OPERATION UPDATE

Ethiopia Crisis and its Humanitarian Consequences

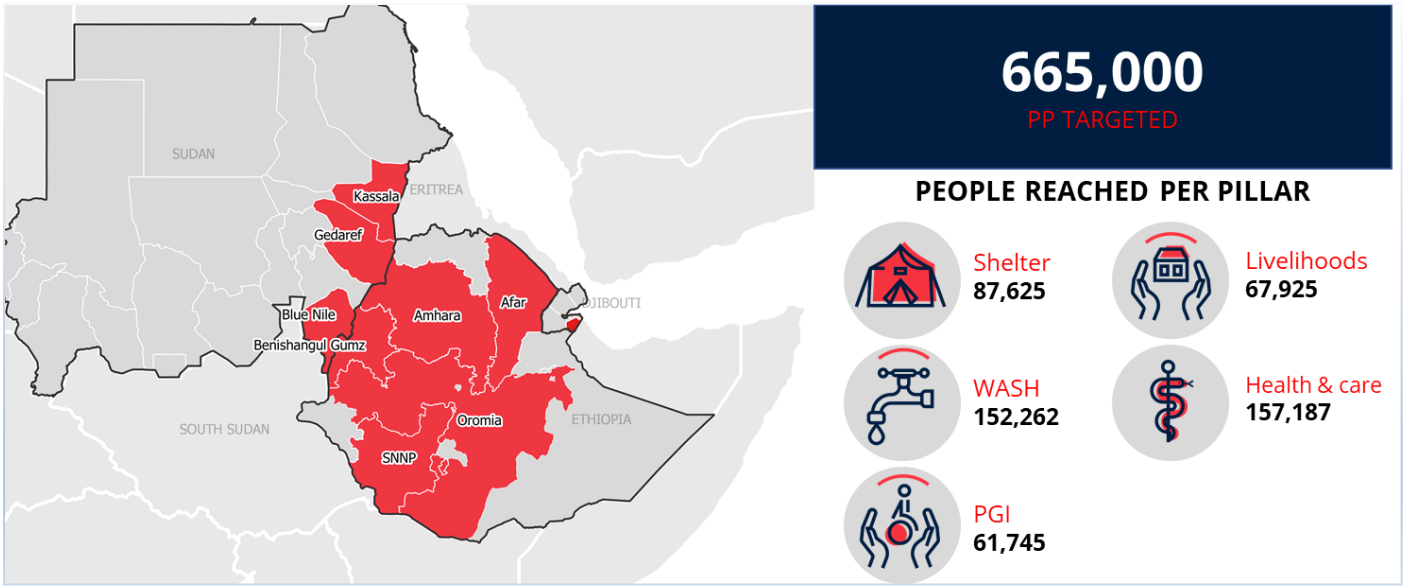
Multi-Country Response in Ethiopia, Sudan, and Djibouti

Emergency appeal №: MDRTIGRAY **Emergency appeal launched:** 26/01/2021 **Revised Emergency appeal launched:** 29/11/2021 **Operational Strategy published:** 16/12/2021	**Glide №:** CE-2020-000229-ETH
Operation update, 12 months **Date of issue:** 04/04/2022	**Timeframe covered by this update:** From 26/01/2021 to 26/02/2022
Operation timeframe: 24 months (26/01/2021 - 31/12/2022)	**Number of people being targeted:** 665,000 (Ethiopia, 355,000; Sudan, 300,000; and Djibouti, 10,000)
Funding requirements (CHF): CHF 9.4 million through the IFRC Emergency Appeal CHF 27 million Federation-wide	**DREF amount allocated:** CHF 948,763

The IFRC, on behalf of the Ethiopian Red Cross, Sudanese Red Crescent, and Djibouti Red Crescent would like to thank all partners that have contributed to the Federation Wide Emergency Appeal: American Red Cross, British Red Cross, Canadian Red Cross, Japanese Red Cross, Monaco Red Cross, Netherlands Red Cross (and Netherlands Government), Swedish Red Cross, Turkish Red Crescent, and the Lithuanian Government, Additionally, we would like to thank all those which have provided bilateral support: Austrian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Netherlands Red Cross, Qatar Red Crescent, Swiss Red Cross, and USAID/OFDA.

To date, this Emergency Appeal, which seeks CHF 27,000,000, is 40% funded. Further funding contributions are very urgently needed to enable the National Societies in Ethiopia, Sudan, and Djibouti, with the support of the IFRC and its members, to continue to provide humanitarian assistance and protection to people affected by Ethiopia Crisis.

Approximately 175,000 people (35,000 households) affected by the Ethiopia Crisis have been reached with support thanks to the collective action undertaken through this Emergency Appeal.



A. SITUATION ANALYSIS

Description of the crisis

ETHIOPIA

The situation in northern Ethiopia continues to be highly fluid and unpredictable. The violence continues to increase humanitarian needs due to displacement, loss of livelihoods, and lack of access to markets, food, and basic services. The political dynamics across the region changed notably on 28 June 2021 following the unilateral declaration of ceasefire by the Federal Government with the subsequent withdrawal of the defense forces from Tigray. However, the escalation from July 2021 onwards, saw violence spiral into the neighbouring regions of Afar and Amhara causing a large-scale upsurge in displacement and aggravating the humanitarian situation. Since December 2021, the situation has stabilized, with a de-escalation of violence, and the withdrawal of Tigrayan forces from most areas of the Afar and Amhara regions.

According to OCHA, approximately 9.4 million people remain in need of humanitarian assistance, with Essential Household Items (EHI), Food, Health, Protection, Shelter and Water, Sanitation and Hygiene (WASH) have been found the major inter-sectoral gaps/critical needs. Additionally, early recovery needs are enormous since basic social amenities have been destroyed including health facilities, water points, and livelihood assets.

SUDAN

According to UN Refugee Agency (UNHCR) and Sudan's Government Commissioner for Refugees (COR), more than 58,000 people have crossed into neighbouring Sudan since the onset of the crisis, seeking safety, predominantly in the Blue Nile, Gedaref, and Kassala states. Gradually, those arriving from Ethiopia have been relocated to the three main camps in Gedaref, namely, Babikiri, Tunaydibah, and Um Rakuba.

The Ethiopian refugee situation occurred in midst of a political transition and crisis in Sudan, including the formation of a transitional government in 2020, and its then subsequent dissolution in October 2021, with potential threat to the stability the country. The magnitude of protests and demonstrations have escalated and disrupting services and, daily life. Weekly working days have been reduced significantly, due to the closure of bridges, blocking of roads, and shutdown of internet services. Closure of main Port Sudan port and blockage of the main Port Sudan – Khartoum highway led to shortages of imported supplies.

The political situation, combined with an economic crisis that has resulted in soaring inflation rates, impacts of COVID-19, and widespread flooding in 2020 and 2021, has had a spillover effect on the population. Although activities by humanitarian stakeholders to support refugees in the camps have continued, the precarious nature of the situation, and disruptions it continues to cause in terms of available good, supplies, and basic services, has severely hindered their efforts. Consequently, the overall needs in Sudan have continued to grow with the Sudan Humanitarian Coordination Team indicating that the number of people in need is at the highest in 10 years.

DJIBOUTI

Djibouti sits at the crossroads of one of the most transited migration routes in the world, with thousands of people moving across along the "Eastern Route" towards Yemen, as well as acting as a point for asylum for people from Ethiopia and Somalia.

This combined with the porous border, as well as the social economic connection between Djibouti and Ethiopia, raised the possibility that the crisis could lead to an influx of people, similar, to the numbers in Sudan. However, this has not transpired, and there has only been a modest number of people that have crossed, which have been settled in Hol-Hol camp.

