa, located in Nairobi, Kenya.

IFRC is expanding its field structure to strengthen membership coordination and its support to ERCS, SRCS, DjRC and pNS; including the provision of a broader range of Federation Wide technical services. In Ethiopia, this includes posting of a Head of Delegation position to strengthen, coordination, partnership, and strategic positioning; as well as Operations and Program Coordination, Partnerships and Resource Development (PRD), PGI, Planning, Monitoring, Evaluation and Reporting (PMER), and WASH personnel.

There are several participating National Societies present in Ethiopia and Sudan, providing a wide range of essential humanitarian services under the framework of this Emergency Appeal, in different sectors and geographic areas. pNS have contributed with multilateral and bilateral funding and deployed operations and technical experts to this operation in support of the host National Societies.

IFRC membership	Ethiopia	Sudan	Djibouti
Austrian Red Cross	✓		
Danish Red Cross	✓	✓	
Finnish Red Cross	✓		
German Red Cross	✓	✓	
Italian Red Cross	✓		
Netherlands Red Cross	✓	✓	
Qatar Red Crescent		✓	
Spanish Red Cross		✓	
Swedish Red Cross		✓	
Swiss Red Cross	✓	✓	
Turkish Red Crescent		✓	

2.2 International Red Cross Red Crescent Movement⁴

The Federation Wide Emergency Appeal is complementary to the support provided by ICRC, under a coordinated Movement approach. Fully aligned with different mandates and commitments for mutually respectful cooperation, this approach ensures no duplication in terms of approaches and communities supported. Movement cooperation and coordination mechanisms are in place and will be reinforced in Ethiopia, Djibouti, and Sudan at strategic, operational, and technical levels. Terms of Reference (ToR) are in place for all the committees.

They provide platforms for operational decision making, adaptive planning based on the evolving situation, distribution of roles, and building complementarity support to ERCS, SRCS and DjRC, both geographically and by

⁴ The International Red Cross and Red Crescent Movement consists of three components: the International Committee of the Red Cross (ICRC), the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the national Red Cross and Red Crescent Societies.

sector, to ensure that priority needs of the affected population and National Societies can be addressed to the greatest extent possible, and funds can be maximized.

This is in the spirit of the requests made by the senior leaders from ERCS, SRCS and DjRC; and learning gained from the response thus far. In addition, Movement communication guidelines define rules of engagement of Movement partners for external engagement and visibility.

2.3 International Humanitarian Stakeholders

In May 2021, the United Nations declared the Humanitarian System-Wide Scale-Up Activation by the Interagency Standing Committee (IASC) in reflection of the worsening humanitarian situation in Ethiopia. The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) is appealing for \$957 million to support 8.1 million people in northern Ethiopia with humanitarian assistance across all sectors which have been activated under the cluster system. A further \$180 million is being appealed for by the UN World Food Program (WFP) to respond to food insecurity needs. The main actors involved in the response alongside United Nations agencies are International Non-Governmental Organizations (INGOs), and National Non-Governmental Organizations (NNGOs).



ERCS and SRCS are part of the respective Humanitarian Country Teams (HCT), represented in UN clusters and participate in inter-agency sector working group meetings (Cash, Food and Non-Food Security, Nutrition, ES/NFI, Protection, and Education), coordination clusters and taskforce. IFRC, pNS and ICRC are complimenting the National Societies with their engagement in the UN cluster system. Subclusters in the regions are equally activated and ERCS through its regional and zonal structures is an active participant.

DjRC participates in coordination meetings, hosted by Office National d'Assistance aux Réfugiés et Sinistrés (ONARS), and has been involved in joint assessment and planning with ONARS, UN agencies (led by UNHCR) and the Ministry of Interior.



In Kabaro Meed IDP camp in South Gondar, Amhara region, medical care remains an urgent need, as many that have fled recent fighting arrived injured, while others had to walk long distances to reach safety © ERCS/IFRC

3. Gaps in the response

Sector	Analysis
 <p>Shelter, Housing and Settlements</p>	<p>In Ethiopia, the fluidity of the situation and spillover of fighting into new areas continues to generate new population movement, with some people now displaced more than once. The majority of IDPs not in organized camps are living in informal settlements in makeshift shelters or with host communities who have no adequate capacity to provide shelter. For those displaced since the beginning of the crisis, emergency shelters became unsafe and unable to provide the necessary protection. In Afar and Amhara regions, a reported 4.2 million people need household items and emergency shelter assistance⁵.</p> <p>In Sudan, refugee transit and permanent settlement sites in Blue Nile, Gedaref, and Kassala are congested with poor living conditions, while the increasing number of arrivals continues to stretch available resources. Though there are ongoing efforts to move people to permanent locations, which was suspended due to political events but has restarted since 23 November. Surrounding areas of transit and settlement camps are exposed to winds, rain, and flooding, leaving the refugees and host communities increasingly vulnerable.</p> <p>These gaps in the response are compromising the dignity of the affected population; and posing increasing protection risks for groups such as women, girls, children including those with disabilities.</p>
 <p>Livelihoods</p>	<p>In Ethiopia, populations across different regions of the country are experiencing acute food insecurity and are at risk of malnutrition and related health complications. Despite the expansion of support by organizations involved in the response, the needs far exceed the assistance that has thus far been provided. And given the protracted nature of the situation, these needs can be expected to increase further. The situation in Afar and Amhara regions, including North Shewa, North Wollo, South Wollo, and Wag Hemra, are of particular concern due to sustained disruption to livelihoods and markets, as well as lack of access by the affected population to humanitarian assistance.</p> <p>According to recent reports, 9.4 million people require urgent food assistance⁶, including IDPs and host communities. While an estimated 80,000 children under five years and pregnant and lactating women in the Afar region, and 1.4 million in the Amhara region require immediate nutritional support⁷</p>

⁵ [UNOCHA Situation Report – Northern Ethiopia, 02/12/2021](#)

⁶ [UNOCHA Situation Report – Northern Ethiopia, 02/12/2021](#)

⁷ [UNOCHA Situation Report – Northern Ethiopia, 02/12/2021](#)



Health and Care

In Ethiopia, there remains an ongoing need for emergency medical services, such as basic first aid, casualty management and ambulance services, to support injured civilians as well as presenting combatants. Supplies of essential first aid kits are anticipated to become an issue due to fighting in new areas, and an expansion of the response required. In Afar, Amhara and Oromia regions, primary health care services have been damaged, or are otherwise overwhelmed; with reducing the availability of essential supplies, equipment, and medicines.

