

## ETHIOPIA AND SUDAN

Reinforcing humanitarian activities in response to the effects of the violence in Tigray

GENEVA, 27 JANUARY 2021



*Ethiopia, Tigray, December 2020. A humanitarian convoy organized by the Ethiopian Red Cross Society and the ICRC arrives in Mekelle city, bringing medical supplies and relief items for distribution throughout Tigray. (ICRC)*

## SITUATION AND HUMANITARIAN CONCERNS

- ▶ The armed violence that broke out in November 2020 between federal and regional forces in Tigray has caused large-scale humanitarian needs in northern Ethiopia and beyond, with long-term consequences for the population. Clashes continue to take place regularly in some areas of Tigray, exacerbating these needs. Arrests, within and outside Tigray, have been made in relation to the violence.
- ▶ Casualties and deaths, looting of and damage to people's property and health and water facilities, misuse of ambulances, attacks on health facilities and personnel, and sexual violence have been reported. Many people have been displaced and are staying in host communities within Tigray or, to a lesser extent, in neighbouring regions. Around 60,000 Ethiopians have reportedly fled to eastern Sudan and are being housed in refugee camps there. Internally displaced people (IDPs) and Ethiopian refugees have little access to food, water and other essentials, and to health-care and sanitation facilities. People in Tigray have lost their sources of food or livelihood: farmers have had to abandon their crops ahead of the harvesting season; others lack access to the necessary materials for their businesses or to their usual place of work. All this has exacerbated needs in a region already heavily dependent on development assistance.
- ▶ Health, water and electricity services have been severely disrupted and, in many cases, have ceased to function. Supply chains to Tigray for medical items, or fuel to run water pumps or generators, have been interrupted. Essential facilities that are still operating struggle to cope with people's needs. Hospitals lack materials for treating wounded or chronically ill people, or for medical procedures such as dialysis. Referrals for secondary care have been interrupted. The ongoing instability has made it difficult for people in some areas to travel to health facilities and caused delays in salary disbursement for health personnel. The situation has further strained health providers already struggling with managing COVID-19 cases.
- ▶ People have been unable to contact their relatives living in Tigray, as telecommunication lines in the region were cut at the start of the hostilities. IDPs in Ethiopia and Ethiopian refugees in Sudan have lost contact with their families while fleeing. Although telecommunications services are slowly resuming in some areas of Tigray, many people remain without news of their relatives, of whom many are feared missing or dead. Likewise, communication lines to camps in Tigray holding over 90,000 Eritrean refugees have been disrupted, and the whereabouts and situation of many refugees are unknown. People handling the remains of those who were killed in the fighting lack the capacities to do so properly and in a dignified manner.
- ▶ Other than the Ethiopian Red Cross Society and the ICRC, few humanitarian actors have been able to access Tigray since the fighting began. The ongoing clashes and some administrative delays in securing access have made it difficult to reach certain areas of the region, hampering the delivery of aid to those in need.
- ▶ Ethiopian Red Cross Society branches in Tigray have been affected by the fighting. Some of their staff and volunteers have been displaced. Their offices have been looted, and their ambulances, stolen. Despite this, the National Society has remained an essential front-line responder, conducting relief distributions, restoring family links and, where needed, stabilizing and transporting the wounded to medical facilities.
- ▶ While the situation in Tigray remains dire, other parts of Ethiopia, such as Benishangul-Gumuz and western Oromia, continue to be heavily affected by ethnic and communal violence; increased tensions are expected ahead of the elections scheduled in June. Ethiopia also continues to face the health and socio-economic consequences of the COVID-19 pandemic. This requires humanitarian actors to maintain their response elsewhere in the country, while allocating resources to address the violence in northern Ethiopia.

## OPERATIONAL SHIFTS

Given the extensive needs resulting from the violence, and the limited presence of other humanitarian actors in Tigray, the ICRC will scale up its activities to provide comprehensive aid to people in northern Ethiopia, and to support the delivery of family-links services and selected health assistance to Ethiopian refugees in eastern Sudan; it will do so while maintaining its humanitarian activities in other violence-affected areas of Ethiopia. Already present in Tigray prior to the violence through its sub-delegation in Mekelle, the ICRC has been working to respond to needs on the ground since the fighting began and, through discussions with the authorities and other relevant stakeholders, has been able to access areas where few other humanitarian actors are present. In parallel, the International Federation of Red Cross and Red Crescent Societies (hereafter International Federation) has been supporting the National Societies in Ethiopia and Sudan through its Disaster Relief Emergency Fund: it allocated CHF 357,000 to the Ethiopian Red Cross Society on 23 November 2020, and CHF 498,999 to the Sudanese Red Crescent on 19 November. The coordinated multi-country appeal reflects the complementarity between the International Federation and the ICRC in their provision of additional resources and technical expertise to reinforce the National Societies' respective operations, in order to ensure that impact is maximized.

