



UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS

Situation Report

1 to 15 July 2021

Background



Source: UNFPA Ethiopia

Since the declaration of the unilateral ceasefire by the Federal Government on June 28, the withdrawal of the Ethiopian Defense Forces and the takeover of most parts of Tigray by the Tigray Peoples Liberation Front (TPLF), the situation remains highly unpredictable and volatile in Northern Ethiopia. Humanitarian access within the region improved considerably - with many partners able to reach previously inaccessible areas - while movements in and out of the region have been extremely challenging impacting humanitarian actors' capacity to restock supplies and mobilize additional staff to sustain operations. Electricity and telecommunications remain cut off and banking services are still not available further constraining partners' ability to resume operations and provide assistance to nearly 91% of the region's population¹ in need of emergency aid.

Conflict in the area around the borders of Tigray is ongoing while the humanitarian situation continues to alarmingly deteriorate with over 5.5 million people² in Tigray and the neighboring regions of Afar and Amhara facing high levels of acute food insecurity and nearly 400,000 people experiencing famine conditions. In the midst of the unfolding events, the [United Nations](#) or the [Global Protection Cluster](#) continue to call for the upholding of the ceasefire until its envisaged end date in September and the protection of civilians, particularly women, children and refugees. Meanwhile, military tensions are escalating especially in the western part of Tigray.

¹ WFP New Releases - June 1st, 2021: <https://www.wfp.org/news/wfp-reaches-over-1-million-people-emergency-food-assistance-tigray>

² IPC Ethiopia Alert - Integrated Food Security Phase Classification, June 2021: <http://www.ipcinfo.org/ipcinfo-website/alerts-archive/issue-42/en/>

Situation Overview



7,062,000 total population in Tigray³

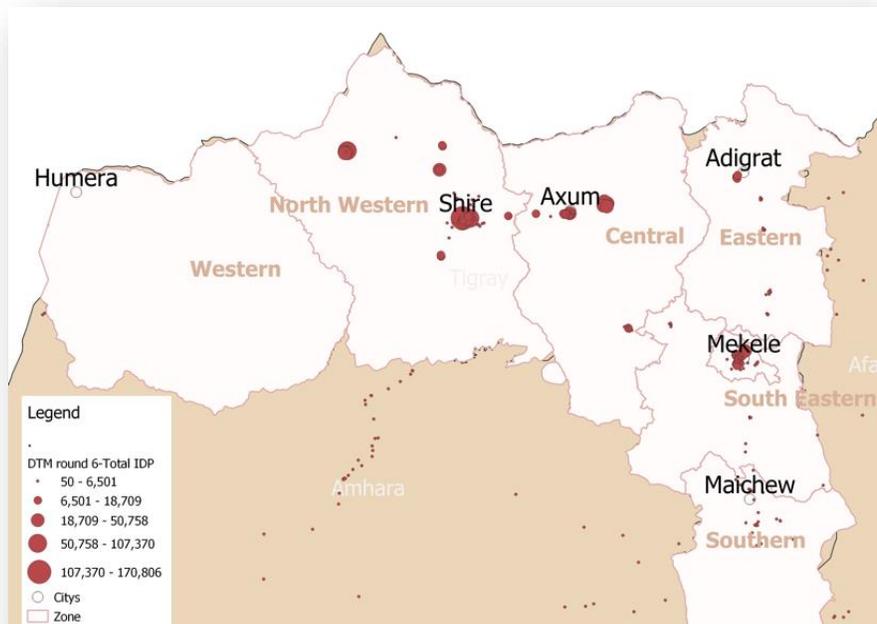


5,200,000 people in need in Tigray⁴



5,200,000 million targeted

More than nine months since the start of the conflict in Tigray Region, the **humanitarian situation continues to be dire and is expected to decline further** as tensions among different parties continue to rise in bordering areas and aid organizations continue to report major challenges to provide humanitarian assistance. Inside Tigray, the situation remains calm across major cities and according to an OCHA report, partners are now **able to reach 75% of people in need**⁵ while violence and armed clashes erupted across bordering areas such as Mai Tsebri and Alamata, increasing concerns about the security and safety of refugees and humanitarian workers in the area. The flow of humanitarian supplies and staff in and out of the region has been severely constrained over the last few weeks curtailing humanitarian partners’ capacity to replenish stock and staff to sustain operations across the region. Access to basic needs—including health care, water and sanitation—remains severely restricted. The lack of banking services and cash, shortages of fuel, the suspension of commercial



