

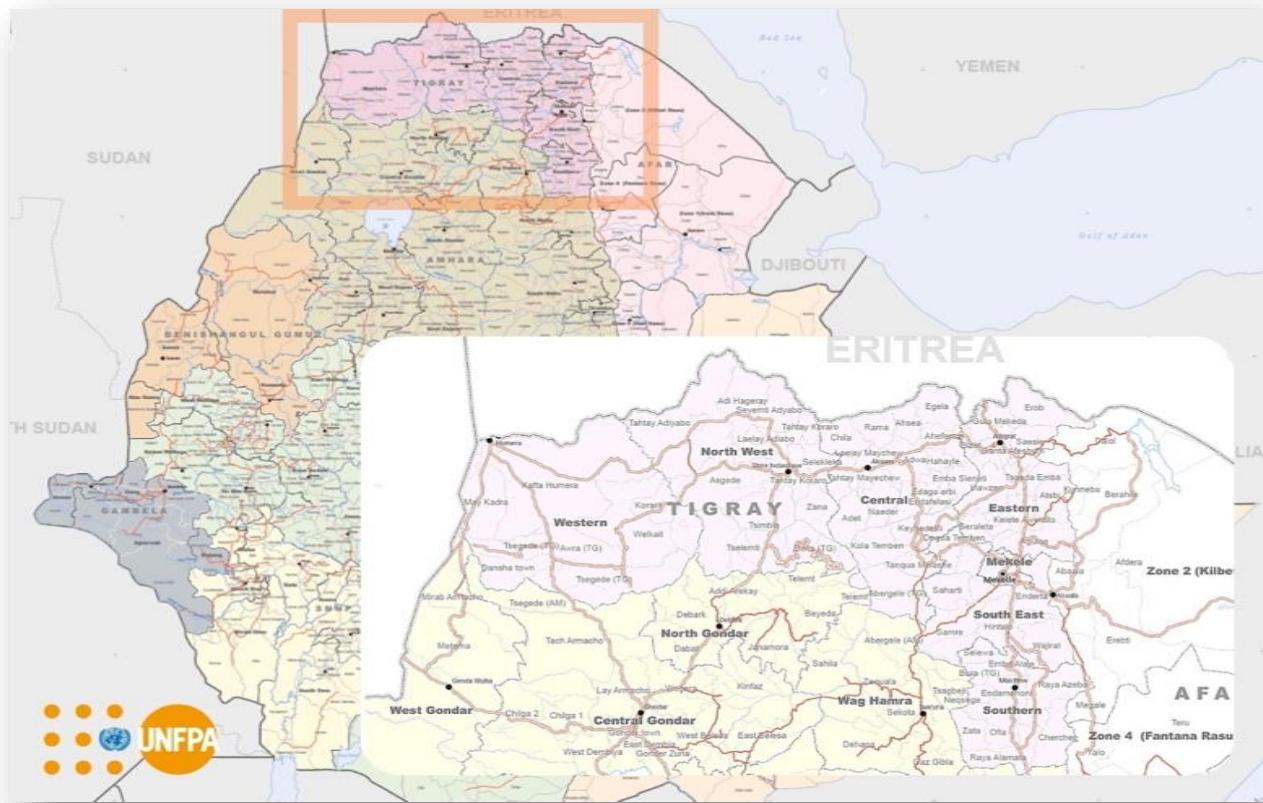


UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS
Situation Report
1 to 15 May 2021

UNFPA Ethiopia Response to the Tigray Crisis

Situation Report_ 1 to 15 May 2021

Background



Source: UNFPA Ethiopia based on OCHA/Maps & Infographics.

