



**UNFPA ETHIOPIA RESPONSE TO THE NORTHERN ETHIOPIA CRISIS**  
**Situation Report**  
1 to 15 December 2021

## Background

On November 4, 2020, conflict broke out in Tigray region, Northern Ethiopia, between the Tigray People’s Liberation Front (TPLF) and the Ethiopian National Defence Forces (ENDF). One year later, the situation remains highly unpredictable and volatile leading to mass displacement and increasing humanitarian needs while obstructing humanitarian access and operations across the region. The political dynamics across the region changed notably on June 28 following the unilateral declaration of ceasefire by the Federal Government with the subsequent withdrawal of the ENDF from Tigray and control of the region by the TPLF. Since July, the conflict spiraled into the neighboring regions of Afar and Amhara



Source: UNFPA Ethiopia

causing a large-scale upsurge in displacement and aggravating the humanitarian situation with nearly [7 million people in need](#) across the three regions (**5.2 million<sup>1</sup> in Tigray and the rest in Amhara and Afar regions**). Approximately 3 million people are estimated to be displaced as a result of the conflict across Northern Ethiopia: 2.1 million people in Tigray, 789,035 in Amhara (North Gondar, Central Gondar, South Wollo, South Gondar, and Awi zones) and 323,000 in Afar (zones 2 and 4), according to recent assessments by regional authorities.

Following the expansion of hostilities to neighboring Afar and Amhara regions and the TPLF’s declaration of intentions to reach the capital, the Federal Government declared a state of emergency on November 2, 2021 with a duration of 6 months. The tension among all parties has escalated over time on different fronts, with ongoing fighting across Afar and Amhara regions and airstrikes in Tigray. Insecurity, restricted humanitarian access and persistent administrative impediments continue to impede scale up of humanitarian operations on the ground. Humanitarian needs continue to increase due to the heightened scarcity of supplies, cash, fuel and the extensive damages to civilian infrastructure and public services across the three regions due to the fighting, including extensive destruction and looting of healthcare facilities.

<sup>1</sup> Ethiopia - Tigray Region Humanitarian Updated Situation Report (October 14, 2021): <https://reliefweb.int/report/ethiopia/ethiopia-northern-ethiopia-humanitarian-update-situation-report-14-oct-2021>

## Situation Overview



**7,062,000 total  
population in Tigray<sup>2</sup>**



**5,200,000 people in need in  
Tigray<sup>3</sup>**



**5,200,000 million  
targeted**

The humanitarian situation in Northern Ethiopia remains dire with humanitarian operations severely constrained due to insecurity, restricted humanitarian access and administrative impediments hindering the delivery of life-saving aid to **more than 5.2 million people in need across Tigray**. Active fighting in Afar, Amhara and Western Tigray continue to drive mass displacement across the region, with nearly 3.5 million people displaced as a result of conflict in Northern Ethiopia. In addition to the 2.1 million people displaced within Tigray, the Amhara Regional Disaster Prevention, Preparedness, and Food Security Coordinator office (DPFSPCO) reports nearly 1,165,274 out of 2,083,276 IDPs as a result of the spill-over of the conflict from Tigray region. In Afar, regional authorities reported 210,570 new IDPs were registered at Chifra, Ada'ar, Megale, Aba'ala and Ewa woredas.

Healthcare services across conflict-affected areas in Northern Ethiopia are alarmingly limited, leaving hundreds of thousands of people, including internally displaced people, children, pregnant and lactating women and survivors of sexual violence without adequate access to life-saving medicines and basic health care. According to an assessment by the Tigray Regional Health Bureau, from 200 health facilities in July 2021<sup>4</sup>, **65% of hospitals and 87% of health centers have been looted, damaged and vandalized**. According to OCHA, **80% of essential medication is no longer available** while 3.8 million people are estimated to be in need of access to health care. In Amhara, OCHA reports **more than 500 health facilities, and 1,706 health posts damaged and/or looted due to ongoing hostilities**, worsening the already fragile health system and hampering access to critical health care. It is estimated that **nearly 30,000 HIV patients<sup>5</sup> require treatment which has been interrupted due to the active fighting and the extensive damages to health facilities in the region**. In Afar, **only 94 health facilities, or 22 per cent of the 414 facilities<sup>6</sup>, are functional, including 2 hospitals and, 31 health centers**.

<sup>2</sup> Tigray in Ethiopia: [https://joshuaproject.net/people\\_groups/15481/ET](https://joshuaproject.net/people_groups/15481/ET)

<sup>3</sup> 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>

<sup>4</sup> Tigray Regional Health Bureau - Service Availability Report (July, 2021), Internal Document.

<sup>5</sup> Ethiopia - Tigray Region Humanitarian Update Situation Report (December 9, 2021): <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ethiopia%20-%20Northern%20Ethiopia%20Humanitarian%20Update%20-%209%20Dec%202021.pdf>

<sup>6</sup> Ibid.