Source: UNFPA Ethiopia

³ Tigray in Ethiopia: https://joshuaproject.net/people_groups/15481/ET

⁴ Ethiopia - Tigray Region Humanitarian Update Situation Report (June 3, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-3-june-2021>

⁵ Ethiopia - Tigray Region Humanitarian Update Situation Report (July 9, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-9-july-2021>

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flights, electricity, and communications, as well as an increasing scarcity of basic commodities, are some of the major constraints faced by humanitarian partners' response to the Northern crisis.

Despite all the challenges and the volatile situation, partners on the ground are resuming operations to assist **2 million internally displaced people**⁶ scattered across major cities in Tigray (see map) and the neighboring Afar and Amhara regions. According to OCHA, since the conflict began, **humanitarian partners have reached 4.8 million people⁷ out of 5.2 million targeted** with food assistance and protection services. Access to life-saving health care services in Tigray continue to be severely limited without adequate access to essential medicines and basic attention. Due to the extensive damage and looting of supplies during conflict, **less than half of the referral hospitals of the region are now operating⁸**. According to HeRams, **comprehensive emergency obstetric care is fully available only in the General Hospital of Mekelle⁹** and partially available in three health facilities and hospitals across the region – Adebay Health Center, Suhul Hospital and Samere Primary Hospital. Urgent lifesaving and serious protection needs persist across the region, including sexual and gender-based violence (SGBV) at a large scale. According to the latest GBV AoR Response Update, the majority of the target woredas (districts) do not have access to comprehensive GBV response services, with **only 3 Woredas (8% of target) covered with comprehensive GBV response**. The current reported cases do not represent the full scale of the problem as underreporting is widespread due to fear of stigma and/or retaliation, limited access to trusted service providers, and widespread impunity for perpetrators.

UNFPA is currently resuming humanitarian operations, including the replenishment of medical stock and redeployment of staff across the region. UNFPA's Preparedness and Response Plan for the Tigray crisis focuses on preventing and responding to gender-based violence, and bridging protection, gender equality and MHPSS, while building back capacity on sexual and reproductive health and rights in the conflict-affected regions in Northern Ethiopia. UNFPA has presence in Mekelle (Tigray Region), Semera (Afar Region) and Bahir Dar (Amhara Region) with 17 deployed International Surge Capacity Specialists and 7 National Specialists for the Tigray Response.

UNFPA'S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need¹⁰:



1,300,000
are women
of
reproductive
age



117,846
are
currently
pregnant
women



13,094
expected
births
per
month



624,000
are
adolescent
girls
(10-19)

⁶ IOM-Displacement Tracking Matrix 6 (June 24, 2021): <https://dtm.iom.int/reports/ethiopia---emergency-site-assessment-6-3---24-may-2021>

⁷ Ethiopia - Tigray Region Humanitarian Update Situation Report (July 9, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-9-july-2021>

⁸ Ibid.

⁹ HeRams - Ethiopia (Tigray) Dashboard, available in: <https://herams.org/session/create>

