



**Food distribution in Tigray**

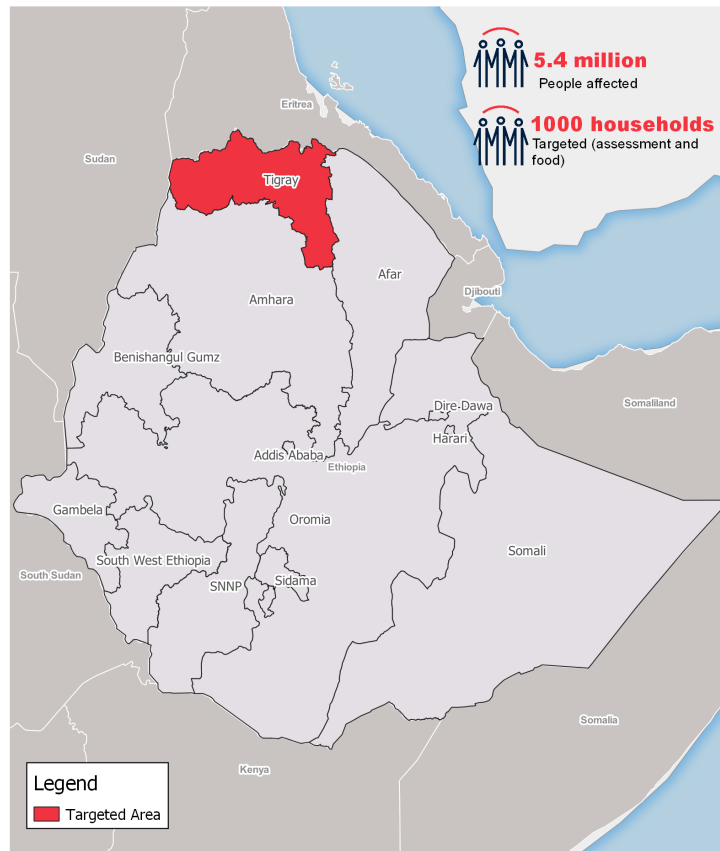
Appeal: <b>MDRET029</b>	Total DREF Allocation <b>CHF 993,549</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Complex Emergency</b>
Glide Number: <b>CE-2022-000375-ETH</b>	People Affected: <b>7,200,000 people</b>	People Targeted: <b>50,001 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2022-12-15</b>	New Operational end date: <b>2023-09-30</b>	Total operating timeframe: <b>9 months</b>
Additional Allocation Re- quested <b>0</b>	Targeted Areas:	<b>Tigray</b>	

# Description of the Event



Ethiopia, Tigray Emergency

12/12/2022 • CE-2022-000375-ETH MDRET029



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
Map data sources: GADM, Boundi RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

Tigray Map

## What happened, where and when?

The conflict that broke out on 4th November 2020 between the Federal Democratic Government of Ethiopia (GoE) and the Tigray People's Liberation Front (TPLF) left an estimated 1.8 million people displaced, claimed several hundred thousand lives according to some estimates, and left Tigray in ruins with many Tigrayans struggling to obtain basic needs and medical care. A telecommunications, electricity, and banking blackout that lasted for roughly two years, effectively cut Tigrayans off from the rest of the world. Furthermore, the distribution of aid was blocked for many months; in December 2022, an estimated 5.5 million people in Northern Ethiopia were facing severe acute food insecurity.

In November 2022, the two parties, GoE and TPLF, signed an agreement on permanent cessation of hostilities to end the two-year-long conflict including the protection of civilians' human rights, the resumption of public services in the region, the unobstructed flow of humanitarian supplies to Tigray, and facilitation of the return of internally displaced persons (IDPs) and refugees to the region.

Following the signature of the Agreement, humanitarian access to Tigray has improved, allowing the Ethiopian Red Cross Society to complete an assessment shared on 15th March 2023 and demonstrating the critical need to scale up assistance in newly accessible areas. This assessment is a basis to inform immediate action to save lives through provision of humanitarian assistance but also to build confidence with local communities and returnees, authorities,



and donors that assistance can be sustained at scale.

The ERCS with its regional, zonal, and woreda branches across the North Part of the country are well positioned to play a key role in supporting the response to the multidimensional crisis in Tigray where the communities remain in a critical needs pattern. This includes food access, shelter, access to safe water, sanitation and hygiene (WASH), basic lifesaving health services, and critical non-food items (NFIs) as part of the pressing needs for most of the people, especially in the context of high displacement of the communities and linkage to the overall food insecurity crisis in the North.



IFRC/ERCS senior management visit in Tigray.



eVCA community assessment in Mehbera dego kebele- Axum.

## Scope and Scale

For nearly two years, there have been limited information on the scale of the needs due to the lack of humanitarian access to Tigray region and communication shut down. The Ethiopian Red Cross Society (ERCS) had sporadic contact with its branches in Tigray during the conflict, but not enough to be able to analyze the scale of the crisis and plan accordingly. With the signing of the peace agreement, information flow improved and a humanitarian corridor to the north was opened and ERCS, with the support of IFRC, has conducted a multisectoral needs assessment in the Tigray region to identify and validate the immediate humanitarian and early recovery needs of the most vulnerable communities after the two-year conflict to sustain to ERCS interventions.

The conflict in Tigray has had a devastating toll on communities and people's different ways. From the assessment conducted by ERCS, the crisis has consequences on over 7.2 million people, a huge impact recorded on the displaced population which represent 1.8 million people.

- The crisis has affected agriculture and other means of livelihood for more than 6 million people, making it difficult to meet their basic food and nutrition needs, as well as infrastructure, including health facilities, schools, roads, bridges, water and sanitation facilities, and electricity systems have been destroyed or severely damaged.
- The consequences of the multiple crises faced by the communities remain present with dire needs across the region in terms of food security and livelihood for 6.5 million. The population lacks the capacity to access markets that experienced important price increases, basic infrastructure systems, WASH and health facilities, and minimum services.
- The displacement crisis resulting from the conflict creates a worsening factor to the above-mentioned needs. People have moved to townships and stay at either displacement sites, makeshift shelters, or overcrowded rented houses among host communities. Displacement sites are often overcrowded, with limited services and no livelihood opportunities, leaving most IDPs dependent on humanitarian aid. There are signs that some IDPs are starting to



return to their place of origin. However, when they return, many face challenges to finding safe shelter, livelihoods, and access to health or educational services, all of which have a significant impact on the mental well-being of many families.

- The food security assessment conducted by WFP in January 2022 reported that three-quarters of the communities were relying on severe consumption-based coping strategies (such as limiting portion sizes, reducing the number of meals per day, and reducing portions for adults so that children and/or pregnant women can eat). Only 59 Woredas out of 88 are covered following the food security cluster with 67% coverage of the needed assistance. The fact that more than three fourth of the population is undertaking such coping strategies underlines the challenges in both food access and food availability across the Tigray region. Food insecurity will continue to further deteriorate if immediate actions are not taken, the number of people depending on food assistance has increased from 15 % prior to the crisis to 75 % at the time of the assessment.

- On average 79% of the health system and facilities remain to be reset as highly affected by the crisis, both the structure, the information, and the availability of health staff. Malnutrition and overall health situation is preoccupancy, epidemic are difficult to track or address for the communities as a result of the capacity and the health system, thus adding to the food crisis.□

The interim government is not yet in place and the peace agreement is slowly being put into action. Local authorities have not yet resumed their services and there is a high need for humanitarian assistance in all sectors.