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Armed conflict, natural disaster and humanitarian emergencies can significantly weaken a society's ability to protect women and girls from gender-based violence, exploitation and abuse. Protection systems that address gender-based violence are still limited across the region due to ongoing hostilities, insecurity and administrative constraints on medical supplies and cash. In Tigray, **protection services are limited to Mekelle and Shire due to the lack of fuel, cash and supplies**<sup>7</sup>. Despite the operational challenges, the [GBV AoR Dashboard for Tigray](#) reports that from 536,000 people targeted for GBV prevention and response activities, 436,000 individuals have been reached with at least one type of activity by 33 implementing partners across 53 woredas in the region. In Amhara and Afar regions, the mapping of information on GBV prevention and response activities is still ongoing across areas bordering with Tigray. The current challenges and operational constraints to deliver protection services across Northern Ethiopia place conflict-affected populations at greater risk of life- threatening physical, psychological, and health consequences.

Since the onset of the conflict, UNFPA was committed to upholding women's and girl's choices and rights among the current and emerging protection and health-related humanitarian needs 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. UNFPA has presence in Mekelle and Shire (Tigray Region), Semera (Afar Region) and Bahir Dar (Amhara Region) with International and National Surge Capacity Specialists supporting the Northern Ethiopia Response.

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<sup>7</sup> Ethiopia - Tigray Region Humanitarian Update Situation Report (November 4, 2021): <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ethiopia%20-%20Northern%20Ethiopia%20Humanitarian%20Update%20-%20204%20Nov%202021.pdf>

## UNFPA'S RESPONSE

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

Of the people in need<sup>8</sup>:



**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)

#### Tigray Region

- **15,671 internally displaced persons** supported with SRH community awareness raising sessions by the **Mobile Health Units deployed in partnership with Marie Stopes International (MSI)** in Mekelle and Adigrat, Tigray. In addition, **Mobile Health Teams reached 737 individuals with family planning methods, 102 women with maternal health care services and 117 persons with STI/HIV screening and treatment** in Tigray.
- **Reached 432 individuals with SRH awareness sessions and 20 women with family planning methods** in partnership with **Food for the Hungry International (FHI)** in Sabacare and Momona IDP sites (Mekelle) and Tsehaye, Hibret, Guna and Wukardiba IDP camps (Shire), Tigray region.
- **1,680 individuals reached with SRH mass education**, in addition to 738 assisted with individual counseling and 349 with group counseling in partnership with OSSHD in 3 IDP sites of Mekelle and 2 temporary shelters of Shire, Tigray.
- **Screened 2,565 pregnant and lactating women for acute malnutrition and 8,895 children (<5 years old), including the provision of midwifery services to 1,117 people and immunization for 3,009 children** by deployed midwives in partnership with Ethiopian Midwives Association (EMWA) across 12 health facilities in Tigray.
- **68 people supported with reproductive health services** - including antenatal care, STI/HIV screening and clinical management of rape (CMR), among others - **and 201 individuals with SRH awareness raising sessions in partnership with Maedot** at the Maternity Waiting Home of Sabacare 4 and IDP site and Midregenet Center in Mekelle, Tigray. In addition, **179 out-patient and emergency consultations** of diverse nature were provided in duty hours at both clinics.

#### Amhara Region

- **In partnership with Marie Stopes International, 40 health volunteers were trained and deployed to support the linkage of the IDP community and services** provided at government-led health facilities and MSIE Mobile Health Clinics operating at Debark, Debre Birhan and Ebinat woredas, Amhara region.
- **256 women provided with midwifery services - antenatal care, post-natal care or family planning - and 473 internally displaced persons reached with clinical services** - malaria, pneumonia, dysentery, diarrhea, ear/eye infections and scabies treatment, among others - by **MSI Mobile Units** at Debre Birhan, Debark and Ebinat woredas, Amhara.

<sup>8</sup> Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

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## Afar Region

- Supported the Regional Women and Children Affairs Bureau to reactivate pre-existing community structures to provide SRH/GBV services to youth, adolescents and women in reproductive age in conflict-affected woredas across Afar.

## AT A GLANCE

## MIDWIFERY SERVICE PROVISION

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

REGION	PARTNER	SERVICE PROVIDED	From 16-30 Nov	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
<b>Total Afar</b>			<b>*</b>	<b>3,721</b>
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)	64	64
		# deliveries attended to by skilled provider	63	63
		# outpatients for post-natal care (PNC) within 42 hr.	29	29
		# of referrals for higher level of obstetric care/emergency (mother/newborn)	11	11
		# visits for STI/HIV counseling, screening, testing or other treatment	14	14
		# outpatient visits for family planning (male and female)	177	177
<b>Total Amhara</b>			<b>358</b>	<b>5,956</b>
፲ ፡፡ ፭፬		# deliveries attended to by skilled provider	*	1,690