¹⁰ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

- **Reached 15,987 internally displaced persons with GBV risk mitigation and SRH service availability messages** through a 12-day mobile community mobilization strategy in partnership with Ethiopian Red Cross Society in four districts of Afar Region. The mobile van outreach activities reached 8,158 women of reproductive age, 1,304 pregnant women and 6,525 active men with targeted SRH/GBV key messages in conflict-affected areas along the borders of the Afar and Tigray regions.
- **Provided technical assistance to the Amhara Public Health Institute (APHI) in the development of an Emergency Preparedness and Response plan (EPRP)** for the coming three months of the rainy season addressing the special SRH/GBV needs of disaster-displaced populations across the bordering areas of Amhara region.
- **Conducted and finalized the SRH partner mapping** in collaboration with I-Pass to evaluate partners' coverage and SRH service provision in the Tigray Response.
- **Supported the Regional Health Bureau** to strengthen the operational capacity and functionality of the SRH Working Group in Mekelle, Tigray.
- **Started the recruitment of additional midwives and health extension workers** in partnership with Ethiopian Red Cross Society to strengthen SRH and maternal and newborn health service provision in the Northern Ethiopia emergency response.

AT A GLANCE

MIDWIFERY SERVICE PROVISION

(*Cumulative numbers per reporting period and since March 2021)

REGION	SERVICE PROVIDED	FROM 1 - 15 JULY	GRAND TOTAL (SINCE MARCH 2021)
AFAR	# deliveries attended to by skilled provider	47	304
	# outpatients for post-natal care (PNC) within 42 hr.	45	318
	# outpatients for antenatal care consultations (ANC)	111	685
	# outpatient visits for family planning (male and female)	53	554
	# visits for STI/HIV counseling, screening, testing or other treatment	248	476
	# referrals for higher level of obstetric care/emergency (mother/newborn)	0	11
	# clinical management of rape visits completed within 72 hr. of assault		1
	# of ANC outpatients visits, including PMTCT	97	579
	TOTAL AFAR	601	2,928
AMHARA	# deliveries attended to by skilled provider	16	141
	# outpatients for post-natal care (PNC) within 42 hr.	12	188
	# outpatients for antenatal care consultations (ANC)	155	1,035
	# outpatient visits for family planning (male and female)	119	974
	# visits for STI/HIV counseling, screening, testing or other treatment	138	973
	# of referrals for higher level of obstetric care/emergency (mother/newborn)	4	60

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	# of clinical management of rape visits completed within 72 hours of assaults	0	12
	# of ANC outpatients visits, including PMTCT	12	339
	TOTAL AMHARA	456	3,722
TIGRAY	# deliveries attended to by skilled provider	78	1,186
	# outpatients for post-natal care (PNC) within 42 hr.	64	1,079
	# outpatients for antenatal care consultations (ANC)	357	4,680
	# outpatient visits for family planning (male and female)	302	3,985
	# visits for STI/HIV counseling, screening, testing or other treatment	230	1,080
	# referrals for higher level of obstetric care/emergency (mother/newborn)	6	121
	# clinical management of rape visits completed within 72 hr. of assault	1	40
	# of ANC outpatients visits, including PMTCT	78	834
	TOTAL TIGRAY	1,116	13,005
	GRAND TOTAL	2,173	19,655

**Note: Due to a persistent communication blackout within Tigray, the reporting of midwifery services is inconsistent and challenging over time.*

Gender-based Violence (SGBV)

Of the people targeted:



26,000 estimated women of reproductive age (15-49) are expected to seek services for GBV based on MISP Calculation Methodology^{11*}

**[This number does not represent the current number of cases reported by GBV survivors but is an estimation based on population data to evaluate the needs for sexual and reproductive health supplies and services at the onset of an emergency. The use of this data by external actors does not imply the official endorsement or acceptance by UNFPA Ethiopia.]*

- **340 women and girls reached with SRH/GBV awareness sessions conducted by OSSHD in 8 IDP camps in Mekelle, Tigray.** 55% of the population reached were girls under 18 years from the Ethio China, Meserete, Adi Haki, Hawelti, Kesonet, Kesate Birhan, Ayedel and Adishimedleen IDP camps.
- **Conducted a 3-day training for 17 GBV case workers** from different INGOs and local organizations on GBV minimum standards in emergencies in Mekelle, Tigray.
- **Conducted a 2-day PSEA Organizational Assessment to Mums for Mums** to assess all operational standards needed for UNFPA programme implementation in Northern Ethiopia emergency response.