Access is not full in all of Tigray, the Western part remains the most challenging and security is still volatile. At the same time, the number of actors operating in the region is fairly limited in relation to the needs on the ground.

The region has experienced a blockade of financial services for a period of 2 years, however, following the peace agreement, the services have gradually started to resume since January 2023. By the end of January 2023, the banking system had started to resume, with restrictions on withdrawing. The markets assessed in 2 locations were functional but still limited. However, it remains critical that financial services, communication, and transport systems are resumed to make markets fully functional.

To support the ERCS response capacity in Tigray, which has been heavily impacted by the conflict, the branches require immediate support. MHPSS to staff and volunteers also need to be considered.

## Summary of changes

Are you changing the timeframe of the operation	<b>No</b>
Are you changing the operational strategy	<b>No</b>
Are you changing the target population of the operation	<b>Yes</b>
Are you changing the geographical location	<b>No</b>
Are you making changes to the budget	<b>No</b>
Is this a request for a second allocation	<b>No</b>
Has the forecasted event materialize?	<b>No</b>
<b>Please explain the summary of changes and justification</b>	



In response to the assessment ERCS with support from IFRC, the NS planned to scale up the emergence response in the most affected and less supported areas, with an additional budget of 822,542 and increase target population from 5,000 people to 50,000 people, by providing immediate food to 4,600HHs (23,000 PP), WASH supplies (water treatment chemicals, and soap) 4,600HHs, dignity kits to 3,200 women of reproductive age, and hygiene promotion to target 50,000 people. ERCS in the support of IFRC is also working on resource mobilization for longer term response and rebuilding program through supporting community by conducting eVCA, and developing a community consulted long term recovery and rebuilding plan. Jointly, the team is developing and disseminating rebuilding framework through organized donors round table sessions. The time for implementation of the DREF is scaled up by 6 months from the initial plan of 3 months to make 9 months, with the overall allocation of CHF 993,549, including initial allocation of 171,007 has covered the assessment and the assistance to 5,000 initial beneficiaries.

## Current National Society Actions



Volunteers training on beneficiary registration and data reporting.

WASH NFI distribution.

### Water, Sanitation And Hygiene

ERCS, with the support of DRC, is providing water trucking and sanitation activities, mainly latrine-dislodging services using the ERCS dislodging truck in IDP sites etc, and sanitation campaigns to clean up IDP sites, hospitals and other sites in the host community in Shire.

With the support of IFRC DREF, ERCS has distributed soap, water treatment chemicals to 3,450 HHs and dignity kits to 2,460 women in Northwestern, Central and Eastern zone. More 1,150HHs will be reached in the Southern zone.

53 volunteers have been deployed to support with hygiene awareness in the 8 woredas of interventions. More than 15,000 people have been reached with different messages including water treatment process.

ERCS is working with Netherlands RC to scale up WASH intervention in Tigray, targeting Eastern zone.

### Shelter, Housing And Settlements

ERCS with the support of DRC has reached 3,525HHs with Shelter NFIs in the Northwestern zone, Laelay Adiyabo woreda.

ERCS has provided continuous situational updates from the Tigray region throughout the conflict. The ERCS and IFRC multi-sectoral needs assessment conducted in February 2023 under this DREF will be used when developing



<p><b>Assessment</b></p>	<p>the roadmap for the National Society's response in Tigray which includes the scale-up of the DREF to meet the immediate humanitarian needs.</p> <p>ERCS is continuing to monitor the humanitarian situation and provides updates for the Ethiopia north. Using the assessment results, ERCS has developed the long-term resilience and rebuilding framework for resource mobilization. In order to have a community consultative plan, with the support from IFRC and PNS in country, ERCS 18 staff were trained on eVCA and conducted eVCA in two communities in central and eastern zone. The communities also developed community risk reduction and mitigation plan.</p>
<p><b>Community Engagement And Accountability</b></p>	<p>ERCS has a CEA guideline adopted from IFRC. Currently the approach is widely used by ERCS HQ and branches by integrating CEA in the entire program cycle.</p> <p>The National Society has its own coordinator at ERCS HQ and 300 trained staff members and volunteers at all levels</p> <p>On working with the community, ERCS has established the community committees in each kebele of intervention, which took the responsibility of beneficiary identification, and handling the complaints and feedback desk. Hygiene promotion and GBV awareness sessions also provided room for volunteers to collect community feedback. Total of 10 staff and 53 volunteers have been engaged in hygiene promotion. 61 staff and volunteers were engaged in assessment and also oriented on CEA mechanisms.</p>
<p><b>Protection, Gender And Inclusion</b></p>	<p>PGI is integrated into all the actions undertaken by ERCS interventions both in emergency and non-emergency situations. ERCS is currently working on integrating PGI into its emergency response that addresses violence, discrimination and exclusion and child protection related issues.</p> <p>All 96 staff and volunteers engaged in operation were oriented on PGI, and support with awareness and linkage.</p> <p>More than 3,000 people have been sensitized with SGBV messages.</p> <p>With support from DRC, 2,000 dignity kits have been distributed in collaboration with women associations in Adigrat, Shire and Mekele.</p> <p>With the support of IFRC DREF, 2,460 dignity kits were distributed to women and girls of reproductive age in 6 of 8 targeted woreda. By July 15, more 740 dignity kits were distributed to 2 woredas of Southern zone.</p> <p>Netherlands RC are also working on beneficiary identification and verification to provide more dignity kits.</p>
<p><b>Health</b></p>	<p>ERCS has ongoing activities in health, sanitation and PSS supported by the Danish Red Cross (DRC) and Italian Red Cross (ItRC) in Shire and Mekele. 2,000 dignity kits have been distributed with women associations in Adigrat, Shire and Mekele with support from DRC. ERCS continues to operate its ambulance services in Tigray although 143 out of 254 were looted or destroyed during the conflict.</p> <p>With the support from ICRC, ERCS is supporting mobile clinic in 3 locations in Eastern zone, where services are provided once a week. The health facilities in the location are completely damaged, and health staff are displaced for fear of insecurity. They are mobilized and attend for services and transported back to Adigrat town where they feel safe to stay.</p>
	<p>ERCS has distributed essential food items in Tigray to 1,000 HHs through this DREF.</p> <p>An additional 8,000HHs are supported with food assistance in Northwestern zone, Easter zone and Mekele (4,000HHs reached and an additional 4,000HHs</p>



