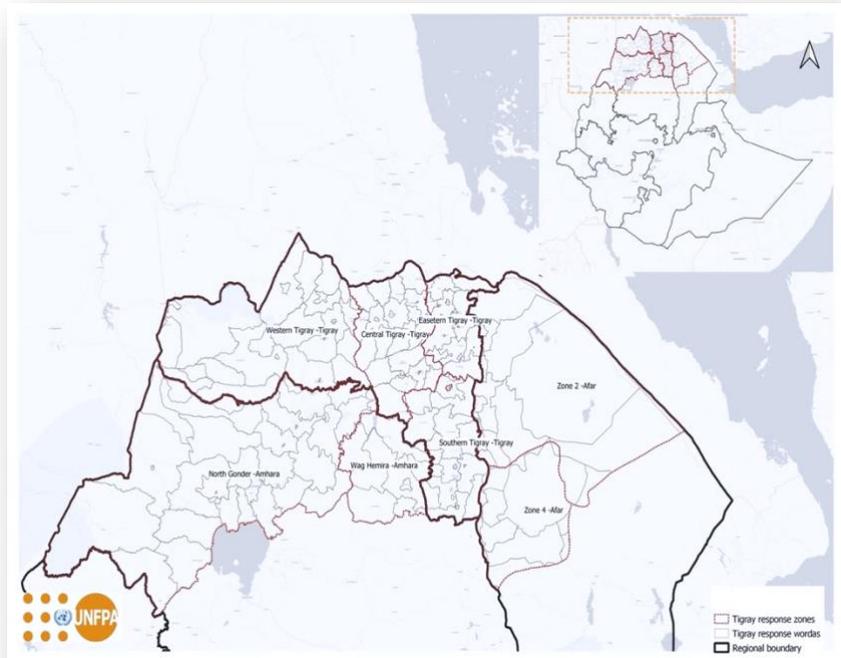




UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS
Situation Report
1 to 15 June 2021

Background

Since the outbreak of conflict on November 4, 2020 between the Federal Government and the region's former ruling party - the Tigray People's Liberation Front (TPLF) - the Northern region of Ethiopia has entered its 8 months of active military confrontations and aggravated humanitarian crisis. After months of active hostilities, nearly 91% of the region's population¹ is in need of some form of assistance and over 350,000 people² are already facing famine-like conditions in some areas. The conflict has had a devastating impact on a region with 5.2 million people in need³ of emergency aid and 2 million⁴ people internally displaced into neighboring regions as a result of insecurity, military conscription, conflict-induced famine, and other social stressors.



Source: @UNFPAEthiopia

The overall humanitarian access and security situation remain complex and extremely fluid across the region. Armed clashes and active fighting continue to be reported in large parts of the region - South-Eastern, Eastern, Central, North-Eastern and Southern Zones - in Tigray⁵, which continue to adversely affect partners' capacity and availability to reach those most in need. Restriction of movement, intimidation of humanitarian workers and confiscation or looting of humanitarian supplies⁶ and other assets by armed forces persist in the region with significant impact on the safety and protection of civilians and humanitarian workers.

While the conflict in Tigray remains the largest in the country, intercommunal conflicts have escalated progressively over time across other regions in Ethiopia, particularly in North Shewa and Oromo Special Zones of the Amhara Region, Guji and Wellega zones in Oromia Region, Metekel Zone in Benishangul-Gumuz Region

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

² FAO - Global Information and Early Warning System on food and agriculture/GIEWS Snapshot (June 17, 2021): https://reliefweb.int/sites/reliefweb.int/files/resources/ETH_18.pdf

³ Ethiopia - Tigray Region Humanitarian Update Situation Report (June 17, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-17-june-2021>

⁴ Ibid.

⁵ Insecurity Insight Vigil Situation Report (June 16, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-vigil-insight-situation-report-16-june-2021>

⁶ Ethiopia - Tigray Region Humanitarian Update Situation Report (June 17, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-17-june-2021>

Situation Report_ 1 to 15 June 2021

and along the borders of the Afar and Somali regions.⁷ In addition, several climate-related shocks such as floods and droughts continue to devastate Oromia, SNNP, Afar and the Somali⁸ regions. Recent UN predictions on food insecurity in the country - at its highest level since 2016 – are leading to a call for action on the international community to avoid another '1984 famine'⁹. All of this amidst the COVID-19 pandemic, with 17,316 active cases¹⁰ as of June 12, 2021 and about 1,964,005 people vaccinated, the 1,7% of the country.

