



UNFPA

ETHIOPIA

UNFPA ETHIOPIA RESPONSE TO THE NORTHERN ETHIOPIA CRISIS

Situation Report

1 to 30 January 2022

Background

The conflict in the Tigray region, Northern Ethiopia, broke out on November 4, 2020, between the Tigray People’s Liberation Front (TPLF) and the Ethiopian National Defence Forces (ENDF), creating the onset of a deep humanitarian crisis. According to the IOM- Displacement Tracking Matrix (DTM), the conflict has prompted the displacement of more than 2.1 million¹ people across Afar, Amhara, and Tigray regions with an estimated 9.4 million² people in need of humanitarian aid across northern Ethiopia. Following the unilateral declaration of ceasefire by the Federal Government and the subsequent withdrawal of the ENDF from Tigray on June 28, the TPLF’s gained control of major areas in Tigray. Soon



after, the conflict spiraled into the neighboring regions of Afar and Amhara causing a large-scale upsurge in displacement and aggravating the humanitarian situation across the three regions. On November 2, 2021, the Federal Government declared a nationwide state of emergency in response to the spread of hostilities across the north, which was formally lifted on January 26, 2022. ENDF regained control of Afar and Amhara following the withdrawal of TPLF on December 20. On January 7 and 10, 2022, airstrikes were reported in Tigray. Some fighting in pocket areas of the border between Tigray and Afar and Amhara have remained active, as reported by OCHA. Security conditions remain volatile with active hostilities continuing to put civilians’ lives at risk, increasing humanitarian needs, and hampering access and delivery of aid in Tigray - through the only corridor via Afar - as well as in ‘hard-to-reach’ areas in Afar and Amhara regions. 14 months after the conflict erupted, the [latest UN estimates of people impacted by the conflict across northern Ethiopia](#) are 3.7 million people in Amhara, more than 500,000 people in Afar, and 5.2 million people in Tigray. Of those, at least 400,000 are believed to be facing extreme food insecurity³.

Across Ethiopia, humanitarian needs resulted from complex emergencies, climate change, ethnic clashes and health shocks continue to impact vulnerable populations, with 4.2 million⁴ people internally displaced and an estimate of 20 million people⁵ in need of humanitarian assistance.

¹ IOM - DTM, Emergency Site Assessment (ESA) - Round 8: <https://dtm.iom.int/reports/ethiopia---national-displacement-report-10-august-september-2021>

² Ethiopia - Tigray Region Humanitarian Updated Situation Report (December 2, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-northern-ethiopia-humanitarian-update-situation-report-2-dec-2021>

³ United Nations Ethiopia - Update on Humanitarian Operations in Northern Ethiopia (Dec 9, 2021): <https://ethiopia.un.org/en/164315-update-humanitarian-operations-northern-ethiopia>

⁴ IOM - DTM, National Displacement Report 10: <https://dtm.iom.int/reports/ethiopia---national-displacement-report-10-august-september-2021>

⁵ Ibid.

Situation Overview



7,062,000 total population in Tigray⁶



9,400,000 estimated people in need across Afar, Amhara and Tigray regions⁷



9,400,000 million targeted

Critical shortages of fuel, cash and relief commodities - including, medical equipment and supplies - continue to severely limit the humanitarian response in northern Ethiopia's Tigray region. Since mid-December humanitarian supplies have not arrived in Tigray by road due to ongoing fighting in the only corridor via Afar. The UN Humanitarian Air Service (UNHAS) continues to operate twice a week to ease the movement of staff, cash, and cargo into the region although it remains insufficient to mobilize supplies for 5.2 million people in need of humanitarian assistance. In Amhara and Afar regions, reported hostilities in some areas along the border with Tigray continue to hamper the delivery of aid to accessible conflict-affected areas. Across the three regions, more than 2.1 million⁸ people are estimated to be displaced as a result of conflict and 9.4 million people need humanitarian assistance. According to a [new food security assessment by WFP](#), 40 percent of Tigrayans are suffering an extreme lack of food with more than 14 percent of children under five and almost a third of pregnant and breastfeeding women malnourished. In Amhara and Afar regions, the conflict-driven displacement is pushing malnutrition rates up, with children and pregnant and lactating women particularly impacted by hunger.

