

ETHIOPIA BULLETIN

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EDITORIAL

In 2023, the humanitarian needs in areas affected by armed conflict and violence in the country remained sadly enormous despite efforts to alleviate the suffering of people in need. In light of this, we maintained our neutral, impartial and independent humanitarian response to assist and protect the most vulnerable people affected by conflict and violence. Our countrywide approach was aimed at addressing the most urgent needs in Tigray, Amhara, Oromia, Somali and Afar regions. To augment our efforts in all these regions, we work closely with the Ethiopian Red Cross Society (ERCS) who are our privileged partners as part of the International Red Cross and Red Crescent Movement. To build acceptance and support for our humanitarian mission, we have maintained contact with the parties to the conflict and other actors to develop constructive dialogue on issues of humanitarian concern and to advocate for the protection of affected people and delivery of assistance to them based on humanitarian principles and international humanitarian law.

During 2023, we sustained our efforts to deliver humanitarian assistance and protection to affected people in Tigray region after the end of the two-year conflict in November 2022. In Amhara region, we provided emergency medical and other aid to people who were affected by the conflict that started in August 2023. In Oromia, Somalia and Afar regions our humanitarian aid was delivered to the most vulnerable people in need. The assistance included medical supplies and equipment, water and sanitation, and basic essential household items. By supporting 13 physical rehabilitation centres in the country, we provided physiotherapy and mobility services to 12,700 people with disabilities. We continued to visit detainees in places of detention to monitor their living conditions and treatment and to restore contact with their families where needed. Almost four million people in urban centres, rural areas and places of detention were provided with improved access to water and sanitation. Over 150,000 people in need who had access to markets were provided with multi-purpose cash assistance to meet their

basic needs and help them recover, and over 2.2 million livestock were vaccinated to improve livelihoods. Through dialogue and training, we promoted respect for International Humanitarian Law and International Human Rights Law by the Ethiopian National Defence Forces (ENDF) and other armed and security forces and groups to protect people affected by conflict and situations of violence.

In this issue of our bulletin, we invite you to discover our emergency medical response in Amhara where we are supporting medical facilities to treat the wounded and the sick in the wake of the ongoing conflict. You will read about our assistance response in Tigray providing multi-purpose cash to people displaced by the conflict and the most vulnerable to meet their basic needs. Also, you will learn about our sexual and reproductive health programme that has in 2023 reached 9,441 survivors of sexual violence through the medical facilities that we support in the country.

You will also learn about our community outreach programme which aims to address stigma against survivors of sexual violence. Sexual and Gender-based Violence (SGBV) is a critical humanitarian issue, with stigma preventing survivors of sexual violence from accessing life-saving care and leading to re-victimization and other protection risks. This programme is a joint initiative of the ICRC, the Ethiopian Red Cross Society (ERCS), and the Danish Red Cross (DRC). Furthermore, you will read about Yishak and Shallo who were both wounded during conflict and each had their right legs amputated as a result of their injuries. Our physical rehabilitation centre in Hawassa treated and fitted them both with artificial limbs to restore their mobility. This restored their confidence and gave them a new lease of life in their communities.

Enjoy your reading!

Nicolas Von Arx
Head of delegation



Delivering Emergency Medical Supplies for the Wounded and Sick

At the end of July and the first week of August 2023, conflict broke out in several parts of the Amhara region. Since then, the situation has deteriorated in parts of the region with regular clashes and fighting causing restrictions to movement that inhibits access to healthcare facilities for the wounded and the sick. Furthermore, hospitals were often overwhelmed by an influx of wounded and sick patients requiring urgent medical attention. As a result, the hospitals faced shortages of medical supplies and equipment thus making it difficult for healthcare workers to provide adequate care to patients.

