UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS
Situation Report
16 to 31 July 2021
Over one month after the declaration of a unilateral ceasefire by the Federal Government on June 28, followed by the pull out of Ethiopian Defense Forces and control of most of the Tigray Region by the Tigray Peoples’ Liberation Front (TPLF), the situation remains highly unpredictable and uncertain across Northern Ethiopia. Although humanitarian partners now have more access within Tigray - 75% of the needy population is now in accessible areas, according to OCHA - the response continues to take place amid ongoing movement restrictions in and out of the region, especially due to active conflicts in the areas of the region bordering with neighboring Afar and Amhara regions.

Meanwhile, the spill-over of the Tigray conflict into Afar and Amhara regions continues to increase the number of internally-displaced persons (IDPs) – with more than 76,000 people displaced in six bordering woredas in Afar region and more than 188,000 people displaced around Debark, Sekota and Woldiya woredas in Amhara region, according to regional authorities. Despite this huge challenge, partners have a limited humanitarian relief presence in the conflict-affected areas, with no cluster capacity at regional level. The response scale-up continues to be hindered due to persistent restricted access by road and air, blackout of communication services, interruption of banking services with a consequent shortage of cash, and limited availability of critical supplies throughout the region, including fuel. Partners’ capacity to rotate personnel and restock humanitarian supplies to sustain operations is highly compromised to address the current needs of 5.2 million people in need. In the face of increasing conflict and difficulty in getting aid to Northern Ethiopia, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mr. Martin Griffiths, said in a press statement that “we need to change the circumstances that have led to the slow movement of aid – we need the conflict to stop.”
Since the last reporting period, the humanitarian situation continues to worsen as armed clashes have spilled over into the neighbouring Afar and Amhara regions, driving mass displacement and increasing humanitarian needs across Northern Ethiopia. Although security and access inside Tigray have relatively improved, active hostilities in North Gondar and North Wello Zones in Amhara Region as well as in Fantti Zone (Zone 4) in Afar Region, continue to pose major concerns on the security and safety of internally displaced persons and host communities in the bordering areas (see map). On the other hand, partners’ operational capacity to provide life-saving assistance continues to be severely constrained both in terms of supplies and human resources. Although more than 150 humanitarian trucks with supplies reached Mekelle during the reporting period, OCHA estimates that around 500 trucks\(^1\) are needed weekly to meet the current needs. Access to basic needs—including health care and water and sanitation—remains severely restricted. The lack of banking services and cash, shortage of fuel, the suspension of commercial flights and the communications blackout as well as an increasing scarcity of basic commodities, are some of the major obstacles faced by humanitarian partners in their efforts at scaling-up responses to the Northern Ethiopia crisis.

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\(^1\) Tigray in Ethiopia: [https://joshuaproject.net/people_groups/15481/ET](https://joshuaproject.net/people_groups/15481/ET)


Since the conflict began in November 2020, nearly 2 million people have been internally displaced in Tigray. This has been compounded with the current displacement of a sizable number of people from the areas of the Amhara and Afar regions bordering with the Tigray region. Regional authorities have requested the international community to respond to the increasing number of conflict-induced IDPs, with Amhara region reaching 188,000 IDPs and Afar region 76,000 IDPs.

Access to life-saving health care has been significantly eroded due to extensive looting and damage in the course of the conflict, with less than half of the referral hospitals in the Tigray region now operational. Since the beginning of the conflict, gross violations and abuses against civilians persist across the Northern Ethiopia crisis with serious protection needs, including on sexual and gender-based violence (SGBV). Furthermore, continued fighting, insecurity, break-down of security systems and social services, critical humanitarian needs, and dire living conditions have created a high-risk environment and heightened exposure of women and girls to violence. Despite increasing protection concerns, the majority of the target woredas (districts) do not have access to comprehensive GBV response services. Only 3 Woredas (8% of target) are covered with comprehensive GBV response, according to the GBV AoR Response Update report. Reported cases are just the ‘tip of the iceberg’ as fear of stigma or reprisals, limited access to trusted providers and widespread impunity for perpetrators are deterring women and girls from reporting cases.

In view of the current expansion of the conflict in Tigray region to the neighboring regions, UNFPA is assessing the scale-up of response in the bordering areas in Amhara and Afar regions. UNFPA’s Preparedness and Response Plan for the northern Ethiopia crisis focuses on preventing and responding to gender-based violence and bridging protection, gender equality and Mental Health and Psychosocial Support (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 International and National Surge Capacity Specialists for the response.