In Sudan, primary health clinics in refugee settlements are also in need of support to ensure services can be sustained as more people cross the border. Crowded living conditions in IDP and refugee settlements in Ethiopia and Sudan, is putting the affected population at risk of infectious diseases, including COVID-19. Crowded living conditions make protocols such as social distancing challenging, while a lack of water and soap also inhibits handwashing. There are no risk communication strategies in place in many of the informal IDP settlement sites; meaning that such settings provide a possible breeding ground for disease outbreaks. The risk to the health status of the IDP and refugee population is compounded further by worsening food insecurity and malnutrition. The impact of the crisis on the psychological wellbeing of IDPs and refugees has been devastating, with the majority of the affected population being exposed to traumatic situations and severe mental stress due to being forced to flee from their homes, separation, loss of loved ones, loss of property and livelihoods.



Water, Sanitation and Hygiene

In Ethiopia, the WASH situation in IDP settlement sites, as well as host communities is often deplorable, lacking basic water and sanitation facilities. An estimated 5.2 million people require safe drinking water, sanitation, and hygiene⁸. Further to this, the response is being hindered by a lack of available fuel, which is disrupting the functionality of water infrastructure and constraining the transportation of WASH-related equipment and supplies. Lack of electricity and fuel is also inhibiting water trucking and the operation of water pumps.

In Sudan, though access to latrines in the refugee settlement sites has improved, however, there remain instances of open defecation/soiling of existing latrines, while designs are lacking considerations around safety such as installation of lighting. This situation also raises the possibility of competition between IDP, refugee and host communities over the water and sanitation resources that are available, which could trigger violence, and generate more needs. Hand washing stations are often not available in the IDP and refugee settlement sites, increasing the risk of diarrheal diseases and COVID-19 transmission. During and after the rains, stagnant water persists and with inadequate sanitation and hygiene facilities, including solid waste disposal, the affected populations are being exposed to water-borne and vector-borne diseases.

In Djibouti, there is a need to expand existing capacities to provide water supply, sanitation facilities and hygiene promotion in the Hol Hol camp, so to prepare for prospective population movement.

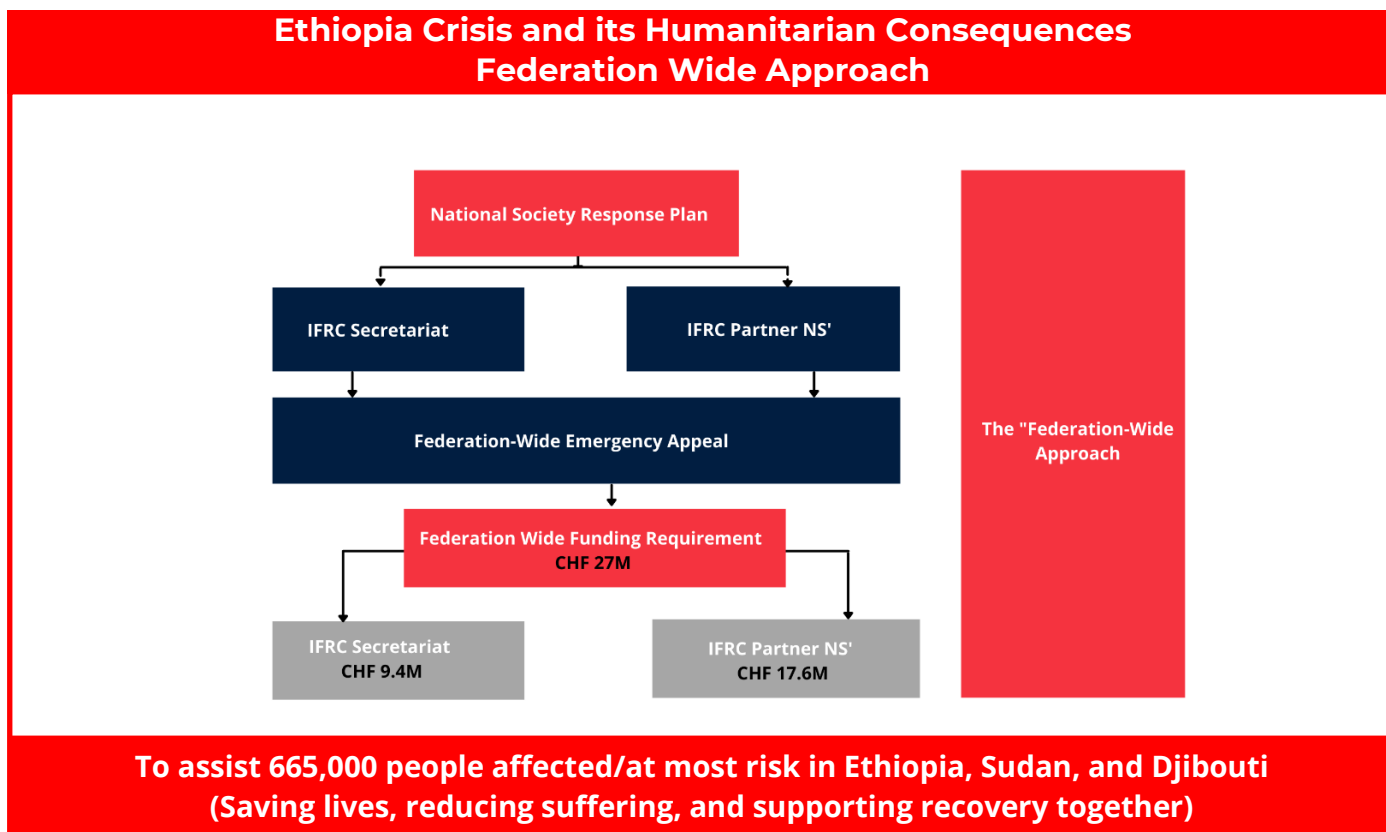
⁸ [UNOCHA Situation Report – Northern Ethiopia, 02/12/2021](#)