Situation Overview



7,062,000 total population in Tigray¹¹



5,200,000 people in need in Tigray¹²



5,200,000 million targeted

The persistent armed confrontations and ongoing hostilities in Tigray Region continue to drive massive rural to urban displacement, most notably through the north and northwest, and central zones of the region. According to the Regional Bureau of Labor and Social Affairs (BOLSA), there are an estimated 2 million people displaced across the region¹³ with 5.2 million¹⁴ currently estimated to be in need. The displacement across the Tigray Region continues to be predominant with 1,645,944 IDPs, followed by Afar Region with 48,420 IDPs and Amhara Region with 20,812 IDPs¹⁵. The three woredas hosting the largest number of newly arrived IDPs in Tigray are Shire, Adwa and Sheraro with 575,115 IDPs, 188,910 IDPs and 165,223 IDPs, respectively¹⁶. Side by side with repeated [international calls to allow for unimpeded and safe humanitarian access to all parts of Tigray](#), humanitarian actors continue to scale up their response.

⁷ Ethiopia Humanitarian Snapshot (May 24, 2021).

⁸ Ibid.

⁹ "UN fear repeat of 1984 Ethiopian famine", Andrew Harding, BBC (June 4, 2021). Available at:

https://www.bbc.com/news/topics/cr2pnx1173dt/tigray-crisis?fbclid=IwAR1tpQgfRSaoNNk1A_k01yCdRqcTxL4Ov3IXsfVQtioZ41YIgiSqlz7V2OI

¹⁰ UN Novel Corona Virus (COVID-19) Update #372, June 17, 2021.

¹¹ Tigray in Ethiopia: https://joshuaproject.net/people_groups/15481/ET

¹² 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>

¹³ 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>

¹⁴ Ibid.

¹⁵ IOM-Displacement Tracking Matrix 5 (May 16, 2021):

https://displacement.iom.int/system/tdf/reports/DTM%20Ethiopia%20Emergency%20Site%20Assessment%20Report%205%20edit_d.pdf?file=1&type=node&id=11527

¹⁶ Ibid.

Situation Report_ 1 to 15 June 2021

As a result of active conflict, looting and widespread damage of health facilities, access to life-saving health care remain challenging for the affected-population, especially in remote rural areas. Assessments stress serious health care needs, with numerous accounts of women “*giving birth on the side of the road, left behind, hemorrhaging, and bleeding to death.*”¹⁷ According to the Minimum Initial Service Calculator methodology for humanitarian settings, with the newly updated figures it is estimated (based on regional population estimates) that about 1,117,846 women are currently pregnant with 13,094 births expected per month¹⁸. According to UNICEF, “[the rates of malnutrition among pregnant and breastfeeding women are consistently above 40%](#)”¹⁹ in the region, threatening the lives of new-born babies and their mothers. Access to maternal health care is still limited with comprehensive emergency obstetric care fully available only in 6% of health facilities²⁰. According to HeRAMS by WHO, the equipment of medical facilities is fully damaged in 92 centers and partially damaged in another 34 across the region²¹, seriously compromising provision of health care for the conflict-affected population.

After months of conflict, **protection needs of vulnerable populations and gender-based violence, including sexual violence, continue to be reported** by both partners and official authorities in Tigray Region. Although traditionally underreported due to fears of stigma and retaliation, it is estimated - based on the Minimum Initial Service Package (MISP) methodology that at least 26,000 survivors of sexual violence in the reproductive age will seek clinical management of rape services²² in the coming months while the number of health facilities partially available to provide care in the region continues to be stagnant at 29%. According to the [IRC Gender Analysis in Tigray](#), “lack of food, income streams and livelihood opportunities are forcing female refugees/IDPs into sexually exploitative relationships to meet basic needs”²³. The report also highlights the lack of safe reporting mechanisms and services, medical supplies - like emergency contraception and PEP - at health facilities and secure sheltering options at IDP camps as factors placing women and girls at a greater risk of suffering GBV²⁴ across the region.

