

ETHIOPIA



Oromia region, East Wollega zone. A woman talks to an ICRC staff member about her maize farm. She grew these crops using seed and tools given by the ICRC and the Ethiopian Red Cross Society.

Present in Ethiopia since 1977, the ICRC seeks to protect and assist people detained, displaced or otherwise affected by the 1998–2000 international armed conflict between Eritrea and Ethiopia, or by other situations of violence in the country. It helps preserve the livelihoods of violence-affected communities, and seeks to ensure that people have access to clean water and health care, including physical rehabilitation services. It visits detainees, restores family links, and works with the authorities to ensure compliance with IHL. It supports the Ethiopian Red Cross Society.

BUDGET IN KCHF

Protection	4,834
Assistance	16,806
Prevention	3,498
Cooperation with National Societies	1,349
General	105
TOTAL	26,592
<i>Of which: Overheads</i>	<i>1,623</i>
<i>Of which for certain activities for people affected by the situation in South Sudan</i>	<i>913</i>

See: South Sudan



⊕ ICRC delegation ⊕ ICRC sub-delegation
*The ICRC delegation to the African Union is also in Addis Ababa.

ASSISTANCE TARGETS

CIVILIANS

ECONOMIC SECURITY



Food production
337,260 beneficiaries



Income support
63,000 beneficiaries



Living conditions
30,000 beneficiaries



Capacity-building
19,821 beneficiaries

WATER AND HABITAT



Water and habitat activities
291,501 beneficiaries

HEALTH



Health centres supported¹
8 structures

PEOPLE DEPRIVED OF THEIR FREEDOM

WATER AND HABITAT



Water and habitat activities
12,900 beneficiaries

WOUNDED AND SICK

MEDICAL CARE



Hospitals supported¹
10 structures

PHYSICAL REHABILITATION



Projects supported
19 projects

1. Including ad hoc support.

SITUATION

- ▶ Rising ethnic and political tensions boil over into violence in many areas throughout the country. More violence is likely, as elections – postponed owing to the COVID-19 pandemic – are scheduled for 2021.
- ▶ Armed violence between government forces and the Oromo Liberation Army in southern and western Oromia has intensified. Other situations of violence occur, to a lesser extent, between Oromia and the Somali Regional State (SRS) in eastern Ethiopia; and in the north-west, in Amhara and between Amhara and its neighbouring regions.
- ▶ In early November 2020, armed violence between federal and regional forces broke out in Tigray, northern Ethiopia. This has caused a large-scale humanitarian emergency, with long-term consequences for the population.
- ▶ The UNHCR estimates that Ethiopia hosts more than 700,000 refugees who have fled instability and violence in neighbouring countries, particularly Eritrea, Somalia and South Sudan. Most of them are in camps in border areas.
- ▶ The governments of Eritrea and Ethiopia continue to discuss possibilities for rapprochement, having signed a joint declaration in July 2018 to normalize relations that have been strained since the 1998–2000 armed conflict.

HUMANITARIAN CONCERNS

- ▶ People living in violence-affected areas bear the brunt of the fighting. They are injured or killed and their sources of food or livelihood, looted or destroyed; food production is further hampered by drought or pests such as desert locusts. The violence also causes mass displacement. Although many IDPs have been strongly encouraged to return home, reportedly over a million people are still displaced. The violence in Tigray has added to this, displacing many people within Tigray or to neighbouring regions, and causing tens of thousands to seek refuge in Sudan.
- ▶ Many IDPs stay in host communities, where resources for meeting the increased needs are unavailable; as a result, living conditions for both residents and IDPs are dire. In some violence-affected areas, water, health – including physical rehabilitation – and livelihood-support services have to cope with inadequate resources or poorly maintained infrastructure. Health facilities are faced with additional strain from the COVID-19 pandemic.
- ▶ Violence against health services during fighting is of particular concern: health workers and facilities are attacked; supplies, looted; ambulances, misused or obstructed; and wounded or sick people, prevented from obtaining care.
- ▶ Migrants, including refugees, and IDPs often lose contact with their families while in transit. Ethiopian migrants returning from other countries are often unable to meet their basic needs or to re-establish contact with their families. Many people cannot find or contact their relatives in Tigray, owing to a communications blackout implemented in the region during the violence. Some people separated from their families by the past conflict with Eritrea are unable to contact or rejoin their relatives; others still have no news of family members who went missing during the conflict.
- ▶ Violence-related arrests exacerbate overcrowding in places of detention. As resources are overstretched, detainees have to cope with shortages of essential items and medical supplies, and inadequate water and sanitation facilities, which also exposes them to the risk of COVID-19 and other diseases.