Woybeyign Health Center located in Quarit Woreda of West Gojjam, was faced with inadequate medical supplies and equipment including medicines such as antibiotics and emergency care consumables to treat wounded patients effectively and was forced to purchase surgical gloves and other supplies from private clinics. “At the time, we did not know when we would receive a supply of the medical items and tried our best in working with the local stores and markets to obtain what was needed.” said Ato Girmaw Shiferaw, Woybeyign Health Center’s deputy head. He noted that the ICRC was the first organization to reach Woybeyign Health Center despite restricted movements.

In response to the situation in Amhara region, the ICRC is providing health facilities with the necessary medical supplies and equipment to treat patients who have been injured in conflict as well as the sick. The ICRC donated medical items such as medicines, surgical instruments, bandages, syringes, and other essential medical supplies that enabled hospitals, health centers, one-stop centers, prison clinics and Ethiopian Red Cross Society (ERCS) Branches to provide better care to patients, which can ultimately lead to better health outcomes.

Depending on the availability of resources and the type of treatment they provide, healthcare centers

faced different challenges. What transpired in Debre Markos Comprehensive General Hospital (East Gojjam) at the time of the conflict is unlike what happened in Woybeyign Health Center (West Gojjam). The comprehensive general hospital in Debre Markos ran out of stock of chronic diseases medicines.

Andualem Geremew, Chief Executive Officer of Debre Markos Hospital stated that in order to provide essential medical care, patients were buying gloves and some medical items from private pharmacies which made them incur additional costs. He added that the only humanitarian organization to arrive with assistance was the ICRC and the donation contributed a lot in providing healthcare workers with the necessary medical supplies to treat patients who were injured in the conflict.

Before the donation in Debre Berhan, the hospital was using white bed sheets and plastic to manage the dead bodies. The Chief Executive Officer explained how challenging it was since the plastic used was not pre-prepared material. The donation of ICRC kits which contain the necessary equipment to manage dead bodies was extremely helpful.

By providing healthcare workers with the tools they need to do their jobs effectively, the ICRC helps to improve the quality of care provided to patients in times of conflict. By the end of November 2023, the ICRC provided emergency health support to 56 hospitals, 13 primary health centers, five One-stop centers, and four ERCS) ambulances stations and 5 prison clinics in the region.

At the same that it provides emergency medical supplies, the ICRC advocates for the protection of medical facilities, health workers and ambulances, as well as for access without delay of the wounded and sick to medical care. This is done through dialogue with the authorities and concerned stakeholders.



The Community Outreach Programme addressing stigma against victims/survivors of sexual violence

The Community Outreach Programme is a joint initiative of the International Committee of the Red Cross (ICRC), the Ethiopian Red Cross Society (ERCS), and the Danish Red Cross (DRC). It aims to address stigma against survivors of sexual violence.

“People totally forget who I was before and just label me as ‘the raped lady’ and it hurts when people identify you by what has been done to you and not by who you are as a person.” says a survivor.

Sexual and Gender-based Violence (SGBV) is a critical humanitarian issue, with stigma preventing survivors of sexual violence from accessing life-saving care and leading to re-victimization and other protection risks. This has a long-lasting negative impact on their recovery and that of their communities, especially in conflict-affected areas where sexual violence often destroys family ties and social cohesion.

To improve the recovery of survivors, services like One-Stop Centers, safe houses, and health facilities need strengthening. Community outreach, awareness raising, and addressing stigma are also crucial. Misunderstanding the causes and consequences of sexual violence puts the survivors (women, girls, men, boys) and their families at further risk and reduces the ability of the whole community to recover. The social fabric itself becomes threatened by being repeatedly exposed to sexual violence, including members of the community who have been forced to witness sexual violence and other types of violence.

Local actors, including the ERCS, play a critical role in conducting community outreach on SGBV. Strengthening the capacity of affected communities to provide a protective environment and safe referrals for victims of violence, including sexual violence, is carried out together with various organizations, such

as the Bureau of Women and Social Affairs, health posts, local women’s associations, community volunteers, and religious and community leaders.