UNFPA is scaling up its response focusing on preventing and responding to gender-based violence, bridging protection, gender equality and MHPSS, and commitment to sexual and reproductive health and rights in the conflict-affected regions in Northern Ethiopia. Activities are being tailored to address the general interruption of SRH/GBV services to restore pre-crisis capacity through government health facilities and the humanitarian partners on the ground. UNFPA has presence in Mekelle (Tigray), Semera (Afar) and Bahir Dar (Amhara) with 17 deployed International Surge Capacity Specialists and 7 National Specialists for the Tigray Response. A new office in Shire will be operational at the end of the month.

¹⁷ International Rescue Committee (IRC) - Tigray Gender Analysis (May 3, 2021): <https://www.rescue.org/report/irc-tigray-crisis-gender-analysis-report-key-findings-womens-exploitation-gender-based>

¹⁸ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

¹⁹ UNICEF Statement by the Executive Director, Ms. Henrietta Fore (June 14, 2021). Available at: <https://www.unicef.org/press-releases/least-33000-children-parts-tigray-ethiopia-imminent-risk-death-conflict-increases>

²⁰ HeRAMS Ethiopia (Tigray): https://herams.org/project/46?parent_id=553&page_id=563

²¹ Ibid.

²² Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

²³ International Rescue Committee (IRC) - Tigray Gender Analysis (May 3, 2021): <https://www.rescue.org/report/irc-tigray-crisis-gender-analysis-report-key-findings-womens-exploitation-gender-based>

²⁴ Ibid.

UNFPA'S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need²⁵:



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)



520,000 women of reproductive age who use modern contraceptives

- **Activated and chaired the first Sexual and Reproductive Health - Working Group (SRH - WG)** on June 10, 2021 in Mekelle, Tigray. The SRH-WG will serve as a coordination forum among partners for strengthening SRH planning and response across the region.
- **Recruited and trained 20 Health-extension workers (HEWs) in collaboration with the Ethiopian Red Cross Society (ERCS)** to provide safe and timely information about SRH/GBV service availability and referrals for both IDPs and the host community in Tigray.
- **Trained 97 health care providers in partnership with the Ethiopian Midwives Association (EMWA) in the following:**
 - **25 health care workers on the Minimum Initial Services Package** for Reproductive Health in Crisis (MISP) from the 1st to 4th June, 2021 at Ayder Hospital, Mekelle, Tigray region.
 - **18 medical personnel on management of miscarriage** from the 1st to 5th of June in Debretabore town (Amhara Region) to provide critical services in different health facilities in conflict affected areas bordering Tigray region.
 - **39 health workers on Clinical Management of Rape (CMR)** from the 8th to 11th of June at Debretabore town (Amhara Region) and from the 31st of May to 3rd of June at Logia, Afar Region.
 - **15 frontline health providers in a 12-day Basic Emergency Obstetric and Newborn Care (BEmONC) training** at Logia, Afar Region.
- **Conducted a 2-day Clinical Management of Rape (CMR) training in collaboration with Save the Children International** on the 14th -15th of June for 23 health care workers in Adigrat, Tigray.
- Finalized the creation of recruitment criteria and minimum standards for the establishment of a Midwives Professional Roster in partnership with the Ethiopian Midwives Association to be operational

²⁵ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

Situation Report_ 1 to 15 June 2021

across the Tigray Response.

- **Completed the Maternity Waiting Homes (MWH) architectural design** following UNFPA Minimum Standards to be implemented across UNFPA supported facilities in humanitarian settings in conflict-affected regions. The Maternity Waiting Homes will provide a range of maternal and sexual and reproductive health services on a 24/7 basis, including the provision of PSS, childcare and referral services.
- **Distributed 6 CMR Kits and 250 Dignity Kits** in partnership with the Regional Health Bureau to the One-Stop Center at Mekelle Hospital, Tigray.
- **Distributed 13 SRH Kits** through the Ethiopian Red Cross Society (ERCS) to the Mytsebri Hospital in Amhara Region.
- **Provided technical support to the Amhara Public Health Institute (APHI)** for the development of a concept note to enhance accessibility and functionality of SHR services in conflict-affected settings across the region.
- **A national consultant for SRH programs** has been recruited and deployed in Mekelle, Tigray.