Access to maternal and newborn care services has suffered serious setbacks in conflict-affected due to the critical shortage of skilled healthcare providers, medical supplies and damage to health infrastructure, leading to a phenomenal increase in maternal and newborn mortality and morbidity. According to an assessment of 200 health facilities conducted by the Tigray Regional Health Bureau in July 2021⁹, 65 percent of hospitals and 87 percent of health centers were looted, damaged, and vandalized. In Amhara, regional authorities reported nearly 500 health facilities, 1,706 health posts, 30 hospitals, and 52 ambulances were damaged or looted as a result of the spillover of conflict, including the displacement of nearly 7,000 health personnel from conflict-affected areas. In Afar, regional authorities reported that only 22 percent of the 414 facilities available in the region are currently functional, including 2 hospitals and 31 health centers. Amid increasing needs, humanitarian partners continue to scale up services to the conflict-affected population in the accessible areas across Amhara and Afar. Meanwhile, bureaucratic constraints

⁶ Tigray in Ethiopia: https://joshuaproject.net/people_groups/15481/ET

⁷ Ethiopia - Tigray Region Humanitarian Update Situation Report (January, 2022): <https://reports.unocha.org/en/country/ethiopia>

⁸ IOM-DTM Ethiopia, Emergency Site Assessment Round 8, (October 21, 2021).

⁹ Tigray Regional Health Bureau - Service Availability Report (July, 2021), Internal Document.

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and operational challenges continue to impede the entry of medical supplies and equipment into Tigray with many health – facilities, including One-Stop Centers, reporting to be out of any medications.

Since July 2021, UNFPA sexual and reproductive health kits have not entered the Tigray region, with some emergency obstetric procedures such as, C-sections, are the edge of suspension, as reported by UNFPA-supported health partners.

Across Afar, Amhara and Tigray regions, many women and girls, men and boys have endured sexual and gender-based violence during the conflict, although women and girls have been disproportionately affected. Health facilities have reported sexual violence-related complications, including injuries, unwanted pregnancies, while other cases were diagnosed with HIV/AIDS or endured obstetric complications, including fistula. In Tigray, among the women and girls who got tested for HIV/AIDS, 3 percent of them are HIV positive, as reported by Ayder’s One-Stop-Center (Mekelle). In Tigray, the lack of medical supplies and cash have greatly impacted the provision of services to GBV survivors with some health facilities - including One-Stop Centers - indicating, among others, a critical shortage of antiretroviral medication for people living with HIV/AIDS, for prevention of mother to child transmission of the virus, and pre-and post-exposure prophylaxis for survivors of sexual violence. Also, OSCs report the lack of Dignity Kits and Non-Food Items (NFI) to support GBV survivors. Across Amhara and Afar regions, GBV service provision continues at a normal pace although it has suffered interruptions during the spillover of conflict to these regions, particularly due to the destruction and damage of infrastructure, insecurity, and the displacement of health personnel.

Despite the operational challenges and increased humanitarian needs, UNFPA is scaling up service provision to cover health and protection needs of women and girls across Northern Ethiopia. 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 MHPSS, while building back capacity on sexual and reproductive health and rights in the conflict-affected regions. Currently, UNFPA has a presence in Mekelle (Tigray Region), Semera (Afar Region) and Bahir Dar (Amhara Region) with International and National Surge Capacity Specialists supporting the Northern Ethiopia Response.

UNFPA'S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need¹⁰:



2,350,000
are women
of
reproductive
age



213,030
are
currently
pregnant
women



23,670
expected
births
per
month



10,651
pregnant
women who
will
experience
complications
(Next 3
months)

Tigray Region

- **543 individuals reached with SRH mass education (217 females - 326 males)**, in addition to 119 assisted with group counseling (71 females - 48 males) and 140 with individual counseling (125 females - 15 males) in partnership with OSSHD in 2 IDP sites of Mekelle (Mai-Weyni and Sabacare 4 IDP camps), Tigray. The SRH mass education campaign was accompanied by the distribution of 288 condoms and other family planning methods among the participants.
- **122 people reached with SRH supplies** - family planning methods, delivery kits, and STI treatment - **in partnership with IOM** at IDP sites in Mekelle, Tigray.
- **4,620 women and girls reached with midwifery services**, including 6,827 pregnant and lactating women (PLW) screened for acute malnutrition - with 3,080 cases (45, 11%) identified with Moderate Acute Malnutrition (MAM) - and 17,150 children - with 5,369 diagnosed with MAM (31%) and 1,980 (11,5%) with Severe Acute Malnutrition (SAM) - **by deployed midwives in partnership with Ethiopian Midwives Association (EMwA)** across 12 health facilities in Tigray.
- **3,158 women reached with individual family planning counseling**, including an additional 5,681 people reached with group counseling and 2,500 individuals with STI/HIV awareness sessions across 12 health facilities by deployed health extension workers (HEWs) in partnership with Ethiopian Midwives Association (EMwA) in Tigray.