OPERATIONAL CONSTRAINTS

Identified constraint	Analysis
Funding Coverage	Funding coverage under the Federation Wide Emergency Appeal remains low, with most funding remaining focused on the response in the Tigray region. This limits the support that can be provided to the host National Societies to respond to the escalating humanitarian in Ethiopia, Sudan, and Djibouti. While high earmarking and short timeframes on the funding that has been received has also created challenges. Further to this, the low level of funding has also curbed the operational and technical HR support that has been possible from IFRC to the host National Societies – particularly to DjRC.
Human Resources	The scale of the response being undertaken has placed considerable pressure on the host National Societies organizational capacities and structures. It has required a workforce, in terms of the number of staff and technical expertise, that in some instances is beyond what is available in the National Societies – either at NHQ or in the implementing branches. This presents a challenge in delivering effective and efficient humanitarian assistance on a sustained basis.
Communications	Communications (phone and internet) interruptions have been a continuing and consistent occurrence, while Satellite Phones and Very High Frequency (VHF) radio systems are not permitted, or not consistently available to staff in host National Societies
Information Management	There is limited information available and consolidated by the host National Societies in the respective countries; and a need to increase the collective capacity to identify, assess and be able to demonstrate evolving humanitarian needs in the country, to inform operational priorities.
Procurement and supply chain management	The supply chain has been disrupted by the crisis leading to reduced availability of stock in-country, or otherwise unstable prices in local markets. Moreover, host National Societies procurement processes and procedures have also contributed to delays in securing necessary assets, equipment, and stocks for the response.
Fleet management	Available vehicles are limited or otherwise in poor states of repair. This impacts the movement of personnel and goods needed for the response to areas of operation, creating delays in the delivery of humanitarian assistance. Additionally, fuel prices have significantly increased (more than 50% in Sudan). Lack of fuel has direct consequences on the response, as is essential not only for routine transport but also for running water pumpers and treatment plants generators.
Coordination	<p>Sub-regional coordination and cooperation between National Societies involved in the response – including peer to peer support – has been limited due to the competing priorities in the response, and the funding coverage.</p> <p>The complex operating context has made creating common and comprehensible communications on the humanitarian situation challenging. This has resulted in challenges in presenting the collective work of the Red Cross and Red Crescent Movement components.</p>

FEDERATION-WIDE APPROACH

The Federation Wide Emergency Appeal provides a framework under which the IFRC and its members could provide support to the host National Societies in response to the crisis, as well as strengthen coordination and cooperation. In line with the IFRC's Agenda for Renewal, this Emergency Appeal has taken a Federation-Wide approach which combines all IFRC's members' intervention and supports the humanitarian response to demonstrate collective impact. This is intended to maximize the use of resources, create synergies, and increase efficiency to save lives, reduce suffering and foster an early recovery process in Ethiopia, Sudan, and Djibouti. The Federation-Wide Emergency Appeal emphasizes a comprehensive approach in programming, reporting, risk management, information management, external communications, resource mobilization, and peer-to-peer exchange between National Societies in neighbouring countries.



Partners and donors are encouraged to contribute donations to the IFRC Secretariat (multilateral) CHF 9.4 million funding requirement, or as participating National Societies, to the bilateral CHF 17.6 million funding requirement, both part of the Federation Wide Emergency appeal as described in the chart above. This includes supporting operationally the delivery of activities in a range of sectors, geographical areas; and through the provision of technical surge capacity, which acts as a resource to the host National Society, IFRC and other members.

Thus far, participating National Societies under the Federation Wide Emergency Appeal have contributed the following financial and in-kind support against the bilateral funding requirement:

Federation Wide Approach – Partner National Society support									
Country	Participating NS	Funding CHF / In-Kind	Sectors being supported						
			Shelter	LLH	Health	WASH	NSD	Coord.	CEA/PGI
Ethiopia	Austrian Red Cross	1,230,000		✓	✓	✓			
	*incl. Canadian Red Cross	(365,000)							
	Finnish Red Cross	814,640	✓	✓	✓	✓			
	German Red Cross	606,549	✓	✓		✓	✓		✓

	Italian Red Cross	85,000			✓				
	Netherlands Red Cross *incl. British Red Cross	1,004,990 (308,458)	✓	✓	✓	✓	✓	✓	✓
	Swiss Red Cross	468,664		✓	✓		✓		✓
Sudan	Austrian Red Cross	In-kind				✓		✓	
	Danish Red Cross *incl. British Red Cross	313,000 (220,254)			✓			✓	✓
	German Red Cross	330,294	✓		✓	✓		✓	
	Kuwait Red Crescent	In-kind		✓				✓	
	Netherlands Red Cross	808,384				✓		✓	✓
	Qatar Red Crescent	1,833,146	✓	✓	✓	✓		✓	
	Swedish Red Cross	In-kind				✓		✓	
	Turkish Red Crescent	In-kind		✓				✓	
Djibouti	NA	NA							
	Total	7,494,667							

OPERATIONAL STRATEGY

Vision

To provide relevant humanitarian assistance to 665,000 people (displaced populations, refugees, and host families) including protection and early recovery of the affected people by the *Ethiopia Crisis and its Humanitarian Consequences*. It also addresses the other combined disasters such as floods, droughts, locusts, COVID-19, climate change, in Ethiopia, Sudan and Djibouti, while delivering an accountable operation that engages with, and listens to affected people when meeting their needs, especially the most vulnerable and marginalized. Investments will be made in contingency planning, preparedness, and readiness to ensure that assistance can be adapted based on the evolving needs.

Eventually, the operation is envisioned to promote recovery, durable solutions, enhance community resilience and social cohesion.

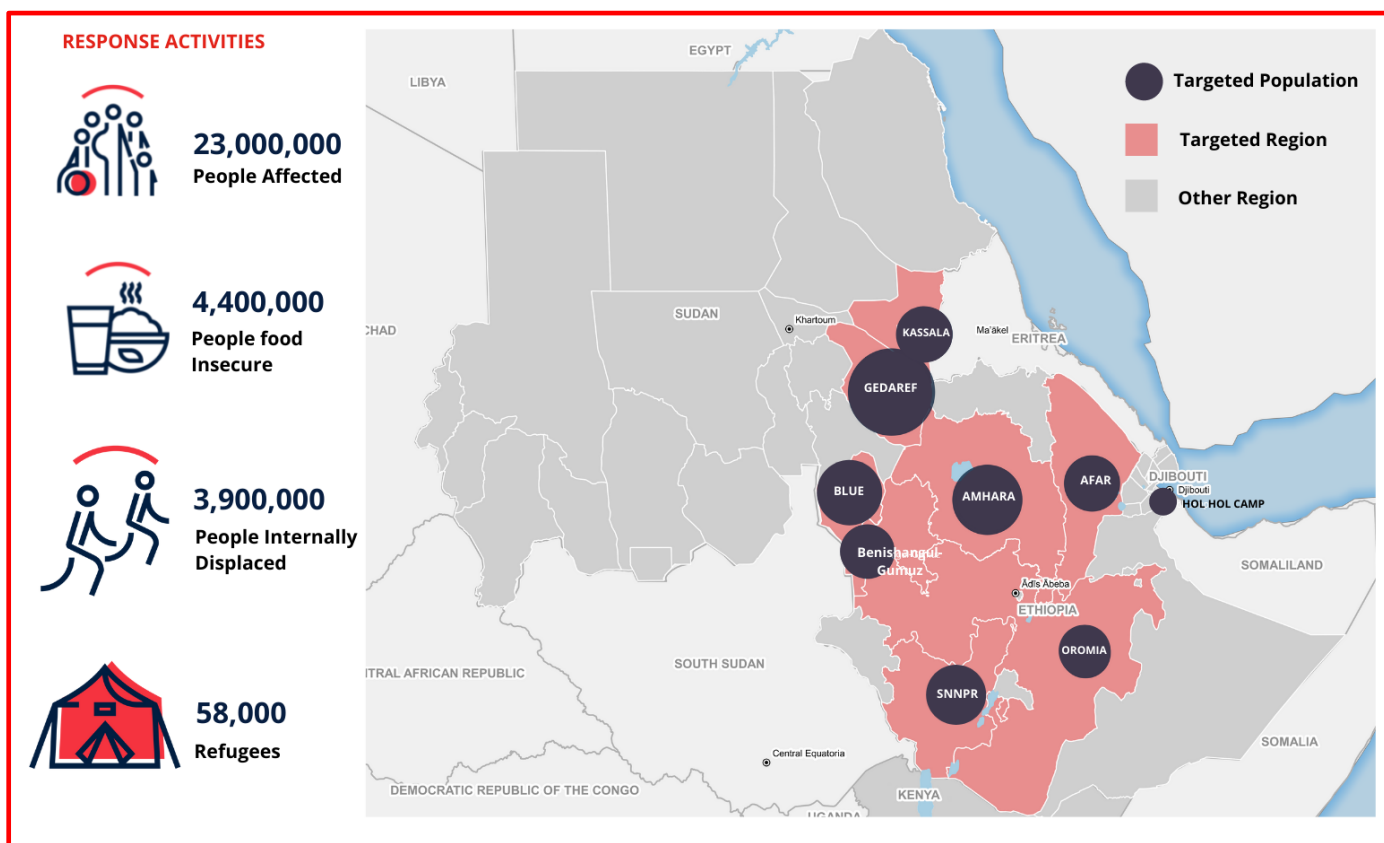
Anticipated risks and adjustments in operation

