



Ethiopia



UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS

Situation Report Special Issue

15-28 February 2021

BACKGROUND

On 4 November 2020, clashes erupted between the military and regional forces in the Tigray region of northern Ethiopia. The federal government declared a state of emergency for six months, and a major humanitarian crisis emerged with a surge of internally displaced persons and movement of refugees into neighboring countries. Despite the announcement of an official end to military operations at the end of November 2020, there has been continued conflict across the region and insecurity particularly in Tigray, Afar and Amhara regions, and poor access to those most in need¹. This has had a significant impact on the safety and security of civilians, with women and girls being particularly vulnerable to sexual violence, exploitation, unwanted pregnancy, and increased maternal mortality.



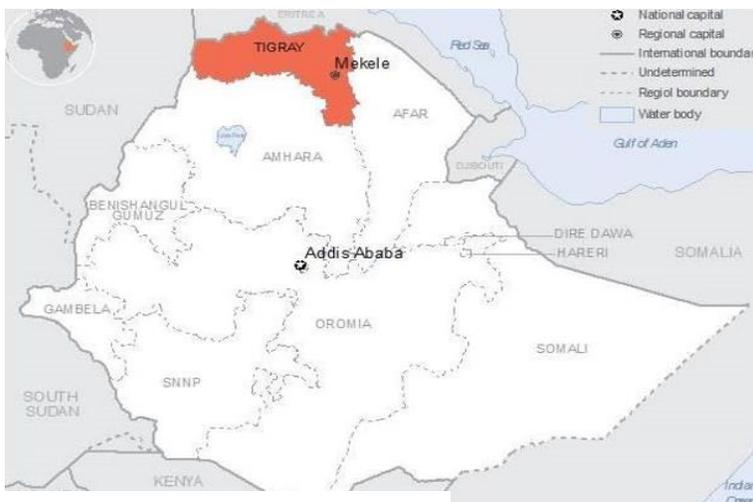
5,700,000 total population in Tigray²



2,300,000 people targeted³

SITUATION OVERVIEW

Humanitarian workers continue to have issues with accessing all areas of the Tigray region due to on-going security issues. To date, 63 international humanitarian workers have gained approval for movement to Mekelle, however inconsistent air travel has further complicated planned missions and targeted programming. The numbers of estimated people in need (PIN), and people targeted in this response has gradually increased as information from within the region is better understood by OCHA, and currently the numbers are approximately three-fold the estimations in November 2020. While the focus of the response is on Tigray, it is well noted that the Amhara and Afar regions are also experiencing the overspill of the government law enforcement actions and other issues of humanitarian importance, including interethnic conflict. The entire north is subject to a host of crises, including drought, agricultural infestation, and potential for disease outbreak.



Source: OCHA/www.unocha.org

¹ Ethiopia - Tigray Region Humanitarian Update Situation Report February 12, 2021: <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-12-february-2021>

² Ethiopia. The pre-crisis situation in Tigray, ACAPS (February 22, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-pre-crisis-situation-tigray-secondary-data-review-22-february-2021>

³ Ethiopia bi-weekly Humanitarian Bulletin, OCHA (January 22 – February 7, 2021): <https://www.humanitarianresponse.info/en/document/ethiopia-bi-weekly-humanitarian-bulletin-22-jan-%E2%80%93-7-feb-2021-en>

In the reporting period, the Amhara region reported to the Ethiopian Public Health Institute (EPHI)⁴ during the week of February 15-21, 2021, that there were 54 perinatal deaths, 7 maternal deaths and 592 cases of severe acute malnutrition (SAM). There is no EPHI reporting out of Tigray at the moment, leaving the status of the most vulnerable women, girls, men and boys to the imagination. All of this is against the backdrop of COVID-19 pandemic (for which there is no reporting in Tigray), which only exacerbates the fragile health and nutrition status of the affected population, particularly pregnant and lactating women and adolescent girls. The gender-based violence area of responsibility (GBV AoR) sub-cluster has identified the need for integrated management of medical and mental health and psychosocial (MH-PSS) care for those that seek support for rape. Of the estimated numbers of those impacted by sexual and gender-based violence (SGBV), a small fraction of cases is actually reported with only 24% of women seeking assistance from family, the community or the police⁵. This leads to concerns for a far greater number of survivors for whom interrupted services, human resource gaps and interruptions of referral pathways continue to hamper access to timely and life-saving care. UNFPA has humanitarian response presence in Addis Ababa, and in Tigray, Amhara and Afar regions to oversee activities and response for both SRHR and GBV. Five of the seven requests for staff movement to Tigray have been approved by the Ministry of Peace, and two are pending.