AT A GLANCE

MIDWIFERY SERVICE PROVISION (*Cumulative Numbers)

REGION	SERVICE PROVIDED	From 1 - 15 June	Grand Total (Since March, 2021)
Afar	# deliveries attended to by skilled provider	23	171
	# outpatients for post-natal care (PNC) within 42 hr.	20	174
	# outpatients for antenatal care consultations (ANC)	62	386
	# outpatient visits for family planning (male and female)	27	431
	# visits for STI/HIV counseling, screening, testing or other treatment	57	115
	# referrals for higher level of obstetric care/emergency (mother/newborn)	3	5
	# of ANC outpatients visits, including PMTCT	59	404
Total Afar		251	1,686
Amhara	# deliveries attended to by skilled provider	15	52
	# outpatients for post-natal care (PNC) within 42 hr.	30	113
	# outpatients for antenatal care consultations (ANC)	118	367
	# outpatient visits for family planning (male and female)	117	385
	# visits for STI/HIV counseling, screening, testing or other treatment	111	376
	# of referrals for higher level of obstetric care/emergency (mother/newborn)	15	29
	# of clinical management of rape visits completed within 72 hours of assaults	7	12
	# of ANC outpatients visits, including PMTCT	88	314
Total Amhara		501	1,648
Tigray	# deliveries attended to by skilled provider	74	376
	# outpatients for post-natal care (PNC) within 42 hr.	86	464

Situation Report_ 1 to 15 June 2021

# outpatients for antenatal care consultations (ANC)	276	1,336
# outpatient visits for family planning (male and female)	271	898
# visits for STI/HIV counseling, screening, testing or other treatment	266	850
# referrals for higher level of obstetric care/emergency (mother/newborn)	9	49
# clinical management of rape visits completed within 72 hr. of assault	6	21
# of ANC outpatients visits, including PMTCT	232	728
Total Tigray	1,202	4,722
GRAND TOTAL	1,954	8,056

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

Gender-based Violence (SGBV)

Of the people targeted:



26,000 estimated people of reproductive age (15-49) are expected to seek services for SGBV²⁶ based on MISP Calculation Methodology

- **Two hundred and eighty four (284) women and girls in 3 IDP camps** - 100 in Adwa, 100 in Axum and 84 in Mekelle - were reached (through Women and Girls Safe Spaces) with information on psychosocial support and GBV referral pathways. This was done in collaboration with Mums for Mums and Organization for Social Services, Health and Development (OSSHD).
- **Developed the Minimum Standard Guidelines** for WGSS and One Stop Centers, including staffing, furniture, medical equipment, humanitarian supplies and the minimum required trainings to be implemented across humanitarian settings in Ethiopia.
- **Supported IOM with the facilitation of a GBV training session** on guiding principles and safe referral pathways for 30 aid workers from the Shelter Cluster in Mekelle, Tigray
- **Provided financial support through the Regional Bureau of Women Affairs to 58 GBV survivors** requiring services at One-Stop Centers across Tigray.
- **Supported in collaboration with the Regional Bureau of Women Affairs the distribution of material supplies to 5 OSC in Axum, Maychew, Adigrat, Shire and Mekelle** as follows:



Alemtsehay with her @UNFPAEthiopia Dignity Kit distributed through OSSHD across IPD camps in Mekelle, Tigray. Photo by © UNFPA Ethiopia, Paula Sejo.