The crisis in Ethiopia remains continuously complex and evolving, and the IFRC and membership under this revised Emergency Appeal will support host National Societies with readiness planning so that the response can be adapted as necessary, and service delivery sustained.

Priority components will include:

- Development of scenario-based contingency plans, analyzing the potential humanitarian consequences. This will result in projected scenarios and budgets that will support the respective National Societies with the implementation of preparedness and readiness efforts – including strengthening the capacity of branches in the most exposed areas. This will be done at the national and branch level in areas where population movement can be anticipated.
- Cross-border contingency planning with the National Societies already involved in the response; and providing support to strengthen data collection and analysis to help inform operational decisions on adjustments to the response as needed.
- Integration of actions in the response that promote recovery, durable solutions, enhance community resilience and social cohesion of the affected population.
- Collaboration and coordination with National Societies in neighbouring countries (Kenya, Somalia, South Sudan, and others) to ensure readiness planning should the humanitarian consequences of the crisis have cascading impacts within the sub-region.

If there are emerging needs in other countries resulting from this crisis, which trigger a need to scale up the response, consideration will be given to the revision of the Emergency Appeal and associated Operational Strategy to include them.



Targeting

People to be assisted

A total of 665,000 people (133,00 households) will be provided with humanitarian assistance. This includes people who have been internally displaced inside Ethiopia, those that have crossed the border to Sudan and Djibouti, as well as host communities. In coordination with the ICRC and other actors involved in the response, support will be provided to ERCS, SRCS and DjRC to respond in areas of their countries that have been most affected by the crisis; and where are needs remain unmet. This includes:

Country	Region/State	Target population
Ethiopia	Afar	65,000
	Amhara	110,000
	BGZ	60,000
	Oromia	50,000
	SNNPR	70,000
	Tigray ⁱⁱ	NA
Sudan	Blue Nile	60,000
	Gedaref	180,000
	Kassala	60,000
Djibouti	Hol Hol camp	10,000
		665,000

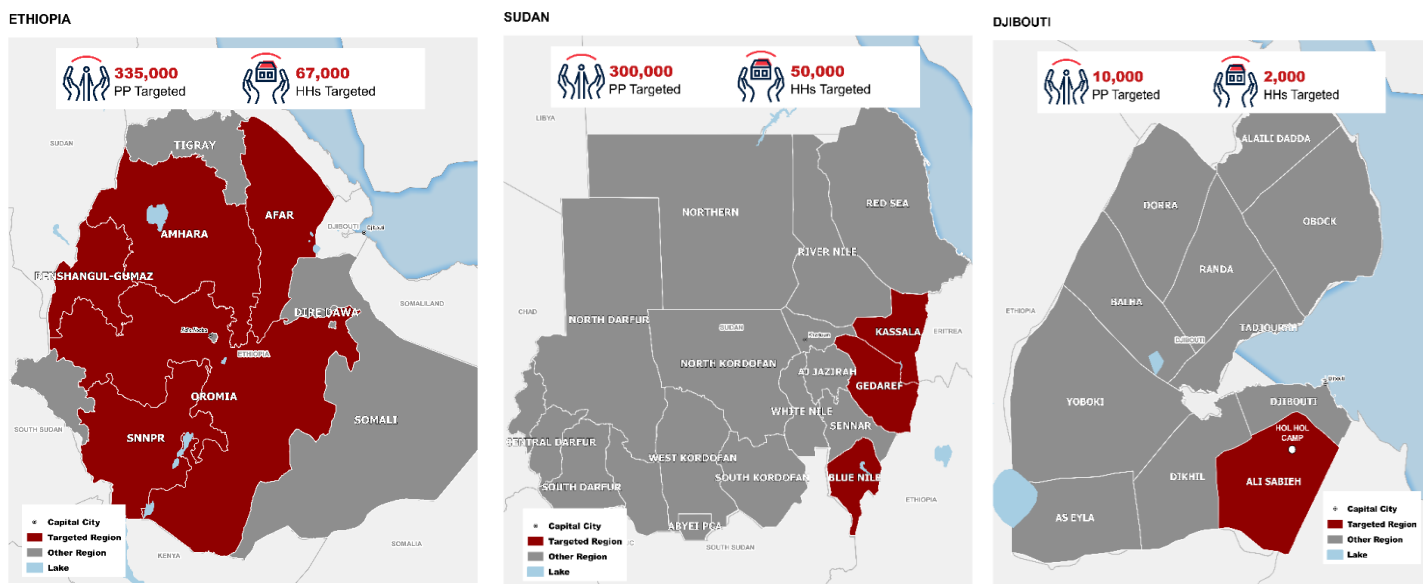
In Ethiopia, a total of 335,000 people (71,000 households) will be assisted – with prioritization of IDPs and host communities) in Afar, Amhara, BGZ, Oromia and SNNP regions that have been most affected by the

consequences of the fighting outside of Tigray, and which has compounded the impact of other parallel shocks (drought, epidemics, food insecurity, pest outbreaks and population movement). Nevertheless, the targeted areas will remain flexible, allowing to address the needs in face of the evolution of the context.