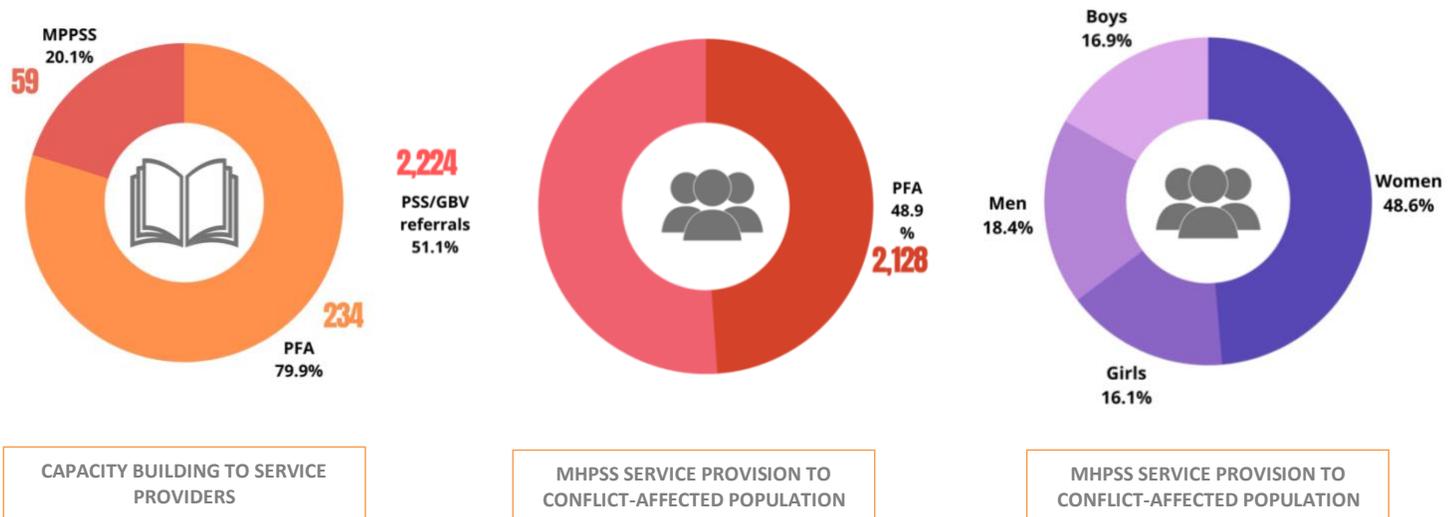
¹¹ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>. The MISP methodology is used to calculate the minimum, life-saving sexual and reproductive health needs that humanitarian partners must address at onset of an emergency (within 48 hours wherever possible).

Mental Health and Psychosocial Support (MHPSS)

- Supported a total of **1,357 internally displaced population with Psychological First Aid (PFA) and social service referrals** by the 234 trained PFA providers from OSSHD in 17 IDP sites in Mekelle, Tigray.
- Finalized the work plan and budget allocation for OSSHD programme implementation of the CERF and USAID funding in Tigray crisis, including repurposing funds from GBV/HTP and HIV/SRH funds.

AT A GLANCE

MHPSS Chart for Northern Ethiopia Response (*Cumulative numbers)