ICRC OPERATIONAL PRIORITIES

In 2021, the ICRC's main priorities in this context will be to:

- ▶ build resilience among people most affected by violence – including in northern Ethiopia, in response to the long-term effects of the violence in Tigray – and provide emergency aid, where needed, to ensure that people can grow their own food, obtain water and health care, and meet other basic needs;
- ▶ secure timely access to people detained in connection with violence; strive to ensure that their treatment and living conditions meet internationally recognized standards, by helping the detaining authorities develop their capacities and providing services directly to detainees, where needed;
- ▶ reinforce the partnership with the Ethiopian Red Cross Society and help it to strengthen its capacities in restoring family links, particularly for refugees and other migrants, and in assisting violence-affected people; coordinate ICRC activities with those of other Movement components in the country;
- ▶ engage with the authorities and weapon bearers on people's concerns and on gaining safe access to those in need; urge protection for health workers, patients and medical facilities, focusing on facilitating safe access for ambulances, by developing or strengthening its dialogue with authorities, weapon bearers and health professionals; and
- ▶ expand knowledge of IHL and increase respect for it and other applicable norms among federal and regional military and security forces personnel and the authorities.

With regard to COVID-19, the ICRC will continue to help health workers prevent and control its spread and contribute to dealing with the broader impact of the pandemic on communities. It will take all appropriate measures to check the spread of the disease while implementing its activities, in line with domestic and international guidelines.

ICRC ACTION

CIVILIANS

Objective: Civilians are respected and protected in accordance with humanitarian principles and, where applicable, IHL. They can cover their basic needs and restore their livelihoods, and have access to good-quality health care. Members of separated families exchange news. Unaccompanied minors and other vulnerable people are reunited with their relatives, if they so wish. Families are informed of the fate of missing relatives.

Urging protection for violence-affected people and health services

The ICRC will explain its mission and activities, and those of the Movement, to the authorities, weapon bearers, and communities, with a view to increasing acceptance for its work and gaining safe access to people in areas most affected by violence. It will raise people's protection-related concerns confidentially with the pertinent parties, who will be urged to stop or prevent abuse, and reminded of their obligations under pertinent law.

Given the widespread incidence of violence against health services, the ICRC will strengthen its dialogue with the pertinent stakeholders on this issue, in line with the goals of the Health Care in Danger initiative. It will urge them to: safeguard medical facilities and people seeking or providing health care; stop or prevent the misuse of ambulances; and enable the wounded and the sick to obtain services, regardless of their affiliations. It will help medical staff to learn more about their rights and duties and work more closely with them to better document instances of violence for follow-up with the pertinent parties (see also *Wounded and sick*). It will also include key messages on protecting health services in its public communication (see also *Actors of influence*).

Police and military personnel – particularly those assigned to law enforcement or security operations, for example, in western and southern Oromia – will learn more about international norms pertinent to their duties through ICRC training. These sessions will also relay key messages on the protection due to health services and the prevention of sexual violence.

The ICRC will seek to strengthen its dialogue with communities to understand their needs more fully and work with them to design its response accordingly. To this end, it will set up a hotline to serve as a community contact centre. Particularly vulnerable people, such as victims/survivors of sexual violence, will be given particularly close attention. The ICRC will monitor the needs resulting from the fighting in Tigray; it will maintain its response and, if needed, will provide additional assistance to those most affected by the clashes, such as IDPs and refugees, and health and other facilities.

Building resilience in communities and responding to emergencies

The ICRC will step up its resilience-building activities while also standing ready to respond to urgent needs arising from intensified violence, disease outbreaks or other emergencies. It will work with the Ethiopian Red Cross Society and other local actors to assist people, prioritizing areas most affected,

such as southern and western Oromia, and places where no other humanitarian actors are present.

Returnee and resident farmers and herders will be given the support necessary to ensure that they have a reliable supply of food and can sustain their livelihoods. The ICRC will continue to implement – with an international institute – a pilot project under which herders living near the Oromia–SRS border will be insured against the negative effects of drought on their livestock, so that they can recover more quickly from its effects. It will also help service providers strengthen their capacities in supporting farmers and herders. IDPs enduring protracted displacement and returnees with limited access to income-earning opportunities will be given cash for covering their basic needs or setting up small businesses.