In Sudan, a total of 300,000 people (50,000 households) will be assisted – with the prioritization of refugees and host communities – in Blue Nile, Gedaref, and Kassala states. In Gedaref, the needs are ranked high, since this region has the largest refugee caseload, including two existing camps (Tunaydba, and Um Rakuba) and two new camps (Babikri Camp and Basinga camp), which will mainly host new non-Tigrayan arrivals from Ethiopia. In Kassala state, the needs are ranked medium – the refugee caseload is consolidated in one transit/reception site (Hamdayet) on the border. It will be the priority of SRCS to maintain existing support in Gedaref and Kassala states, as well as prepare for scale-up should there be an influx of arrivals. The host communities in these states have a considerable and comparable vulnerability to the refugees; and will also be prioritized under the response. In Blue Nile state, the needs are currently ranked medium/low; and there is no existing support being provided by SRCS, however, there is a need to ensure they can scale up, should this be required.

In Djibouti, a total of 10,000 people (2,000 households) will be assisted – with the prioritization of refugees in the Hol Hol camp, and host communities. thus far the number of people arriving from Ethiopia has been modest, with a total of 264 people registering from asylum from Ethiopia, however prospective movement remains a possibility, especially should the situation become more protracted. Therefore, the response will prepare its targets, based on a best-case scenario given the forecast number of arrivals in the coming months – this increases from 5,000 people (2,000 households) in this revision.

Targeting will be informed by criteria that are developed in collaboration with the affected population; to ensure that the process is participatory, community-centred, and representative of the most immediate needs. Protection, Gender and Inclusion assessment and analysis will be considered in the targeting process, with priority given to the most vulnerable with no alternative coping mechanism, this could comprise people and families where there is the presence of elderly persons; those living with disabilities or chronic diseases; women and girl-headed households; pregnant and lactating mothers; households with children under 5; households with social protection needs, as well as those that have experienced multiple shocks, and/or been displaced more than once.



Considerations for protection, gender, and inclusion

During violence and periods of civil unrest which resulted in population displacement, women, children, the elderly and people with disabilities are most affected – and are left exposed to potential exposure to protection risks including sexual and gender-based violence, trafficking, sexual exploitation, and abuse. Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have different needs, risks and coping strategies, there is a need to pay more attention to these vulnerable groups throughout the response.

ERCS, SRCS and DjRC will mainstream PGI throughout the response to ensure communities dignity, access, participation, and safety.



Trees are cut to provide building materials at an IDP settlement; as well as firewood to use for cooking. This can leave the refugees and host communities more exposed to wind, rain, and flooding. The IFRC and plan to support initiatives that will help to reverse the impact of the response on the climate and restore the environment. © ERCS/IFRC

Considerations for climate risks and planned risk reduction steps


In Ethiopia, Sudan and Djibouti, population movement, and establishment of IDP and refugee settlements have had a considerable impact on the environment, including the cutting of trees for building material and firewood. This also presents a risk of creating conflict between IDP, refugees and host communities over the use of scarce natural resources. ERCS, SRCS and DjRC will undertake initiatives aimed at reducing the impact of the response on the climate; and help restore the local environment.

Priority components will include:

- Conduct Tree Planting initiatives, to replace those that may have been cut, as well as increase their number.
- Mainstream messaging on environment conservation, balanced use of natural resources and peaceful coexistence into other awareness-raising activities.
- Support planting of trees and shrubs in areas where the location and geography of the sites leave residents potentially exposed to winds, rain, and flooding (such as Tunaidba in Sudan); as well as promote greywater recycling to avoid creating breeding grounds for mosquitos.
- Conduct community greening activities, such as the growing of kitchen gardens, in IDP and refugee settlements.
- Conduct early warning early action messaging with IDP, refugees and host communities in those areas which are prone to flooding
- Construction of low cost locally designed energy efficient stoves for IDP and refugees will be prioritized as part of a package of Essential Household Items. Framing materials will be included in shelter packages to mitigate the risk of IDPs and refugees cutting down trees to build emergency shelters.

The above initiatives will be done following strategies articulated under the IFRC Pan African Tree Planting and Care Initiative 2021 – 2030.

PLANNED OPERATIONS

	Shelter, Housing and Settlements	Female > 18: 215,460	Female < 18: 183,540	3,741,000 CHF
		Male > 18: 143,640	Male < 18: 122,360	AP Code: 005
Objective(s):	Communities affected by disaster and crisis restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions			
Priority Actions:	<ul style="list-style-type: none"> • 28,000 households (140,000 people) will be targeted with Essential Household Items and Emergency Shelter materials: including blankets, mosquito nets, sleeping mats, shelter tools, framing materials, and tarpaulins. They will be distributed alongside other items from other sectors (WASH and PGI) as a consolidated package of support. Locally designed low-cost energy-efficient stoves will also be included as part of this package as a priority. Demonstration on proper usage provided at the point of distribution. Ethiopia: 17,500 households (87,500 people); Sudan: 10,000 households (50,000 people), and Djibouti: 500 households (2,500 people). • 50 communal shelters and kitchens will be constructed in IDP and refugee settlements –Ethiopia: 15 Sudan: 35 • 510 volunteers will be mobilized and trained on emergency shelter practices (Build Back Safer and All Under One Roof) – Ethiopia: 350 individuals; Sudan: 150 individuals, Djibouti: 10 individuals. • 15 initiatives to reverse the impact of the response on the climate and restore the environment will be conducted through the mobilization of IDP, refugees, host communities, and partner organizations, directly benefitting 93,000 households (465,000 people), and indirectly 40,000 households (200,000 people) – Ethiopia: 8; Sudan: 6, and Djibouti:1 <p>Prioritization will be on addressing immediate needs related to emergency shelter and provision of household items – however, efforts will be made to implement medium-longer term durable shelter solutions, given the possibility that the affected population could be displaced for a protracted period. This will include coordination with other stakeholders to promote a coordinated approach to early recovery, as well as advocacy where required.</p>			



Livelihoods

Female > 18: **48,600**

Female < 18: **41,400**

9,681,000 CHF

Male > 18: **32,400**

Male < 18: **27,600**

AP Code: **007**

Objective(s):

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

Priority Actions:

- **14,000 households (70,000 people) will be targeted with basic needs food assistance (in-kind)** – Ethiopia: 7,500 households (37,500 people), Sudan: 6,500 households (32,500 people).
- **25,000 households (150,000 people) will be targeted with multi-purpose cash grants**, which will be disbursed through a contracted financial service provider (FSP) – Ethiopia: 17,500 households (87,500 people); Sudan: 7,500 households (37,500 people). Multipurpose cash transfers (and/or vouchers) will be used as a short-term safety net approach to deliver this strategy and act as a short-term buffer against the multiple shocks faced by affected populations. Multi-purpose cash and voucher programs will be informed by cash feasibility studies, and market assessments; as well as coordination with cash working groups, and other actors to determine the MEB. Post distribution monitoring will be conducted after each disbursement.
- **25,000 households (125,000 people) among the most affected/at-risk groups will be targeted with livelihoods assistance to support early recovery and promote resilience** – 17,500 households (87,500 people); Sudan: 7,500 households (37,500 people). Livelihood programming will be informed by in-depth recovery and market assessments, as well as coordination with the Ministry of Agriculture, and Regional Bureaus of Agriculture and other actors (Food and Agriculture Organization) to determine the modality of support – either an in-kind distribution of seeds, tools, and fertilizers and/or disbursement of conditional cash grants. Targeted households will receive skills and vocational training based on their selected livelihoods and income generation preference. There will be consideration given to ensuring that skills are transferrable, should recipients stay in the location where they have been displaced or return home.
- **500 volunteers will be mobilized and trained** on cash and voucher assistance programming (adapted modules from the Cash in Emergencies Toolkit) – Ethiopia: 400 individuals; Sudan: 100 individuals.
- **500 volunteers will be mobilized and trained** on climate-sensitive livelihood and income generation practices – Ethiopia: 400 individuals; Sudan: 100 individuals.



Health & Care

Female > 18: **116,640**

Female < 18: **99,360**

3,260,000 CHF

Male > 18: **77,760**

Male < 18: **66,240**

AP Code: **107,108, 109**

Objective:

Communities affected by disaster and crisis have the immediate risks to their health reduced through the delivery of integrated health services

Priority Actions:

- **51,000 households (255,000 people) will be targeted with basic first aid and medical services** – Ethiopia: 35,000 households (175,000 people), Sudan: 15,000 households (75,000 people), and Djibouti: 1,000 households (5,000 people). This includes support to basic first aid and ambulance services, primary health care services in IDP and refugee settlements (Hamdayet and Tunaydba), and to host communities through mobile clinics, as well as provision of medical and surgical supplies (first aid kits, stretchers etc.).
- **72,000 households (360,000 people) will be targeted with community-based health services** – Ethiopia: 50,000 households (250,000 people), Sudan: 20,000 households (100,000 people), and Djibouti: 2,000 households (10,000 people). This includes mobilization of volunteers to conduct mass awareness of disease prevention through social mobilization and risk communication activities on Malaria, Acute Watery Diarrhea (AWD), Cholera HIV, Tuberculosis (TB), Malnutrition and COVID-19 prevention, and symptoms identification, and health-seeking behaviour. Maternal and child health, reproductive health and nutritional awareness support will also be provided.
- **51,000 households (255,000 people) will be targeted with mental health and psychosocial support services** – Ethiopia: 35,000 households (175,000 people), Sudan: 15,000 households (75,000 people), and Djibouti: 1,000 households (5,000 people). This includes the provision of psychosocial first aid (PFA) through individual 1:1 sessions and household outreach, followed by referral for specialized support as needed. Further, the implementation of recreational, resilience and awareness-raising activities for children, youth, young men, and women based on their interests and perceived needs; as well as community-based initiatives with the active participation of youth to increase well-being/protection. Trained volunteers will provide PSS services and counselling to affected populations to help them to cope with the mental effects of the crisis.
- **1,000 volunteers will be mobilized and trained** on areas including Basic first aid (BFA), Community Health Promotion, PFA and RCCE – Ethiopia: 750 individuals, Sudan: 225 individuals, and Djibouti: 25 individuals. Caring for Volunteers systems will be established, as well as PPE and other items will be procured for volunteers to ensure duty of care



Water, Sanitation and Hygiene

Female > 18: **116,640**

Female < 18: **99,360**

4,595,000 CHF

Male > 18: **77,760**

Male < 18: **66,240**

AP Code: **110, 111**

Objective:

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

Priority Actions:

- 57,000 households (285,000 people) will be provided with access to safe drinking water** which meets Sphere and WHO standards in terms of quantity and quality – Ethiopia: 35,000 households (175,000 people), Sudan: 20,000 households (100,000 people), and Djibouti: 2,000 households (10,000). This will be done through emergency water trucking and distribution of household water treatment products and storage containers; as well as the provision of durable solutions such as pipeline and well rehabilitation, and infrastructure construction to support recovery. Water treatment and testing will be conducted by trained volunteers at the source, storage, and household level
- 57,000 households (285,000 people) will be provided with improved sanitation services, which meets Sphere standards in terms of quantity and quality** – Ethiopia: 35,000 households (175,000 people), Sudan: 20,000 households (100,000 people), and Djibouti: 2,000 households (10,000).
 Emergency toilets with handwashing facilities will be constructed in IDP and refugee settlements. In host communities and permanent settlement sites, household toilets will also be constructed, alongside the implementation of faecal sludge management strategies. This will include where to construct household toilets without onsite faecal sludge management, and where to organize safe sanitation service chains for shared toilets. Institutional latrines in schools and health facilities will also be considered to support host communities.
 Selection and design of the toilets will be based on consultation with targeted communities on their cultural preference, safety, access for women, children and the disabled considered. Low-cost designs that can be locally maintained will be prioritized, while measures such as solar lighting also incorporated.
- 72,000 households (360,000 people) will be targeted with hygiene promotion to support the reduction in the risk of waterborne and water-related diseases** – Ethiopia: 50,000 households (250,000 people), Sudan: 20,000 households (100,000 people), and Djibouti: 2,000 households (10,000 people). Rapid needs assessments will be conducted to define hygiene issues and assess capacity to address the problem. This will result in hygiene communication plans, which will be implemented by volunteers. There will also be involvement of the affected population including their participation in environmental clean-up and waste management campaigns.
- 28,000 households (140,000 people) will be targeted with Emergency WASH materials:** including items such as hand sanitiser, body soap, shampoo, water storage containers and treatment chemicals etc. – Ethiopia: 17,500 households (87,500 people); Sudan: 10,000 households (50,000 people), and Djibouti: 500 households (2,500 people). They will be distributed alongside other items from other sectors (Shelter and PGI) as a consolidated package of support, with a demonstration on proper usage provided at the point of distribution.
- 1,000 volunteers will be mobilized and trained** on Emergency WASH and hygiene promotion – Ethiopia 750 individuals, Sudan 225 individuals, and Djibouti 25 individuals.