Afar Region

- **Conducted a baseline assessment on competency for midwifery service provision** in partnership with Maternity Foundation across 10 health facilities in conflict-affected areas of Afar region.
- **Distributed medical supplies** - newborn simulator, post-partum hemorrhage simulator, newborn nasal aspirator, among others - **to strengthen maternal and newborn health services in 6 Health Centers**, including the provision of 87 boxes of examination gloves and 35 liters of hand sanitizers to 9 targeted health facilities across conflict-affected areas in Afar.
- **1,245 individuals (355 households) reached with risk communication and community engagement** activities by community outreach agents on SRH service availability and

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

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accessibility in Dubti, Asayita, Afambo, Mille and Chifra Woredas, Afar region.

AT A GLANCE

MIDWIFERY SERVICE PROVISION

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

REGION	PARTNER	SERVICE PROVIDED	From 16-31 Dec	Grand Total (Since Mar 2021)
Afar	ERCS	# deliveries attended to by skilled provider	*	339
		# outpatients for post-natal care (PNC) within 42 hr.	*	353
		# outpatients for antenatal care consultations (ANC)	*	827
		# outpatient visits for family planning (male and female)	*	602
		# visits for STI/HIV counseling, screening, testing or other treatment	*	859
		# referrals for higher level of obstetric care/emergency (mother/newborn)	*	11
		# clinical management of rape visits completed within 72 hr. of assault	*	3
		# of ANC outpatients visits, including PMTCT	*	727
Total Afar			*	3,721
Amhara	ERCS	# deliveries attended to by skilled provider	*	256
		# outpatients for post-natal care (PNC) within 42 hr.	*	297
		# outpatients for antenatal care consultations (ANC), including PMTCT	*	1,951
		# outpatient visits for family planning (male and female)	*	1,302
		# visits for STI/HIV counseling, screening, testing or other treatment	*	1,340
		# of referrals for higher level of obstetric care/emergency (mother/newborn)	*	82
		# of clinical management of rape visits completed within 72 hours of assaults	*	12
	MSI	# outpatients for antenatal care consultations (ANC)	*	134
		# deliveries attended to by skilled provider	*	84
		# outpatients for post-natal care (PNC) within 42 hr.	*	42
		# of referrals for higher level of obstetric care/emergency (mother/newborn)	*	13
		# visits for STI/HIV counseling, screening, testing or other treatment	*	42
		# clinical management of rape visits completed within 72 hr. of assault	*	9
		# outpatient visits for family planning (male and female)	*	253
Total Amhara			*	5,817
		# deliveries attended to by skilled provider	*	1,690
		# outpatients for post-natal care (PNC) within 42 hr.	*	1,615
		# outpatients for antenatal care consultations (ANC)	*	6,813

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Tigray	ERCS	# outpatient visits for family planning (male and female)	*	5,872
		# visits for STI/HIV counseling, screening, testing or other treatment	*	6,422
		# referrals for higher level of obstetric care/emergency (mother/newborn)	*	228
		# clinical management of rape visits completed within 72 hr. of assault	*	103
		# of ANC outpatients visits, including PMTCT	*	1,028
	MSI	# of ANC outpatients visits, including PMTCT	*	214
		# clinical management of rape visits completed within 72 hr. of assault	*	58
		# deliveries attended to by skilled provider	*	2
		# outpatient visits for family planning (male and female)	*	4,771
		# visits for STI/HIV counseling, screening, testing or other treatment	*	728
		# referrals for higher level of obstetric care/emergency (mother/newborn)	*	4
	SAVE THE CHILDREN	# clinical management of rape visits completed within 72 hr. of assault	*	40
		# of ANC outpatient visits, including PMTCT	*	24
		# referrals for higher level of obstetric care/emergency (mother/newborn)	*	20
		# of clinical management of rape visits completed within 72 hours of assault	*	15
		# deliveries attended to by skilled provider	*	62
		# outpatients for post-natal care (PNC) within 42 hr.	*	357
		# outpatients for antenatal care consultations (ANC)	*	2,935
		# outpatient visits for family planning (male and female)	*	3,093
		# referrals for higher level of obstetric care/emergency (mother/newborn)	*	39
		# visits for STI/HIV counseling, screening, testing or other treatment	*	180
	UNHCR	# deliveries attended by skilled provider	*	60
		# outpatient visits for PNC (within 72 hours)	*	84
		# outpatients for antenatal care consultations (ANC)	*	304
		# outpatient visits for family planning (male and female)	*	369
		# visits for STI/HIV counseling, screening, testing or other treatment	*	10
		# referrals for higher level of obstetric care/emergency (mother/newborn)	*	7
	MAEDOT	# deliveries attended by skilled provider	*	4
		# outpatients for antenatal care consultations (ANC)	*	174
		# outpatients for post-natal care (PNC) within 42 hr.	*	17
# outpatient visits for family planning (male and female)		*	2,386	
# visits for STI/HIV counseling, screening, testing or other treatment		*	69	
# referrals for higher level of obstetric care/emergency (mother/newborn)		*	6	
	# of ANC outpatient visits, including PMTCT	2,105	4,180	