The ICRC will build on its initial response to the situation, focusing on communities where the needs are greatest and areas accessible to few other actors. Its response will prioritize fields where it has a particular expertise, especially protection – including confidential dialogue with the pertinent parties to raise people's concerns and promote respect for applicable law, restoring family links and detention-related activities – and health. The ICRC will continue to work with and support the Ethiopian Red Cross Society and the Sudanese Red Crescent, and coordinate its activities with other components of the International Red Cross and Red Crescent Movement (hereafter Movement) – including the International Federation – and the pertinent authorities. Specifically, the ICRC will:

- ▶ boost its emergency response to enable IDPs, residents and host communities in northern Ethiopia obtain food, water and other essentials, while supporting communities and local authorities in establishing longer-term solutions in order to build a sustainable humanitarian impact and support people's recovery;
- ▶ seek to expand its access to and presence in violence-affected areas in Tigray, with a view to increasing its proximity to violence-affected people and gaining a better understanding of their needs, by working to broaden acceptance for its neutral, impartial and independent humanitarian activities among the authorities, weapon bearers and communities;
- ▶ strengthen its dialogue with the pertinent parties on people's protection-related concerns and the need to respect applicable law, especially in terms of safeguarding people not taking part in hostilities and health workers and facilities, ensuring people's access to health care and other essential services, preventing sexual violence, and clarifying the fate or whereabouts of people who have gone missing because of the violence;
- ▶ bolster the continuum of care for people in northern Ethiopia by supporting health-care providers at various levels – primary health, first-aid, hospital and rehabilitative care – and implementing public-health measures such as ensuring access to clean water; expand its support to health facilities in areas hosting Ethiopian refugees in eastern Sudan, so that those in need can access primary and secondary care; coordinate more closely with the International Federation in designing and implementing health interventions, to avoid overlaps and maximize impact;
- ▶ step up its activities to help reconnect members of families separated by the fighting, including Ethiopian refugees in Sudan; extend its support to workers managing the remains of those killed, with a view to facilitating the identification of the dead and the notification of their families;



- ▶ visit people detained in relation to the violence, reinforcing its efforts to support the authorities in ensuring that detainees' treatment and living conditions are in line with internationally recognized standards;
- ▶ enhance its support for the Ethiopian Red Cross Society, in coordination with the International Federation, to help branches affected by the violence recover and bolster the National Society's capacities to deliver family-links, first-aid and ambulance services, and relief assistance, to communities; and work with the International Federation to provide additional support to the Sudanese Red Crescent for increasing its capacities to reconnect Ethiopian refugees with their families and facilitate their access to health care.

To better reach people affected by the fighting, the ICRC will expand its presence in Tigray by establishing an office in Shire and a presence in Humera. Similarly, it will bolster the operational capacity and outreach of the sub-delegation already planned to be established in Kassala, eastern Sudan, to support its response to the needs of Ethiopian refugees. While implementing its activities, the ICRC will take appropriate measures to check the spread of COVID-19, in line with domestic and international guidelines.

## REVISED APPEAL

To support the scaling up of its activities in northern Ethiopia and eastern Sudan, the ICRC is launching this budget extension appeal for **KCHF 20,245** in addition to the ICRC's initial budget of KCHF 53,573 for the contexts covered.

- ▶ KCHF 18,678 for Ethiopia, which increases the delegation's budget from KCHF 26,592 to KCHF 45,270
- ▶ KCHF 1,567 for Sudan, which increases the delegation's budget from KCHF 26,981 to KCHF 28,548

With this budget extension, the total revised appeal for Ethiopia and Sudan now stands at **KCHF 73,818**.