Summary of response

Overview of the host National Society and ongoing response

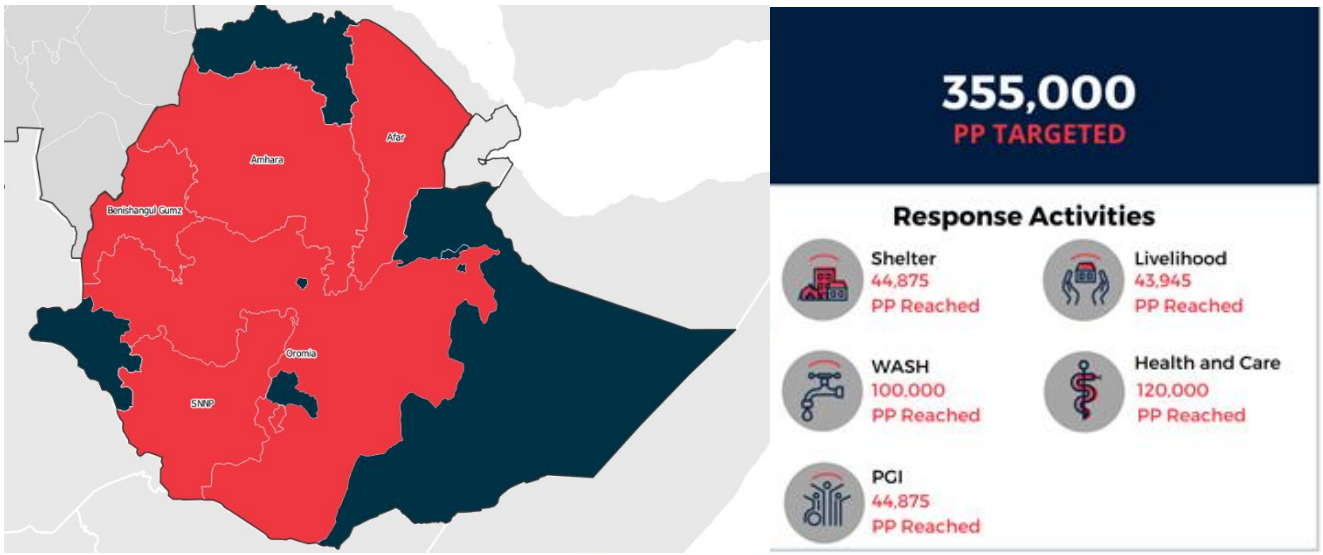
Ethiopian Red Cross Society

The main auxiliary role of the Ethiopian Red Cross Society (ERCS) is to supplement the government in the fulfillment 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 supports 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 had previous experience in 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 in 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 the 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.

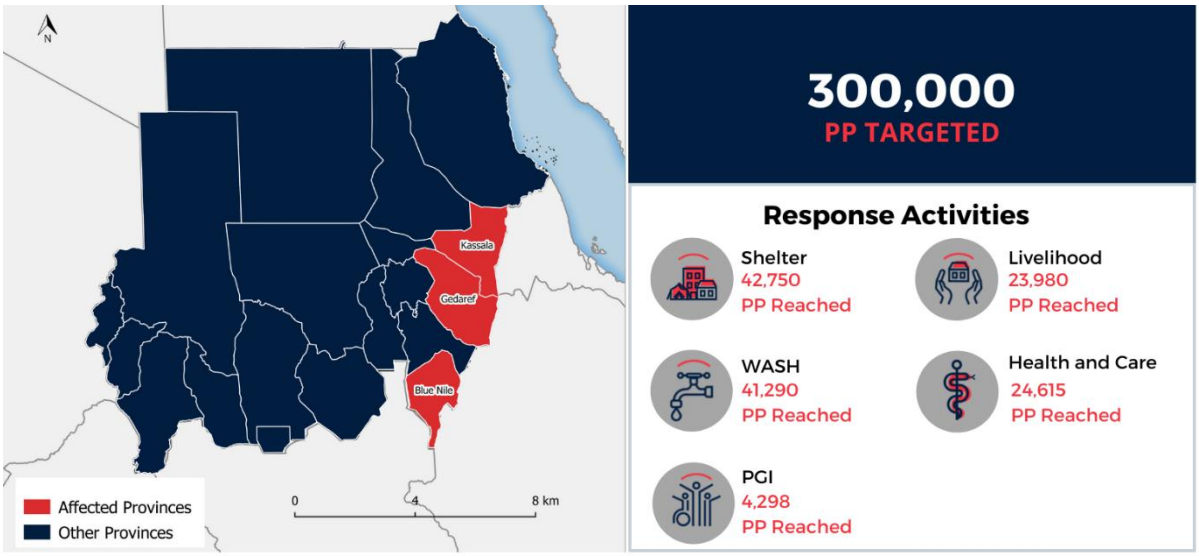
ERCS has been involved in responding to a range of humanitarian needs for displaced populations and host communities in the most affected areas and supported more than 120,000 people so far through the Federation Wide Emergency Appeal.



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 (UNCHR) 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.

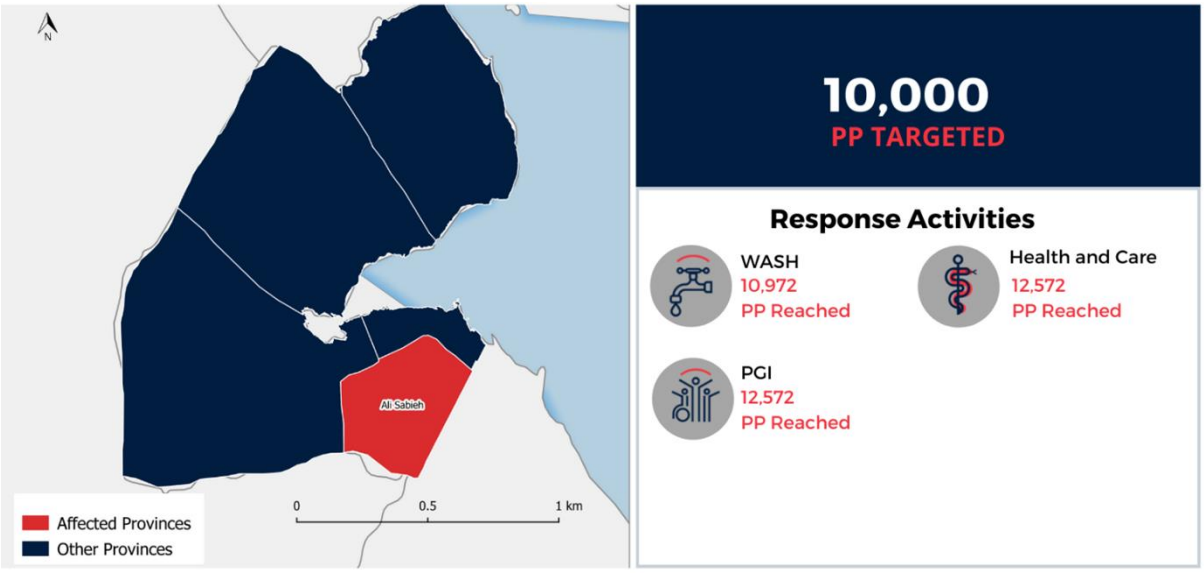
SRCS has continued to respond to the arrival of refugees since the onset of the crisis. and supported more than 42,750 people so far through the Federation Wide Emergency Appeal.



Djibouti Red Crescent Society

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

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



Needs analysis

In Ethiopia, continuous rapid assessments, as well as recovery assessments, have been conducted by ERCS and partners to determine the immediate priorities and needs of the affected population; as well as triangulate with secondary data provided by other organizations Below can be found a summary of main findings, along with information were available on the situation for refugees in Sudan.