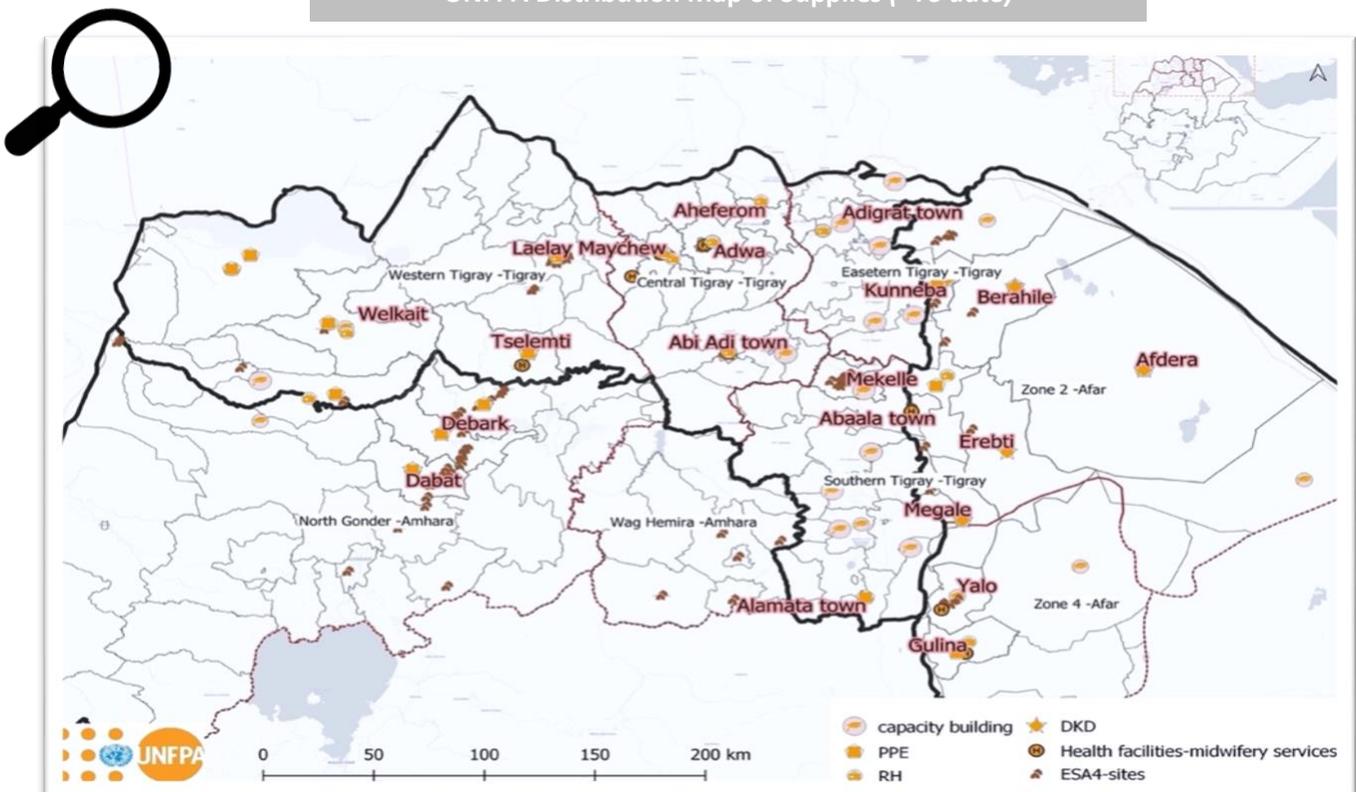
²⁶ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

Situation Report_ 1 to 15 June 2021

- 2,890 pieces of clothing for GBV survivors requiring services at OSCs;
 - 490 hand torches for GBV risk-mitigation at IDP camps;
 - 1,420 personal hygiene supplies; and
 - 11 guest chairs and mattresses
- **Supported the provision of a 2-day GBV in emergencies (GBViE) training** in collaboration with the Ethiopian Midwives Association (EMwA) for 19 health care providers and social workers in Debretabore town, Amhara region.
 - **Conducted a 2-day training in GBV risk mitigation and SRH service demand creation to 17 community health workers (CHW)** in collaboration with the Ethiopian Red Cross Society (ERCS) - Afar Branch. The community health workers were deployed in 4 conflict-affected woredas (Yalo, Kelewan, Aba’ala and Koneba) to conduct community awareness raising on GBV risk and SRH Services availability.
 - **Delivered 18,000 Dignity Kits from the Anticipatory Action Framework (AAF)** to the Afar Pastoralist Development Association (APDA) to be distributed to vulnerable women and girls in Zone 1 and 2 in Afar Region.