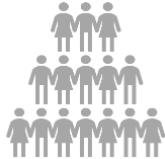
The military confrontation between the Federal Government of Ethiopia and the ruling party in the Tigray Region, the Tigray People's Liberation Front (TPLF), entered its 6 month in May. The federal government imposed a six-month state of emergency undertaking what it called a “law-enforcement operation.” A complex humanitarian crisis ensued rendering nearly 80% of the region’s population in need of some form of assistance. After months of active hostilities, Tigray’s crisis sits at the crossroads of ongoing conflict, internal and international displacement and a complex humanitarian emergency.

Humanitarian access in the region has been intermittent and remains restricted almost entirely to the main urban centers, compromising the expansion of aid operations in rural areas where humanitarian needs are dire. The conflict has left a balance of about 2 million¹ people internally displaced resulting in widespread disruption of access to health facilities and basic services, and 5.2 million² people in need of humanitarian assistance. Armed conflict and intercommunal violence remain a critical concern across Ethiopia, from Tigray, to Benishangul Gumuz, to Oromia and Amhara regions. The humanitarian situation in Tigray has been compounded by additional challenges that Ethiopia has faced in recent years, including a hunger crisis, drought, locusts, and the COVID-19 pandemic.

¹ OCHA - Northern Ethiopia Response Plan (May, 2021), pending publication.

² Ibid.

Situation Overview



7,062,000 total population in Tigray³



5,200,000 people in need in Tigray⁴



5,200,000 million targeted⁵

6 months into the conflict, the persistent armed confrontations and the state of emergency in Tigray region continue to drive large-scale displacement from rural to urban areas across the region. Active hostilities continue to be the major impediment for expanding relief operations and the population's access to assistance across the Central, North-Western, Eastern, South-Eastern, and Southern areas of the Tigray region. Numbers continue to grow where currently an estimated **2 million⁶ people are displaced** (in addition to 1 million people hosting IDPs⁷) across the region - in comparison with the estimated 1.7 million people in the previous reporting period. According to OCHA, from the **4.5 million** people estimated to be in need as of February 2021, at the moment the estimated people in need and people targeted rose to 5.2 million in Northern Ethiopia.

There are urgent and growing lifesaving medical as well as protection needs in light of multiple contributing factors⁸, mainly daily displacement, deteriorating conditions of IDP sites amid the COVID-19 pandemic with an additional risk of cholera due to the current rainy season; and deepening food and nutritional insecurity due to climate-related shocks and the socioeconomic impact of the conflict. Abuses and human rights violations, including sexual and gender-based violence, continue to be reported. According to OCHA, 9 humanitarian actors have also been killed⁹ since the conflict erupted in the region.

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

⁴ OCHA - Northern Ethiopia Response Plan (May, 2021), pending publication.

⁵ Ibid.

⁶ Ibid.

⁷ Ethiopia - Tigray Region Humanitarian Update Situation Report, OCHA (May, 14 2021): <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ethiopia%20-%20Tigray%20Region%20Humanitarian%20Update%20-%2014%20May%202021.pdf>

⁸ Ethiopia Humanitarian Bulletin Issue #6 (May 10, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-humanitarian-bulletin-issue-6-26-april-10-may-2021>

⁹ Ethiopia - Tigray Region Humanitarian Update Situation Report (May 14, 2021): <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ethiopia%20-%20Tigray%20Region%20Humanitarian%20Update%20-%2014%20May%202021.pdf>

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Notwithstanding the slight advancements, **access to life-saving health services** by the affected-populations remains limited with an estimated over 3.8 million¹⁰ people in need of health care. According to OCHA, of the 187 health facilities across the Tigray region (out of an estimated total of 264), only 72 facilities are operational, of which only 40 are partially accessible¹¹. Only 7 out of 40 referral hospitals in Tigray are fully functional¹². Access to health care in the IDP sites is still provided through mobile health teams where and when security permits, while reproductive and maternal health care or treatment for chronic illnesses are almost non-existent¹³. The lack of medical supplies (43%)¹⁴ and medical equipment (16%) due to the looting and vandalism of health facilities has left access to life-saving commodities highly inadequate, with critical shortages of essential drugs like antibiotics, family planning commodities or anti-retroviral therapy for HIV patients¹⁵. According to the last update of the Minimum Initial Service Calculator for humanitarian settings, it is estimated that about 117,846 women are currently pregnant and 5,892 will experience complications with heightened risk of maternal mortality and morbidity in the coming months¹⁶.