Shelter, Housing, and Settlements

In northern Ethiopia, the majority of people that have been newly displaced following violence in the last quarter of 2021 in sites in Keblati-Rasu districts (Abala, Berahle, Erebti, Koneba, and Megale) in the Afar region; and in East Wollega, North Gondar, North Wollo, North Shewa and Waghemera zones of Amhara region. North Gondar alone is hosting approximately 136,124 people (40,940 households). Meanwhile, there has also been displacement of people in the West Shoa Zone of the Oromia Region. The majority of people are living in host communities, however, temporary IDP sites have been established in primary schools and other public settings, where conditions are congested, and access to basic services is limited.

According to ERCS and partners' assessments, it is estimated that 294,000 people (49,067 households) in Afar region and 217,882 people (43,576 households) in the Amhara region are in urgent need of emergency shelter and EHIs. Further to this, a total of 8,870 houses (6,851 North Wollo, 176 in North Shewa, Amhara region; and 1,843 in the special zone of Oromia region) have been either partially or entirely damaged and need rehabilitation or reconstruction.

In Sudan, due to the continued influx of refugees, there has been a need to ensure transit centres remain open, as well as sustain relocations to the other camps. This has increased demands on basic services in the camps, including the provision of emergency shelter and EHIs, particularly in the Babikiri camp. Frequent fires have also resulted in damage to shelter in the Tunaydibah, and Um Rakuba camps. The temporary nature of the shelters and limited cooking options have been blamed. The construction of traditional durable shelters (Tukul) offers the best and most long-lasting solution.

Women and girls who have been internally displaced due to the consequences of the crisis, Sekota Amhara region © ERCS

SRCS volunteers erecting tents donated by UNHCR in Um-Rakuba camp © SRCS

Livelihoods

In northern Ethiopia, the escalation of violence from early July 2021 impacted considerably the food security and livelihood of people living in the Amhara and Afar regions. It has led to the destruction of farmland and markets, as well as the death of livestock, which are the main source of livelihood for pastoralists who prevail in the Afar region. Infrastructural damage and disruption to communication and electricity have also impacted commercial activities, while traders have not been able to access markets that were functioning due to persisting insecurity and violence.

The Amhara Regional Disaster Risk Management (DRM) Bureau reported that 11,641,554 people were experiencing food insecurity; while in Afar the equivalent DRM Bureau reported that 1.3 million people need immediate humanitarian assistance. An IPC analysis conducted in Tigray and the neighboring Afar and Amara concluded that over 350,000 people were experiencing Catastrophic (IPC Phase 5) food insecurity between July and September 2021, which was the highest number of people in IPC Phase 5 since the 2011 famine in Somalia[1].

From June to September 2021, sustained violence in agricultural areas limited the harvesting of crops. In South Wollo, Amhara region, farmers lost an estimated 2.3 million quintals of unharvested crops. Meanwhile, the deliberate killing of livestock for food by armed forces impacted the livelihoods of pastoralist communities across the Afar region. An estimated 844,714 livestock are reported to have been lost due to the crisis, while the availability of veterinary services including animal drugs, has also been severely disrupted.

Following the de-escalation of violence, market assessments have been able to be conducted in the Amhara region, which confirmed the availability of a range of commodities, while Financial Service Providers (FSPs) have also begun to reopen operations. Prices remain higher than before the crisis, and they're also exists variances between zones in eastern Amhara compared to those in the western, south, and north of the region. This will need to be considered in the allocation amounts if involved in the disbursement of cash. There is a need to provide communities with agricultural seeds, cash/fodder, animal drugs as well as livestock to replace those that were lost during the crisis in Afar and Amhara regions.

The Ethiopian refugee influx into Sudan has been unprecedented in Gedaref state. This combined with the challenging political context and economic situation, as well as concurrent disasters such as flooding, and the COVID-19 pandemic has put pressure on already overstretched resources and services.

[1] Integrated Food Security Phase Classification, Ethiopia (July – September 2021)

Gedaref is an agricultural region, with limited other economic opportunities. There is a need to coordinate with local authorities to permit refugees to work in the farms. Likewise, cash relief program activities are required for both the refugees and the host communities Connecting the refugees with the host communities will ensure access to livelihoods, while also promoting harmony and will mitigate against potential tensions.

Health and Care

In northern Ethiopia, health care services are alarmingly limited, leaving hundreds of thousands of people, including IDPs, children, pregnant and lactating women, and survivors of sexual violence without adequate access to life-saving medicines and basic health care. According to OCHA, 80% of the essential medication is no longer available while 3.8 million people are estimated to need access to health care.

According to ERCS and partners' assessments, a total of 1,131 health facilities have been partially damaged or destroyed, particularly in Zone 4 in the Afar region; North Shewa, South Gondar, North Wollo, and South Wollo zones of the Amhara region; and Oromia Special Zone, in Oromia region. Widespread damage, vandalism, and looting of ambulances, medicines, and medical equipment, including laboratory equipment, spare parts, generators, and refrigeration have been reported across Afar and Amhara. At least 91 health facilities (1 hospital, 23 health centers, and 67 health posts) in Afar (ERCS assessments); and 40 hospitals, 453 health centers, and 1,850 health posts in Amhara (OCHA), have been damaged and/or looted.

This has complicated the delivery of emergency medical services and affected the power supply, which has had consequences on the cold chain, creating challenges for routine immunization services. Many children eligible for immunization could not be vaccinated, while chronic patients (TB, HIV, Diabetics, and Hypertensive cases) have had their care interrupted, resulting in increased levels of associated mortality. Pregnant women have been forced to deliver at home, leading to higher numbers of maternal deaths, particularly in rural areas.

In Sudan, SRCS clinic provides basic health care services in Tunaydba camp which is also relied upon by the host communities. There is a need to ensure this PHC clinic continues to operate so that services can be sustained for both groups. The clinic provides; consultations, laboratory testing, drug dispensing, dressing, ante-natal and delivery, dressing, and health education and promotion within the settlements.

Following the reported increase of cases of Visceral Leishmaniasis (Kala-Azar) in the state, SRCS is working with the State Ministry of Health on control measures. Leishmania parasites are transmitted through the bites of infected phlebotomine sandflies. If left untreated, Kala-azar fatality is over 95%, generally within two years. The symptoms of the disease are fever, weight loss, swelling of the spleen and liver (hepatosplenomegaly), and anemia, especially among children. Refugees who migrate from non-endemic to endemic regions exposing themselves to the infection for the first time can exacerbate transmission creating outbreaks.

WASH

In northern Ethiopia, hundreds of thousands of people have been left with a clean drinking water supply, forcing them to opt for using unsafe water sources such as ponds, rivers, and unprotected springs. This may heighten the risk of cholera and other waterborne or water-related diseases.

According to ERCS and part assessments, at least 2,182 ware points have been either partially damaged or destroyed in Afar (157) and Amhara (2,025) regions. This has included the looting of spare parts, pumps, and generators.

There is a need to rehabilitate the damaged water sources and provide generators, water pumps, and water treatment chemicals, accompanied by hygiene promotion. It is also important to engage in the construction/restoration of communal latrine blocks and shower blocks, provide handwashing facilities, de-sludge existing latrines, and distribute WASH-related EHIs (basics, jerry cans, roto tanks, and soap).

In Sudan, there continues to be a need to support refugees and host communities with improvements to water support, including the installation of water tanks, and solar power tanks. Vector control activities, including spraying, are also required to reduce the spread of vector-borne diseases such as Kala-Azar and Malaria.