The ICRC will ensure the availability of clean water for violence-affected people by carrying out small-scale activities in rural areas and large, multi-year projects in urban areas, and by helping the authorities strengthen their ability to operate and maintain water systems. Activities will also be carried out to ensure that key irrigation and health facilities remain fully functional. IDPs and residents will be able to obtain good-quality health care at primary-health-care facilities supported by the ICRC. The focus of this support will be ante/post-natal and paediatric care, and specialized services for victims/survivors of sexual violence. The ICRC will also enable these facilities to strengthen their measures against COVID-19 and will work with the authorities to ensure that COVID-19 patients can obtain the care they need.

Enabling people to reconnect with relatives or learn their fate or whereabouts

Aided by the ICRC, the National Society will enable various groups of vulnerable people to restore or maintain contact with their relatives: people separated from their families by past conflict or violence; migrants, including refugees from South Sudan or elsewhere; and others. It will use various means to do so; for instance, it will install solar-powered charging stations in refugee camps so that people can contact their families using their own mobile phones. Where appropriate, the ICRC will arrange for particularly vulnerable refugees, such as unaccompanied minors, to be reunited with their families. It will also continue to support the National Society's response to the needs of returning Ethiopian migrants. When requested to do so, the ICRC will collect and forward official documents – or issue travel documents itself – to enable people to pursue employment or educational opportunities, reunite with their families, or apply for government benefits or services. It will seek to ensure that newly arrived refugees know of the services available to them; it will also seek to ensure the same among others working in refugee camps, and will encourage them to, whenever necessary, refer people to the National Society or the ICRC.

The ICRC will remind the authorities of their obligation to clarify the fate or whereabouts of missing people – particularly those whose disappearance is related to the past conflict with Eritrea, migrants who went missing in the Mediterranean Sea in 2015 and people who have gone missing during the violence in Tigray – and will offer to assist them in resolving missing-persons cases. It will also give missing people's families support

to cope with the uncertainty surrounding their relatives' fate or whereabouts. The ICRC will help strengthen national capacities in forensics, particularly in preparing for and responding to mass-casualty incidents and other emergencies, with a view to preventing the mismanagement or disappearance of human remains.

PLAN OF ACTION AND INDICATORS

PROTECTION OF CIVILIANS AND RESPECT FOR THE LAW

- P** document allegations of abuse and make oral or written representations confidentially to the pertinent parties
- P** impress upon the authorities and weapon bearers the importance of protecting people, facilitating their access to essential services, preventing sexual violence and ensuring that IDPs can return home voluntarily and in safety
- P** conduct workshops in communities to develop or reinforce community-based measures to reduce safety risks; refer victims/survivors of sexual violence to health centres or other service providers; where needed, provide ad hoc assistance to victims/survivors of sexual violence and other particularly vulnerable people
- Pr** organize seminars for senior regional and federal police officers, and for military officers in regional command posts, on international standards for law enforcement – particularly for the use of force – and IHL, respectively

With the National Society:

- P** document instances of violence against health personnel and facilities, and ambulances, and discuss them with the relevant parties; hold discussions with weapon bearers, health workers and community members on key aspects of the Health Care in Danger initiative
- Pr** organize dissemination sessions on the Movement – sometimes in tandem with training sessions or other events – for local authorities, weapon bearers, religious/traditional leaders and community members
- Pr** survey IDPs and other violence-affected people on their needs; inform them of the services available to them through the community contact centre or other means

RESTORING FAMILY LINKS²

With the National Society:

- P** offer family-links services such as phone calls, RCMs, and tracing – including by broadcasting, on the radio, the names of people being sought by relatives, and preparing booklets containing the photos of missing people or publishing the photos on the Movement's family-links website; set up solar-powered charging stations in refugee camps
- P** where appropriate, reunite vulnerable refugees with their families
- P** issue travel documents, and collect and forward official documents, when requested to do so