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4 IOM-Displacement Tracking Matrix 6 (June 24, 2021): https://dtm.iom.int/reports/ethiopia---emergency-site-assessment-6-3--24-may-2021
5 Ibid.
**UNFPA’S RESPONSE**

**Sexual and reproductive health and rights (SRHR)**

*Of the people in need*:

- Delivered 3 Inter-Agency Reproductive Health Kits 11A, 11B and 12 - 64 medium and large boxes - in partnership with Save the Children on 22nd July to Don Bosco Referral Hospital to serve the surgical obstetric needs of 150,000 people for three months in Adwa, Tigray.
- Finalized the registration of candidates for the Midwives and Health Extension Workers (HEWs) Roster (89 midwives and 5 HEWs) in collaboration with the Ethiopian Midwives Association to strengthen maternal and newborn care and sexual and reproductive health services across 22 additional health facilities in Northern Ethiopia.
- Provided technical assistance for the adjustment of the “MISP Readiness Assessment Tool” developed by the Inter-Agency Working Group (IAWG) in collaboration with the Tigray Regional Health Bureau and health partners to evaluate the aptness of the Northern Region to scale up SRH service provision during emergencies.
- Dispatched 5,600 Dignity Kits (DKs) to be distributed to conflict-affected women and girls in Amhara and Tigray Regions. In Amhara region, 5,000 DKs were dispatched through the Gondar Midwifery Association and the remaining 600 DKs in Tigray region through the Rapid Response Mechanism (RRM).

**AT A GLANCE**

**MIDWIFERY SERVICE PROVISION**

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

<table>
<thead>
<tr>
<th>REGION</th>
<th>SERVICE PROVIDED</th>
<th>FROM 16 - 31 JULY</th>
<th>GRAND TOTAL (SINCE MARCH 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFAR</td>
<td># deliveries attended to by skilled provider</td>
<td>17</td>
<td>655</td>
</tr>
<tr>
<td></td>
<td># outpatients for post-natal care (PNC) within 42 hr.</td>
<td>4</td>
<td>337</td>
</tr>
<tr>
<td></td>
<td># outpatients for antenatal care consultations (ANC)</td>
<td>14</td>
<td>714</td>
</tr>
<tr>
<td></td>
<td># outpatient visits for family planning (male and female)</td>
<td>2</td>
<td>580</td>
</tr>
</tbody>
</table>

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6 Based on Minimum Essential Service Package (MISP) calculator: [https://iawg.net/resources/misp-calculator](https://iawg.net/resources/misp-calculator)
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### UNFPA Ethiopia Response to the Tigray Crisis

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

#### Sexual and Gender-based Violence (SGBV)

- **2,160 women and girls reached with SRH/GBV risk mitigation and awareness sessions** conducted by the Organization for Social Services, Health and Development (OSSHD) in 10 IDP camps in Mekelle, Tigray.

- **Established 1 Women and Girls’ Friendly Space (WGFS) and one Community Center** in partnership with OSSHD to provide a critical entry point for GBV survivors to access comprehensive health care and protection services in Mayaynen and Ethio-China IDP site, Mekelle, Tigray.

- **Participated in a multi-sectoral rapid-needs assessment** to determine SRH/GBV response gaps of internally-displaced persons in Central Gondar zone, Amhara region.

- **Updated and strengthened the GBV referral pathways** for Debark woreda – North Gondar zone - and Dangla town, Zigem and Ankesha and other conflict-affected woredas of Awi zone, Amhara region.

### Reporting of Midwifery Services

<table>
<thead>
<tr>
<th>Service</th>
<th>AMHARA</th>
<th>TIGRAY</th>
<th>TOTAL AMHARA</th>
<th>TOTAL TIGRAY</th>
<th>TOTAL AFAR</th>
</tr>
</thead>
<tbody>
<tr>
<td># visits for STI/HIV counseling, screening, testing or other treatment</td>
<td>26</td>
<td>639</td>
<td>133</td>
<td>3,727</td>
<td></td>
</tr>
<tr>
<td># referrals for higher level of obstetric care/emergency (mother/newborn)</td>
<td>11</td>
<td>163</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># clinical management of rape visits completed within 72 hr. of assault</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of ANC outpatients visits, including PMTCT</td>
<td>59</td>
<td>638</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL AFAR</strong></td>
<td><strong>133</strong></td>
<td><strong>3,727</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### AMHARA

- # deliveries attended to by skilled provider | 10 | 151 |
- # outpatients for post-natal care (PNC) within 42 hr. | 7 | 195 |
- # outpatients for antenatal care consultations (ANC) | 58 | 1,145 |
- # outpatient visits for family planning (male and female) | 64 | 1,038 |
- # visits for STI/HIV counseling, screening, testing or other treatment | 73 | 1,046 |
- # of referrals for higher level of obstetric care/emergency (mother/newborn) | 4 | 64 |
- # of clinical management of rape visits completed within 72 hours of assaults | 0 | 12 |
- # of ANC outpatients visits, including PMTCT | 38 | 337 |
- **TOTAL AMHARA** | **254** | **3,988** |