*Ethiopia, Tigray, Mekelle. Staff from the Ethiopian Red Cross and the ICRC unload relief assistance for IDPs staying at a school. (ICRC)*



*Sudan, Um Rakuba refugee camp. An ICRC staff member collects tracing requests to help Ethiopian refugees reconnect with their families. (O. Jobard/ICRC)*

## ASSISTANCE TARGETS

ETHIOPIA				
		Initial appeal	Budget extension appeal	2021 Target
<b>CIVILIANS</b>				
<b>Economic security</b>				
Food production	Beneficiaries	337,260	30,000	367,260
Income support	Beneficiaries	63,000	67,200	130,200
Living conditions	Beneficiaries	30,000	126,000	156,000
Capacity building	Beneficiaries	19,821	-	19,821
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	291,501	1,635,400	1,926,901
<b>Health</b>				
Health centres supported <sup>1</sup>	Structures	8	20	28
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	12,900	6,000	18,900
<b>WOUNDED AND SICK</b>				
<b>Medical care</b>				
Hospitals supported <sup>1</sup>	Structures	10	6	16
<b>Physical rehabilitation</b>				
Projects supported	Projects	19	-	19

<sup>1</sup> Including ad hoc support

SUDAN				
		Initial appeal	Budget extension appeal	2021 Target
<b>CIVILIANS</b>				
<b>Economic security</b>				
Food consumption	Beneficiaries	1,800	-	1,800
Food production	Beneficiaries	309,000	-	309,000
Income support	Beneficiaries	13,350	-	13,350
Living conditions	Beneficiaries	120,000	-	120,000
Capacity building	Beneficiaries	292	-	292
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	335,580	-	335,580
<b>Health</b>				
Health centres supported <sup>2</sup>	Structures	4	2	6
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Water and habitat</b>				
Water and habitat activities	Structures	1,600	-	1,600
<b>WOUNDED AND SICK</b>				
<b>Medical care</b>				
Hospitals supported <sup>2</sup>	Structures	8	-	8
<b>Physical rehabilitation</b>				
Projects supported	Projects	10	-	10

<sup>2</sup> Including ad hoc support

## REVISED PLAN OF ACTION AND INDICATORS

The planned activities outlined below include only those that are new or have been modified since the publication of the *Appeals 2021*<sup>3</sup> in December 2020. Planned activities that have been increased or decreased in scale, or cancelled, are clearly indicated as such.<sup>4</sup> Objectives pursued and activities being carried out without change are not mentioned.

### ETHIOPIA

#### CIVILIANS

##### Protection

###### *Protection of civilians and respect for the law*

- ▶ document allegations of abuse and make oral or written representations confidentially to the pertinent parties (*increased*)
- ▶ impress upon the authorities and weapon bearers the importance of respecting their obligations under pertinent law, particularly in terms of: protecting people not taking part in the fighting, facilitating people's access to essential services and preventing sexual violence during the conduct of hostilities; and ensuring that displaced people can return home voluntarily and in safety (*increased*)

With the National Society:

- ▶ 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<sup>5</sup> (*increased*)

###### *Restoring family links*

With the National Society:

- ▶ offer family-links services such as phone calls, Red Cross messages, and tracing (*increased*)
- ▶ at the request of vulnerable foreigners in Ethiopia, notify the Office of the United Nations High Commissioner for Refugees or the pertinent embassies of their situation and whereabouts (*new*)
- ▶ disseminate information on ways to prevent family separation while on the move (*new*)
- ▶ where appropriate, reunite vulnerable people with their families (*increased/modified*)
- ▶ impress upon the authorities the importance of clarifying the fate or whereabouts of missing people; help them establish a clear strategy to clarify the fate of those who went missing during the Tigray violence (*increased*)

<sup>3</sup> See the 2021 appeals for [Ethiopia](#) and [Sudan](#) on the [Extranet for Donors](#).

<sup>4</sup> The status of each item in the plan of action is indicated in parentheses, usually at the end of the bullet point. *Increased/decreased* pertains to an increase or decrease in budget, which may or may not result in a corresponding increase or decrease in the target number of beneficiaries. *Modified* means that some aspect of the plan – the approach or duration, for example – has changed, even if this does not necessarily correspond to a change in the cost of the activity. *Cancelled* indicates that the plan will no longer be carried out.