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EMWA	# deliveries attended by skilled provider	389	1,053
	# outpatients for post-natal care (PNC) within 42 hr.	530	1,849
	# outpatient visits for family planning (male and female)	1160	9,599
	# visits for STI/HIV counseling, screening, testing or other treatment	294	377
	# referrals for higher level of obstetric care/emergency (mother/newborn)	142	529
Total Tigray		4,620	57,390
GRAND TOTAL		4,620	66,928

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

Shortage of Medicines:

- Lack of medicines and supplies for essential health service provision, including maternal and reproductive health care, STI/HIV treatment and CMR, as reported by EMWA:
 - Anesthetic drugs,
 - Oxygen,
 - ARV drugs,
 - Blood collecting materials,
 - Insulin,
 - Implanon,
 - Amoxicillin,
 - Tramadol, Diclofenac,
 - Oxytocin,
 - Intra-uterine contraceptive devices,
 - Surgical blades,
 - fetal dopplers, among others.
- Shortage of laboratory supplies for investigation and diagnose.
- Lack of fuel for referral cases to specialized care.

EMWA-UNFPA midwives deployed in 12 Health Facilities across Tigray reported in January 2022



11 Maternal Deaths and 5 newborn deaths



4 Stillbirths and 5 Intra-uterine Fetal Deaths



27 live births with low weight

Sexual and Gender-based Violence (GBV)

Tigray Region

- **2,436 individuals - 929 women, 747 girls, 542 men and, 218 boys - reached with GBV prevention and risk mitigation awareness-raising sessions and sensitization activities**, including referral linkage to health care services at 4 Women and Girls' Friendly Spaces in Mekele and Shire IDP sites in partnership with OSSHD, Tigray.
- **4,932 persons - 4,730 women and 202 men - reached with GBV prevention and risk mitigation awareness messages** by health extension workers (HEWs) deployed in partnership with EMwA in Tigray.

Amhara Region

- **367 conflict-affected persons - 42 women and 27 men - reached with GBV prevention and risk mitigation efforts** by GBV caseworkers deployed in partnership with Amhara Women's Association (AWA) at different kebeles in Debark and Dabat woredas of North Gondar zone, Amhara.
- **One hundred seventy-one (171) Dignity Kits distributed to vulnerable women and girls** in different woredas of South Wollo and North Wollo zones, alongside information on GBV prevention measures in partnership with the Association for Women's Sanctuary and Development (AWSAD).
- **Distributed 400 'You are not alone' booklets in Amharic with key messages on GBV prevention** and accessible services to IDPs and host communities at Kutaber, Haik, and Dessie town in partnership with AWSAD.
- **Trained 73 individuals - 39 from the host community and 27 internally displaced persons -** on GBV referral linkage, including prevention and response in partnership with AWSAD across IDP camps in Amhara.



Ms. Annet Nangonzi, SRH Specialist during the WHO-UNFPA rollout training on PSEA-CMR for first line providers across Ethiopia. Photo by ©WHO Ethiopia.

Mental Health and Psychosocial Support (MHPSS)

Amhara Region

- **75 conflict-affected persons - 67 women, 5 girls and 3 men - provided with psychological group counseling (58) and individual counseling services (17), including referrals to mental health services** by psychosocial counselors deployed in partnership with Amhara Women Association (AWA) in 5 woredas in North and West Gondar zones, Amhara region.
- **54 displaced women reached with psychological counseling services (PSS)** by social workers deployed in partnership Association for Women's Sanctuary and Development (AWSAD) in the eastern part of Amhara region.