<p><b>Livelihoods And Basic Needs</b></p>	<p>will be reached in the next 2 weeks) with support from DRC. With the support from DRC, ERCS has distributed MPCT to more than 6,000HHs in Shire and Adigrat. With the support from DREF, additional of 3,450HHs have received food assistance in a pack of 75kg wheat flower, 7.5Kg of beans and 2,5Ltrs of edible oil. This was one off distribution, calculated for monthly family food ration. More 1,150HHs are to be reached before end of July 2023.</p>
<p><b>Resource Mobilization</b></p>	<p>ERCS is working with movement partners to mobilize resources required for immediate lifesaving assistance and early recovery needs. The assessment report under the DREF and the 5 years resilience and rehabilitation framework developed has been disseminated to donors round table engaging embassies and international organizations with the lead support of the Swiss Embassy. More resource mobilization sessions have been organized for higher level donors' session.</p>
<p><b>National Society Readiness</b></p>	<p>The Ethiopian Red Cross Society (ERCS) was established in 1935; The National Society 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</p> <p>As such, 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 Tigray region since 9 December 2021 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; and engaging in protection, Gender, and Inclusion (PGI), and Community Engagement and Accountability (CEA)</p> <p>Tigray Region branches, Northwestern Zone branch office was established four decades ago and has been serving the most vulnerable even in very critical periods like the current conflict situation. ERCS has been supporting people who were affected by different natural and man-made disasters. In addition to disaster response activities, NS has been implementing various development and humanitarian project activities which contributed to the National resilient community endeavors. Even though the needs were enormous, the branch office played a great role to support and respond to immediate needs of those who are most vulnerable</p> <p>The partnership building made with many stakeholders enables ERCS to provide quality service for affected communities. At the National Headquarters (NHQ) level, response activities are led by the Disaster Risk Reduction Directorate which supports a regional and zonal representation, present in all regions of Ethiopia. This comprises a network of 11 regional and 37 zonal branches, 2,176 staff members, 44,700 volunteers, 6,000 Red Cross committees at community level, and 5 million paying member</p> <p>The operational capacity of ERCS branches at regional and zonal level in the Tigray region was significantly reduced during the conflict; out of the 254 ambulances 143 were either looted or destroyed. Three pharmacies at Adigrat, Wukro and Humera were looted and there is no pharmaceutical services</p>



	currently in any of the zones in the Tigray region. The ERCS offices located in eastern zone Adigrat town and northwestern zone in Shire town were partially damaged and lost all office furniture and equipment due to looting. There has been reports that all ES/NFI prepositioned, and first aid materials were also looted.
<b>Coordination</b>	<p>Movement Coordination platforms are in place and ERCS is working with PNSs, IFRC, and ICRC to ensure effective coordination.</p> <p>The partnership building ERCS made with many stakeholders so far will enable the organization to provide quality service for affected communities.</p> <p>At the movement level, the SMMC coordination structure is robust in Ethiopia where at the strategic level, the head of the three pillars attends a quarterly routine meeting, and at the operation level, movement operation coordination meeting is convened on a monthly basis while technical working groups coordinate more frequently.</p>

## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	<p>The IFRC Country Cluster Delegation for Ethiopia/Djibouti is providing technical support to ERCS for the Implementation of the DREF and strategic coordination with PNSs. Surge support for assessment was deployed for 4 months to lead and support the multi-sectoral assessment and the DM consultant to support development of emergence and rehabilitation response planning as part of the DREF including community eVCA to inform long term recovery. The delegation has technical staffing including a Program Operations Coordinator, Senior Partnerships and Resource Development Advisor, and Senior Planning, Monitoring, Evaluation, and Reporting (PMER) Officer, working closely with the NS providing coordination role with movement partners and IFRC AU office in resource mobilization.</p>
<b>ICRC</b>	<p>ICRC has been present in Tigray throughout the conflict, working with ERCS in the areas of RFL, Health, WASH, protection, shelter, and food. ICRC has also led the security coordination among the movement partners working in Tigray in terms coordination, access, and logistics. ICRC is working closely with the NS to ensure essential services are provided to communities in the areas where access is still volatile.</p>
<b>Participating National Societies</b>	<p>The PNSs currently present in the country include Austrian, Danish, Finnish, German, Italian, Netherlands, Norwegian, Canadian and Swiss Red Cross Societies.</p> <p>Danish Red Cross is supporting food assistance, health, WASH, and shelter interventions in Tigray (see more details on the interventions under Current National Society Action). In addition, support is provided for reconstruction of branch offices. DRC is also supporting the resumption of minimal ambulance services in Northwestern, Eastern zones and Mekele as well as providing PSS activities, caring for volunteers in the three branches, PSS and SGBV outreach activities in Northwestern zone. In addition, support is provided for reconstruction of branch offices (Shire zonal branch, Laelay Adiyabo woreda branch and Mekele zonal branch.)</p> <p>ERCS with the support of Italian Red Cross supported Quiha hospital in Mekele with 18 months' staff salary, the salary support was planned to continue in</p>





2023.  
 ERCS with the support of Austrian Red Cross supported WASH, EMS and Basic needs in Southern Tigray.  
 Netherlands RC have supported ERCS with WASH interventions, including hygiene promotion.

## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>On 13 November, the National Disaster Risk Management Commission of Ethiopia held a meeting with Implementing Partners to come up with modalities for discharging their respective responsibilities reaching out to the Northern Ethiopia conflict affected population. The Ethiopian Government and donor partners reached a mutual agreement on emergency management upon the launching of full access to enclosed areas of Northern Ethiopia and resume the multi-sectoral response operations with a sense of urgency.</p> <p>The Ethiopian Disaster Risk Management Commission (EDRMC) was commissioned to support the Western Zone which was not accessible, and the Ethiopia Civil Protection/Defence was to ensure the security and continue to improve accessibility.</p> <p>March 2023, EDRM reported massive food aid diversion resulting to USAID and the UN World Food Programme (WFP) to temporarily suspend the provision of food assistance to the region in early May. Government and humanitarian counterparts have put various efforts into tackling humanitarian aid misuse where, the Humanitarian Country Team (HCT) has established a specific task force to work on the entire humanitarian programme cycle.</p>
	<p>UN organisations including WFP, UNHCR, UNICEF and IOM are active in Tigray. Joint Emergency Operations Program (JEOP) partners, led by the Catholic Relief Services and implemented through a consortium of partners including Care World Vision, the Relief Society of Tigray amongst others, are providing food assistance in response to acute food needs.</p> <p>During the 3rd round of distributions, which was launched in late December 2022, FSL partners have assisted 3.9 million people (73% of the total planned caseload of 5.4 million people for the region, including Western Zone) with 66,720 MT of food as of 8th of March. Out of the 3.9 million assisted, more than 314,000 people are IDPs. Among the main FSL partners, JEOP assisted 2.7 million people (87% of its planned caseload of 3.1 million people) with 45,703 MT of food; WFP and its partners assisted 1.17 million people (56% of its planned caseload of 2.1 million people) with 19,853 MT of food.</p> <p>Since mid-November 2022 when humanitarian food supplies resumed to enter Tigray, more than 166,000 MT of food has been brought into the region as of 16 March; and around 138,000 MT of food (for Round 2 and 3 of 2022) has been distributed to five million people as of 8th of March.</p> <p>WASH cluster partners are preparing to scale up the WASH response. A rapid</p>



## UN or other actors

assessment in IDP sites are ongoing and the cluster is currently assigning a WASH focal agency. As of February 2023 WASH cluster partners have received 2,761 MT of WASH supplies, including water treatment chemicals and soap for IDPs, and distributed 84 % and 95 % respectively of the received NFIs.

Currently there are 6 organizations represented in the food security cluster in Tigray; (4 international, 1 local NGO and government disaster department working in the western zone) undertaking interventions to address food insecurity. Since mid-November 2022 when access was resumed and humanitarian food distributions commenced, 59 Woredas were covered on 88 from food security cluster data from the total target population which is 5.2M. Local authorities and communities, partners are working on re-targeting to include people who are newly displaced or experiencing secondary displacement in the caseload and identifying other most vulnerable people in need based on available vulnerability information (e.g. demographic and socio-economic data). This exercise has been challenging due to the context with increased population movements, high number of displaced people, limited or non-existing local government structure, presence of multiple armed actors in some areas, and lack of documentation among IDPs.