- P** use dissemination sessions, informational materials, radio and the ICRC's community contact centre to inform refugees, and organizations working in refugee camps, of the Movement's family-links services
- P** impress upon the authorities the importance of clarifying the fate or whereabouts of missing people, including those still missing in connection with the 1998–2000 armed conflict between Eritrea and Ethiopia; offer to support them in ascertaining the fate of Ethiopian migrants who went missing in the Mediterranean Sea in 2015; establish a clear strategy to clarify the fate of those who went missing during the Tigray violence
- P** on the International Day of the Disappeared, organize – together with the families concerned – an event to commemorate missing people; help the families to establish an association where they can support one another

FORENSICS

- P** organize training in managing human remains for federal police personnel, National Society staff and forensic workers; provide them with the necessary equipment; sponsor some of them to attend conferences or courses abroad
- P** discuss with the pertinent authorities the drafting of a plan for managing human remains after mass-casualty events and give them technical support to this end
- P** if possible, collect DNA samples from missing migrants' families for identifying the remains of migrants who died in the Mediterranean Sea in 2015

ECONOMIC SECURITY

	Food production 337,260 beneficiaries		Income support 63,000 beneficiaries
	Living conditions 30,000 beneficiaries		Capacity-building 19,821 beneficiaries

With the National Society:

- A** help up to 337,260 people (56,210 households) restore or improve their ability to produce food; more specifically:
 - donate seed and tools, or cash for buying them; provide agricultural cooperatives with supplies and financial and/or technical support to produce seed for their communities; employ people in cash-for-work projects in farming communities; do all this to benefit up to 92,760 people (15,460 households)
 - organize livestock-vaccination campaigns with the local authorities; pilot a project to insure livestock in selected communities and cover part of the premium; do all this to benefit up to 244,500 people (40,750 households)
- A** train and equip community-based workers to treat common diseases in livestock, and help agriculture ministry staff train farmers in good farming practices, to benefit some 19,800 people

2. This includes activities for people affected by the situation in South Sudan (see *South Sudan*).

- A** provide cash for covering essential needs, and/or setting up small businesses, to up to 10,500 displaced or returnee households (63,000 people) with limited earnings
- A** donate essential items (e.g. blankets, tarpaulins, mats, cooking items, soap) to help improve living conditions for up to 5,000 displaced households (30,000 people)

WATER AND HABITAT



Water and habitat activities

291,501 beneficiaries

- A** repair or construct water-supply systems – for example, install solar-powered pumps or hand pumps – in rural areas to benefit some 60,000 people; maintain projects to renovate or upgrade water infrastructure in urban centres near the Oromia–SRS border and in the north-west, for the benefit of around 220,000 people
- A** in the event of an emergency, install water and sanitation facilities for up to 10,000 IDPs and members of host communities
- A** upgrade or repair an irrigation system serving some 1,500 people; renovate or upgrade key health facilities
- A** train local water authorities and technicians in managing and maintaining water facilities

HEALTH



Health centres supported

8 structures

- A** support up to six primary-health-care facilities in violence-affected areas, by:
 - donating medical supplies regularly, and equipment as necessary; training staff – in conjunction with local health authorities – to provide specialized care for victims/survivors of sexual violence
 - organizing information sessions for traditional birth attendants, health workers and community leaders on the importance of ante/post-natal check-ups, and encouraging them to refer women to the nearest centre; giving kits containing diapers, soap and other essential items for newborn infants to mothers who give birth at the facilities
- A** in the event of an emergency, make ad hoc donations of medical supplies to up to eight primary-health-care facilities, including the six mentioned above
- A** counsel health workers who have attended ICRC training in COVID-19 on preventing the spread of the disease and referring patients for appropriate care; conduct information sessions on COVID-19 for patients and caregivers; in case of an outbreak, donate personal protective equipment (PPE) and other medical supplies
- A** brief health staff on key aspects of the Health Care in Danger initiative and give them technical support for documenting instances of violence against health workers or facilities

SUPPORT FOR THE NATIONAL SOCIETY

- A** provide the National Society with training, and technical, financial and material support, for: providing family-links services, especially during emergencies; assisting returning migrants; carrying out livelihood-support and emergency relief activities; and documenting people's protection-related concerns to develop an appropriate response

PEOPLE DEPRIVED OF THEIR FREEDOM

Objective: People deprived of their freedom are afforded treatment and living conditions, including access to health care, that meet internationally recognized standards.