We have organized 13 community outreach training sessions in Amhara, Tigray, and Oromia regions to address the causes and consequences of sexual violence and stigma against victims/survivors as defined and prioritized by the survivors themselves.

A total of 494 people attended the training, including community representatives, authorities, religious leaders, health extension workers, ERCS employees, and volunteers. These trained community members went on to conduct their own awareness sessions and community outreach. On average, the confidence of these community members has increased 69%, with the most notable effect of the programme being the confidence to raise sexual violence with men (98.99%).

“The incident left me not only hopeless but also useless! However, after the training I feel better and eager to live more and see tomorrow.” says a survivor attending the session.

The 92 selected and trained ERCS volunteers collect baseline information, monitor reactions and behavior change to verify that sessions have a positive impact on communities and survivors. More than 6,680 survivors received support through the community outreach programme in Tigray and Amhara regions.



Physical rehabilitation services beyond restoring mobility

Yishak and Shallo were both wounded during the conflict and each had their right legs amputated as a result of their injuries. They were treated at the physical rehabilitation centre in Hawassa and fitted with artificial limbs to restore their mobility. Both Yishak and Shallo received clinical treatment involving the provision of artificial/prosthetic legs, physiotherapy and psycho-social support.

After Yishak lost his leg, he was in despair and recalls, “I was hopeless and thought that I would not walk again.” He remembers that staff at the physical rehabilitation centre answered all his questions and made him feel hopeful and comfortable which instilled in him the confidence that he would walk again.

Shallo recollected his ordeal and the excitement he felt after receiving physical rehabilitation, “I was wounded in both my legs. The right leg was amputated, and I was bedridden for a long time receiving treatment. Now I can go wherever I want and associate with my friends.”

Now both Yishak and Shallo can walk again without any crutches or other mobility aids.

Physical rehabilitation is an integral part of health systems which includes fabrication of orthopedic and prosthetic devices, physiotherapy, wheelchairs and other mobility aid devices to restore mobility of people who have disabilities.

The ICRC supports the physical rehabilitation centre in Hawassa with technical support for orthopedic and prosthetic services to assist people with disabilities through its physical rehabilitation programme. People with disabilities affected by conflict and other causes

including health issues and accidents are provided with these services. Currently these services have advanced beyond clinical treatment. We endeavor to reintegrate people with disabilities into their community after their treatment by providing them with technical and vocational training, education grants, and assisting them to find employment.

The ICRC’s physical rehabilitation programme strives to meet not only the needs of people with disabilities who have been affected by conflict and other violence, but also people who are or have become physically disabled because the breakdown of normal health services that prevents them from receiving proper care.

“We are providing comprehensive services which go beyond restoring mobility to social inclusion which gives patients the aspiration to chase their dreams.” say Venkat, the ICRC’s Physical Rehabilitation Programme Manager in Ethiopia.

The ICRC works in partnership with the Ministry of Health and non-governmental organizations to provide physical rehabilitation services to address the increasing needs for materials and technical assistance. ICRC supports 13 physical rehabilitation centres located in six regions and two administrations. They include Arbaminch, Asela, Asossa, Bahir Dar Black Lion Specialized Hospital, Cure Hospital, Dire Dawa, Dessie, Hawassa, Jigjiga, Mekelle, Nekemet, and Menagesha.



Sexual and Reproductive Health (SRH) Saving Lives

Sexual and Reproductive Health (SRH) is a critical part of healthcare that saves lives and improves the quality of life. Women in communities in Ethiopia affected by conflict and situations of violence often have limited access to SRH. As a result, the ICRC is supporting the Ministry of Health to provide much needed SRH services.

In 2023, the ICRC supported 56 health centers and 105 hospitals to ensure basic health services, hospital and emergency care services are available for persons affected by conflict including women and girls. We undertook over 68,000 ante-natal consultations, nearly 15,000 safe deliveries in primary health centres and hospitals, and upwards of 2,300 gynecological referrals. The ICRC is also supporting two fistula projects in which 491 women underwent surgical interventions to repair complications and/or consequences of difficult deliveries.