<sup>5</sup> Health Care in Danger is an initiative of the Movement aimed at addressing the issue of violence against patients and health workers, facilities and vehicles, and at ensuring safer access to and delivery of health care in armed conflict and other emergencies. It involves working with experts and various partners to highlight the humanitarian impact of violence against health care, develop practical measures and promote the implementation of these measures by states, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors.

*Forensics*

- ▶ provide technical advice and/or training in managing human remains to federal police personnel, forensic workers, National Society staff and community-based groups; provide them with the necessary equipment (*increased/modified*)
- ▶ discuss with the pertinent authorities the drafting of a plan for managing the remains of those killed during the fighting and give them technical support to this end (*increased/modified*)

**Assistance***Health*

- ▶ support up to 12 primary-health-care facilities [initial target: 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 (*increased*)
  - organizing information sessions for traditional birth attendants, health workers and community leaders on the importance of ante/post-natal check-ups, and working with them, the health ministry and the National Society 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 (*increased/modified*)
- ▶ in the event of an emergency, donate medical supplies to up to 28 primary-health-care facilities [initial target: eight primary-health-care facilities], including the 12 mentioned above (*increased*)
- ▶ 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 (*increased*)
- ▶ provide health workers with material assistance such as food supplies for one to two months (*new*)
- ▶ brief health staff on key aspects of the Health Care in Danger initiative, give them technical support for documenting instances of violence against health workers or facilities and strengthen dialogue with the pertinent parties on these issues (*increased/modified*)

*Economic security*

With the National Society:

- ▶ help up to 367,260 people (61,210 households) [initial target: 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 (*increased*)
- ▶ provide cash, for covering essential needs and/or setting up or resuming small businesses or other livelihood activities, to up to 21,700 displaced or returnee households (130,200 people) [initial target: 10,500 households (63,000 people)] with limited earnings (*increased/modified*)
- ▶ donate essential items (e.g. blankets, tarpaulins, mats, cooking items, soap), or cash for buying them, to help improve living conditions for up to 26,000 displaced households (156,000 people) [initial target: 5,000 households (30,000 people)] (*increased/modified*)

*Water and habitat*

- ▶ repair or construct water-supply systems – for example, install solar-powered pumps or hand pumps – in rural areas to benefit some 560,000 people [initial target: 60,000 people]; donate supplies and equipment to those operating water-treatment plants in Tigray for making repairs or maintaining their services, and

continue projects to renovate or upgrade water infrastructure in other urban centres in Ethiopia, for the benefit of around 1,270,000 people [initial target: 220,000 people] (*increased/modified*)

- ▶ in the event of an emergency, install water and sanitation facilities for up to 18,700 IDPs and members of host communities [initial target: 10,000 IDPs and members of host communities] (*increased*)
- ▶ help around 76,700 IDPs and vulnerable residents in northern Ethiopia access clean water by: trucking in water, where needed; and providing support (e.g. spare parts, generators, fuel, salary incentives) to local service providers in Tigray for resuming the supply of water to communities affected by the fighting (*new*)
- ▶ repair, renovate or upgrade key health facilities, particularly to help restore their supply of water and/or electricity (*increased/modified*)
- ▶ train local water authorities and technicians in managing and maintaining water facilities (*increased*)

### **Protection and Assistance**

#### *Support for the National Society*

- ▶ provide the National Society with training, and technical, financial and material support, for: providing family-links services, especially during emergencies, and implementing activities to provide water to communities (*increased/modified*)

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Protection**

#### *Protection of people deprived of their freedom*

- ▶ 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 (*increased*)
- ▶ impress upon detaining authorities at every level the importance of ensuring that detainees' treatment and living conditions meet internationally recognized standards (*increased*)
- ▶ where needed, help detainees to safely return to their communities after their release (*new*)

### **Assistance**

#### *Health*

- ▶ 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 (*increased*)
- ▶ 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 (*increased*)
- ▶ 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 (*increased*)



*Water and habitat*

- ▶ carry out projects to improve living conditions for up to 18,900 detainees [initial target: 12,900 detainees]; more specifically:
  - truck in water, or upgrade or construct water facilities, to benefit some 6,000 detainees [initial target: 4,000 detainees]; renovate or construct sanitation facilities for up to 6,000 detainees [initial target: 4,000 detainees]; make improvements to lighting or ventilation to benefit around 2,000 detainees (*increased/modified*)