Logistics and Distributions

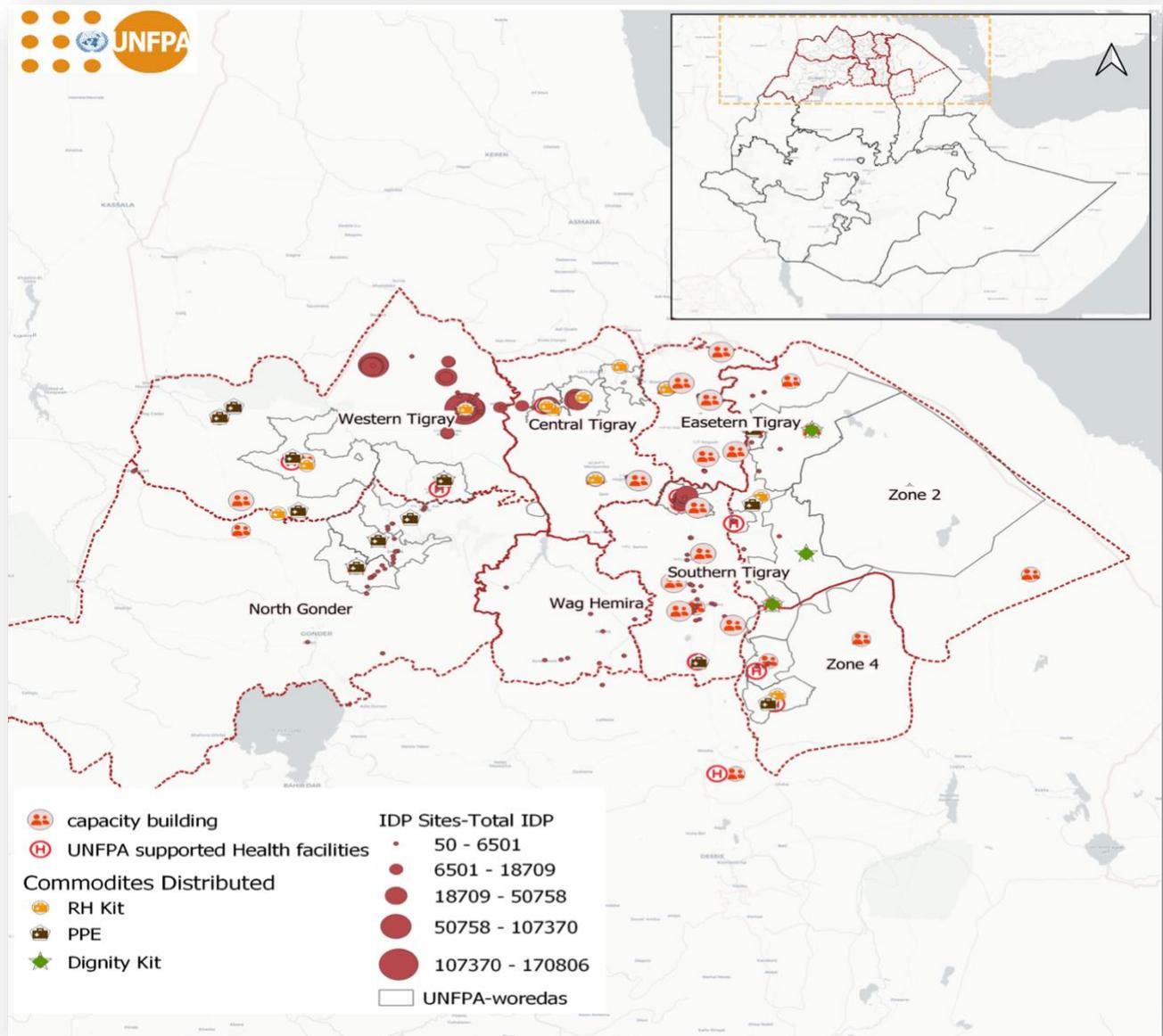


1 truck with 7 metric tons of IARH Kits arrived and off loaded in Tigray Region

- **1 truck with 186 IARH Kits - 634 boxes** - arrived and off loaded in Mekelle warehouse, Tigray.

- **3 trucks carrying 10,000 Dignity Kits, 81 IARH kits and other medical supplies** - stethoscopes, solar refrigerator, PPE, Bed labor delivery, antishock garment (NASG), among others - are pending clearance at checkpoint #1 in the bordering Afar region. Approval is pending on distribution plans of the kits for the Logistic Cluster and Regional/National authorities.

UNFPA Response to Northern Ethiopia Crisis



*The map showcases UNFPA’s main distributions of **medical supplies and commodities**; capacity-building activities; and **midwifery interventions** provided at health facilities to date in conflict-affected populations across Tigray, Afar and Amhara regions.