March 2023 EDRM reported massive food diversion resulting to USAID and the UN World Food Programme (WFP) to temporarily suspend the provision of food assistance to the region in early May. Government and humanitarian counterparts have put various efforts into tackling humanitarian aid misuse where, the Humanitarian Country Team (HCT) has established a specific task force to work on the entire humanitarian programme cycle, from identification of beneficiaries to assessment of needs, targeting and monitoring comprising of government and whole humanitarian community including partners and donors.

Following food shortage, mid-May, host community and internally displaced populations (IDPs) in Tigray's Mekelle and Shire towns demonstrated against the suspension, calling on humanitarian agencies and government partners to resume the distribution of food aid to the critically food insecure communities. Lack of food assistance will likely result in a sharp increase in acute placing U5 and PLW in the high risk.

To rescue the situation, Northwestern (NW) Zone, cash assistance to more than 700 households (HHs) comprising of IDPs and host communities were provided to alleviate their plight during the ongoing food pause. Meanwhile, community-based and faith-based organizations have continued to mobilize resources to conduct one-off, small scale food distribution targeting a few thousand most vulnerable families within the communities in several locations. More than 2,000 IDP women and girls, as well as 500 refugees in Sheraro Woreda were also provided with dignity kits.

Nutrition: In May, UNICEF provided SAM treatment to more than 16,000 acutely malnourished children.

ES/NFI: Support to 54,600 displaced people who returned to Gulo Makeda woreda, in the Eastern Zone with emergency shelter and non-food item (ES-NFI) assistance, services in health, water, sanitation, and hygiene (WASH), as well as with agricultural seeds to support farmers in the current planting season. Additionally, 1,500 IDP HHs in Maekel Adiabo Woreda received non-food item (NFI) assistance (blankets, floor mats, tarpaulins and kitchenware). Over-



all, ESNFI assistance to Tigray faces low ongoing activities due to lack of ESNFI items in stock, while it has only 28 per cent funding secured to date.

WASH: Partners are preparing to scale up the WASH response. A rapid assessment in IDP sites is ongoing and the cluster is currently assigning a WASH focal agency. As of February 2023, WASH cluster partners have received 2,761 MT of WASH supplies, including water treatment chemicals and soap for IDPs, and distributed 84 % and 95 % respectively of the received NFIs.

Education: Support with school re-opening in Tigray, where over 80% of schools have been partially or severely damaged. This includes mine action, school's rehabilitation, back to school campaigns, equipping schools with teaching and learning materials, providing mental health and psychosocial support for teachers, teacher training on condensed curricula, and diagnostic of student learning /competency levels.

### **Are there major coordination mechanisms in place?**

EDRM leads all response operation in collaboration with humanitarian organizations. The Humanitarian Country Team (HCT) led by the UN Humanitarian Coordinator, the Inter Cluster Coordination Group (ICCG), and clusters are operational and meet regularly at national and regional levels. ERCS participates in clusters, ICCG and HCT with support from IFRC and PNSs. For all intervention strategies of this DREF, the ERCS ensures coordination with government authorities at all levels, relevant stakeholders, and thematic clusters to ensure complementarity, transparency, and coordination. As planned, ERCS works with community for effective accountability, where each community has established community committee responsible to support in beneficiary identification and feedback collection. ERCS will also conduct PDM, and lesson learnt workshop for reflective learning to improve on future programming.



# Needs (Gaps) Identified

## Protection, Gender And Inclusion

From the assessment findings more than 50% of respondents experienced violence or SGBV in the place where they are currently live, while 72% reported the areas they resided to be unsafe. The long school closure and shortage of food and other basic needs also forced the community to adopt negative coping mechanism including early marriage and prostitution. The assessment also revealed less support for SGBV cases which need immediate attention due to damaged health facilities in the respective areas and absence of government structures.

Vulnerable groups include people living with disabilities, children under five, pregnant and lactating mothers, elderly and displaced population among others are likely to face risk of common protection: Gender-based violence and child protection minimum. High rates of poverty, limited access to information and education, and limited access to food and primary health care have weakened Tigray families' ability to cope with persistent and new shocks. This exposes vulnerable people, particularly elderly people, women, children, and persons with disabilities to protection risks.

The resumption of services will improve SGBV services, and ERCS will conduct awareness raising including referral systems to support affected population to access services. All volunteers engaged in the operation will be oriented on PGI and referral mechanisms.

## Water, Sanitation And Hygiene

The massive displacement forced more than 1.8M people to live either in collective sites or in makeshift shelters within the host communities. From the assessment conducted, water treatment and hygiene supplies remain to be one of the main challenge for the affected population which places them at high risk of disease outbreak that are exacerbating the food insecurity and stretching the leaving conditions.

Analysis of KIIs, FGDs and observation shows that the community members know how to use water and sanitation facilities and practices properly, but they are not able to wash themselves and their families because of the shortage of water and lack of income to buy soap.

With this DREF scale up ERCS will support 4,600 households with water treatment chemicals (Aquatabs), soap and dignity kits for women. 52 volunteers will be trained and deployed for 3 months to conduct hygiene promotion and support the distributions of the WASH NFIs and the orientation of how to use the NFIs distributed.

## Livelihoods And Basic Needs

During the assessment, more than 96 % of the respondents reported that their primary income has decreased due to impacts of the conflict. This was also observed by the assessment team during the transect walk where several houses, crops and livestock were looted. In Tigray, these results are linked to the decrease curve of agro-pastoral activities which represents the main source of income of the population.

Livelihoods have been disrupted in different ways. 29 % of the respondents in the HH survey highlighted damage of community infrastructure such as roads, markets, and communication as causes of livelihood interruptions, while 34 % reported that they lost agriculture inputs.



Decreased access to food parcel for local production resulting from climate/conflict/migrations have led to less and less local food productions. Declining local production has immediate consequences on income generating activities of families with majority being farmers. Moreover, this has significantly increased the dependence to market supplies affected by price raising. Dependence to humanitarian assistance has continued in a context of low purchase power and poverty

During the conflict period, farmers have been prevented from ploughing or harvesting, seeds for planting have been stolen, farm equipment have been looted, and livestock killed. Crops that were able to be sown have often been pillaged and destroyed.

Tigray region has been identified as one of the most drought-vulnerable crops-production regions. From FEWS-NET latest report forecast until January 2023, Tigray drought is still worst. The climate effect with drought increased and precipitation are still insufficient and extend hazards on agropastoral production. The number of people to be assisted and livestock to be supported is increasing, leading to bad coping mechanism for minimum food assistance. According to OCHA report on 8 December 2022, since late 2021, 4 million livestock have perished, and more than 30 million livestock are emaciated and at risk. This is an increase from 3.5 million livestock deaths and at least 25 million at risk reported by mid-May 2022. People are in dire need of immediate food assistance

Food insecurity is worsening over the country driven by similar factors as Tigray. At the same time, deterioration of the hunger crisis in the country and bordering countries is enriched by chronic niches of complex disasters like Tigray which results on multiple humanitarian consequences spreading over to other regions and countries. The crisis in Tigray has affected several neighboring regions in terms of food insecurity resulting from the lack of production, deterioration of income for community's livelihood, migration and effect of health crisis. To have the best approach in the hunger crisis response and to identify the best integrated approach for this operation, NS will need to fully understand the dynamic between Tigray crisis and the overall Hunger crisis in the country; similar driven factors between Tigray and effects of ongoing crisis in the country to other regio

Following the assessment conducted in the Eastern, Southeastern, Central and Northwest zones of Tigray region engaging the affected population, the most urgent need is food reflecting the factors mentioned above. It has not been able to practice any agriculture or other livelihood activities for two consecutive years as a result of the conflict, blockade to services, shortage of farm inputs and disruption of farming and irrigation schemes. The food insecurity severity is not only amongst the IDP but also amongst the general population in the host community. The livelihoods of the affected population have deteriorated and an increase of people in need of food assistance from 10-15% pre- conflict, to 75-90% post conflict was reported in the assessment. Currently more than 6.5 million people are reported to be food insecure.