**WOUNDED AND SICK****Assistance***Medical care*

- ▶ donate medical supplies and equipment regularly to up to five hospitals [initial target: two hospitals] and train emergency-room staff in mass-casualty management; on an ad hoc basis, provide medical supplies and equipment to up to 16 hospitals [initial target: ten hospitals], including the five previously mentioned; donate first-aid supplies to National Society staff and help them strengthen the referral links between first-aid and hospital services so that the wounded can receive timely care (*increased/modified*)
- ▶ 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 (*increased*)
- ▶ provide medical workers with material assistance such as food supplies for one to two months (*new*)
- ▶ discuss the Health Care in Danger initiative with health staff at ICRC-supported hospitals, work with them to implement protective measures, and give them technical support for documenting instances of violence against health workers or facilities (*increased*)

*Physical rehabilitation*

- ▶ donate raw materials and other supplies to up to ten physical rehabilitation centres serving some 8,500 people<sup>6</sup> [initial target: 7,500 people]; provide the staff at these centres with training and technical support for delivering services in line with national standards (*increased*)
- ▶ give advice and other support to: the health ministry and the regional health bureau, for strengthening training programmes and providing other support to service providers; two professional associations, for training prosthetists/orthotists and physiotherapists; and staff at the centres, for monitoring and improving their services and managing supplies (*increased/modified*)

**ACTORS OF INFLUENCE****Prevention**

- ▶ organize seminars for senior regional and federal police officers, and for military officers, on international human rights law and international humanitarian law, respectively; provide them with informational materials on these topics (*increased/modified*)

With the National Society:

- ▶ 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 (*increased*)

<sup>6</sup> Based on aggregated monthly data, which include repeat beneficiaries.

- ▶ engage with IDPs and other violence-affected people on their needs and priorities; inform them of the services available to them through the community contact centre or other means (*increased*)
- ▶ hold information sessions for journalists 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 (*increased*)

## RED CROSS AND RED CRESCENT MOVEMENT

### Cooperation

- ▶ while ensuring complementarity with the International Federation, give the Ethiopian Red Cross 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 for three months (*increased/modified*)
- ▶ repair and equip National Society offices in Tigray that were damaged during the fighting (*new*)
- ▶ train National Society staff and volunteers in the Safer Access Framework<sup>7</sup> and emergency response; provide first-aid training for volunteers working in violence-affected areas (*increased*)
- ▶ together with the National Society and the International Federation, maintain regular coordination sessions with Movement components present in Ethiopia (*increased*)

## SUDAN

### CIVILIANS

#### Protection

##### *Protection of civilians and respect for the law*

- ▶ whenever possible, monitor the protection-related concerns of people affected by violence, including Ethiopian refugees (*increased/modified*)

##### *Restoring family links*

- ▶ together with the National Society, provide family-links services for people separated from their relatives (*increased*)
- ▶ where appropriate, reunite unaccompanied minors with their families, and follow up their welfare (*increased*)

#### Assistance

##### *Health*

- ▶ give material and/or other support to up to two additional primary-health-care facilities in areas hosting refugees from Ethiopia (*new*)

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<sup>7</sup> A set of measures and tools, grounded in the Fundamental Principles of the Movement (humanity, impartiality, neutrality, independence, voluntary service, unity and universality), that National Societies can use to prepare for and respond to context-specific challenges and priorities; such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs.

## Protection and Assistance

### *Support for the National Society*

- ▶ in coordination with the International Federation, give the National Society training and material and financial support to bolster its capacities in providing family-links services, and carrying out activities related to health (*increased*)

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Protection

#### *Protection of people deprived of their freedom*

- ▶ after securing the consent of the parties concerned, visit detainees to check on their treatment and living conditions and offer them family-links services (*increased*)

## WOUNDED AND SICK

### Assistance

#### *Medical care*

- ▶ provide Kassala Teaching Hospital with material and other support for coping with the influx of Ethiopian refugees, ensuring uninterrupted functioning of essential facilities and for preventing and controlling infections, including in connection with COVID-19 (*increased/modified*)



Sudan. A Sudanese Red Crescent worker provides family-links services to Ethiopian refugees who have just crossed the border. The ICRC supports the Sudanese Red Crescent in building their capacities to provide such services. (O. Jobard/ICRC)

## PROGRESS REPORT

Together with the Ethiopian Red Cross Society and the Sudanese Red Crescent, and in coordination with other components of the Movement, the ICRC has been addressing the needs of people affected by the violence in Tigray. Following the outbreak of the fighting in November, it provided family-links services to people seeking to reach their relatives, trucked in water to communities affected by the violence and power cuts, and delivered assistance to IDPs. The ICRC has since expanded on this initial response to the situation. Below are some of the activities carried out in response to the violence in Tigray, from November 2020 to January 2021.