AT A GLANCE

UNFPA Distribution Map of Supplies (*To date)

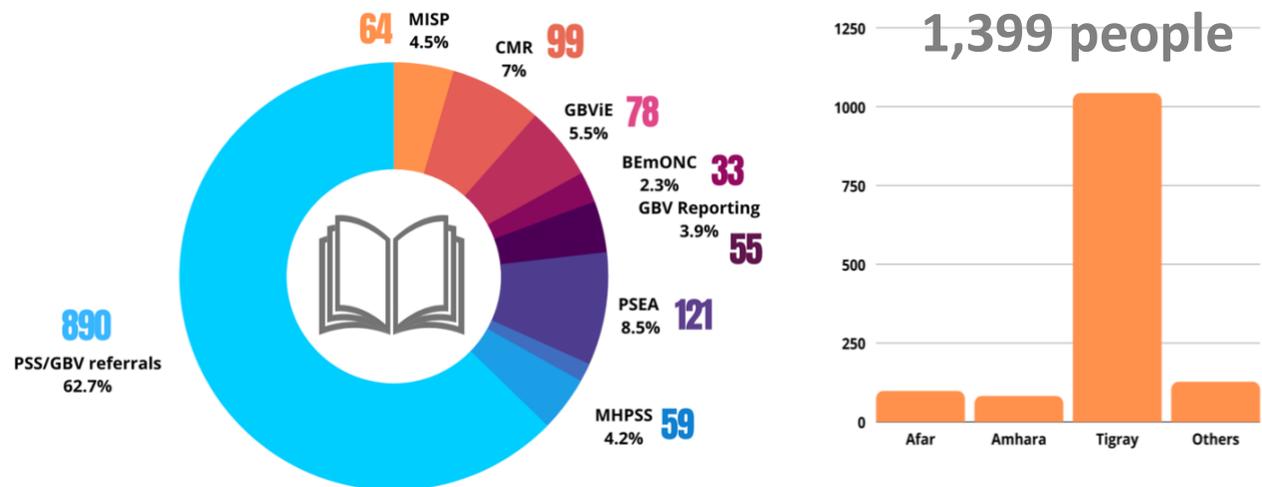


*The map showcases UNFPA’s main distributions of **medical supplies and commodities**; capacity-building activities; and **midwifery interventions** provided at health facilities to date in conflict-affected areas across Tigray, Afar and Amhara regions.

UNFPA Ethiopia Response to the Tigray Crisis

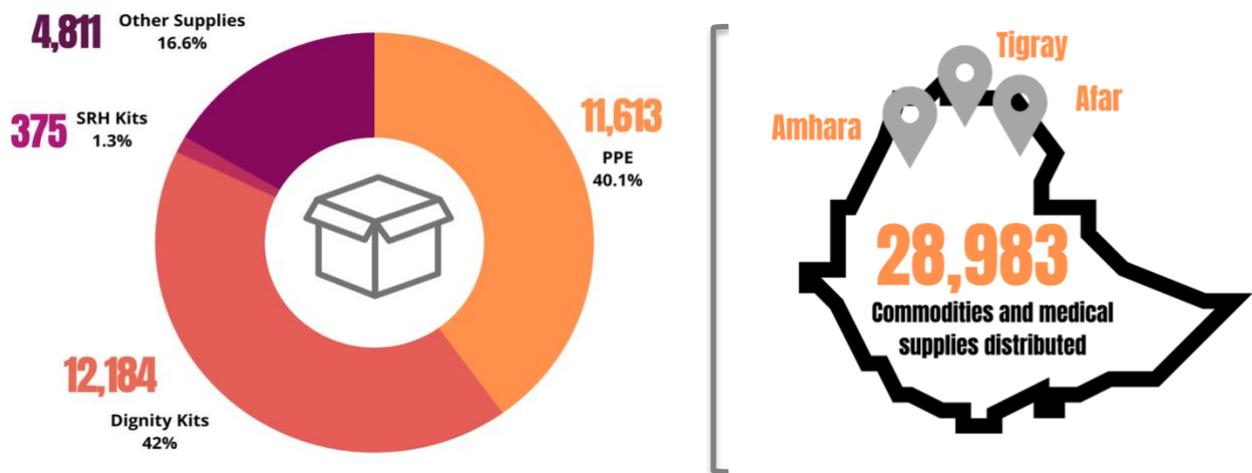
Situation Report_ 1 to 15 June 2021

Capacity Building Activities for Northern Ethiopia Response (*Cumulative numbers)