#### Financial system and market

The gradual resumption of transportation, banking, and communication systems in January 2023, is slowly reviving the situation with limited access to some areas.

With the available resources being limited, the FSL cluster has advised to sustain the ongoing food assistance through the most appropriate modalities, complementing it with agriculture and livelihood support in collaboration with other clusters to improve food security in the region and prevent further deterioration. With better climate conditions, food assistance is forecasted to last up to next main harvest season in late 2023.

The existing DREF reached 1,000 HHs with one cycle of food distribution. To complement the emergency food need, ERCS seeks to extend immediate food needs to 4,600 HH (23,000 people) in the Tigray region.

## Community Engagement And Accountability



The formal information access was totally disrupted, i.e., no telephone, no transport and restricted free mobility. Most (63 %) of the community members reported that their preferred channel for feedback and complaints remained community meetings, 20 % religious leaders and 12 % help desk. Feedback via phone and SMS was not prioritized as most areas still do not have access to mobile network or they do not have mobile phones.

The respondents reported that information/communication with family members (33 %) was most important, followed by information on relief operations (26 %) and security information (24 %).

The surveys conducted have allowed to get direct voice from communities on their perception of the crisis and give them open place to express the most pressing needs they perceive. Hence, the main challenge reported by the respondents was food shortage (72%), security concerns (42%), health problems (31 %), lack of portable water due to major damage to infrastructure (12 %) and poverty (9 %).

### **Any identified gaps/limitations in the assessment**

## **Operational Strategy**

### **Overall objective of the operation**

The main objective of this operation is to scale up the response to meet the immediate needs identified during the assessment to the population most in need, while monitoring the situation for immediate and early recovery based on the Government and ERCS response plan.

This DREF responds to the immediate emergency need and is providing (from the assessment to the groundwork to be done during this update) the necessary information and platforms to discuss the transition to the unified plan/recovery plan that could address the specific context of Ethiopia and Tigray especially.

### **Operation strategy rationale**

ERCS with the support of IFRC intends to extend the provision of immediate humanitarian assistance to most in need communities in Tigray for a period of 6 months. ERCS has engaged local communities during the multisectoral needs assessment to get an in-depth integrated analysis of the current situation after several months being locked down from the region.

The immediate needs have been drawn from the community feedback during the assessment conducted by ERCS in collaboration with government lead sectors with the support from IFRC from January 28 to Feb 10th, 2023. The results from the assessment identified growing needs in food security and livelihood, WASH, protection, shelter, health, and nutrition, aggregated by the two-year long conflict which put a halt to all the economic activities over the period of 2 years. Looting and burning of public and private properties and the blockade of transport, communication, banking, subsidies, and major services have had a negative impact on the Tigray economy. The regional local government has been disrupted since the start of the conflict, and in some areas had not yet resumed at the time of the assessment.

Transition to the early recovery and sustainable long-term planning.

- This operation through the assessment is providing the groundwork for early recovery and long-term planning decision making. To complement the result of the assessment through support of early recovery, ERCS under this operation will ensure a continuous assessment and conduct the capacity and vulnerability assessment. Both assessments results, capacity of NS and learnings from the current proposed interventions will provide groundwork



for further planning to a sustainable early recovery and long-term planning.

- The coordination with partners in-country will also be part of the key work area for mid-term and long-term planning to complement the current emergency response by ensuring sustainable food availability, livelihoods and WASH facilities access through adapted environmental solutions and community based agro-pastoral solutions.
- In the coming months, ERCS will provide good space to ensure appropriate communication on ERCS actions for the Tigray crisis as an invaluable partner in this crisis and that with benefit of the extended branches, can better provide an integrated response to the converged factors in the North that also driven the crisis in Tigray.

ERCS is actively participating in coordination meeting and updated with all the response operations on site, always consulting with the sector leads for all planned responses and targeting validation on the planned assistance. The response under this allocation includes the following aspects:

1. ERCS will extend the distribution of essential food assistance to 4,600 households with food portion per person as identified in the initial plan, 15 kg wheat flour, 1.5 kg pulses and 0.6 litres of oil. The ERCS staff and volunteers will be engaged in beneficiary identification based on the agreed criteria, registration, and distribution of food, closely monitoring the fairness and appropriateness of the relief distribution. Prior to the distribution, they will receive a refresher training on relief distribution and crowd management, CEA, feedback and compliant mechanisms

2. Procurement and distribution of WASH essential items to ensure water purification with tabs and soap for hygiene to 4,600 HHs. The WASH interventions will cover refresher training to 52 volunteers that will provide hygiene promotion and communication messages. They will also get briefings and demonstration that will be conducted in the communities in order to cascade the orientation on use of the distributed water treatment chemicals and safe storage. The Hygiene promotion interventions will refer to the IFRC guidelines: <https://watsanmissionassistant.org/emergency-hygiene/>. ERCS will also integrate the sanitation mapping at HH level, mobilizing for latrine construction and resourcing for support for the most vulnerable families with other WASH partners or scale up in the recovery phase.

3. The DREF will also support ERCS to support hygiene through the Procurement and distribution of MHM kits for 3,200 women/girls.

4. In order to inform the recovery programming, Vulnerability and Capacity Assessments (VCA) will be conducted in 2 woredas. A ToT training will be conducted, followed by training of volunteers in the 2 woredas prior to the VCA assessment, potentially to link the humanitarian phase to the recovery level with more community-based action plans.

5. Protection, Gender and Inclusion (PGI): The operation will adhere to the IFRC Minimum Standard Commitment to PGI in emergency settings. Services delivered will be informed by a PGI analysis of the needs of the most vulnerable people. Activities will include PGI training to staff and volunteers engaged in the operation including SGBV and child safeguarding, using the IFRC guidelines, mapping of referral pathways and making accessible information on local referral systems for any SGBV concerns in coordination with other SGBV actors. The trained volunteers will also be engaged in community awareness sessions on SGBV prevention and child safeguarding. NS will also conduct a child safeguarding risks analysis with the support from IFRC PGI regional team using the Q&A on Child Safeguarding Risk Analysis for IFRC Programmes. All the reporting, data collection and documentation will consider gender and diversity to ascertain all group participation.

6. Community Engagement and Accountability (CEA) will mainly focus on ensuring the engagement and involvement of all stakeholders including the affected population all along the operation, with consideration of expressed communication preferences. The community will be consulted in the establishment of community feedback committees for reliable and swift relay of information, feedback, and complaints. Sensitive feedback will be handled through the referral pathways. Communication and dissemination of fundamental principles will be a component of the CEA activities to ensure access and acceptance. For all intervention strategies of this operation, the ERCS will ensure coordination with government authorities at all levels, relevant stakeholders, and thematic clusters to ensure complementarity, transparency, and coordination.

7. Capacity strengthening of ERCS branches and volunteers:



To support the wellbeing of staff and volunteers, a two days MHPSS clinic will be provided. Trainings for the necessary capacities of NS staff and volunteers to carry out the activities will be provided; this includes a two-day orientation including Safer Access and Security briefings.