The outbreak of hostilities in Tigray has exposed vulnerable populations to widespread violence, insecurity and **grave protection concerns** across the region, including sexual and gender-based violence and psychological trauma. According to the IRC Gender Analysis¹⁷ issued on May 4, 2021, sexual abuse and assault were prevalent during the conflict and continue to increase, including sexually exploitative relationships to meet basic needs in several IDP sites across the region. GBV survivors continue to struggle with access to safe shelter, health services, psychosocial support, case management and protection¹⁸. Although largely underreported due to fears of stigma and retaliation, at least 26,000 survivors of sexual violence are estimated to seek clinical management of rape services¹⁹ in the coming months while only 29% of the health facilities²⁰ are partially available to provide services in the region. Of particular concern is also the lack of comprehensive mental health and psychosocial support (MHPSS) by GBV survivors with only 7% of health facilities²¹ having the full capacity to provide psychosocial first aid. There is an urgent need to increase capacity of the existing health facilities, re-stocking of medical supplies and equipment, as well as expansion of comprehensive GBV and MHPSS services to survivors across the region.²²

At present, 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

¹⁰ OCHA - Northern Ethiopia Response Plan (May, 2021), pending publication.

¹¹ Ibid.

¹² Ibid.

¹³ Ethiopia - Tigray Region Humanitarian Update Situation Report (April 30, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-3-may-2021>

¹⁴ Ibid.

¹⁵ WHO, Conflict-related quantification exercise and damage cost estimation for hospitals in Tigray, Northern Ethiopia, April - 2021

¹⁶ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

¹⁷ IRC- Tigray Gender Analysis Key Findings (May 4, 2021): <https://www.rescue.org/report/irc-tigray-crisis-gender-analysis-report-key-findings-womens-exploitation-gender-based>

¹⁸ Ibid.

¹⁹ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

²⁰ HeRAMS - Ethiopia (Tigray): <https://herams.org>

²¹ HeRAMS - Ethiopia (Tigray): <https://herams.org>

²² WHO, Conflict-related quantification exercise and damage cost estimation for hospitals in Tigray, Northern Ethiopia, April, 2021.

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health and rights in Tigray, Afar and Amhara crisis affected regions. Activities are being tailored to address the general interruption of SRH/GBV services and to restore pre-crisis capacity through government health facilities and the humanitarian partners on the ground. More detailed information on UNFPA's revised priority activities for upscaling the humanitarian response in the coming months are available in the [Addendum - UNFPA's Preparedness and Response Plan for the Tigray crisis](#) issued on April 24, 2021. A new revised Preparedness and Response Plan for the rapid scale up will be available in the coming weeks.

UNFPA'S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need²³:



1,300,000 are
women of
reproductive
age



117,846 are
currently
pregnant
women



13,094
expected
births per
month



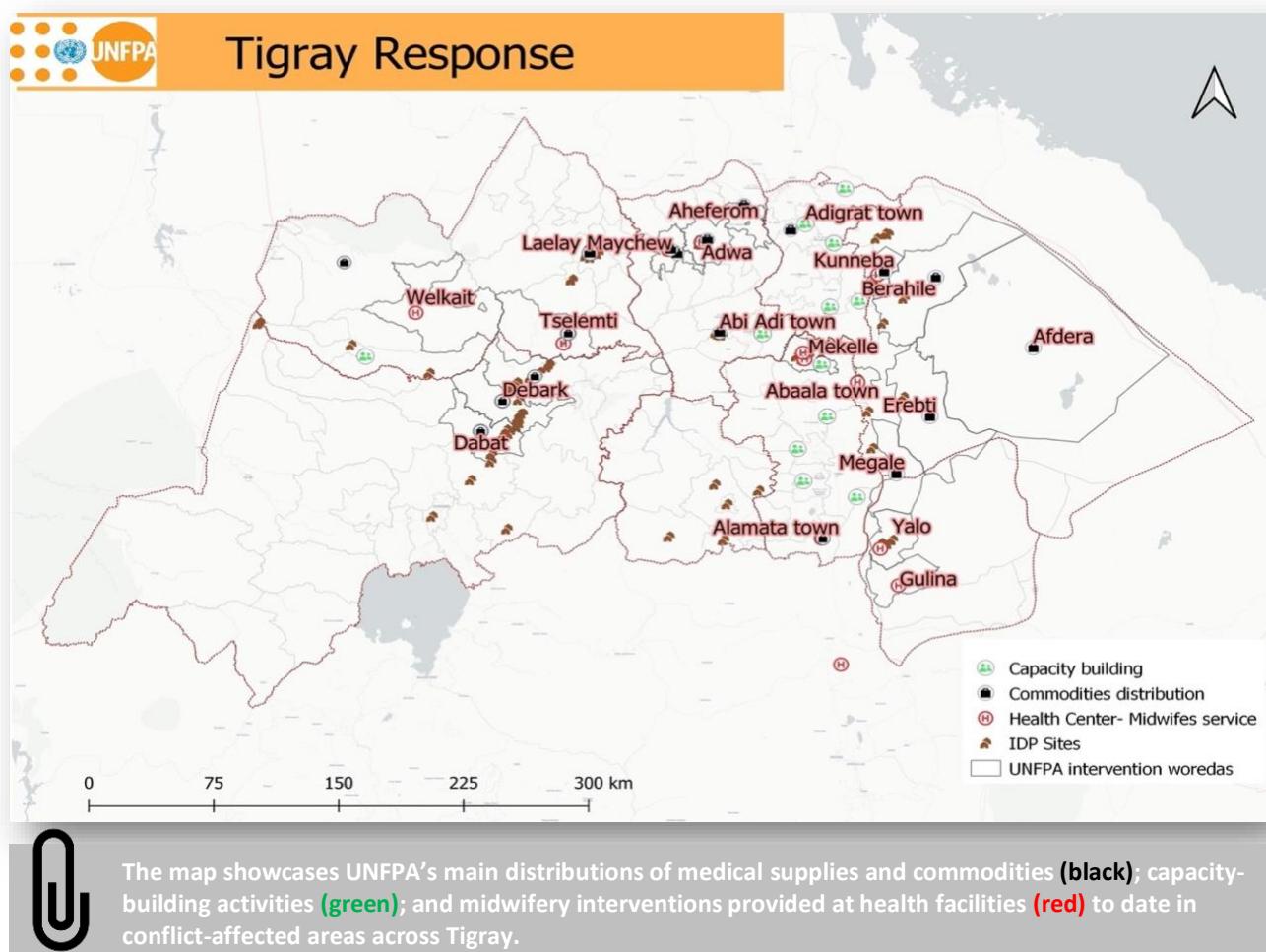
624,000 are
adolescent girls
(10-19)