Commodities & Medical Supplies distributed for Northern Ethiopia Response

(*Cumulative numbers)



Mental Health and Psychosocial Support (MHPSS)

- Conducted a 3-day training of trainers (TOT) in collaboration with OSSHD for 20 professionals from OSCs, government health facilities and national organizations on MHPSS in emergencies, basic PSS skills, psychosocial first aid (PFA) and GBV safe referral in Mekelle, Tigray.
- Supported the MHPSS Technical Working Group (TWG) in Mekelle with the development of the 4Ws mapping tool to strengthen coordination and reporting among partners in the Tigray Response.

- **Conducted an orientation session on UNFPA integrated MHPSS approach** in GBV/SHR interventions to the Health Cluster partners on June 3rd, 2021 in Mekelle, Tigray region.
- **Trained 39 health care providers in collaboration with the Ethiopian Midwives Association (EMWA)** on Mental Health and Psychological Support (MHPSS) at Ayder Hospital (20) in Mekelle and 19 on Psychological First Aid (PFA) in Afar Region.
- **Deployed an International MHPSS Specialist** to provide support for the integration of mental health and psychosocial support across UNFPA's programmatic areas in the humanitarian response to the Tigray crisis.

Logistics and Distributions



28,000 dignity kits were prepositioned to be distributed to conflict-affected populations.



139 emergency reproductive health kits ready for dispatch to Tigray, Afar and Amhara regions.



9,223 PPE kits were dispatched to health facilities across conflict-affected regions in Northern Ethiopia

- Prepositioned 28,000 internationally procured Dignity Kits to conflict-affected populations in Semera (Afar Region), Mekelle (Tigray Region) and Gondar (Amhara Region).
- Prepositioned 139 IARH Kits in Kombolcha warehouse (Amhara region) for the scale up programming to the Tigray crisis.
- Evaluated the possibility of setting up a temporary cold chain system with the Logistics Cluster in Adama and Mekele for reception of Oxytocin and other pharmaceuticals.
- Dispatched medical supplies and equipment for the Tigray Response as follows:
 - 25,000 Dignity Kits to be distributed in conflict-affected areas in Afar and Amhara regions through the Afar Pastoralist Development Association (20,000) and the Amhara Women Association (5,000) respectively.
 - 4,320 Dignity Kits to be distributed through Food for the Hungry (FHI), OSSHD, MTI and Mekelle Hospital in Tigray Region.
 - 9,223 PPEs and 13 SRH Kits to the Ethiopian Red Cross Society and RHBs across Afar, Amhara and Tigray regions.

Coordination and Partnerships

UNFPA:

- Organized a discussion on GBV and SRH response programming between Ms. Dennia Gayle, the Country Representative of UNFPA, the UNFPA humanitarian team and the Vice President of Tigray, Mr. Abebe Gebrehiwot.
- Met with MTI to discuss possibilities for partnership to address increasing maternal morbidity and mortality in Shire and surrounding areas.
- Met with the Director of Shire's Suhul Referral Hospital to assess the hospital grounds for setting up a maternity waiting home (MWH); agreed to deploy additional midwives and to establish a structure for pregnant and early postpartum.
- Met with the program manager of Food for the Hungry in Shire to discuss setting up Women and Girls' Friendly Spaces, and with UNHCR, Norwegian Refugee Council (NRC), the CCCM, and Shelter Cluster lead to strategize locations for the WGFSs within the IDP sites.
- Liaised with MSF Spain to discuss gaps in resources for the Adigrat One Stop Center, arranged for further collaboration on scaling up service provision for survivors through commodity hand-over and equipment donation.
- Initiated discussions with Médecins du Monde (MdM) for potential partnership for MWH in the Sabacare 4 IDP site in Mekelle.
- Held initial discussions with Action for the Needy Ethiopia (ANE) regarding a new UNFPA partnership to establish structures for both MWHs and WGFSs in Mekelle.



UNFPA MHPSS Specialist conducting a Training of Trainers (ToT) on Psychosocial support and Psychosocial First Aid (PFA) to be replicated through IDP camps in Tigray. Photo by © UNFPA Ethiopia/Paula Seijo.