#### 8. Monitoring and reporting

Emphasis is made on encouraging continuous assessment of the situation, monitoring of the services being provided as well as looking at monitoring of the feedback from beneficiaries. Analysis of monitoring observations will help with timely decision-making. Attention will be paid to data management (including collection of GBV and protection cases), inclusive of collection of disaggregated beneficiary data, storage, and analysis. Continuous communication with the field teams, along with issuance of necessary updates of the operation including the final report will be managed accordingly.

## Targeting Strategy

### Who will be targeted through this operation?

Following the assessment conducted by ERCS, this DREF operation is extending the target beyond the 1,000HHs initially targeted. The revised target of this operation is distributed as follows:

- 50,000 people in total will benefit from hygiene promotion that will be conducted in targeted areas.
- 5,600 households (HHs) will represent the main direct target for which NS will provide food assistance. Under this DREF, 1,000 households were provided with food assistance and this revision of the DREF will thus extend the same assistance to 4,600 HH. Additionally, 4,600HHs will meet the immediate need to access safe drinking water, hygiene and protection.

The 5,600HHs direct target represent 28,000 people approximately (5,000 people initially and 23,000 additional). The people are in dire need of assistance in Tigray and ERCS staff and volunteers are responding to the emergency. For specific areas targeted, NS will focus on the areas included in the multisectoral needs.

The area has been selected mainly as a result of:

- Presence of ERCS Tigray branch with better operational capacity in terms of staff and volunteers (29 staff and more than 52 trained volunteers on BDRT, first aid, and WASH).
- Excellent existing partnership with humanitarian partners and EDRMC working in Shire town (UNHCR, IOM. In most cases, the ERCS Northwest branch plays a leadership role.
- Safe access analysis.

### Explain the selection criteria for the targeted population

The magnitude of impact within the region is huge. The geographical targeting will be done during the implementation stage considering the coverage of other partners, and vulnerability in the assessed areas. The selection criteria include those displaced households who lost their breadwinner due to the conflict, households who faced major wounds and spend money on medication, women-headed households, women with many children, disabilities, elderliness, and other critical criteria identified during community discussion through the CEA approach.

Maintaining the initial targeting and selection criteria, priority will be given to the following groups identified to be most in need in the assessment findings:

- UAMs who lost their parents/guardians during the conflict.
- IDPs living at IDP sites or in the host communities.
- Individuals from the general population who was included in the safety net project prior to the conflict, as were identified as poor households.
- Individuals from the general population identified with key vulnerability factors (e.g., people with disabilities or chronic illnesses, female/child headed households, elderly).





# Total Targeted Population

Women:	19,125	Rural %	Urban %
Girls (under 18):	6,375	21.30 %	78.70 %
Men:	18,375	People with disabilities (estimated %)	
Boys (under 18):	6,125	1.00 %	
Total targeted population:	50,001		

## Risk and security considerations

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

Risk	Mitigation action
Community needs may exceed the capacity of this operation	<p>ERCS will advocate as necessary to partner organizations to meet unmet needs.</p> <ul style="list-style-type: none"> <li>•ERCS have ensured the CEA mechanism is properly instituted, communication is strengthened to ensure communities are aware of the project, available capacity and participate in entire program cycle, including beneficiary identification and participate in complaints and feedback addressing. The community committees were established from each community involving all community groups.</li> <li>•Managed the geographical targeting by engaging government structures to ensure the support is directed to the most in need woreda/Kebele.</li> <li>•Continue assessing and advocate as necessary to other partner organizations to contribute to unmet immediate lifesaving and longer-term recovery and rehabilitation plans.</li> </ul>
Access to some areas still limited	<p>ERCS and IFRC will coordinate closely with local officials and with the support of ICRC to ensure safe access. However, the TPLF is armless, and the access has improved, target areas will consider the security. □</p> <ul style="list-style-type: none"> <li>•Implementation site selection considered access.</li> <li>•ERCS and IFRC has maintained coordination with other partners, local government officials and with the support of ICRC to ensure safer access. □</li> <li>•IFRC also conducted security assessment in Tigray and identified all safety and security services and precautions to be taken.</li> <li>•All staff and volunteers were oriented to minimum safety and security requirement and signed code of conduct.</li> <li>•All volunteers engaged in the project are insured.</li> </ul>
Theft of food and NFI supplies	<p>EDRM reported massive food aid diversion from UN warehouse, amid food distribution which paused risk of</p>



theft, NS increased the security including transportation insurance and ensure minimal storage time. (Immediate distribution on arrival).  
 Initial food for 3 zones was shipped by the third party, who took all the transport risks (risk transferred).  
 •The last zone, transportation supported from ICRC and by ERCS own vehicle, were protected by transferring risk through procuring an insurance policy.

Prices increased on the market for all the relief items to distribute

NS kept monitoring the market and there was an increase of prices in the market that affected the food items and other relief items and services.  
 The planning required to take measure to adjust the feasibility to the priorities and the identified vulnerable households were supported through these adjustments.

procurement and Logistic

ERCS will use the approved single source procurement for food items, and the shipping will be done by the third party, who will bear the transport risks. (risk transfer).  
 •The inflation / under budgeted transportation cost which delayed the food and NFI transportation was resolved by using ERCS truck and requested support from ICRC trucks while covering the running cost.

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

Although the Federal Democratic Republic of Ethiopia and the Tigray People’s Liberation Front (TPLF) signed an agreement on permanent cessation of hostilities including the resumption of public services in the region and the unobstructed flow of humanitarian supplies to Tigray and the region is gradually opening, the situation remains fragile. One concern is that target areas become inaccessible due to the deterioration of the security situation. To effectively work in a such sensitive environment, it will be necessary for the ERCS to keep updating the security standard operational procedures and security plans and disseminate them among all the team in a suitable language. SOPs on checkpoint behaviour, field movement, and communications should be drafted, and contingency plans for loss of communication, actions under fire, kidnapping, and death or injury of staff should be drafted or revised as needed. ERCS has a security unit that provides situation monitoring and providing timely security advice to field personnel and works closely with IFRC security officer at the Delegation level. To enhance safety, the ERCS operation team will clearly be identifiable by wearing the RCRC visibility gear. Staff would also need to be trained on the se procedures and plan

All response teams should receive a detailed briefing on the risk of this operation, in dealing with assistance in conflict areas. All IFRC staff must complete, and RC/RC staff and volunteers are encouraged to, the IFRC Stay Safe e-learning courses (i.e. Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training). First aid training, PSS, and safe access should be a mandatory prerequisite to be engaged in this operation. The IFRC security plans will apply to all IFRC staff throughout. Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel be deployed there. Support for the establishment or reinforcement of these mitigation measures could come from the IFRC Regional Security Coordinator with support from the Global Security Unit in Geneva. All Branch volunteers engaged in the operation will be insured and their movement will be monitored and oriented following the regular security updates will be established through SMS/WhatsApp phone updates. The IFRC will also continue to closely monitor the security situation in all regions and coordinate the security plan with ICRC, RCRC Movement partners, and local actors. ERCS counts on the presence of volunteers and partners that could make a difference in the community



# Planned Intervention

	<b>Water, Sanitation And Hygiene</b>	<b>Budget</b>	CHF 68,730
		<b>Targeted Persons</b>	50000
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
# of Households receiving soap		4600	4600
# of women and girls receiving MHM kits		3200	3200
# of HH receiveing water treatment chemicals		4600	4600
Volunteer trained		52	63
# of People reached with hygiene promotion		50000	15146

## Progress Towards Outcome

A total of 53 volunteers and 10 staff attended a 3 day training on WASH. Topics covered adhered to WHO definition of hygiene promotion, peer hygiene promotion, personal hygiene management, waste management, healthy lifestyle, proper utilization of sanitation facilities, vector control, prevention of diarrheal diseases, causation of disease and level of prevention were covered in short and presented using simple examples.

