

	Connectivity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity	<input type="checkbox"/>	<input type="checkbox"/>	
	energy	<input type="checkbox"/>	<input type="checkbox"/>	
	transport	<input type="checkbox"/>	<input type="checkbox"/>	
	health	<input type="checkbox"/>	<input type="checkbox"/>	
	education and research	<input type="checkbox"/>	<input type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
12. Amounts concerned	Budget line (article, item): 14 02 01 21 Total estimated cost: EUR 25 000 000 Total amount of EU budget contribution EUR 25 000 000			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing	Direct management through: - Grants Indirect management with Expertise France			

1.2 Summary of the Action

While the Pretoria Cessation of Hostilities Agreement (CoHA) signed between the Ethiopian government and the Tigray People Liberation Front (TPLF) in November 2022 has ended a two-year long armed conflict and introduced a peace and reconstruction process, the situation in northern Ethiopia still remains volatile, as is evidenced in continuing armed confrontations between federal government forces and regional militias in Amhara region.

These last years of conflict and instability in Northern Ethiopia have caused significant damage to health facilities, translating into thousands of them becoming non-functional. It is reported that more than 2 800 health facilities were either partially or completely damaged in Tigray, Afar and Amhara regions. The EU is already supporting rehabilitation of facilities in conflict affected areas, though Individual measure 1, but the needs are way beyond the possibilities offered by the funding available.

In addition to health infrastructure damage, the conflict has also led to loss of livelihoods as well as psychological distress and sexual abuse of women and girls. Gender-based violence (GBV) is experienced by at least a quarter of Ethiopian women in their lifetimes, a situation exacerbated by the conflict. Yet the offer of tailored medical, legal, mental health and psychosocial support and sexual reproductive health services to GBV survivors, conflict affected communities, children and young people associated with armed groups is extremely limited, to almost non-existent.

This Action will support resumption of essential health and Mental Health and Psychosocial Support (MHPSS) service provision for GBV survivors, conflict-affected communities, persons associated with armed groups and ex-combatants, including children and women. The Action will work on availability and access to quality health care, as well as a multi-sectoral support to child and adult GBV survivors and conflict affected communities. It will combine a “hard” component, with funding for the rehabilitation and equipment of the two main referral hospitals of Adwa (Tigray region) and Aba’ala (Afar region), and the creation of One Stop Centres for medical treatment of GBV survivors, together with “soft” components. The latter will consist of specialized medical training to health personnel, capacity building for improved GBV case management and better quality MHPSS services in conflict affected areas.. The Action will also support social and economic reintegration of GBV survivors and increased resilience of