PGI

ERCS and partner assessments have reported cases of sexual and gender-based violence (SGBV) in Afar and particularly Amhara - this included 240 cases in North Wollo, 257 in South Wollo, and 87 in North Shewa, 79 in South Gondar, and eight (8) in Oromia. IDPs are in congested living conditions, with limited segregation, for example, in some camps there are no separate sanitation facilities for men and women, increasing the probability of SGBV. The death and injury suffered by loved ones have also left thousands of people with trauma and mental health problems. This also applies across the border in Sudan, where people fled violence, leaving their homes and belongings behind, as well as becoming separated from loved ones.

There is a need to provide psychosocial support and psychosocial first aid for the affected population, as well as engage people in awareness creation on SGBV, accompanied by counseling services and individual counseling for survivors. In IDP camps, protection-related EHIs such as dignity kits and solar lamps as needed by women and girls, while improvements to living conditions, with segregation of services, are much needed.

Operational risk assessment

Known or anticipated risks	Country	Likelihood	Impact	Mitigation Measures
Escalation of the conflict	Ethiopia	High	Secondary displacement and increase in scale, and scope of the crisis	The diplomatic effort of political agreement and cessation of conflict Expansion of IFRC support to ERCS and SRCS through EA
Compounding climate hazard	Ethiopia	Medium	Both Afra and Amhara regions are affected by floods in the rainy season this increases the vulnerabilities	ERCS supported by IFRC early action protocol (Forecast based Finance) programming
Reputational risks	Ethiopia and Sudan	Medium	High level of humanitarian needs and high communities' expectations vis-a-vis low funding	Integrated community engagement and accountability in sector services delivery and continued humanitarian diplomacy and communication, and resource mobilization
Protest and civil unrest	Sudan	High	Slowed implementation of operations combined with increased humanitarian needs	Expansion of IFRC support to SRCS through EA and DREF tools (as needed); as well as engagement with ICRC
Communal conflict	Sudan	High	Slowed implementation of operations	Contingency planning for any displacement and capacity strengthening of health care facilities
Hyperinflation	Sudan	High	Increased humanitarian needs among the most vulnerable in the population	Expansion of IFRC support to SRCS humanitarian assistance programming to support the vulnerable (Refugees and host communities)
Governance and management structure of NS	Djibouti	Low	Slowed implementation of operations	IFRC supporting DjRC with National Society Development activity related to governance support

B. OPERATIONAL STRATEGY

Update on the strategy

The crisis in Ethiopia remains continuously complex and evolving, and the IFRC and member National Societies have sought to take an agile approach to this Emergency Appeal, including periodical reviews of the Operational Strategy and accompanying implementation strategies to ensure that it remains relevant and appropriate to the needs of the affected population across the three (3) countries.

Following the de-escalation of violence, ERCS has conducted recovery assessments to determine the changing dynamics, including emerging needs related to recovery, durable solutions, enhanced community resilience, and social cohesion, as IDPs have begun to slowly return to their places of origin. The findings of this assessment will be integrated into multi-year Federation Wide One Country Plans as needed. A recovery positioning paper has been developed by IFRC for discussion, and this will be further adjusted to reflect priorities and needs in terms of scope and scale once the results of the assessments are available.

While the situation in Ethiopia has stabilized, those that have arrived in Sudan are not expected to return in the immediate term The Babikiri, Tunaydba, and UmRakuba camps are in locations of Gedaref state where there are limited economic opportunities, and as such refugees will require continuous humanitarian assistance. Sudan is experiencing a political crisis, which combined with a deteriorating economic situation with inflation skyrocketing is impacting access to food and basic services. Host communities living alongside refugees are therefore also experiencing increasing vulnerabilities. Therefore, it is expected that assistance will need to be extended to these communities also, particularly regarding Health and WASH services. Wider assessments conducted by SRCS with partners will inform the next steps in terms of how this support can be sustained

The Operational Strategy and accompanying implementation strategies for the Emergency Appeal (ending 31 December 2022), continue to focus on meeting the most immediate humanitarian needs based on continuous rapid assessments (refer to "Needs Analysis", and the level of funding received.

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

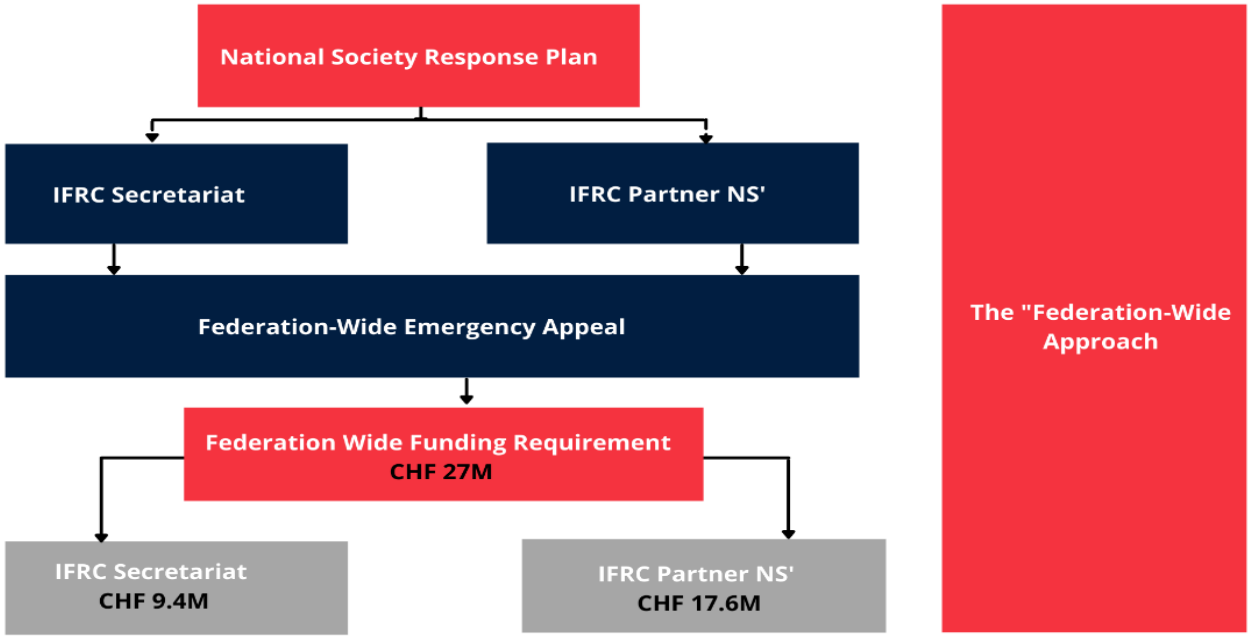
ERCS ambulances attend to a casualty referral in Amhara region © ERCS

SRCS preparing for distribution of hygiene items to refugees displaced from Ethiopia © IFRC

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.