#### TIGRAY

- # deliveries attended to by skilled provider | 24 | 1,270 |
- # outpatients for post-natal care (PNC) within 42 hr. | 18 | 1,200 |
- # outpatients for antenatal care consultations (ANC) | 109 | 5,199 |
- # outpatient visits for family planning (male and female) | 73 | 4,616 |
- # visits for STI/HIV counseling, screening, testing or other treatment | 79 | 3,212 |
- # referrals for higher level of obstetric care/emergency (mother/newborn) | 0 | 130 |
- # clinical management of rape visits completed within 72 hr. of assault | 0 | 41 |
- # of ANC outpatients visits, including PMTCT | 27 | 861 |
- **TOTAL TIGRAY** | **330** | **16,529** |

**GRAND TOTAL** | **717** | **24,244** |

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[https://ethiopia.unfpa.org](https://ethiopia.unfpa.org)
Supported a total of 3,231 internally displaced persons and host communities with Psychological First Aid (PFA) and social service referrals by the 234 trained PFA providers from OSSHD in 17 IDP sites in Mekelle, Tigray.

Conducted a PSEA Orientation Session to 10 key personnel from the Tigray Youth Empowerment Solutions (TYES), an upcoming MHPSS program implementing partner in Mekelle, Tigray.

Launched the Mental Health and Psychosocial Support (MHPSS) Program Components Task Team under the GBV AoR with 15 GBV partners in Mekelle, Tigray. The task team works
jointly with the Regional MHPSS Technical Group to enhance the integration of MHPSS services in GBV/SRH service provision across the Northern Ethiopian Response.

**Logistics and Distributions**

- **Delivered 7 tents donated by WHO (4) and UNHCR (3)** to Food for the Hungry and OSSHD to establish Women and Girls’ Friendly Spaces in Shire and Mekelle.
- **Delivered 20 IARH Kits #3 to UNICEF** to be used by the Rapid Response Mechanism.
- **Dispatched 4 IARH Kits to MSF-Belgium** at Mekelle warehouse, Tigray.
- **Transported 3 IARH Kits and 16 medical supplies** - ultrasound scanner, bed screens, anti-shock garment, solar panel, vaginal speculum graves, among others - to Medical Teams International (MTI) in Shire.

**UNFPA in collaboration with Save the Children handing over 3 Emergency IARH Kits - Kit 11A, 11B and 12 - to Don Bosco Referral Hospital in Adwa, Tigray. ©UNFPA Ethiopia and Save the Children Ethiopia.**

**Coordination and Partnerships**

**UNFPA:**

- Completed the procurement requests for SRH and GBV supplies and their distribution plans to cover UNFPA/ IP programming for mobile clinics, health centers and government-led health facilities across the Northern Ethiopia Response.
- Coordinated with WHO and UNICEF the transportation of IARH and DK kits to health care facilities - hospitals and primary care facilities - across Tigray.
- Discussed with Human Resources and Operations the long-term plans for UNFPA staffing in
Mekelle, Shire and future coordination hubs across Tigray region.

- Submitted a proposal to the Embassy of Canada in Ethiopia to respond to conflict-based sexual violence, with integrated SRH, MHPSS and PSEA programming in Northern Ethiopia.
- Engaged with current and potential IPs to continue the UNFPA roll out and implementation of response activities, including Women and Girls’ Friendly Spaces (WGFS), Maternity Waiting Homes, MHPSS training, and further support to One-Stop Centers across Tigray.

UNFPA as the lead agency for GBV AoR coordination:

- Conducted a joint CP & GBV AoRs assessment to 16 previously inaccessible locations in Tigray to scale up CP and GBV comprehensive response, including the update of GBV referral pathways across the region.
- Conducted a rapid-assessment of the One-Stop Center (OSC) in Mekelle in collaboration with the Regional Bureau of Women Affairs to evaluate areas of technical strengthening and gaps in medical supplies for comprehensive service provision to GBV survivors in the region.

Communications

- Participated in a one-week rapid-assessment mission to SNNPR to document GBV/SRH stories and visuals of conflict-affected populations.
- Edited and published a GBV child survivor human interest story from Hawassa Safe House in SNNP Region, Ethiopia.

UNFPA and ERCS community health extension providing home-to-home awareness sessions on sexual and reproductive health services in rural areas of Kelewane woreda, Afar region. Photo by © UNFPA Ethiopia/Tilahun Gemechu.
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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

Funding required: 15,581,865 USD

- **Funding received** $9,284,734.27
- **Funding gap** $6,297,130.73

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

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