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- **Held the first GBV AoR stand-alone meeting** on Wednesday 9th of June led by BoWA and UNFPA with the participation of 18 humanitarian partners. Key action points agreed were the need to translate GBV referral pathways to the local language, the update of the GBV AoR Response Plan and the need to mapping the presence of partners at woreda level.
- **Updated the GBV questions into the MIRA Assessment tool** as requested by OCHA to be used in new assessments across the region.
- **Facilitated a GBV training session to 41 participants from 32 humanitarian organizations** during the PSEA ToTs training organized in Mekelle by UN Women and the Ethiopian PSEA Network. UNFPA Country Representative, Ms. Dennia Gayle, addressed the participants and their questions on GBV and PSEA response priorities for the Tigray crisis.

Situation Report_ 1 to 15 June 2021

- **An International GBV AoR Coordinator** arrived in the country and has been deployed on June 14th to Mekelle, Tigray.
- **GBV Information Management Specialist** deployed to Mekelle to support the AoR on data & information management for the Tigray Response.

Communications

- Produced a news item to showcase the collaboration between UN Women and UNFPA within the Ethiopian PSEA Network to expand protection from sexual exploitation and abuse across the Tigray Response.
 - [UN Women and UNFPA scale up protection from sexual exploitation and abuse in the humanitarian response in Tigray](#)
- Provided communication support to the UNFPA Representative, Ms. Dennia Gayle, on her visit from the 1st to 4th June to different authorities and actors in Mekelle, Tigray.
- Created and shared a photo album to spotlight the support of Friends of UNFPA and Health Professional Network for Tigray to the vulnerable women and girls at IDP sites in Mekelle.
- Conducted a 4-day field mission to collect human interest stories from UNFPA-ERCS supported midwives at Adwa and Shire Health Facilities.

“The need to address sexual and reproductive health and rights in Tigray is more urgent than ever... UNFPA is working to ensure that comprehensive sexual and reproductive health services are available, accessible and affordable to all who need them, including adolescents and other often marginalized populations such as people with disabilities.”

Ms. Annet Nangonzi
UNFPA SRHR Specialist
Tigray, Ethiopia



UNFPA'S RESPONSE

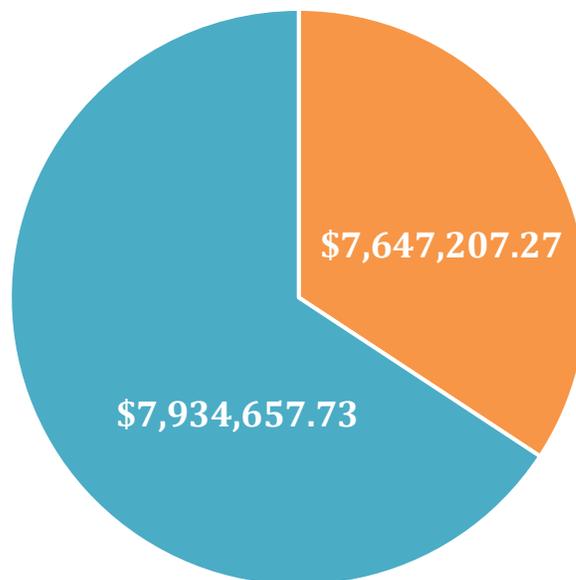
Resource Mobilization

To date, UNFPA secured:

- 1,500,539 USD in CERF funds to implement the GBV in emergencies program for the conflict affected population in Tigray's crisis
- 1,343,032 USD from the Emergency Fund for Tigray's crisis.
- 1,600,000 USD from the Danish Ministry of Foreign Affairs for comprehensive SRH/GBV services through OSC, WGSS, Safe Houses and medical supplies to conflict-affected women and girls across Tigray.
- 2,500,003 USD from CERF (Tigray)
- 250,000 USD from Iceland
- 4,000 USD from Friends of UNFPA for SRH/DKs provision to women and girls in Tigray
- 449,633.27 from Ethiopia Humanitarian Fund

Funding required: 15,581,865 USD

- Funding received
- Funding gap*



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every childbirth is safe and **every young person's**
potential is fulfilled



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