Ethiopia Crisis and its Humanitarian Consequences
Federation Wide Approach



To assist 665,000 people affected/at most risk in Ethiopia, Sudan, and Djibouti
(Saving lives, reducing suffering, and supporting recovery together)

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

Federation Wide: Multilateral Funding / In Kind contributions

National Societies	Funding CHF / In-Kind	Sectors being supported						
		Shelter	LLH	Health	WASH	NSD	Coord.	CEA/PGI
American Red Cross	194,224		✓				✓	
British Red Cross	278,695	✓	✓	✓	✓	✓	✓	✓
Canadian Red Cross	97,481	✓	✓	✓	✓	✓	✓	✓
Japanese Red Cross	42,880	✓	✓	✓	✓	✓	✓	✓
Lithuania Government	104,094	✓	✓	✓	✓	✓	✓	✓
Monaco Red Cross	43,871	✓	✓	✓	✓	✓	✓	✓
Netherlands Red Cross	359,671	✓	✓	✓	✓	✓	✓	✓
Swedish Red Cross	207,575	✓	✓	✓	✓	✓	✓	✓
Turkish Red Crescent	20,000	✓	✓	✓	✓	✓	✓	✓
Other contributions	40,074	✓	✓	✓	✓	✓	✓	✓
Total	**1,388,565**							

Federation Wide: Bilateral Funding / In Kind contributions

Country	National Societies	Funding CHF / In-Kind	Sectors being supported						
			Shelter	LLH	Health	WASH	NSD	Coord.	CEA/PGI
Ethiopia	Austrian Red Cross *incl. Canadian Red Cross	1,230,000 (365,000)		✓	✓	✓			
	Ethiopian Red Cross (USAID/BHA)	1,530,000	✓	✓	✓	✓			
	Finnish Red Cross	814,640	✓	✓	✓	✓			
	German Red Cross	606,549	✓	✓	s	✓	✓		✓
	Italian Red Cross	85,000			✓				
	Netherlands Red Cross *incl. British 606,549 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	1,058,069				✓		✓	✓
	Qatar Red Crescent	1,833,146	✓	✓	✓	✓		✓	
	Swedish Red Cross	209,803			✓	✓		✓	✓
	Turkish Red Crescent	In-kind		✓				✓	
Djibouti	NA	NA							
	Total	**9,484,155**							

The IFRC with the implementing National Societies has developed Federation Wide country-level Implementation Plans which consolidated and reconfirmed/adjusted the indicators in the intervention sectors based on the Operational Strategy and income received for the Emergency Appeal (multilateral and bilateral). Customized data collection and indicator reporting tools have also been developed to inform consolidated operational reporting and are being led by the National Societies. This ensures the operation achievement is coordinated and duplication of data between all elements of the operation. These tools replace the Federation Wide reporting tools that were developed at the onset of the operation.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

Please note that Key Indicators for sectors of intervention have been taken from the published Operational Strategy; then prioritized based on the country-level Implementation Plans, and being activities planned by the respective National Society. The level of funding received against the Emergency Appeal has also resulted in variances against targets in some sectors of intervention

ETHIOPIA

	Shelter, Housing, and Settlements	Female: **24,233**	Male: **20,642**
Objective:	*Communities in disaster and crisis-affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of households reached with shelter kits	8,975	17,500
	# of households reached with HH items	8,975	17,500
	# of volunteers trained in shelter activities	30	350

A total of 8,975 households (or 44,875 people) have been reached with emergency shelters and EHIs. Contributing partners have included the Austrian Red Cross, German Red Cross, IFRC, and Netherlands Red Cross, while ERCS has also mobilized support domestically. Please refer to the table below for a detailed breakdown of contributions.

Contributing partner under the FW Emergency Appeal	Region/zone	# of HHs reached	# of people reached
Austrian Red Cross	Amhara Region, (Dessie Zone)	686	3,430
Ethiopian Red Cross Society	Amhara Region (North Gondar & North Wollo)	3,894	19,470
German Red Cross	Benishangul-Gumuz Region	350	1,750
IFRC	Amhara Region (North Gondar and North Wollo)	1,435	7,175
Netherlands Red Cross	Afar, Amhara Region	2,610	13,050
Total		**8,975**	**44,875**

A total of 543 households (2,715 people) also received "cash for shelter", with support mobilized by ERCS from their domestic partners to enable this intervention to be implemented.

A total of 30 volunteers have been trained and involved in the distribution of emergency shelter items and shelter activities.

Other activities outlined in the Operational Strategy, such as communal shelter support, and climate and environmental restoration have not been initiated due to the low level of funding received against the Emergency Appeal.

Distributions of emergency shelter and essential household items to households displaced by the crisis in Ethiopia © ERCS

	Livelihoods	Female: **23,730**	Male: **20,215**
Objective:	*Communities affected by disaster and crisis are provided with assistance to address their basic needs and improve their food security situation*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached with food items	15,800	37,500
	# of HHs received a multipurpose cash grant	8,789	17,500
	# of people reached with livelihood recovery support	0	87,500
	# of volunteers trained in cash and livelihood activities	54	400

A total of 8,789 households (or 43,945 people) have been reached with unconditional multipurpose cash assistance to help them meet their basic needs. Cash feasibility and market assessments were carried out to inform the appropriate cash transfer modality; while coordination with the Cash Working Group at local levels was done to determine the amount to be disbursed. The markets were also identified to be equally functional and accessible to support the needs of the affected population. ERCS used an existing FSP (Commercial Bank of Ethiopia). Each household received a tranche of ETB 5,000 (or CHF 90). A total of 54 volunteers have received training on cash and assistance programming, to support the implementation of these activities.

Contributing partners have included the Austrian Red Cross, German Red Cross, IFRC, and Swiss Red Cross. Please refer to the table below for a detailed breakdown of contributions.

Contributing partner under the FW Emergency Appeal	Region/zone	# of HHs reached	# of people reached
Austrian / German Red Cross	Amhara region, (South Wollo & North Shoa)	3,453	17,265
German Red Cross	Benishangul-Gumuz (Metekel)	350	1,750
IFRC	Amhara (North Gonder, South Gonder, and North Wollo)	2,466	12,330
Swiss Red Cross	SNNPR (Gamo Gofa)	2,520	12,600
Total		**8,789**	**43,945**

The Netherlands Red Cross is in the process of supporting 2,000 households (10,000 people) in the Amhara region; while IFRC is planning on supporting an additional 2,300 households (11,500 people) in North Wollo, Amhara region. These disbursements will be reported in the next Operations Update.

A total of 3,160 households (15,800 people) have been assisted with in-kind food support – this comprises 1,160 households in the Afar region and 2,000 households from Benishangul-Gumuz. Contributing partners have included Finnish Red Cross and Netherlands Red Cross, while ERCS has also mobilized support domestically.

Currently, IDPs are slowly going back to their places of origin after the de-escalation of violence in northern Ethiopia. The operation has prioritized the provision of early recovery livelihoods assistance – however, it has not been initiated due to the low level of funding received against the Emergency Appeal.

Health & Care

Female: **64,800** | Male: **55,200**

Objective:	*Communities affected by disaster and crisis have the immediate risks to their health reduced through the delivery of integrated health services*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached by emergency healthcare services	35,946	175,000
	# of people benefited from integrated community-based health services (CBHFA /PSS)	120,000	250,000
	# Volunteers trained in health-related topics	373	750

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

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

A total of 373 volunteers were trained and mobilized to provide community-based health services (CBHFA / PSS / RCCE). This was supported by the Austrian Red Cross, IFRC, Italian Red Cross, Netherlands Red Cross, and Swiss Red Cross. Overall, an estimated 120,000 people have benefited from integrated community-based health services.

Contributing partner RC under the FW Emergency Appeal	**Intervention**	**# of people assisted**
Austrian Red Cross, IFRC, and Italian Red Cross	Emergency referral and medical services	35,946
IFRC, Netherlands Red Cross, and Swiss Red Cross	Integrated community-based health services (CBHFA / PSS/ RCCE)	120,000
Austrian Red Cross, IFRC, Italian Red Cross, Netherlands Red Cross, and Swiss Red Cross	Training of volunteers in health-related topics	412
IFRC and Netherlands Red Cross	First Aid kit supplied	2,600

Please refer to the **video** produced on those people that have received services from ERCS (supported by IFRC)

	Water, Sanitation, and Hygiene	Female: **54,000**	Male: **46,000**
Objective:	*Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# Target population that has adequate access to safe water.	80,000	175,000
	# Target population have access to adequate sanitation	4,800	175,000
	# of people reached with hygiene promotion messaging	100,000	250,000

	# of households reached with WASH items	4,800	17, 500
	# of volunteers trained on WASH	35	750

Overall, a total of 100,000 people among the affected population have been reached with WASH services in Dessie, Kombolcha, and Shewa Robit, Amhara region, which includes:

- 80,000 people reached adequate access to a safe water supply (through water trucking).
- 4,800 people reached with access to adequate sanitation and WASH-related items.
- 100,000 people were reached with hygiene promotion.
- Training of 35 volunteers on emergency WASH.