SRH related training was provided to 752 health staff on topics including Clinical Management of Rape, Basic Emergency and New-born Care, Comprehensive Abortion Care, and Family Planning methods. “After the conflict, I experienced profound depression, and the quality of healthcare services provided was substandard. However, following my training with the ICRC in Family Planning methods, I feel revitalized and have significantly enhanced my knowledge and skills in delivering Family Planning services. I am now proficient in performing IUCD [intra-uterine contraceptive device] insertions, a skill I had not previously mastered before undergoing ICRC training,” says Guush Hadera, BSc (Bachelor of Science) midwife from Jijikie Primary Health Centre who participated in the SRH training.

The SRH program is similarly addressing the consequences of sexual violence in areas affected by the conflict both for survivors and the wider community. Between January and December 2023, 9,441 survivors of sexual violence were assisted at ICRC-supported medical facilities including One Stop Centers (OSC), Primary Health Centers (PHCs), and hospitals. During the same period, 3,378 survivors were provided with cash for transportation to these medical facilities to enable them to receive vital medical treatment. “I received financial assistance for transportation from Fatsi to Adigrat OSC including for my treatment follow up. Currently, I am undergoing gynecological treatment, and I am hopeful that I will recover well” says Abeba (not her real name) from Adigrat OSC, one of the beneficiaries of the cash support.

Additionally, in collaboration with the Ethiopian Red Cross and the Danish Red Cross, the ICRC has trained over 480 community influencers in raising awareness about the importance of seeking medical care within the 3 days following an incident of sexual violence, and on the availability of various key services for survivors.



Jude FUHNWI/ICRC



Assistance for Communities to meet their basic needs

The conflict and armed violence in Tigray and other regions have resulted in the disruption of the lives and livelihoods of thousands of people, many of whom cannot meet their basic needs. In the absence of food support and the failed rainy season in different areas of the region, the ICRC has delivered cash assistance to communities in dire need that have access to markets to buy their daily food and other basic needs for survival. Most of these supported communities live in remote areas of the region.

“We lacked food, and I managed to feed my family until today with the cash I received from ICRC” said Kahsay, a father of six children. He had recently returned to his home in Irob Woreda, Tigray region and was receiving another round of cash assistance at the time. He added that the community is in a difficult situation due to the consequences of the conflict and the failed rainy season. “Cattle were even sold at low prices to prevent them from dying because they don’t have anything to eat”, he added explaining the severity of the failed rains.

Affected communities in Dowhan, Endamosa and Hareza Seb’ata areas of Irob woreda as well as in other parts of Tigray say that their living conditions are extremely difficult and that their future is uncertain without continued humanitarian assistance.

“Now, I will be able to feed my children. You saved my family,” said Tirfey, a displaced mother of three who was very relieved when she received the cash assistance in Adi-Mehameday, northwestern zone of Tigray. She is a lactating mother and had difficulty affording daily food for herself and her children.

Many affected people have spent the cash assistance provided to them on food. Displaced individuals like 61-year-old Destaaalem have used a portion of it for medical treatment. He was unable to afford the medical treatment for his leg when it was broken while he was running for safety from his home in Zalambessa at the beginning of the conflict.

To ease the suffering that conflict affected communities face, the ICRC gave cash assistance in northwest, central, south, and eastern parts of Tigray. The cash was provided through Financial Service Providers in areas where banking services are not accessible. To improve the living conditions, the ICRC has provided basic essential household items to affected people. Cash assistance was also provided by the ICRC to displaced people and communities affected by violence in Oromia and Amhara regions to meet their basic needs.