520,000 women of
reproductive age
who use modern
contraceptives

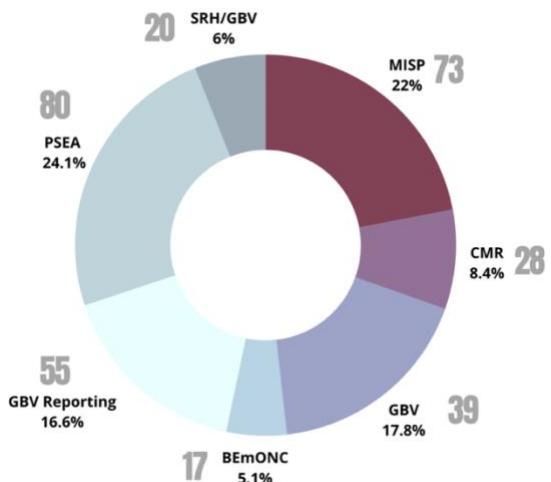
- **Ongoing 12-day training for 17 midwives** (11 Female, 6 male) on Basic Emergency Obstetric and Newborn Care - **BEmONC** at Ayder Hospital Training Center in Mekele, Tigray, through the Ethiopian Midwives Association (EMwA) to be completed on May 22.
- **Trained 21 health service providers and humanitarian actors** (17 male, 4 female) on the Minimum Initial Service Package (**MISP**) for provision of sexual and reproductive health services in Amhara region through EMwA.
- **Developed and submitted a proposal for EHF funding** amounting to USD 450,000 for scaling up emergency sexual and reproductive health services through procurement of reproductive health commodities to health facilities for the Northern Ethiopia response.

²³ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>



AT A GLANCE

CAPACITY BUILDING CHART (**To date*)





Midwifery Service Provision for Northern Ethiopia Response

(*Cumulative numbers)

Sum of Total Reached (Region) <small>*Cumulative Numbers</small>	Activity/Service Provided	From 1 -15 May	Grand Total
Afar	# deliveries attended to by skilled provider	62	116
	# outpatients for post-natal care (PNC) within 42 hr.	49	117
	# outpatients for antenatal care consultations (ANC)	120	256
	# outpatient visits for family planning (male and female)	221	335
	# visits for STI/HIV counseling, screening, testing or other treatment	13	38
	# referrals for higher level of obstetric care/emergency (mother/newborn)	0	2
	# of ANC outpatients visits, including PMTCT	58	270
	Total Afar	523	1,134
Amhara	# deliveries attended to by skilled provider	4	6
	# outpatients for post-natal care (PNC) within 42 hr.	20	25
	# outpatients for antenatal care consultations (ANC)	61	85
	# outpatient visits for family planning (male and female)	65	72
	# visits for STI/HIV counseling, screening, testing or other treatment	69	69
	# of referrals for higher level of obstetric care/emergency (mother/newborn)	4	5
	# of ANC outpatients visits, including PMTCT	47	51
	Total Amhara	270	313
Tigray	# deliveries attended to by skilled provider	73	224
	# outpatients for post-natal care (PNC) within 42 hr.	73	224
	# outpatients for antenatal care consultations (ANC)	169	780
	# outpatient visits for family planning (male and female)	190	323
	# visits for STI/HIV counseling, screening, testing or other treatment	176	280
	# referrals for higher level of obstetric care/emergency (mother/newborn)	10	29
	# clinical management of rape visits completed within 72 hr. of assault	0	5
	# of ANC outpatients visits, including PMTCT	105	217
Total Tigray		796	2,082
GRAND TOTAL		1,589	3,529

**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 SGBV²⁴

- UNFPA participated in the **Multi-sectoral Initial Rapid Assessment (MIRA)** under the protection cluster and GBV AoR, conducted from May 3 to 6, 2021 in IDP sites in North Shewa and Oromo Special zones of Amhara region.
- Signed an **IP agreement with Amhara Women Association (AWA)** to implement the CERF funded GBV program in Amhara region.
- Reached an **agreement with Food for the Hungry Ethiopia** to implement the CERF-funded GBV program for the Tigray response.
- Developed and submitted a new **GBV in emergencies (GBViE) proposal for CERF-allocation through the Protection cluster and to the Tigray response** with a budget amounting to USD 2.5 Million.
- A **Memorandum of Understanding was signed between UNFPA and the Ministry of Women, Children and Youth of Ethiopia** to strengthen GBV prevention and response through the capacity-building of armed personnel and the constitution of a GBV Tasks Force, in collaboration with the Ethiopian Police University and the Federal Police Commission.
- **Conducted a 3-day training on clinical management of rape (CMR)** to 20 health professionals drawn from government health facilities in collaboration with EMwA and the Regional Health Bureau in Mekelle, Tigray.
- **Provided 2,460 Female Dignity Kits to be distributed** through the International Organization for Migration (IOM) to vulnerable women and girls at Dabat IDP site (300), Kebero-Meda IDP site (700) and Debark IDP site (1,460) in Amhara region, along with health information and COVID 19 prevention measures.
- **Provided 26 Clinical Management of Rape (CMR) Kits to serve 1,040 GBV survivors:**