Coordination and Partnerships

UNFPA:

- Assessed GBV/SRH needs within the UNOCHA-led inter cluster coordination joint assessment on humanitarian responses to Wajrat woreda, Tigray. The joint assessment recommendations were:
 - Food, WASH, NFI/Shelter and Health care needs to be prioritized
 - Urgent need to distribute dignity kits, essential drugs and medical supplies, as well as water treatment chemicals to the conflict-affected population.
- Participated in the first ECC meeting with the Tigray de-facto government for up-coming humanitarian response strategy, including building back better health response for Northern Ethiopia emergency crisis.
- Completed a rapid-assessment mission to Wajrat woreda with ICCG partners to scope SRH/GBV needs for future disbursements of dignity kits and SRH supplies in the targeted area.
- Engaged with current and potential IPs to continue the UNFPA roll out and implementation of response activities, including for Women and Girls Friendly Spaces (WGFS), Maternity Waiting Homes, MHPSS training, and further support to One-Stop Centers across Tigray.
- Coordinated with UNHCR and WHO for the provision of additional tents to be used as temporary shelters for WGFSs across the conflict-affected areas in Tigray.



UNFPA and ERCS midwife performing a subdermal implant of a long-acting family planning method to a displaced woman in Shire, Tigray. Photo by © UNFPA Ethiopia/Paula Seijo.

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- Conducted a GBV AoR coordination presentation during a training for GBV partners, and representatives from Regional Bureaus of Women and Children and Social Affairs, and the Regional Health bureau in Mekelle, Tigray.
- Published the [GBV AoR Response Update - June 2021](#) on GBV partners' coverage and implementation of GBV services across the Tigray Response.
- Participated in a Camp Coordination and Camp Management (CCCM) Protection survey in primary and secondary schools in Mekelle, Tigray.

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- Participated in a Child Protection and GBV assessment led by the Regional Government with representatives of Regional Health Bureau and Women and Children and Social Affairs, to evaluate GBV service availability and resumption strategy across Tigray region.

Communications

- Coordinated the standardization of a Booklet with key messages about GBV, SRH, MHPSS, and PSEA to be translated and distributed with Dignity Kits at country-level programming in Ethiopia.
- Created a [Menstrual Hygiene Management Brochure](#) to be translated and distributed across vulnerable women and girls affected by multiple humanitarian crisis in Ethiopia.

UNFPA'S RESPONSE

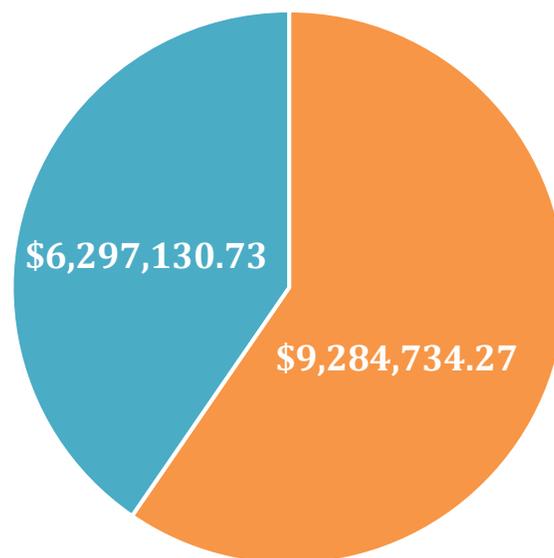
Resource Mobilization

Special thanks to the major donors supporting @UNFPAEthiopia Response to the Tigray Crisis:

CERF 2020 - 1,500,539 USD | Emergency Fund - 1,343,032 USD | Danish MFA - 1,600,000 USD
CERF 2021 - 2,500,003 USD | USAID - 1,637,527.00 USD | Iceland - 250,000 USD
Ethiopia Humanitarian Fund (EHF) - 449,633.27 USD | Friends of UNFPA - 4,000 USD

Funding required: 15,581,865 USD

- Funding received
- Funding gap*





Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled



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