The training also highlighted gender and PWD sensitivity in WASH. All the awareness sessions have kobo link for reporting with disaggregated data.

Training outcomes include improved knowledge of WASH and communication modalities, developed plan for the 3 months awareness creation covering at least 3 days per week, through mass awareness in community gatherings, house to house visit specifically to the direct beneficiaries to follow up water chemical usage, and sanitation mapping.

All the trained 53 volunteers deployed to conduct hygiene promotion activities at all the 8 targeted Woredas, to deliver key hygiene messages.

The ERCS hygiene promoters/volunteers are using different approaches including peer education, group discussion, house to house visit and mass gatherings. WASH key messages were developed on prioritized topics related to water, sanitation and hygiene and provided them to use as reference during awareness creation sessions. The activity is ongoing and expected to be finalized by end of August 2023 with a plan to reach 50,000 individuals in all the 8 targeted Woredas. The awareness sessions have sensitized a total of 15,146 (7,174M, 7,972F), 30% of target population for 1 month.

The WASH NFI materials comprising of 6 bars of soap per HH and 65 sachets of Aqua tabs per HH have been distributed in all 8 targeted Woreda of Northwestern, Eastern, Southern and central, covering a total of 4,600HHs (21,651 people 10,392 M, 11,259 F).

Targeting the same families, a total of 3,200 women aged between 18 and 49, including lactating women, victim of SGBV, displaced and most vulnerable received dignity kits comprising of 2 underpants, 2 reusable sanitary



pads and piece of cloth (6 bars of Soap covered at family distribution). However, the dignity kit items like torch, comb, whistle could not be included due to budgetary reasons.

	<b>Protection, Gender And Inclusion</b>	<b>Budget</b>	CHF 1,155
		<b>Targeted Persons</b>	80
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
Volunteers and staff trained		81	96

### Progress Towards Outcome

With the support of the DREF funding at least 96 staff and volunteers engaged in DREF operation (assessment, beneficiary registration, eVCA and hygiene promotions) were oriented on PGI minimum standards, the integration during assessment, beneficiary registration, feedback collection and awareness creations, and linkages to identified referral pathways. All data collection considered the data disaggregation by gender, age and also PWD information were well captured with dignity.

ERCS has considered the inclusion in all the services provided, where women, men, youth, elders, PWDs and other marginalized groups have been represented in the decision-making.

eVCA conducted in two communities reflected very minimum risk on social cohesion and connectedness and medium risk to inclusion, means communities have maintained their social relations amid conflicts, and needs minimal support especially to support PWDs with supportive equipment's.

	<b>Livelihoods And Basic Needs</b>	<b>Budget</b>	CHF 742,860
		<b>Targeted Persons</b>	28000
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
# of HH receiving food assistance		5600	5600
Multi Sector Assessment completed		1	1
Vol Trained eVCA		25	18
Woreda conducted eVCA		2	2

### Progress Towards Outcome

- The assessment conducted had a big consideration on community voices expressing their needs and priorities as important as the providing detailed multi-sectoral level information. Food access being on top, the livelihood strategy on which the DREF was launched was maintained and has been scaled-up to target more families, hence matching the dire needs identified.

- The initial strategy was maintained to the food distribution to 1,000HHs that received assistance in the first phases. However, 4,600HHs were planned to be assisted as well.

Beneficiary identification and registration was conducted in collaboration with the community committee and woreda leaders by well trained and experienced volunteers and staff.



Total of 5,600HHs (26,651 people) were registered and received one round of food assistance. The initial 1,000HHs (5,000 beneficiaries) were manually registered during assessment stage and identified as the most vulnerable with urgent need of food were reached with food assistance. The Additional 4,600HH (21,651 people, 52%F/48%M), were identified and registered under the first operation update, through online data collection on the agreed selection criteria with the community. Among the beneficiaries, majority are female 25- 54 (15%), while the children U-18 constitute 45% of total beneficiaries and 13% are older people above 55 years old.

- EDRM reported massive food aid diversion from UN warehouse, which brought delay in aid transportation, mainly for Southern zone due to inflated transport costs, food transport supported by ICRC, while the DREF covered the insurance policy for transportation, transferring risk to the third part.

- There was increased food needs in the region for 3 months, and this happened amid food distribution which paused risk of theft. The NS in collaboration with government identified areas and increased the security measures, including transportation insurance, parking of trucks in government or ERCS yards, and ensuring minimal storage time i.e. (immediate distribution on arrival).

- Inflated prices on cooking oil, and unavailability of the stock in market confirmed the suggested pack of 3 liters, (only 5 litres pack was available) and therefore the beneficiary package was revised to distribute 2.5ltrs per HH where a pack of 5ltrs was shared for 2HHs.

- Staff training on eVCA was conducted – total of 18(17M and 1F) staff from Mekele, Southern, central, and eastern zones and the EDRM office central zone participated in the eVCA training and later supported the assessment at community level, where the 2 kebeles were facilitated.□

- The trained ERCS staff under the facilitator's supervision, conducted the eVCA, for two communities to inform longer term resilience and rehabilitation plan. The eVCA tool was used for community consultations to analyze the risk margin through hazard identification, and assessing available capacities, vulnerabilities, and exposure to the risk. Total of 67 (32M, 35F) participants, (31 in Ambesete Fekade and 36 in Mahebere Dego, represented the community in the eVCA, with a good composition of all community groups. Finally, communities developed risk mitigation and resilience plans for each community.

	<b>Community Engage-ment And Account-ability</b>	<b>Budget</b>	CHF 2,105
		<b>Targeted Persons</b>	105
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
# of feedback mechanism in place		1	2
# of key informants identified		5	8
Percentage of key informant interviewed for the assessment		100	100

### Progress Towards Outcome

During the assessment stage community consultation was paramount to understand the needs of the community. The assessment employed several mechanisms to ensure community participation including 1,010 HHs survey, 17 FGDs, and more than 20 people reached through KIIs.

Following the assessment, the intervention also scaled-up the CEA actions by ensuring that the volunteers to follow-up got the skills to discuss with different community members and managed feedback. ERCS provide capacity strengthening to staff and volunteers where a total of 63 members were trained.

- 10 staff and 53 volunteers engaged in hygiene promotion.