Medina showing her UNFPA Dignity Kit distributed by the Afar Pastoralist Development Association (APDA) in the Megalle woreda in Afar region. Photo by © UNFPA Ethiopia/Tilahun Gemechu.

²⁴ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

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- **20 kits provided to the Regional Health Bureau** to be distributed to those health facilities whose health professionals were previously trained to provide services to 78 adults and 260 children.
- **6 kits provided to the CST Working Group** - co-formed by the Catholic Agency for Overseas Development, Caritas Scotland and Trócaire - to be distributed to 6 health facilities to reach 180 adults and 60 children survivors.

AT A GLANCE

MEDICAL SUPPLIES & COMMODITIES (**To date*)

TIGRAY RESPONSE		
SUM OF KITS DISTRIBUTED (* <i>To date</i>)	IMPLEMENTING PARTNERS	TOTAL
Personal Protective Equipment (PPE)	ERCS	4.064
	UNCHR	6.934
PPE - Total		10.998
Dignity kits	AMHA	3.600
	Food for the Hungry - FH	250
	IOM	3.600
	OSSH	700
	UNHCR	2.769
	Mums for Mums	1.015
Dignity Kits - Total		11.934
RH Kit distribution	ERCS	54
	International Medical Corps - IMC	46
	IOM	1
	MSF- Holland	5
	MSF- Spain	4
	Medical Teams International - MTI	3
	Tigray Regional Health Bureau	20
	Save the Children International - SCI	48
	UNHCR	56
	UNFPA	30
SRH Kit distribution - Total		267
	GRAND TOTAL	23.199

Logistics and Distributions



1,035 dignity kits were dispatched to be distributed in Tigray



50 Emergency Reproductive Health kits imported for the Tigray's response

- Dispatched 1,035 Dignity Kits to Food for the Hungry International to be distributed across IDP sites in Shire, Tigray.
- Imported 50 emergency RH kits (19 kits of male condoms, 19 STI treatment kits, 6 Referral-level kits and 6 safe blood transfusion kits) to be distributed to conflict-affected areas in Tigray and Amhara regions.

Coordination and Partnerships

UNFPA has:

- Met with Tigray DART team (USAID) to review and discuss the [UNFPA Addendum to the Preparedness and Response Plan](#), and to further explore funding possibilities for the expansion of services and plans for response scale-up across conflict-affected regions in Northern Ethiopia.
- Discussed with the Canada Embassy in Ethiopia the UNFPA response plan to the Tigray humanitarian crisis - along with other crises across Ethiopia - and agreed on the submission of a funding proposal for expanding GBV/SRH activities across the country.
- Conducted a presentation to the Iceland Government about UNFPA response priority areas for the Tigray crisis, including the submission of a proposal for expansion of GBV services in conflict-affected regions.
- Participated in a round-table discussion with a delegation from the European Union, and the Embassy of Sweden regarding issues, needs and the current response to GBV in Tigray, alongside the Protection Cluster Coordinator, the Health



Midwives attending a 12-day training on Basic Emergency Obstetric and Newborn Care (BEmONC) conducted by the Ethiopian Midwives Association (EMwA) with the support of UNFPA in Mekelle, Tigray. Photo by © UNFPA Ethiopia/Paula Seijo.