Visiting vulnerable detainees

The ICRC will visit, in accordance with its standard procedures, people detained at regional and federal prisons, and at places of detention run by security forces. It will pay particular attention to people held in connection with violence or for security reasons and to those who are especially vulnerable (e.g. minors, women, mentally ill detainees or detainees with disabilities). The ICRC will impress upon penitentiary authorities at every level the importance of ensuring that detainees' treatment and living conditions meet internationally recognized standards. The need for action in certain areas will be given additional emphasis: addressing overcrowding; ensuring respect for judicial guarantees; facilitating detainees' access to health care, water and other basic necessities; enabling detainees to contact their families; responding to the specific needs of vulnerable detainees, e.g. by separating minors from adults; and strengthening measures to prevent and manage COVID-19. The ICRC will also seek access to people held in connection with the violence in southern and western Oromia.

Helping the authorities to improve detainees' treatment and living conditions

The detaining authorities will be given support to tackle the issues mentioned above. The ICRC will help them strengthen their managerial capacities and give them the material assistance necessary. In particular, it will assist the Federal Prison Commission (FPC) to: implement an information management system that will enable timely follow-up of detainees' cases; set up inspection mechanisms to ensure regular tracking of detainees' treatment and living conditions; and introduce an improved training curriculum for prison guards.

The ICRC will assist the authorities and prison health staff in providing health care to detainees and will work with the detaining and health authorities to ensure that the quality of services is in line with domestic standards. It will ensure that specialized services are available to pregnant or mentally ill detainees, and to detainees with physical disabilities. In particular, it will endeavour to strengthen cooperation between prison authorities and providers of physical rehabilitation services, with a view to ending direct ICRC support and ensuring the sustainability of these services. The ICRC will implement projects to improve water, sanitation and cooking facilities at places of detention. The FPC and other authorities will be given support for designing new places of detention that meet international standards, applying good practices

in prison management at the new prisons, and ensuring that their facilities are well-maintained. The ICRC will continue to assist the authorities in implementing both health- and hygiene-related activities to prevent the spread of COVID-19 in places of detention. It will also give the authorities additional support during emergencies.

PLAN OF ACTION AND INDICATORS

PROTECTION OF PEOPLE DEPRIVED OF THEIR FREEDOM

- P** visit detainees and follow up those most vulnerable; communicate findings and recommendations from these visits confidentially to the pertinent authorities; seek access to everyone detained in connection with violence
- P** impress upon detaining authorities at every level the importance of ensuring that detainees' treatment and living conditions meet internationally recognized standards
- P** organize seminars or other events for detaining authorities and staff, and give the FPC technical support and advice, on managing prisons and addressing the needs of vulnerable detainees

HEALTH

- A** donate medical supplies to cover shortages in prison clinics; provide staff at these clinics with technical support and guidance documents for adhering to national standards for health care; together with the federal penitentiary authorities, organize training for prison health staff in health-care provision at places of detention
- A** facilitate referrals to specialized care for pregnant or mentally ill detainees, and for detainees with disabilities; provide on-the-job mentoring to staff tending to mentally ill detainees; when necessary, provide physical rehabilitation services for detainees with disabilities
- A** in cooperation with local health authorities, counsel health workers who have attended ICRC training in COVID-19 on preventing and managing cases of the disease; after disease outbreaks or other emergencies, provide material or other support – including PPE for protection against COVID-19 – to clinics in places of detention

WATER AND HABITAT



Water and habitat activities

12,900 beneficiaries

- A** carry out projects to improve living conditions for up to 12,900 detainees; more specifically:
 - upgrade or construct water facilities to benefit some 4,000 detainees; renovate or construct sanitation facilities for up to 4,000 detainees; install energy-efficient cooking equipment at prisons holding some 3,000 detainees
 - explain to detaining authorities their obligation, under the law, to address detainees' needs; after emergencies,

provide them with essential items for detainees, particularly those – women, for example – with specific needs

- A** give prison authorities expert advice on prison design and on developing a plan to ensure that prison facilities are properly maintained; provide prisons with PPE, soap and other supplies for preventing the spread of COVID-19

WOUNDED AND SICK

Objective: Wounded people receive timely care during emergencies. Persons with disabilities have access to good-quality prostheses and orthoses, and physiotherapy, and are aware of opportunities to advance their socio-economic inclusion.