This has been supported by the Austrian Red Cross. The Netherlands Red Cross is in the process of targeting 20,000 people in SNNPR, with interventions to rehabilitate damaged water sources., and provide adequate sanitation for 5,000 people. This is being accompanied by hygiene promotion. These activities will be reported in the next Operations Update.

ERCS with Austrian Red Cross are supporting water trucking © ERCS

Protection, Gender, and Inclusion		Female: **27,443**	Male: **23,378**
Objective:	*Communities affected by disaster and crisis become more peaceful, safe, and inclusive through the provision of services that meet the needs and rights of the most vulnerable*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of sectors to mainstream PGI minimum standards	5	5
	# of volunteers trained on PGI minimum	373	750
	# of IDPs provided with relief and protection	44,875	87,500
	# of people referred to basic needs and specialized service	5, 946	TBD

ERCS conducted two (2) assessments that considered IFRC Minimum Standards for PGI in Emergencies as an integral part of the tools (guiding questions, key informant interviews, focal group discussions, etc.). The assessment findings demonstrated the need to consider PGI in targeting, particularly for the selection of recipients of support under the Shelter, Housing and Settlement sectors, focusing on those with special needs among the affected population. However, PGI has been mainstreamed in all sectors of intervention, including Livelihoods, Health and Care, and WASH, as well as in CEA. A total of 373 volunteers received training on IFRC Minimum Standards for PGI in Emergencies and was also included as a component of all sector training provided to volunteers involved in the operation.

Overall, a total of 50,821 people benefited from PGI services through operation, of which 5,946 were referred for specialist services provided by other organizations.

Other activities outlined in the Operational Strategy, such as child-friendly spaces and distribution of dignity kits have not been initiated due to the low level of funding received against the Emergency Appeal.

Enabling approaches

National Society Strengthening			
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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of branches prepared to respond to disasters	2	8

	# of volunteers mobilized and protected	373	750

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

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

A total of 373 volunteers have also been deployed for this operation, which have participated in numerous training, received equipment (including PPE), and comprehensive insurance.

Coordination and Partnerships

Objective:	*Ensure that the response is coordinated with members under the Federation Wide approach; with the ICRC and external partners including respective governments, and other humanitarian stakeholders (UN and INGOs).*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Coordination meeting/forum attended	6	12
	# Strengthening Movement Cooperation and Membership session conducted	Planned	TBD
	# Strategic communication, advocacy, and humanitarian diplomacy conducted	Ongoing	TBD

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

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

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

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

Key messages and the development of communication packages have been done progressively to reflect the dynamics of the operations. There has also been increased engagement with partners and donors, which has realized additional contributions to the Emergency Appeal. IFRC has also engaged a partnership and resource development consultant to support the development of resource mobilization plans and strategies. An additional DREF loan of CHF 400,000 will be released by IFRC to support the ERCS response. This followed the receipt of additional contributions that triggered the reimbursement of the initial DREF loan and based on the increase in humanitarian needs since the onset of the crisis

Community Engagement and Accountability

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

Key indicators:	# Complaints received through the feedback mechanism	2	1
	# of staff and volunteers trained on CEA	373	750
	% Community members who feel support provided by the programme currently covers their most important needs	Assessment TBD	75%

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

ERCS with support from the German Red Cross has established two hotlines to collect feedback and complaints in the Metekel zone, Benishangul-Gumuz region, while further hotlines will be considered in other areas where the operation is being implemented. In addition to the hotlines, the affected population is being reached through "information as aid" approaches, including public addresses by volunteers to ensure they are aware of their entitlements and targeting selection criteria. Additionally, households selected to receive assistance through the operation have been displayed on local administration public notice boards to ensure transparency.

A total of 373 volunteers have been trained on CEA approaches, and engaged in the operation – including, identification and registration of households, information sharing on the activities planned, coordination with FSPs, as well as collecting feedback from recipients through post-distribution monitoring exercises. A comprehensive exercise to understand the level of satisfaction with the assistance provided to date is planned. This activity will be reported in the next Operations Update.

	Shelter, Housing and Settlements	Female: **15,390**	Male: **27,360**
Objective:	*Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of households reached with shelter kits	8,550	10,000
	# of households reached with HH items	8,550	10,000
	# of volunteers trained in shelter activities	30	150
	# accessible communal shelters constructed	25	35
	# of communal kitchens constructed	8	35

A total of 8,550 HHs have been reached with emergency shelters and EHIs. Contributing partners have included the German Red Cross, IFRC, and Qatar Red Crescent. These distributions benefitted refugees residing in Hamdayet (transit centre), and the Tunaidba and Um Rakuba camps. Qatar Red Crescent contributed in-kind support, comprising blankets, kitchen sets, sleeping mats, and tarpaulins.

A total of 24 communal shelters, and 8 communal kitchens were constructed in Hamdayet and Um Rakuba camps.

A total of 30 volunteers have been trained and involved in the distribution of emergency shelter items and shelter activities. This has included supporting UNCHR in the set-up of tents for new arrivals.

There are discussions with IFRC, Qatar Red Crescent, and the Forest National Cooperation on how volunteers can support tree planting Initiatives to reverse the impact of the response on the climate and restore the environment. This activity will be reported in the next Operations Update.

	Livelihoods	Female: **8,633**	Male: **15,347**
Objective:	*Communities affected by disaster and crisis are provided with assistance to address their basic needs and improve their food security situation*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached with food items	23,980	32,500
	# of HHs received multipurpose cash grant	0	7,500

	# of people reached with livelihood recovery support	0	37,500
	# of volunteers trained in cash and livelihood activities	0	100

A total of 4,796 households (23,980 people) have been assisted with in-kind food support. Contributing partners have included Kuwait Red Crescent, Qatar Red Crescent, and Turkish Red Cross.

The operation has prioritized the provision of received multipurpose cash grants and early recovery livelihoods assistance – however, it has not been initiated due to the low level of funding received against the Emergency Appeal.

	Health & Care	Female: **12,800**	Male: **11,815**
Objective:	*Communities affected by disaster and crisis have the immediate risks to their health reduced through the delivery of integrated health services*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of households reached with PFA	24,615	46,412
	# of people reached by emergency healthcare services	13,130	75,000
	# of people reached with community-based epidemic control and health promotion	12,280	100,000
	# Volunteers trained in health-related topics	187	225

A total of 24,615 new arrivals were provided with PFA. Additionally, 12 football teams were established as one of the psychosocial support activities reaching 3,132 youth and adolescents. A total of 132 volunteers have been trained on mental health and PSS.

Primary health care services have been made available to all refugees and host communities through the Tunaidba health clinic. A total of 13,130 consultations have been reached with consultations. The Tunaidba health clinic is currently being upgraded, to construct a permanent structure. Thus far, a generator and two 5,000 litre water tanks have been donated by Qatar Red Crescent, and solar lighting has been supported the installation of solar lighting so that the clinic can operate past daylight hours. CARE International has also constructed fixed piping so that running water is available in the clinic. PMER processes are being strengthened across the sector, to ensure alignment with District Health Information Systems for consolidated data collection and reporting.