Protection, Gender, and Inclusion

Female > 18: **215,460**

Female < 18: **183,540**

361,000 CHF

Male > 18: **143,640**

Male < 18: **122,360**

AP Code: **114, 116, 117**

Objective:

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

Priority Actions:

- **Conduct assessments on the specific needs of the affected population based on criteria from the IFRC PGI Minimum standards and toolkit** to understand and respond to individuals and groups, based on their specific risks, needs and concerns, which will inform the adaptation of operational strategies as needed. Special consideration will also be given to integrating measures to prevent and respond to Child Protection, Sexual and Gender-Based Violence (SGBV) including Sexual Exploitation and Abuse (SEA) and situations of trafficking. Child safeguarding will be a key component considered. This includes the piloting of Child safeguarding analysis tools.
- **Mobilization and training of staff and volunteers (including refreshers) on PGI Minimum Standards** with a practical emphasis on practical application standards (Dignity, Access, Participation and Safety), and concepts related to Basic Child Protection and safeguarding, SGBV, including safe and dignified referral, and Psychological First Aid.
- **Establish systems to ensure National Society staff and volunteers receive briefings on PSEA** (Prevention of Sexual Exploitation and Abuse) and Code of Conduct, and they sign it
- **Establish Child-Friendly Spaces** in IDP and refugee settlements.
- **Distribution of Information, Education and Communication (IEC)** materials related to Child Protection and safeguarding, PSEA and SGBV, will be translated into local languages.
- **Facilitate safe and dignified referrals to basic needs and specialized services in coordination with other actors** – including mapping of available services, the establishment of agreements with appropriate services, and protocols for the safeguarding of data and information.
- **Establish protocols to ensure data protection** and individual confidentiality. This will include coordination with CEA in handling sensitive complaints.
- **Collect and analysis of Sex, age, and disability disaggregated data (SADDD)**
- **10,250 individuals will be targeted with dignity kits** – including items such as soap, sanitary pads, panties, toothbrush and toothpaste, and torch etc. – Ethiopia: 7,500 individuals, Sudan: 2,500 individuals, and Djibouti: 250 individuals. Rapid needs

assessments will be conducted to define the targeting of individuals with specific needs. They will be distributed alongside other items from other sectors (Shelter and Housing and WASH) to targeted individuals.

Enabling approaches

	National Society Strengthening	Female > 18: 215,460	Female < 18: 183,540	3,816,000 CHF
		Male > 18: 143,640	Male < 18: 122,360	AP Code: 124,125,126
Objective:	Ensure that the National Societies have the capacities and resources required to deliver and sustain humanitarian assistance to communities affected by disaster and crisis			
Priority Actions:	<ul style="list-style-type: none"> • Support implementation of Federation Wide country plans for National Society strengthening, containing priorities and focus areas for support, which IFRC and members can contribute to. These will be developed following the host National Societies Strategic Plans to ensure consistency with overarching organizational development objectives; and will be following the One Country Plans in place for the respective National Societies. Priority components could include, strengthening of EOCs. data collection and analysis systems, conducting of procurement and supply chain management assessments, implementation of warehouse management improvements, fleet procurement (trucks and vehicles), pre-positioning of stocks, volunteer management systems, security risk management, as well as capacity strengthening of staff in technical areas. • Capacity strengthening of 12 strategically located branches at border points and other areas where population movement can be anticipated (to act as Humanitarian Service Points) – Ethiopia: 8 (BGZ, Awash, North Wollo, South Wollo, South Gondar, Borena, East Wollega, and West Guji, Sudan: 3 (the Blue Nile, Gedaref and Kassala), and Djibouti: 1 (Ali Sabieh). This will include a package of preparedness for response measures to ensure that branches are ready to respond with humanitarian services as needed. The package could include executing PER/BOCA Workplan activities, contingency planning, installation of rub halls, pre-positioning of stocks and activities around bridging the digital divide through the improvement of communication infrastructure (Satphones, VHF etc.), CEA/PGI mainstreaming, as well as capacity strengthening of Branch Disaster Response Team (BDRT) and Community Disaster Response Team (CDRT) through support with equipment and refresher training. Existing longer-term branch capacity strengthening programming being implemented in the same operational areas will be complemented – and contextualized based on emergency-related needs that have arisen from the current crisis; while lessons learnt from previous initiatives will also be considered. • Sub-regional collaboration and coordination between the host National Societies, and those in neighbouring countries where there is prospective cross border population movement (Kenya, Somalia and South Sudan, and others). This will include scenario-based contingency planning, context analysis and response readiness to ensure that other National Societies can provide humanitarian assistance if called upon. This will be convened and supported by the IFRC as part of the regional coordination component. 			



Coordination and Partnerships

Female > 18: **215,460**

Female < 18: **183,540**

1,546,000 CHF

Male > 18: **143,640**

Male < 18: **122,360**

AP Code:

Objective:

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

Priority Actions:

- **Coordination of the response through a Federation Wide approach**, including reporting, management, and technical services. The IFRC secretariat will act following its role to coordinate and support the response under the Federation Wide approach. This will include the implementation of Federation Wide tools – Federation Wide Picture, Indicator Tracking Table, and Financial Overview – to support the positioning of the IFRC and members in the response; as well as promote external engagement and visibility. These will be reviewed and reinforced as needed to ensure they meet operational information management/reporting and resource mobilization needs. Federation Wide management and technical services will also be provided to promote coordination and cooperation between host National Societies and participating National Societies in areas such as Communications, IM, PMER, as well as sectors relevant to the response including CVA, Health and Care (PSS), National Society Development, and WASH. Briefings and orientation sessions on the Federation Wide approach; as well as lesson learnt sessions will be facilitated to promote common understanding.
- **Strengthening Movement Cooperation and Membership Coordination**. As part of Strengthening Movement Coordination and Cooperation (SMCC), the host National Societies, IFRC, member National Societies and ICRC coordinate via established mechanisms in Ethiopia, Sudan, and Djibouti. These comprise the Movement Platform, Movement Operations Committee and Technical Committees, which provide mechanisms for Red Cross and Red Crescent planning, coordination, and information sharing.
- **Strategic communication, advocacy, and humanitarian diplomacy**. The IFRC, ICRC and host National Societies have agreed-upon country communication guidelines that define rules of engagement of Movement partners for external engagement and visibility. Further, the revision and updating of key messages and development of communication packages will be done. While there will be enhanced efforts to engage with donors, diplomatic missions; and position the Red Cross and Red Crescent with the United Nations, other stakeholders in the response, and establish modalities to work with governments in countries involved in the response.