Supporting the provision of emergency care

The ICRC will provide support for hospitals in violence-affected areas to provide emergency care for wounded people. Together with the health authorities, it will also continue to help them strengthen their measures against COVID-19 and ensure that COVID-19 patients have access to the necessary medical attention. After outbreaks of violence, the ICRC will provide ad hoc support to facilities receiving influxes of patients. The Ethiopian Red Cross Society, which provides ambulance services in many areas, will be given assistance for responding to emergencies. In line with the Health Care in Danger initiative, the ICRC will promote, among health staff, measures to ensure safe provision of health care and proper documentation and follow-up of instances of violence with the pertinent parties (see also *Civilians*).

Ensuring the sustainability of the physical rehabilitation sector

Physical rehabilitation centres will continue to receive support for their services. In particular, the ICRC will help them implement national guidelines developed by the health ministry – which promote best practices and draw on the standard operating procedures revised with the ICRC's assistance – and improve their services. It will give the centres support for putting in place measures against COVID-19 and continuing to produce face shields to cover shortages of PPE in the country. The ICRC will also help to make some of the centres more disability-accessible. During field visits, the ICRC will assess the needs of persons with disabilities in remote areas or places of detention (see also *People deprived of their freedom*) and help them obtain physical rehabilitation. The ICRC will work with the health ministry, professional associations and local training institutions to develop capacities among prosthetists/orthotists and physiotherapists in the country. It will also support the production of a more affordable wheelchair made of locally available materials.

The ICRC, directly or by supporting other organizations, will continue to help persons with disabilities to advance their social inclusion. In particular, together with the labour and social affairs ministry, it will set up social-inclusion programmes at selected physical rehabilitation centres, where people can receive advice, training or other assistance for pursuing educational or livelihood opportunities.

PLAN OF ACTION AND INDICATORS

MEDICAL CARE



Hospitals supported
10 structures

- A** make regular donations of medical supplies and equipment to up to two hospitals and train emergency-room staff in mass-casualty management; after emergencies, provide medical supplies and equipment to up to ten hospitals, including the two previously mentioned; donate first-aid supplies to National Society staff
- A** counsel health workers who have attended ICRC training in COVID-19 on preventing the spread of the disease and referring patients for appropriate care; conduct information sessions on COVID-19 for patients and caregivers; in case of an outbreak, donate PPE and other medical supplies
- A** explain the Health Care in Danger initiative to health staff at ICRC-supported hospitals and give them technical support for documenting instances of violence against health workers or facilities

PHYSICAL REHABILITATION



Projects supported
19 projects

- A** donate raw materials and other supplies to up to ten physical rehabilitation centres serving some 7,500 people;³ provide the staff at these centres with training and technical support for delivering services in line with national standards; provide outreach services for persons with disabilities and/or refer them to the nearest centres
- A** donate hygiene and cleaning materials to physical rehabilitation centres for preventing the spread of COVID-19; continue to produce face shields at some of the centres and distribute them to COVID-19 treatment centres
- A** give advice and other support to: the health ministry and a medical college, for establishing a training facility for prosthetists/orthotists; two physiotherapy schools, for improving their curriculum; two professional associations, for training prosthetists/orthotists and physiotherapists; staff at the centres, for monitoring and improving their services and managing supplies; and local professionals, for designing a wheelchair using locally sourced materials
- A** promote the social inclusion of persons with disabilities; more specifically:
 - together with the labour and social affairs ministry, set up social-inclusion programmes at some of the centres; guide selected centres in making their buildings more disability-accessible
 - provide technical, material or other assistance to the Ethiopian Wheelchair Basketball Association for maintaining local teams and enabling them to compete in tournaments

- hold information sessions for health workers and others on the needs of persons with disabilities and the services available to them; help the Federation of Ethiopian Associations of Persons with Disabilities organize events to commemorate International Day of Persons with Disabilities

ACTORS OF INFLUENCE

Objective: National and local authorities, security forces, and traditional/community leaders understand and respect IHL and other fundamental rules protecting people during armed conflict and other violence, and incorporate these in their decision-making. The media, academics and others capable of shaping opinion help foster awareness of humanitarian issues and IHL among all those concerned and in the general public, thus securing greater respect for human dignity. All actors understand the ICRC's mandate and support its work.

Improving instruction in IHL and other applicable norms

The ICRC will engage with military and police personnel (see *Civilians*) – including for Ethiopian military personnel bound for African Union and UN peacekeeping missions abroad – to strengthen respect for IHL and international standards applicable to their duties. It will also work with their training institutions to help instructors add to their knowledge of IHL, international human rights law and other applicable norms, and ensure that these are included in their curricula.