A total of 12,280 people have been reached community-based epidemic control and health promotion. This included messaging on personal hygiene nutrition, open defecation, and COVID-19 prevention strategies. EHIs have also been distributed, including 2,448 pieces of soap, 10,000 face masks, and 3,000 leaflets with health

messages in the Tigrayan language. Qatar Red Crescent has also provided in-kind support, including mosquito nets. A total of 55 volunteers, comprising refugees and people from the host communities have been trained in health promotion.

Contributing partners have included Danish Red Cross, IFRC, and Qatar Red Crescent, with a focus on interventions in Hamdayet, Tunaidba, and Um Rakuba.

SRCS conducting EHI distributions in Tunaidba refugee camp © SRCS

Tunaidba primary health clinic © SRCS

	Water, Sanitation, and Hygiene	Female: **21,471**	Male: **19,819**
Objective:	*Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# Target population that has adequate access to safe water.	23,617	100,000
	# Target population have access to adequate sanitation	41,290	100,000
	# of people reached with hygiene promotion messaging	41,290	100,000
	# latrine cubicles/stances constructed or rehabilitated	140	TBD
	# of households reached with WASH items	40,270	50,000
	# of volunteers trained on WASH	35	750

Overall, a total of 41,290 refugees in Hamdayet, Tunaidba, and Um Rakuba camps, and in host communities have been reached with WASH services, which include:

- 23,617 people continue to be reached with adequate access to a safe water supply (estimated population of the Tunaidba camp). The water treatment unit (WTU) treats water from the nearby river and provides clean water that is trucked to the settlements in the camp. The unit has a capacity of 4,800m³ per production serving. Additionally, a solar system was installed at the Um Gulja Water Point System to support host communities with a safe water supply.
- 41,290 people have access to adequate sanitation. This has been achieved through the construction of 110 latrine blocks (with latrines, bathing spaces, and handwashing facilities), in addition to 140 emergency latrines that had previously been constructed.
  A total of 92 latrine cleaning tools, and 12 commode chairs to assist people living with disabilities to access public toilets, have been distributed.
  Vector control exercises (22) and cleaning campaigns (14) have also been conducted.
- 41,290 people have been reached with hygiene promotion through 112 awareness sessions, as well as distribution of information, education, and communication (IEC) materials). A total of 53 Menstrual Hygiene Management (MHM) sessions were also held reaching 1,117 women, while a celebration of Menstrual Hygiene World Day was attended by 350 people.
- 40,270 households benefited from 3,340 Hygiene kits – contributed by the German Red Cross (1,540), IFRC (200), Netherlands Red Cross (500), and Qatar Red Crescent (1,100), in addition to 1,500 which had previously been distributed. Other items that have been distributed include bathing soap, jerry cans, laundry soap; as well as PPE such as facial masks and hand sanitizers.
- A total of 30 volunteers have received training on hygiene promotion (facilitated by Netherlands Red Cross).

Contributing partners have included the Austrian Red Cross, German Red Cross, IFRC, Netherlands Red Cross, Qatar Red Crescent, and Swedish Red Cross.

Free residual chlorine water testing at the Tunaydba Water Treatment Unit © SRCS

Protection, Gender, and Inclusion	Female: **4,298**	Male: **0**
Objective:	*Communities affected by disaster and crisis become more peaceful, safe, and inclusive through the provision of services that meet the needs and rights of the most vulnerable*	
Key indicators:	**Indicator**	**Actual** / **Target**
	# of sectors to mainstream PGI minimum standards	5 / 5
	# of volunteers trained on PGI minimum	65 / 60
	# of people reached with Dignity Kits	1,867 / 2,500
	# of people referred to basic needs and specialized service	4,298 / TBD

A total of 65 volunteers have received training on Child Protection, SGBV, and PSEA, which was facilitated by Danish Red Cross. This has enabled them to ensure mainstreaming of PGI into all sectors intervention, including Shelter, Housing and Settlements, Livelihoods, Health and Care, WASH, as well as in CEA. It has enabled the volunteer to respond to, address, and refer as needed any Child Protection, SGBV, and PSEA issues that have arisen during implementation.

A total of 4,298 people have been provided with a safe referral to the community protection committee, clinicians, and legal services. Additionally, 1,867 women and girls have received dignity kits.

Contributing partners have been the Danish Red Cross which has been the principal lead with IFRC in this sector of intervention.

Other activities outlined in the Operational Strategy, such as child-friendly spaces, recreational, resilience, and awareness-raising, have not been initiated due to the low level of funding received against the Emergency Appeal.

Enabling approaches

National Society Strengthening

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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# National Societies that have a National Society Development plan in place	1	1
	# Branches prepared to respond to disasters	1	3
	# Volunteers mobilized and protected	70	225

SRCS supported by IFRC is undergoing a restructuring process under a purposeful transformation plan. This undertaking aims to position SRCS to execute its core business sustainably and strengthen its mandate. The IFRC has also supported SRCS strengthen branch capacity in Gedaref state,

To strengthen the IFRC Khartoum CCD and its support to SRCS an involved member National Societies, a Field Coordinator (supported by Swedish Red Cross) was deployed, and an Operations Manager was recruited.

A total of 70 volunteers have been protected via comprehensive insurance provided by IFRC.

Coordination and Partnerships

Objective:	*Ensure that the response is coordinated with members under the Federation Wide approach; with the ICRC and external partners including respective governments, and other humanitarian stakeholders (UN and INGOs).*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Coordination meeting/forum attended	12	TBD

SRCS assisted by IFRC is a member of the Refugee inter-agency coordination in Sudan that organizes monthly meetings through Refugees Consultation Forums (RCF). The forum brings together all refugee responses in the country under "one roof" that provides a platform for shared understanding and effective implementation practices. In Gedaref, Area Intersectoral / Agency Coordination Group meetings are attended by SRCS as well as WASH, Public Health and Nutrition, and Protection Sectors Working Groups in the camps.

Please refer to the Ethiopia "Coordination and Partnerships" section for more information on this component of the operation, which relates to all three (3) countries.

Community Engagement and Accountability

Female: **TBD** | Male: **TBD**

Objective:	*Adopt standardized approaches for community engagement and accountability – including the collection of community feedback to understand their perspectives, as well as promote their participation in decision making, and implementation of the response*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Complaints received through the feedback mechanism	0	TBD
	# of staff and volunteers trained on CEA	25	TBD

Due to security concerns following political protests and demonstrations in Khartoum, the AfRO CEA regional team has provided remote support to the SRCS.

A total of 25 people received training on CEA, with participants drawn from volunteers, community committees , and health staff. Following the training, 13 suggestion boxes were produced and placed in strategic areas in the camp to receive feedback from the refugee community. The boxes will now be opened twice a month by a committee comprised of COR, SRCS, and four (4) members from the community committee. Feedback received, and decisions made to adjust the operation will be reported in subsequent Operations Updates.

Suggestion box © SRCS

DJIBOUTI

Health & Care		Female: **6,789**	Male: **5,783**
Objective:	*Communities affected by disaster and crisis have the immediate risks to their health reduced through the delivery of integrated health services*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached with BFA	260	TBD
	# of households reached with PFA	260	TBD
	# of people reached with RCCE	12,572	10,000

A total of 260 individuals received basic first aid (BFA) and psychological first aid (PFA), which were provided by the National Society on a need basis.

A total of 12,572 people received risk communication and community engagement messaging intended to prevent and control disease outbreaks in the Hol Hol camp and surrounding host communities.

During the reporting period, other activities in the Health and Care sector have not been progressed due to the low level of funding received for the Emergency Appeal.