Coordination and Partnerships

UNFPA has:

- Analyzed and summarized SRH performance of UNFPA partners for the Health Cluster, including revised SHR indicators, stock balance, and support on the finalization of the mortality surveillance assessment in Tigray region.
- Continued engagement and follow-up with relevant stakeholders on the administrative requirements allowing the relocation into Tigray of the Northern Ethiopia international humanitarian team.
- Follow up for the movement of cargo into Tigray, especially SRH Kits and other commodities to sustain critical SHR and GBV services to conflict-affected populations.
- Participated and contributed UNFPA specific updates to Protection Sector, Health Sector, GBV AoR, Logistic cluster, and EHCT meetings at national and sub-national levels.

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- Followed up on the Bureau of Women Affairs door-to-door awareness-raising campaign for sexual and gender-based violence survivors in Tigray, including a partners' mapping, budget contribution, with training' schedule for volunteers and intervention areas.
- Presented the MHPSS Working Group TOR and assigned a focal point for better integration and coordination of MHPSS efforts within the GBV preparedness and response across Tigray.
- Updated the [GBV AoR 5Ws Matrix Dashboard](#) capturing GBV partner presence, performance and service provision according to the Humanitarian Response Plan from January to December 2021 for Tigray region.

Communications

- Developed a news article on [Ethiopia's new adolescent and youth health strategy](#) aiming at reducing teenage pregnancy and HIV prevalence among young people.

- ☞ Supported the efforts to showcase UNFPA Ethiopia Humanitarian Response in the Executive Board - ExBo - with the participation of the Ethiopian Midwives Association (EMWA)'s Executive Director at the venue with the donor community and global stakeholders.

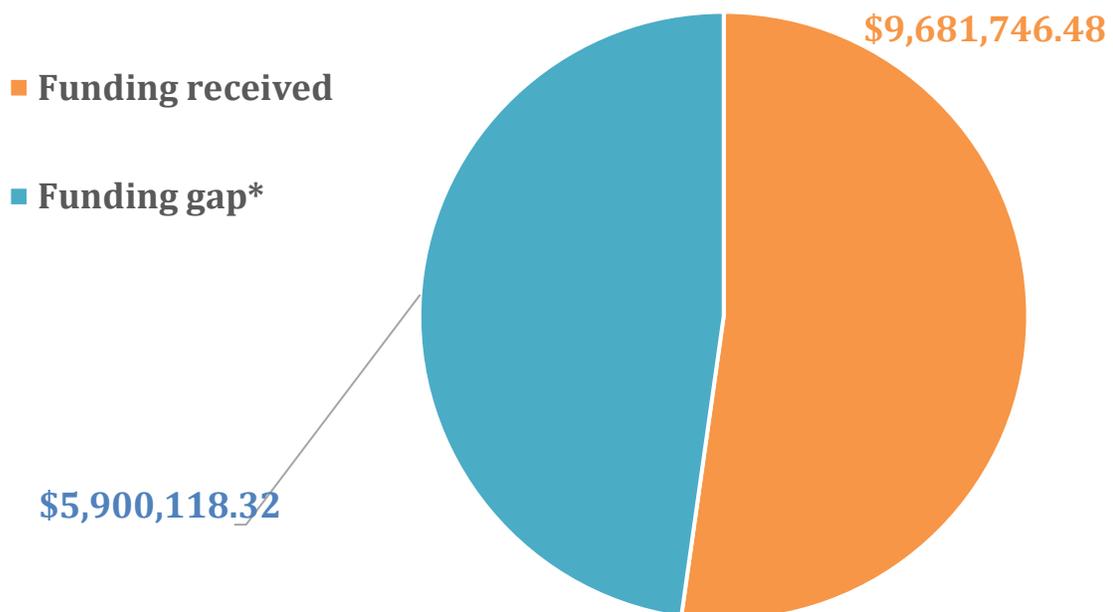
UNFPA'S RESPONSE

Resource Mobilization

Special thanks to the major donors supporting @UNFPAEthiopia Response to the Northern Ethiopia 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 | **Ethiopia Humanitarian Fund (EHF)** - 449,633.27 USD | **CERF (Amhara & Afar)** - 397,012 USD | **Iceland** - 250,000 USD
Sweden - 197,000 USD | **Friends of UNFPA** - 4,000 USD

Funding required: 15,581,865 USD





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



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