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Cluster coordination team, and representatives from Médecins du Monde.

- Participated in a meeting with the Health Cluster coordination and partners for need-based allocation of USD 3 million in commodities and activities from the Ethiopian Emergency Fund.
- Submitted proposal to the UNFPA Emergency Fund for additional resources to increase surge capacity in Tigray region.

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- Participated in a meeting with ECHO and the Protection Cluster to discuss the needs, challenges and increased international capacity for a regionwide response across conflict-affected regions in Ethiopia.
- Developed terms of reference (TOR) for the deployment of two GBV AoR for the Tigray response – GBV AoR Tigray Coordinator and GBV AoR Shire.
- A briefing was held with the Humanitarian and Resilience Donor Group on the GBV humanitarian response in Tigray, including a revised financial ask (USD 21.6 million dollars) for 2021, revised people targeted (536k) and progress update on key activities, challenges, and the main priorities for the upcoming months.
- Discussed with the GBV AoR in Tigray and identified gaps in promoting referral pathways with the wider communities, including in and around IDP sites and within Mekelle. A key priority for UNFPA and partners will be to disseminate information and communication (IEC) materials about available services in the region.
- Supported the development of a GBV in emergencies proposal for a new CERF-funding allocation for the Tigray response.
- About to finalize referral pathways for additional One-Stop Centers in each of the zonal capitals in the Tigray region.

Communications

- Conducted a training in [GBV ethical reporting](#) for 20 social workers and health service providers, alongside EMwA in Mekelle, Tigray.
- Briefed UN OCHA about UNFPA GBV survivor-centered programming to the Tigray's crisis for a news article to be included in the [Humanitarian Bulletin](#) issued on May 13, 2021.
- Produced a news article about the [UNFPA and IOM coordinated high-level visit](#) to Mekelle, Tigray.
- Produced a video showcasing the participation of nearly 60 displaced



Participants at the GBV ethical reporting training conducted by UNFPA Ethiopia at Mekelle, Tigray. Photo by © UNFPA Ethiopia/Tesfu Alemu.

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youth and adolescents in life-skills trainings, supported by UNFPA in collaboration with OSSHD, across IDP sites in Mekelle, Tigray.

- [For them, with them - Youth Life-Skills Trainings in Tigray](#)

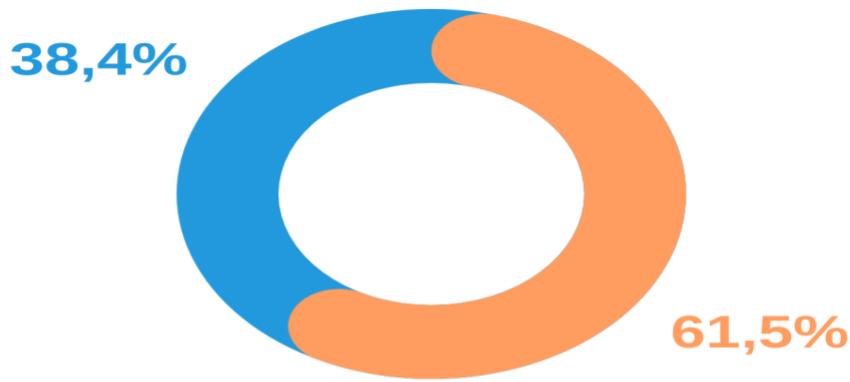
UNFPA'S RESPONSE

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
- 1,511,256 USD from two Emergency Fund allocations 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.
- 4,000 USD from Friends of UNFPA for SRH/DKs provision to women and girls in Tigray.

Funding Required: 12,000,000 USD



Funding gap = 7,388,205 USD



Funding received = 4,611,795 USD



For more information on UNFPA's revised budget and resource allocation, please visit: [Addendum UNFPA's Preparedness and Response Plan for the Tigray Crisis](#).

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



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