- 61 staff and volunteers engaged in assessment were also oriented to CEA mechanisms and informed the minimum actions.
- At branch level, periodical meeting are held to follow up the implementation, share update and review where need be. Meeting with EDRM at regional and zonal level held at every level of implementation to share update and discuss targets. The following was achieved on that logic:
- At woreda level, ERCS has been coordinating with leaders, explaining detailed program strategy, contextualizing and developing the implementation plan, developing targeting criteria, setting the geographical targeting, as well as communicating to Kebele. The Woreda committee has representatives from all kebele, which make it easy to scale down information.
- Activation of community complaint and feedback system: The feedback mechanism is instituted in the community, where proposed mechanisms are deployed including Information sharing through the Gote leaders, community meetings, community committees that have been identified to support in beneficiary identification and complaints handling.
- At each kebele the notice board is identified where all list of beneficiaries are posted for verification, and help desk is coordinated by community complaint committee, for continuous information sharing and feedback collection.
- Communities are informed on the assistance planned: the quantities of food or NFI to be distributed and criteria. Communities representatives identified as religious, administrative and social groups participates in verification and distribution ERCS volunteers identified from respective Kebele/Woreda who also work closely with communities for information sharing including relief distribution and hygiene promotion through public address or (megaphone), H2H visit, community gathering and organized forums.
- Two communities (Mahbere Dego (central zone) and Ambesete fekade (Eastern Zone)) were engaged to conduct enhanced Vulnerability and capacity assessment (eVCA) where community capacities and vulnerabilities were assessed through the 11 dimensions. community.
- The formal information access, which was totally blocked or disrupted, (i.e. telephone, Radio, TV, transport and restricted free mobility) has resumed with few areas which still need major renovations to revive the system.

	<b>National Society Strengthening</b>	<b>Budget</b>	CHF 104,844
		<b>Targeted Persons</b>	81
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
Staff and volunteers trained		81	93
MHPSS clinic		81	
Staff deployed		1	1
Dissemination session		1	1

### Progress Towards Outcome

- Trainings were conducted to provide necessary skills of the NS from 2nd- 4th of May 2023 to 63 people (53 volunteers and 10 staffs) on beneficiary identification and registration, code of conduct, hygiene promotion, PGI (PSEA, SGBV, Child protection), CEA, digital data collection, reporting and Red Cross working fundamental principles. The training was given by experienced facilitators and the participants were actively involved in the training and sharing the feedback on the process.
- The training outcome was not limited to successful online beneficiary disaggregated data collection and real time reporting using mobile phone but also, the ERCS EOC were able to access and monitor the data remotely. Led to development of hygiene promotion plan, CEA and PGI integration mechanism in the program.



- 30 volunteers and staff have been engaged initially in the food distribution to the targeted food-receiving beneficiaries.
  - With the updated support of the DREF funding, 63 more staff and volunteers were trained on online beneficiary registration and reporting through online kobo collect, feedback and complaint management and recording, code of conduct and community entry for awareness creations, and linkages to identified referral pathways.
  - 18 staff from 4 zones were trained in eVCA, and supported two communities to conduct real assessment and developed community led resilience and risk mitigation plan, to inform longer term rehabilitation program.
  - Assessment report was revised to include equally affected areas of Amhara and Afar. The multi-sectoral assessment and resilience rehabilitation are endorsed by the SG for dissemination to other partners. IFRC cluster office is searching for copy editor to improve the Ethiopia North Program framework for presenting in the next donors round table. □
  - Advocacy, dissemination and coordination is maintained by ERCS and supported by IFRC - DREF.
- Donors round table session was conducted in June 2023 coordinated by the Swiss embassy and IFRC AU office, where the ERCS SG presented the resilience and rebuilding framework. The session involved partners from different embassies, and PNS in country. More sessions are organized at Geneva level for higher decision makers round table.

	<b>Secretariat Services</b>	<b>Budget</b>	CHF 73,855
		<b>Targeted Persons</b>	2
<b>Indicators</b>		<b>Target</b>	<b>Actual</b>
Surge deployed		2	2
Monitoring visit		4	3

### Progress Towards Outcome

An assessment coordinator surge was deployed for 4 months and supported the NS in assessment process. The DM delegate with multi sectoral capacity is also deployed for 3 months to provide technical support to NS in developing the emergence and rehabilitation response plan. As part of the DREF, the delegate supported the NS to train staff on eVCA and conduct assessment in two locations, which will inform long term resilience, and recovery strategy. The surge also supported the NS in coordination with other partners and monitor the implementation by ensuring the NS capacity in data collection and reporting is improved from manual to digital data collection and real time reporting. The PMERL senior office in cluster worked with the NS PMER and EOC to ensure data management and protection are maintained. □

The delegation has technical staffing including the Program Operations Coordinator, Senior Partnerships and Resource Development Advisor, and Senior Planning, Monitoring, Evaluation, and Reporting (PMER) Officer, where they get close support from respective unit from IFRC AU office.



# About Support Services

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

In the planned operational areas (Shire town and its environs) there are 29 staff members and 52 active volunteers mostly engaged in emergency operations (relief distribution, first aid, and ambulance attendants.).

At least 35 staff members and 63 volunteers are engaged throughout, since assessment, beneficiary registration, hygiene promotion, eVCA, food and NFI distributions. At HQ level, one project coordinator is employed to support the program, at regional level, the head of program and 1 focal point is assigned, and at each zone, there are two focal point, 1 for each Woreda. At all levels, support staff including finance and logistic are always available to provide support.

IFRC will also support the operation through the IFRC Addis Delegation Operations Manager and the Deputy Operations Manager. From the security side, support will also be provided for security updates either from the delegation or from the regional level to support assessing the security dynamic and paths for safe access by the communities. It would be part of the continuous assessment.

## **Will surge personnel be deployed? Please provide the role profile needed.**

An assessment coordinator was deployed for 3 months to lead and support the multi-sectoral assessment team consisting of ERCS specialists and IFRC country cluster staff. The need for surge personnel is still critical to support the NS in the development of a country response plan for the 3 regions affected by the Tigray crisis, including Afar, Amhara, and Tigray, and technical person to support in the eVCA training and conduct eVCA at the community level. Instead of surge, IFRC deployed resilient and preparedness consultant to support the NS for 4 months in developing the long-term rebuilding and resilience plan which is used as a resource mobilization tool for longer term programming for the areas affected by the Tigray complex emergence.

In coordination with PNS in-country, the consultant conducted eVCA training to NS staff for 3 days, and then the team was deployed. The assessment for 2 communities was conducted and developed community consulted resilience plans. The plans will be used to inform long-term recovery program putting into consideration the available community capacities.

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

The National Society have done all the procurement and manages the logistics and distribution.

## **How will this operation be monitored?**

The operation will be monitored through the NS to ensure any operational issues are addressed accordingly. IFRC country cluster office will support on this. After distribution the post distribution monitoring will be conducted to gather feedback from community on the support provided.□

A Federation-wide inception workshop will be held in the early stages of the operation where a Monitoring and Evaluation Plan (M&E Plan) and indicator Tracking Table (ITT) will be developed. Movement Coordination and PMER support has been offered from the IFRC Ethiopia and Regional Office to support the coordination and Ethiopia team with the development of a Federation-wide designing a template on Kobo Collect indicator tracking tools. These will be completed by all members operating under the frame of the Complex Emergency response to produce a Federation-wide footprint of our collective action. □

ERCS and IFRC PMER personnel will oversee and ensure quality data collection, aggregation, analysis, and reporting of all gathered information during the DREF implementation period. ERCS branch offices staffs and volunteers will train on Kobo toolbox system. All data will be collected through KoBo Collect system using smartphones and the report will be shared with the IFRC to jointly inform the implementation of the response. A progress report will be shared with the IFRC and partners with standard templates, and the time frame of the DREF. A lesson learned workshop will be organized at the end of the operation of the DREF. Coordination meetings will be held throughout the operation to ensure harmonized monitoring and capture learnings.





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

Contact with the ERCS volunteers and branch will be maintained and effective communication between all levels of the operation. Periodic meetings will be held to provide updates and information on progress. The visibility for the operation will be ensured through regular situation and operations updates and sharing updates through various media outlets.

## Contact Information

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

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[Click here for the reference](#)