- ▶ The ICRC visited areas in Tigray and the neighbouring region of Amhara that were accessible to few other humanitarian actors, as well as areas receiving refugees in Sudan, in order to assess people's needs and document their concerns, with a view to raising these with the relevant parties. It reminded the pertinent authorities and weapon bearers of their obligations under applicable law, emphasizing the need to safeguard people not taking part in hostilities and essential infrastructure such as water and health facilities, and to allow unimpeded and safe access to those in need for health workers and humanitarian actors.
- ▶ In December 2020, the ICRC was granted the access necessary to bring humanitarian aid to Tigray. Together with the Ethiopian Red Cross, it organized a convoy, which delivered much-needed medical supplies and relief assistance to Mekelle for distribution within the city and to the surrounding areas. This was the first time that assistance from an international organization arrived in the city since the fighting began. Since then, supplies have been regularly transported to and within Tigray, including to locations such as Adigrat, Adwa, Axum and Shire.
- ▶ 14 hospitals<sup>8</sup> and one primary-health-care centre in northern Ethiopia were given medicines, surgical items and basic equipment for treating thousands of injured people. Ayder Referral Hospital, the main referral hospital in Mekelle, and the local health authorities in Tigray were also given medical supplies for treating chronic illnesses. In addition, the hospital received spare parts for restoring its water-treatment system to working condition. The ICRC also supported the provision of physical rehabilitation services to people wounded in the fighting: it donated crutches to benefit some 100 people, and trained 16 workers from the Ethiopian Physiotherapy Association, who provided services to around 500 people.
- ▶ Around 6,400 IDPs staying in Mekelle and various parts of Amhara were given blankets, soap, water containers and other essentials to help improve their living conditions. Water-trucking services provided by the Ethiopian Red Cross and the ICRC in Mekelle reached around 3,700 people/day. In an area of Amhara hosting IDPs, the ICRC installed water tanks and built latrines, showers and waste-disposal facilities, benefiting some 500 people.
- ▶ Family members separated because of the fighting restored contact with each other through phone calls, short messages, tracing and other family-links services provided by the ICRC and the National Societies in Ethiopia and Sudan. These services have been offered in northern Ethiopia and in three areas in Sudan hosting Ethiopian refugees. A hotline was set up, enabling people from other parts of Ethiopia and abroad to enquire after their relatives in Tigray. Almost 11,500 requests regarding the fate or whereabouts of their relatives were opened by families in Ethiopia, and around 10,200 were opened by refugees in Sudan. The ICRC's delegation in Eritrea also received requests from families enquiring after the situation of their relatives in Tigray. Thousands of families have already been able to reconnect through the Movement's family-links services.

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<sup>8</sup> The figures in this document are based on the latest data from the field. For consolidated figures, please refer to the Midterm and Annual Reports only.

ETHIOPIA AND SUDAN: REINFORCING HUMANITARIAN ACTIVITIES IN RESPONSE TO  
THE EFFECTS OF THE VIOLENCE IN TIGRAY

- ▶ The ICRC visited people in Ethiopia who were detained in relation to the fighting, to check on their treatment and living conditions. The detainees were provided with hygiene items such as soap, disinfectant and water containers.
- ▶ To support the ambulance services provided by the Ethiopian Red Cross, the ICRC provided the National Society with first-aid supplies and financial support for covering running costs and deploying volunteers.

## FINANCE

To cover the increased scale of its activities in Ethiopia and Sudan, the ICRC is launching this budget extension appeal for **KCHF 20,245** in addition to the ICRC's initial budget of KCHF 53,573 for the contexts covered, as presented in the *Appeals 2021* (published in December 2020). This budget extension was approved by the ICRC's Assembly Council on 25 January 2021.