Water, Sanitation, and Hygiene		Female: **5,925**	Male: **5,047**
Objective:	*Communities affected by disaster and crisis have increased access to appropriate and sustainable water, sanitation, and hygiene services*		
Key indicators:	**Indicator**	**Actual**	**Target**

	# of people reached with hygiene promotion messaging	10,972	10,000
	# of volunteers trained in WASH	12	25

A total of 10,972 people have been reached with hygiene promotion messaging in the Hol Hol camp and surrounding host communities. This was supported by 12 volunteers trained in WASH, who cascaded the messaging to refugees and host communities.

During the reporting period, other activities under the WASH sector have not been progressed due to the low level of funding received for the Emergency Appeal.

Djibouti Red Crescent Society volunteers conducting RCCE activities to reduce the risk of disease outbreaks in the Hol Hol camp and surrounding host communities.

Protection, Gender, and Inclusion	Female: **6,789**	Male: **5,783**

Objective:	*Communities affected by disaster and crisis become more peaceful, safe, and inclusive through the provision of services that meet the needs and rights of the most vulnerable*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached through PGI services	12,572	10,000
	# of volunteers trained on PGI minimum standards	12	TBD

A total of 12 volunteers have received training on IFRC PGI Minimum Standards in Emergencies. The volunteers have mainstreamed PGI considerations into the Health and Care and WASH activities, which have reached in total of 12,575 people overall.

During the reporting period, other activities in the Health and Care sector have not progressed due to the low level of funding received for the Emergency Appeal

Enabling approaches

National Society Strengthening

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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# Volunteers mobilized and protected	12	TBD

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

Coordination and Partnerships

Objective:	*Ensure that the response is coordinated with members under the Federation Wide approach; with the ICRC and external partners including respective governments, and other humanitarian stakeholders (UN and INGOs).*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Coordination meeting/forum attended	NA	NA

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

Community Engagement and Accountability

Female: **7** | Male: **5**

Objective:	*Adopt standardized approaches for community engagement and accountability – including the collection of community feedback to understand their perspectives, as well as promote their participation in decision making, and implementation of the response*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# Staff and volunteers trained on CEA	12	TBD
	% Community members who feel support provided by the programme currently covers their most important needs	0%	60%

A total of 12 volunteers have received training on CEA. The volunteers have mainstreamed CEA considerations into the Health and Care and WASH activities. Assessments on community perception of the operation are still to be completed; and will be dependent on funding being received.

D. FUNDING

To date, the total income for this Federation Wide Emergency Appeal is CHF 10,872,720 (multilateral income CHF 1,388,565 and bilateral income CHF 9,484,155), which is 40% coverage of the total funding requirement of CHF 27 million. Funds are very urgently needed to enable the Ethiopian Red Cross, Djibouti Red Crescent, and Sudanese Red Crescent to provide urgently needed humanitarian assistance.

Contact information

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

In the Ethiopian Red Cross (ERCS)
• **Secretary-General:** Getachew Ta'a, Email: ercs.sg@redcrosseth.org
• **Deputy Secretary-General, Disaster Risk Management:** Engida Manfredo, Email: engida.mandefro@redcrosseth.org

In the Djibouti Red Crescent
• **Ag. Secretary General:** Amina Houssein Email: aminacrd@hotmail.fr

In the Sudanese Red Crescent (SRCS)
• **Secretary-General:** Dr. Afaf Yahya, Email: afaf.yahya@srcs.sd

• **Director of Disaster Management and Emergency Response:** Hamid Gour, Email: hamid.gour@srcs.sd

In the IFRC

- **IFRC Country Delegation:** Surein Peiris, Senior Partnership and Resource Development Advisor, Email: surein.peiris@ifrc.org phone: +254 732 878 716
- **IFRC Regional Office for Africa:** Adesh Tripathee, Head of DCPRR, Nairobi, Kenya; phone +254731067489; email: adesh.tripathee@ifrc.org
- **IFRC Sudan/Eritrea Cluster Office:** Farid Aiywar, Head of Sudan/Eritrea Cluster Office, Khartoum, Sudan; phone +249 900 908 916; email: farid.aiywar@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: louise.daintrey@ifrc.org Phone: +254 110 843978

For In-Kind donations and Mobilization table support:

- **Logistics Coordinator:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org phone: +254 733 888 022

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

- IFRC Regional Office for Africa Philip Kahuho, PMER Manager, Philip.khuho@ifrc.org Phone: +254 732 203 081
-

Reference documents
↘
Click here for:
- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

How we work

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

view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Selected Parameters			
Reporting Timeframe	2020/11-2022/2	Operation	MDRTIGRAY
Budget Timeframe	2020-2022	Budget	APPROVED

Emergency Appeal
INTERIM FINANCIAL REPORT

Prepared on 29 Mar 2022

All figures are in Swiss Francs (CHF)

MDRTIGRAY - Tigray Crisis - Population Movement

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

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	841,000
AOF2 - Shelter	898,000
AOF3 - Livelihoods and basic needs	813,000
AOF4 - Health	1,618,000
AOF5 - Water, sanitation and hygiene	1,985,000
AOF6 - Protection, Gender & Inclusion	378,000
AOF7 - Migration	626,000
SFI1 - Strenghten National Societies	688,000
SFI2 - Effective international disaster management	1,313,000
SFI3 - Influence others as leading strategic partners	142,000
SFI4 - Ensure a strong IFRC	94,000
Total Funding Requirements	**9,396,000**
Donor Response* as per 29 Mar 2022	**1,367,628**
Appeal Coverage	**14.56%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	758,424	659,442	98,982
AOF2 - Shelter	533,326	335,997	197,329
AOF3 - Livelihoods and basic needs	27,316	10,430	16,886
AOF4 - Health	18,787	142,424	-123,637
AOF5 - Water, sanitation and hygiene	91,634	129,889	-38,254
AOF6 - Protection, Gender & Inclusion	203,854	0	203,854
AOF7 - Migration	0	0	0
SFI1 - Strenghten National Societies	19,062	96,229	-77,166
SFI2 - Effective international disaster management	31,823	83,590	-51,767
SFI3 - Influence others as leading strategic partners	126,489	37,065	89,424
SFI4 - Ensure a strong IFRC	12,725	35,655	-22,931
Grand Total	**1,823,440**	**1,530,721**	**292,720**

III. Operating Movement & Closing Balance per 2022/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,337,328
Expenditure	-1,530,721
Closing Balance	**806,607**
Deferred Income	0
Funds Available	806,607

IV. DREF Loan

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

Emergency Appeal
INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/11-2022/2	Operation	MDRTIGRAY
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 29 Mar 2022

All figures are in Swiss Francs (CHF)

MDRTIGRAY - Tigray Crisis - Population Movement

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

V. Contributions by Donor and Other Income

Opening Balance	**0**

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	*Deferred Income*
American Red Cross	194,224				**194,224**	
British Red Cross	278,695				**278,695**	
DREF Allocations				948,763	**948,763**	
Japanese Red Cross Society	42,880				**42,880**	
Lithuania Government	104,094				**104,094**	
On Line donations	3,341				**3,341**	
Other			36,733		**36,733**	
Red Cross of Monaco	43,871				**43,871**	
Swedish Red Cross	207,575				**207,575**	
The Canadian Red Cross Society	97,481				**97,481**	
The Netherlands Red Cross (from Netherlands Govern	359,671				**359,671**	
Turkish Red Crescent Society	20,000				**20,000**	
Total Contributions and Other Income	**1,351,832**	**0**	**36,733**	**948,763**	**2,337,328**	***0***
Total Income and Deferred Income					**2,337,328**	*0*