Urging the implementation of relevant treaties and fostering acceptance for the Movement's work

The ICRC will seek to persuade the authorities to implement various IHL and IHL-related treaties, especially the 1949 Geneva Conventions and their 1977 Additional Protocols, and the African Union Convention on IDPs, which is particularly relevant in light of the large numbers of people displaced within Ethiopia. The ICRC will also provide the pertinent authorities with support to this end; for example, it will help federal judicial officials conduct a review of the extent to which key provisions of certain treaties have been incorporated in Ethiopian legislation, with a view to making improvements in this regard. It will also continue to advocate ratification of the Arms Trade Treaty and the drafting of a law on the emblems protected under IHL.

As academics can often influence or advise the national authorities, or serve as future decision-makers themselves, the ICRC will help university lecturers and students to learn more about IHL. Through the IHL clinic established with ICRC support at Addis Ababa University, the ICRC will foster discussions among academics and authorities, and support research on IHL and other related matters; in particular, the clinic will publicize the protection due to health services, as part of the Health Care in Danger initiative.

The ICRC will seek to broaden awareness of and acceptance for its activities among the authorities, and the general public, to secure safe access to people in need. It will do so through public-communication initiatives, many of them conducted together with the National Society – which will be given support for its own activities in this area – and by engaging

3. Based on aggregated monthly data, which include repeat beneficiaries.

with journalists. It will focus on raising public awareness of the nature of the emblems protected under IHL; the Fundamental Principles; the necessity of safeguarding health personnel, facilities, and vehicles – particularly ambulances; and the Movement’s activities.

PLAN OF ACTION AND INDICATORS

- Pr** conduct predeployment briefings for military and police personnel bound for missions abroad; train military and police instructors in IHL and/or international human rights law; sponsor an instructor from the Ethiopian Defense Command and Staff College to attend an advanced IHL course abroad; hold seminars for revising training curricula at schools for military and police personnel
- Pr** organize seminars and training sessions for judicial officials, parliamentarians and other federal authorities, and academics, on IHL and IHL-related treaties; advocate the ratification and/or implementation of these treaties among federal authorities and give them technical support to this end
- Pr** arrange training sessions on IHL for university lecturers and organize a national moot court competition; together with the IHL clinic, organize seminars and workshops for academics and decision makers on the protection due to health services
- Pr** together with the National Society, hold information sessions for journalists on IHL and on the mission and activities of the ICRC and the National Society, and produce content for television, radio and social media on the Movement’s activities and on matters of humanitarian of concern; organize training sessions for National Society staff on public communication

RED CROSS AND RED CRESCENT MOVEMENT

Objective: The Ethiopian Red Cross Society is able to provide assistance during armed conflict or other violence. It is effective in restoring family links and in promoting IHL and the Movement’s Fundamental Principles. The activities of all components of the Movement are coordinated.

The National Society has a countrywide presence and is well placed to assist, in partnership with the ICRC and other Movement components, people in need: those affected by violence and natural disasters, and migrants, including refugees. The ICRC will continue to help advance the National Society’s operational and organizational development, particularly that of its branches in violence-affected areas.

ICRC support will focus on these areas: providing family-links services; carrying out livelihood-support activities; emergency preparedness – particularly in light of the scheduled elections – and response; and raising awareness of the Fundamental Principles and the emblems protected under IHL. The ICRC will help the National Society to take steps to ensure the safety of its personnel in the field, particularly ambulance teams and others providing medical treatment or health care, in line with the Safer Access Framework.

PLAN OF ACTION AND INDICATORS

- C** give the National Society financial, material and other support for: maintaining its ambulance services: assisting people affected by violence, natural disasters or other emergencies; and covering running costs and staff salaries
- C** train National Society staff and volunteers in the Safer Access Framework and emergency response; provide first-aid training for volunteers working in violence-affected areas
- C** conduct workshops and other events with National Society staff to exchange best practices in logistics and discuss other matters of common interest; train them to manage their financial resources and their volunteers; guide them in drafting a contingency plan for the general elections
- C** organize coordination sessions for Movement components present in Ethiopia; enable National Society representatives to attend the statutory meetings of the Movement and other meetings or seminars held outside the country