With this budget extension, the total revised appeal for Ethiopia and Sudan now amounts to **KCHF 73,818**. The tables below show the budget in the initial appeal, the budget extension, the revised appeal for the contexts covered, broken down by programme:

### ETHIOPIA – REVISED APPEAL 2021 – BREAKDOWN BY PROGRAMME

	Initial appeal	Budget extension		Revised appeal	
	KCHF	KCHF	KCHF	KUSD*	KEUR*
<b>Protection</b>	4,834	1,583	6,417	7,244	5,915
<b>Assistance</b>	16,806	14,571	31,377	35,422	28,924
<b>Prevention</b>	3,498	937	4,435	5,006	4,088
<b>Cooperation</b>	1,349	1,588	2,937	3,315	2,707
<b>General</b>	105	-	105	119	97
<b>Total</b>	<b>26,592</b>	<b>18,678</b>	<b>45,270</b>	<b>51,107</b>	<b>41,732</b>
<i>of which: Overheads</i>	<i>1,623</i>	<i>1,140</i>	<i>2,763</i>	<i>3,119</i>	<i>2,547</i>

### SUDAN – REVISED APPEAL 2021 – BREAKDOWN BY PROGRAMME

	Initial appeal	Budget extension		Revised appeal	
	KCHF	KCHF	KCHF	KUSD*	KEUR*
<b>Protection</b>	1,784	648	2,432	2,746	2,242
<b>Assistance</b>	21,837	919	22,756	25,690	20,977
<b>Prevention</b>	1,506	-	1,506	1,700	1,388
<b>Cooperation</b>	1,730	-	1,730	1,953	1,595
<b>General</b>	124	-	124	140	114
<b>Total</b>	<b>26,981</b>	<b>1,567</b>	<b>28,548</b>	<b>32,229</b>	<b>26,316</b>
<i>of which: Overheads</i>	<i>1,647</i>	<i>96</i>	<i>1,742</i>	<i>1,967</i>	<i>1,606</i>

\*Internal ICRC rates in January 2021: 1 USD = CHF 0.8858 / 1 EUR = CHF 1.0848



The financial situation and the outstanding requirements for each context covered are presented below:

<b>ETHIOPIA – FINANCIAL SITUATION AS AT 25 JANUARY 2021</b>			
	<b>KCHF</b>	<b>KUSD*</b>	<b>KEUR*</b>
Initial appeal 2021	26,592	30,021	24,513
Budget extension	18,678	21,086	17,218
Revised appeal 2021	45,270	51,107	41,732
Contributions pledged/received (cash/kind/estimated services)	2,322	2,622	2,141
<b>Outstanding requirements against the revised appeal<sup>9</sup></b>	<b>42,948</b>	<b>48,485</b>	<b>39,591</b>

<b>SUDAN – FINANCIAL SITUATION AS AT 25 JANUARY 2021</b>			
	<b>KCHF</b>	<b>KUSD*</b>	<b>KEUR*</b>
Initial appeal 2021	26,981	30,459	24,872
Budget extension	1,567	1,769	1,445
Revised appeal 2021	28,548	32,229	26,316
Contributions pledged/received (cash/kind/estimated services)	-	-	-
<b>Outstanding requirements against the revised appeal<sup>9</sup></b>	<b>28,548</b>	<b>32,229</b>	<b>26,316</b>

\*Internal ICRC rates in January 2021: 1 USD = CHF 0.8858 / 1 EUR = CHF 1.0848

The ICRC thanks its donors for their continued support and urges them to come forward with further contributions for this operation and the ICRC's work worldwide as foreseen in the *Appeals 2021* and, where applicable, other budget extension appeals.

For further information, please contact the Resource Mobilization Division ([resourcemobilization@icrc.org](mailto:resourcemobilization@icrc.org)).