Our Humanitarian Response



Reconnecting and Reuniting Families

- **2,563** missing people were found and reconnected with their families;
- **272,066** Contacts (phone calls, oral messages...) facilitated between family members separated by conflict and violence;
- **50** Places of detention visited;
- **36,242** Persons deprived of their liberty provided with assistance;
- **101** Risk Awareness and Safety Behavior (RASB) trainings were conducted in **84** communities threatened by unexploded ordnances (UXO);
- **15,866** Beneficiaries participated in the RASB sessions.



Improving Access to Water

- **14,933** Persons/day serviced by our water trucking and storage tanks;
- **241,048** Tons of chemicals donated to water plants servicing;
- **3,978,040** Individuals in urban areas, rural areas and places of detention benefitted from ICRC support to water supply;
- **7,804** Persons provided with access to sanitation facilities, including in detention;
- **923** Handpumps installed and regularly maintained;
- **69** Healthcare facilities or IDP camps supported with generators and batteries.



Rebuilding Lives and Livelihoods

- **131,874** Persons provided with essential household items;
- **145,992** Persons provided with multi-purpose cash assistance to help them recover from emergencies;
- **135,017** Persons benefitted from food assistance
- **2,230,981** Livestock vaccinated; and **5,808** Persons receiving index-based livestock insurance.



Partnership with Ethiopian Red Cross Society

- **33** Ethiopian Red Cross Society (ERCS) branches supported with operational costs for ambulance services that have served **132,471** individuals;
- **40** ERCS branches provided with general support including the replenishment of first aid kits;
- **15,866** Beneficiaries participated in the RASB sessions.



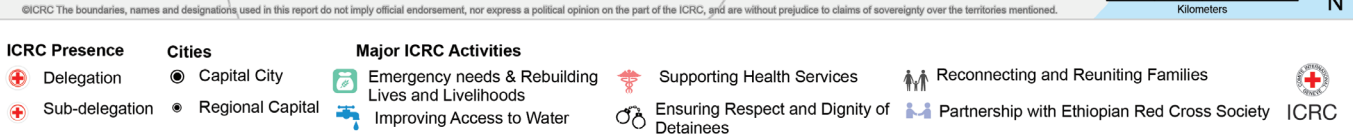
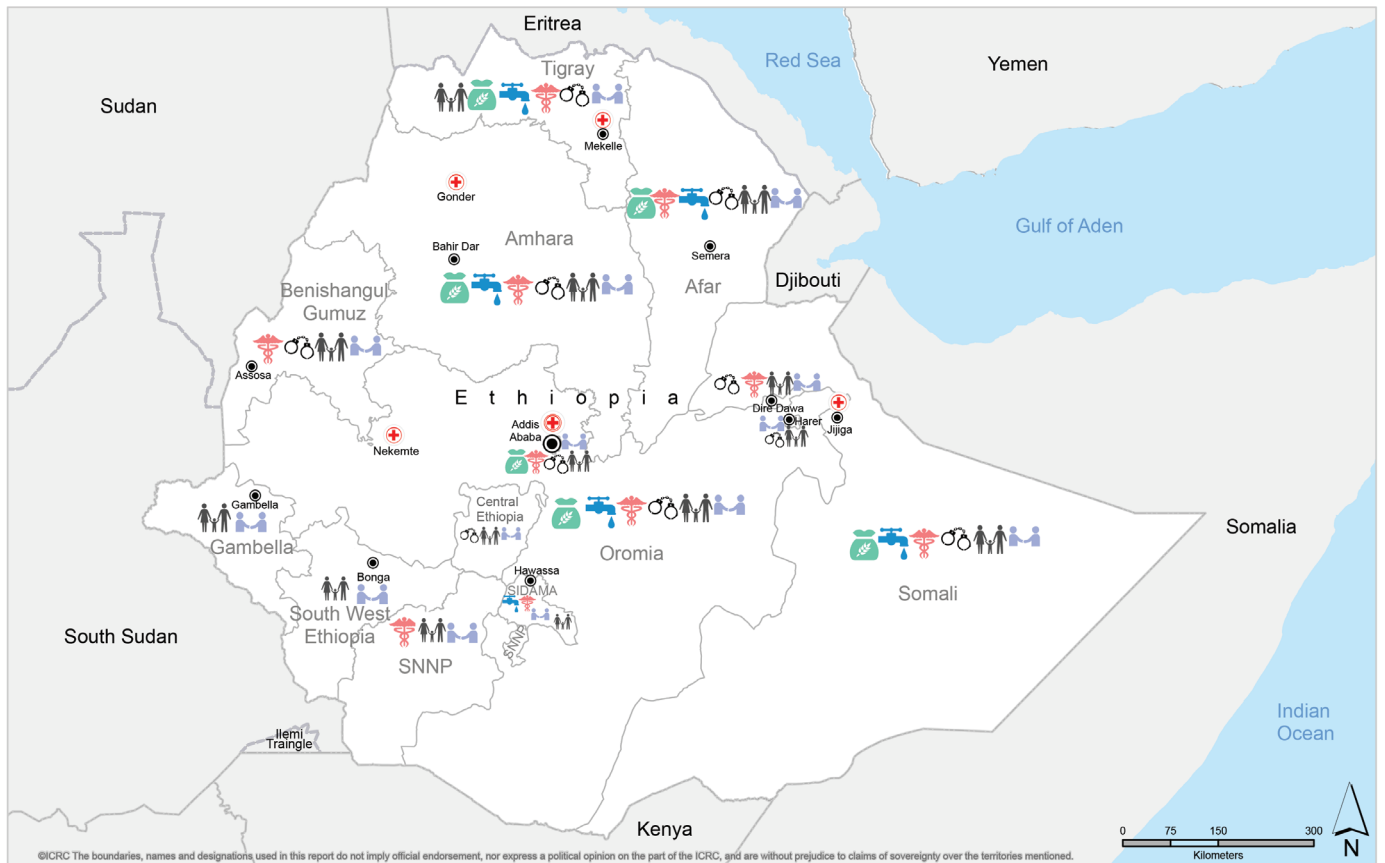
Supporting Health Services