UNFPA RESPONSE

➤ Sexual and Reproductive Health and Rights (SRHR)

Of the people targeted:



575,000 are
women of
reproductive
age



52,124 are
currently
pregnant
women



5,792
expected
births per
month⁶

- UNFPA deployed eight midwives through the Ethiopian Red Cross Society (ERCS) to critically conflict-affected areas in Tigray.
- Collaboration continued with both the University of Gondor Midwifery Department, and the ERCS for planning midwifery staff for deployment to the northern Amhara region.
- The potential for additional recruitment of midwives is being explored with the Ethiopia Midwifery Association and ERCS for the recruitment and deployment of midwives to the Afar region.
- Emergency reproductive health kits (RH kits) were distributed to IOM and International Medical Corps (IMC) in Amhara and commodities were monitored from the warehouse to the organization and to the respective health care facilities; IMC healthcare workers were oriented by UNFPA staff on kit contents and use at each of the five health centers and at the one hospital receiving supplies.

⁴ Ethiopian Public Health Institute Weekly Epidemiological Bulletin, Week 7, February 15-21, 2021

⁵ Ethiopian Demographic Health Survey, 2016: <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>

⁶ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

- 30 Emergency RH kits provided to equip three health facilities in three districts in central Tigray, through IMC.
- 12 Emergency RH kits provided to 6 government health care centers and 3 hospitals in Afar, and orientation on uses, functions, and components of the kits.
- Provision of 2,200 surgical masks, 750 examination gloves and 3,000 hand sanitizers for healthcare workers involved in direct patient care at one health center and one hospital in Amhara to support the IDP response.
- 6 RH kits distributed to IOM for IDP sites around Gondar, Amhara region.
- Surge SRH program specialist has received government approval for travel to Tigray and will be joining the regional team for further support on the ground.



Adolescent sexual and reproductive health (ASRH)

UNFPA staff in Amhara region oversaw the provision of condoms, and advised on best practice to SRH partners for the confidential care for youth and adolescents at both IDP camps (including the provision of services in separate rooms).

➤ **Gender-based Violence (GBV)**

Of the people targeted:



11,500 estimated people are expected to seek services for SGBV⁷

➤ **Sexual and gender-based violence (SGBV)**

- Orientation held on GBV case management protocols and ethical referral systems for 11 partners, including health care providers and others delivering Clinical Management of Rape (CMR) services in Dubti Hospital One Stop Center (OSC) in Afar.
- UNFPA assisted the GBV AoR in mapping exercise of GBV service access and provision of care, and mapping tool distribution to organizations in the Afar region, and in five woredas and two zones in the Amhara region.
- Discussed and encouraged activation of women's committee in the IDP camp with the Health Cluster, aiming to strengthen the referral pathway and access to care for GBV services in northern Amhara.
- UNFPA offered supportive supervision for the distribution of 1,132 dignity kits at two camps for internally displaced people (IDPs) in Kebero-Meda and Dabat in Amhara, including sensitization on kit contents and use of supplies.
- 4,000 dignity kits distributed to women and girls of reproductive age in Chagni, Amhara who are internally displaced as a result of conflict in Metekel.
- Surge GBV program specialist has received government approval for travel to Tigray and will be joining the regional team for further support coordination and response on the ground.

⁷ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

› Mental health and psychosocial support (MHPSS)

- UNFPA is exploring collaborative initiatives with the Ministry of Women, Children and Youth to support MHPSS, to provide capacity and resilience building, including prevention of sexual exploitation and abuse (PSEA) for national staff who are based in the affected regions
- UNFPA provided a consolidated input for the government comprehensive plan for MHPSS.



Source: UNFPA Ethiopia

➤ Logistics and distributions



- **6,369 dignity kits distributed to Tigray**
- **4,000 kits distributed to Amhara IDPs**



140 emergency reproductive health kits distributed

This reporting period:

- 3,600 dignity kits were transported to Amhara for distribution by IOM, to conflict affected areas bordering Tigray.
- 2,769 dignity kits were transported to Tigray for distribution by UNHCR to refugees in Mai-Aini, Adi Harush, Hintats and Shimelba camps.
- Surge logistics specialist has received government approval for travel to Tigray and will be joining the regional team for further support and oversee the distribution of kits to the beneficiaries.