Community Engagement and Accountability

Female > 18: **215,460**

Female < 18: **183,540**

Included in NSD section

Male > 18: **143,640**

Male < 18: **122,360**

AP Code: **129**

Objective:

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

Priority Actions:

- **Conduct periodic contextual assessments** which include questions about preferred channels of communication, information consumption habits, needs and preferences for raising complaints and asking questions. This data will be used to inform CEA strategies within the response. Perception surveys will also be conducted to obtain feedback on the assistance provided, level of satisfaction, and also inform the continual adaptation of activities as needed.
- **Establish feedback mechanisms** to ensure two-way feedback systems (such as toll-free phone lines), so that information can be shared with the affected population on the assistance being provided, selection criteria, distribution processes and to provide feedback/complaints. Community feedback and assessment information will be used to guide the adaptation of the response based on the evolving situation and priority needs; as well as inform strategies focused on putting in place longer-term durable solutions (as funding allows).
- **Communication and dissemination of Fundamental Principles and Safer Access Framework** as a key component of the CEA activities will be undertaken to ensure access and acceptance. as well as the expected behaviour of staff and volunteers.
- **Mobilization and training of staff and volunteers (including refreshers) on minimum CEA actions** (adapted modules from the CEA in Emergencies Toolkit). Volunteers will be engaged during the implementation of the response, including identification and household registration, information sharing regarding response activities, coordination with local FSPs and collecting feedback from community members regarding the assistance.

Risk management


Risk	Likelihood	Impact	Mitigating steps
Evolving security situation impacts – including cascading into new areas, and restricting movement of staff and volunteers	High	High	<ul style="list-style-type: none"> Conduct scenario-based contingency planning and readiness. Strengthening of strategically located branches at border points, and/or where population movement can be anticipated. Application of IFRC security plans to all IFRC staff throughout the operation; conducting of area-specific Security Risk Assessment and completion of mandatory e-learning training.
Increased number of people requiring assistance	High	Medium	<ul style="list-style-type: none"> Coordination with partners and donors to the Federation Wide Emergency Appeal to mobilize increased resources to allow for scale-up (financial and in-kind). Coordination with the ICRC and other humanitarian stakeholders advocate for addressing unmet needs.
The resurgence of COVID-19 cases in the respective countries	High	Medium	<ul style="list-style-type: none"> Application of specific operational strategies related to prevention, mitigation and control of COVID-19 will be mainstreamed. This includes ensuring the duty of care and protection of staff and volunteers involved in the response.
National Societies capacity is depleted and not able to sustain delivery of humanitarian assistance	Medium	Medium	<ul style="list-style-type: none"> National Society strengthening will be incorporated to sustain and strengthen the delivery of humanitarian assistance. Provision of Federation Wide management and technical services to supplement the capacities of the host National Societies.
Interruption to communications - including internet and phone networks	High	High	<ul style="list-style-type: none"> Communications-related business continuity protocols are in place. Provide access to satellite phones and/or VHF.
Interruption in access to banking services impacts cash flow for the response	High	High	<ul style="list-style-type: none"> Provide alternative payment and transfer methods (cheque, mobile money) for suppliers and recipients of cash assistance Protocols in place to ensure staff and volunteers have adequate liquidity to ensure duty of care, and business continuity.
Increase in inflation and prices of fuel and basic commodities	High	Medium	<ul style="list-style-type: none"> Promote the use of procurement strategies that avoid prospective forex losses, and ensure budget provisions are made for this in operating budgets.

Quality and accountability

A Federation Wide reporting mechanism has been developed, which ensures linkages between the secretariat and bilateral support to the Emergency Appeal and acts as a model for coordination in terms of presenting the collective impact of the Red Pillar in Ethiopia, Sudan, and Djibouti for this response. This comprises financial, narrative and indicating tracking tools, which are completed against an agreed set of indicators, and timelines to inform standard and donor reports.

As part of the Federation Wide reporting, the following indicators will be monitored by the IFRC, and members involved in the response:

Sector	Indicator
 Shelter, Housing and Settlements	# households reached with shelter kits # households reached with HH items # communal kitchens constructed # accessible communal shelters constructed # volunteers trained in shelter activities
 Livelihoods	# people reached with food items # people reached with livelihood recovery support # households receiving a multi-purpose cash grant # volunteers trained in cash and livelihoods activities
 Health and Care	# volunteers trained in health-related topics # volunteers actively reporting through Community Based Surveillance (CBS) # people reached with BFA # households reached with PFA # people reached with RCCE # people reached by emergency healthcare services # people having access to healthcare services # ambulances available to provide ambulance care and patient transport # patients provided with ambulance care # IEHK kits procured and distributed # health clinics supported with equipment and running costs # First Aid Kits distributed # people reached with community-based epidemic control and health promotion # mosquito nets distributed Screening and referral mechanism is in place # people referred for nutrition treatment # volunteers providing PFA and PSS Service of centres meeting quality standards for respectful, inclusive, and safe PS programming
 Water, Sanitation and Hygiene	# target population that has adequate access to safe water. # target population have access to adequate sanitation # volunteers trained in WASH # water systems constructed and rehabilitated # latrine cubicles/stances constructed or rehabilitated # hygiene facilities constructed # chlorine tabs distributed

 National Society Strengthening	# households reached with WASH items
	# people reached with hygiene promotion messaging
	# branches prepared to respond to disasters
	# communities prepared to respond to disasters
	# volunteers mobilized and protected
 Community Engagement and Accountability	# National Societies who have a National Society Development plan in place
	# National Societies who conducted a PER Assessment
	# complaints received through the feedback mechanism
	% people aware of their entitlements
	# Toll-free hotlines established and supported
 Protection, Gender, and Inclusion	# staff and volunteers trained on CEA
	# programme decisions made based on community feedback
	% community members who feel support provided by the programme currently covers their most important needs
	# people reached with Dignity Kits
	% sectors to mainstream PGI minimum standards
	% volunteers trained on PGI minimum standards
	# child-friendly spaces actively providing services
	# of boys and girls, young men and women participating in recreational, resilience and awareness-raising activities
% IDPs provided with relief and protection	
# people referred to basic needs and specialized service	
# community-based initiatives implemented with the active participation of youth	

Federation Wide 3-monthly narrative reporting will be provided as per IFRC minimum reporting standards against the Operational Strategy and indicators; and will be published on the IFRC Appeals Database.

A 3-month operational planning cycle has also been embedded in the Emergency Appeal and will continue to be applied, to ensure that findings from continuous assessment and monitoring of the situation can be considered in response so that remains appropriate to the priorities and needs of the affected population, and resources needed. This will be based on, 1) Humanitarian analysis of the situation, 2) Scenario-based contingency plans, 3) Priorities of the host National Societies and affected populations, and 4) Funding Coverage).

Mid-term after-action reviews will be held on progress made through the response and a final evaluation, as well as audit at the end of the Emergency Appeal conducted.

Contact information

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

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For In-Kind donations and Mobilization table support

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Reference



Click here for:

- [Link to IFRC Emergency landing page](#)

¹ [Integrated Food Security Phase Classification Projection \(July – September 2021\)](#).

ⁱⁱ ICRC remains the lead support to ERCS inside Tigray region