- **81** Regularly supported Health Facilities;
- **85** Ad hoc supported health facilities;
- **42,027** Weapon wounded supported by the ICRC;
- **9,441** Sexual violence survivors supported;
- **12,734** Persons provided with physiotherapy and mobility services.



Spreading the knowledge of IHL

- Organized **45** trainings for **1,576** Army and Police Officers on basics of IHL and International Human Rights Law (IHRL);
- In cooperation with ERCS, **500** community influencers received trainings on fighting stigma against survivors of sexual violence in conflict-affected areas.



To find out more about our activities in different regions, please contact Communication department (Tel. No. 0944 101 700). The boundaries and designations used in this map do not imply official endorsement, nor do they express a political opinion on the part of the ICRC.

www.facebook.com/InternationalCommitteeofRedCrossEthiopia
www.twitter.com/ICRCEthiopia
add_addisabeba_Mailbox@icrc.org

Gondar sub-delegation

International Committee of Red Cross (ICRC)
 Gondar Ketena 01, Kebele 02, H.No. 26
 Gondar, Ethiopia
 T +251 (0)58 211 03 99

Jijiga sub-delegation

International Committee of Red Cross (ICRC)
 Kebele 10, H.No. 196
 Jijiga, Ethiopia
 T +251 (0)25 278 81 49

Mekelle sub-delegation

International Committee of Red Cross (ICRC)
 Mekele town, Haddent sub city, Kebele 18
 Mekelle, Ethiopia
 T +251 (0)34 440 24 40

Nekemte sub-delegation

International Committee of Red Cross (ICRC)
 Kasso sub-city, Kebele 05, H.No. 290
 Nekemte, Ethiopia
 T +251 (0)57 660 66 55

Addis Ababa delegation

International Committee of Red Cross (ICRC)
 Bole Sub-City, K. 12/13 H.No. 498
 Addis Ababa, Ethiopia
 T +251 (0)11 647 83 00