The Emergency RH kits distributed to date are to cover services for an estimated:⁸

- 3,400 deliveries at the community level
- 450 adult and 120 child clinical management of rape treatments
- 630 facility-based deliveries
- 780 treatments for management of miscarriage
- 5,250 women seeking oral and injectable contraception for three months
- 540 women seeking IUD placement
- 14 facilities for assisted delivery (vacuum delivery)

⁸ Inter-agency Reproductive Health Kits for Crisis Situations: https://www.unfpa.org/sites/default/files/resource-pdf/RH%20kits%20manual_EN_0.pdf

➤ Coordination and Partnerships

UNFPA:

- Is partnering with the Ethiopia Midwifery Association to coordinate the deployment of midwives to affected areas.
- Is participating in the Tigray Early Response Plan, offering inputs to the health and nutrition sub-group, in collaboration with the Government of Ethiopia and other UN agencies.
- Is participating and contributing to Protection Sector, Health Sector, Information Management, Child Protection and GBV AoR, Logistic cluster, and Emergency Coordination Center meetings at national and sub-national levels.
- Conducted a field mission to Tigray Region. A team went to Mekelle to map partners working in the area of SRHR, GBV, MHPSS and PSEA.
- Deployed two surge staff to support the coordination and implementation of UNFPA responses in the areas of SRHR, GBV, MHPSS and PSEA.

UNFPA as the lead agency for GBV AoR coordination:

- Reviewed design of and finalized the GBV Situational Analysis.
- Provided GBV AoR input into the Joint Action Plan to address Sexual Violence in Tigray Region (together with Health Cluster, NFI, Protection Cluster and CP AoR).
- Presented at donor briefing for over 40 participants on Tigray crisis GBV situation, GBV planned and achieved response activities, challenges, opportunities and key asks.
- Collected 4W reports from partners responding to Tigray crisis to collect their planned and ongoing activities.
- Drafted Tigray regional referral pathway guidance document, and the referral pathway for the Amhara region.

➤ Communication

- The UNFPA communications team in collaboration with the Ministry of Women, Children and Youth trained fifteen journalists from Amhara Mass Media Agency, the Ethiopian Broadcasting Corporation (EBC), and Fana Broadcasting Corporate on survivor-centered and ethical reporting on gender-based violence cases during humanitarian and public health crises.
- Communication team was part of the assessment mission to the Amhara region.
- The following stories were produced:
 - [Purpose and content of dignity kits](#)
 - [Awareness sessions for 55 pregnant mothers on the possible complications of pregnancies and risks.](#)



Source: UNFPA Ethiopia

Situation Report #3 - 15-28 February 2021

- UNFPA radio and TV spots were initiated at Fana Broadcasting Corporate. with messages focused on ensuring the continuity of SRH services and mitigating GBV risks in context of the COVID-19 response. The spots are airing in Afar, Amharic, Afan Oromo, and Tigrigna languages.

► **UNFPA Planned Interventions**

- The continuation of life-saving essential Emergency RH kits and dignity kits to the most vulnerable women and girls, men and boys.
- Coordination with key stakeholders for reproductive health to ensure a recruitment and deployment of midwives to healthcare facilities in the affected zones.
- The roll out of MH-PSS specialists to support the mental health needs of survivors of SGBV and crisis-related trauma.
- Continuing efforts to increase access to Women Safe Spaces, clinical management of rape services, and case management for survivors.
- Community engagement to support messaging around GBV, SRHR, PSEA, and harmful practice education, awareness and risk reduction at the community level, utilizing and distributing related information, education, and communication (IEC) tools.
- Capacity building for rapid mobilization of SRH and GBV support staff and community volunteers.
- Strengthening the information management system for services and commodities rendered for increased organizational accountability and transparency.
- Continued collaboration with Government of Ethiopia, UN agencies, INGOs and NGOs to respond in the most effective manner to the pressing needs on the ground.

► **Resource Mobilization**

UNFPA

USD in funds

Funding Required: 5,100,000 USD

secured
558,756
CERF
to



Funding received = 1,558,756 USD

Funding gap = 3,541,244 USD

implement the GBV in emergencies program for the conflict affected population in Tigray.

*Note that the required budget is being reviewed based on the increased people in need



UNITED NATIONS POPULATION FUND
UNECA Compound, Congo Building, 5th Floor
Addis Ababa, Ethiopia
Tel: 251-1-511-980
<http://ethiopia.unfpa.org>

For further information:

- **Dennia Gale**
Representative
dayle@unfpa.org
- **Sarah Masale**
Deputy Representative
masale@unfpa.org