Best regards,

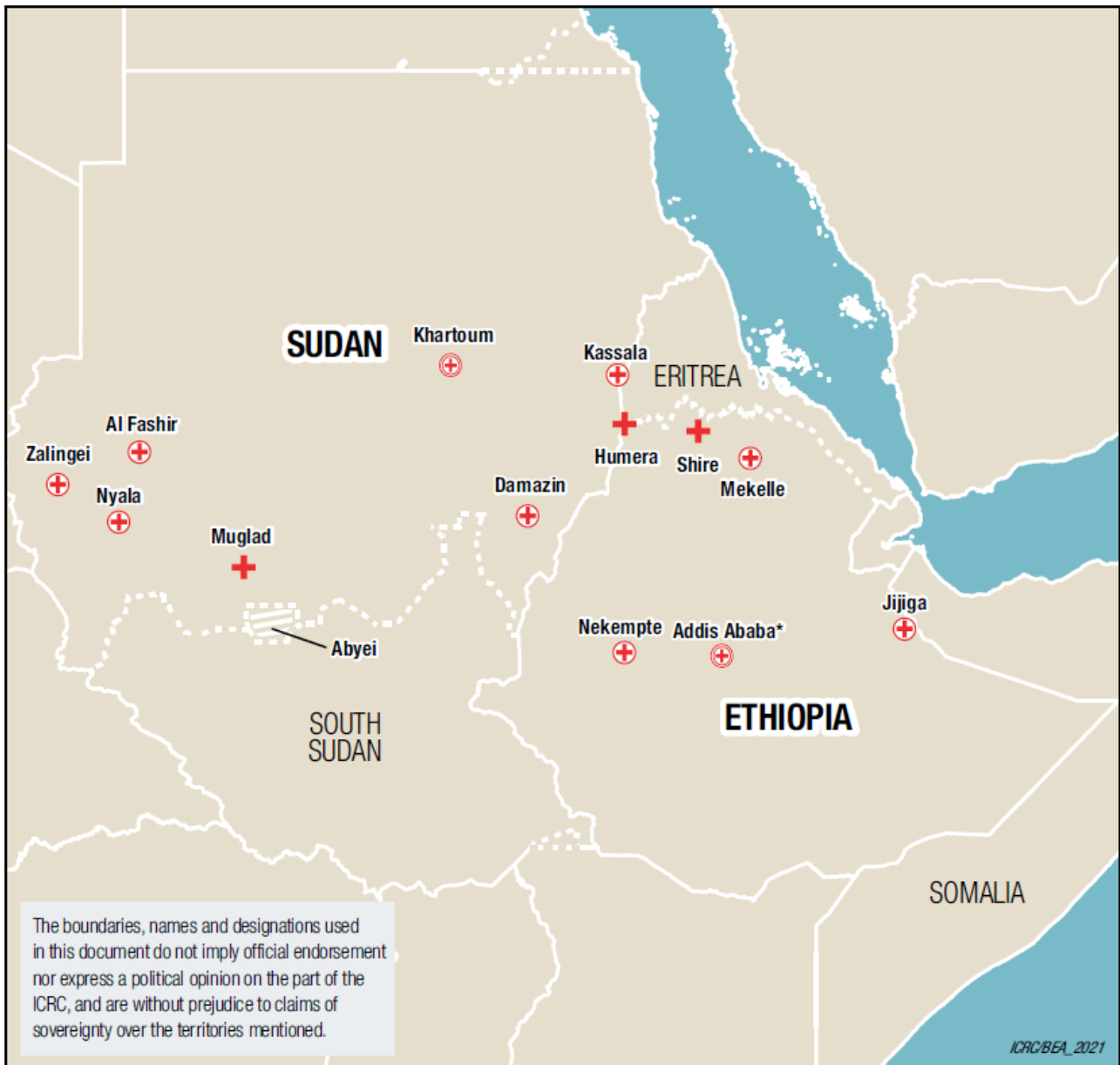


Daniel Littlejohn-Carrillo  
Head *ad interim*  
Resource Mobilization Division

<b>UBS SA - P.O. BOX 2600 - CH-1211 GENEVA 2 – CODE SWIFT: UBSWCHZH80A</b>			
		<b>BANK ACCOUNT N°</b>	<b>IBAN CODE N°</b>
			<b>(compulsory to all bank transactions)</b>
SWISS FRANCS	(CHF)	240-C0129986.0	CH63 0024 0240 C012 9986 0
DOLLARS US	(USD)	240-C0129986.4	CH52 0024 0240 C012 9986 4
EUROS	(EUR)	240-C0129986.5	CH25 0024 0240 C012 9986 5
POUNDS STERLING	(GBP)	240-C0183929.1	CH73 0024 0240 C018 3929 1

<sup>9</sup> These figures do not take into account the balance brought forward from 2020, which is still being finalized at the time of this document's publication.

# ANNEX



⊕ ICRC delegation  
 ⊞ ICRC sub-delegation  
 + ICRC office/presence  
 \*The ICRC delegation to the African Union is also in Addis Ababa.