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	ERCS	# outpatients for post-natal care (PNC) within 42 hr.	*	1,615
		# outpatients for antenatal care consultations (ANC)	*	6,813
		# 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	102	120
		# clinical management of rape visits completed within 72 hr. of assault	11	51
		# deliveries attended to by skilled provider	*	2
		# outpatient visits for family planning (male and female)	737	3,784
		# visits for STI/HIV counseling, screening, testing or other treatment	48	430
		# 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	2	2
# outpatients for antenatal care consultations (ANC)		30	124	
# outpatients for post-natal care (PNC) within 42 hr.		4	7	
# outpatient visits for family planning (male and female)		1,387	1,454	
# visits for STI/HIV counseling, screening, testing or other treatment		23	44	

EMWA	# of ANC outpatient visits, including PMTCT	147	474	
	# deliveries attended by skilled provider	52	155	
	# outpatients for post-natal care (PNC) within 42 hr.	108	207	
	# outpatient visits for family planning (male and female)	619	886	
	# visits for STI/HIV counseling, screening, testing or other treatment	13	24	
	# referrals for higher level of obstetric care/emergency (mother/newborn)	59	59	
		<b>Total Tigray</b>	<b>3,342</b>	<b>39,197</b>
		<b>GRAND TOTAL</b>	<b>3,700</b>	<b>48,874</b>

*\*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 (GBV)

### Tigray Region

- **7,268 individuals reached with GBV prevention and risk mitigation awareness raising sessions and sensitization activities**, including referral linkage to health care services in 6 Women Community Centers and 2 Women and Girls’ Friendly Spaces (Mekele) and in Shire IDP camps in partnership with OSSHD (1,841) and Food for the Hungry International (5,427).
- **2,118 persons participated in sensitization activities in the ‘16 Days of Activism’ campaign** against gender-based violence in partnership with Food for the Hungry International in IDP camps of Mekelle and Shire, Tigray.



*UNFPA and Food for the Hungry International (FHI) social workers participating in a GBV sensitization event within the ‘16 Days of Activism’ campaign against gender-based violence at the Women and Girls’ Friendly Space (WGFS) in Shire, Tigray. Photo by FHI.*



### Amhara Region

- **745 internally displaced persons and host communities reached with GBV prevention and mitigation messages**, including GBV referral services through community-based dialogues **in partnership with Amhara Women Association (AWA)** in Debark and Dabat woredas (North Gondar zone) and West Armacho woreda (West Gondar zone).
- **Supported the ongoing update of GBV referral pathway** in conflict-affected woredas with relevant authorities and humanitarian partners operating in the region.

### Afar Region

- **Supported the planning and prioritization of health facilities to be reached with IARH Kit 3** (post-rape kit) distribution in conflict-affected woredas bordering with Tigray region.

## Mental Health and Psychosocial Support (MHPSS)

### Tigray Region

- **Supported 323 adults and 470 children with Psychological First Aid (PFA) individual counseling sessions** across 2 IDP sites in Shire and 3 temporary shelters in Mekelle through trained PFA providers from OSSHD and trained community-based counsellors from Tigray Regional Health Bureau. Airstrikes in Mekelle have interrupted services over time.
- **15 women and girls provided with one-to-one psychological support services (PSS)** and referral to psychiatric services by the health personnel of Maedot at 2 IDP sites in Mekelle.

### Amhara Region

- **Completed the recruitment of 5 psycho-social workers** to be deployed in partnership with Marie Stopes International to provide services at 3 IDP sites at Debre-Birhan, Ebinat and Debark woredas, Amhara region.
- **153 individuals supported with psychological support services (PSS), including 36 cases of mental health consultations** through the Mobile Health Teams deployed in partnership with Marie Stopes International (MSI) in Debre-Birhan, Ebinat and Debark woredas.
- **Trained 27 social workers and para-counselors** in partnership with Amhara Women Association (AWA) to be deployed to provide psychological services at 5 woredas in North Gondar and West Gondar zones, Amhara region.



*Marie Stopes International (MSI)'s midwife providing a long-acting family planning method to an internally displaced woman at the Mobile Health Clinic in Adigrat, Tigray. Photo by MSI.*

## Coordination and Partnerships

UNFPA has:

- Participated in a joint donor and humanitarian team mission in Semera, Mille and Chifra to evaluate the scale up of UNFPA humanitarian operations to conflict-affected populations in Afar region.
- Finalized SRH partners mapping with their respective intervention areas and zones, including the improvement of the regular reporting system and performance monitoring to better address the SRH needs of vulnerable groups across Northern Ethiopia.

## GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- **Organized a two-day GBV AoR Retreat during the 8<sup>th</sup> and 9<sup>th</sup> of December in Addis Ababa** aiming at improving GBV programming and implementation for 2022 with relevant humanitarian and development partners at regional and national levels.
- Followed up on the Bureau of Women's Affairs door-to-door awareness raising creation and service linking of sexual and gender-based violence survivors in Tigray, including a partners' mapping with intervention areas and potential budget allocation.

## Communications

- € Developed and published [a human-interest story on the refugee crisis](#) and the situation of pregnant women in Gambella region, Ethiopia.
- € Developed a booklet showcasing the good practices and lessons learnt of a three-year project in the Somali Region building nexus between development and humanitarian interventions that was supported jointly with WFP.

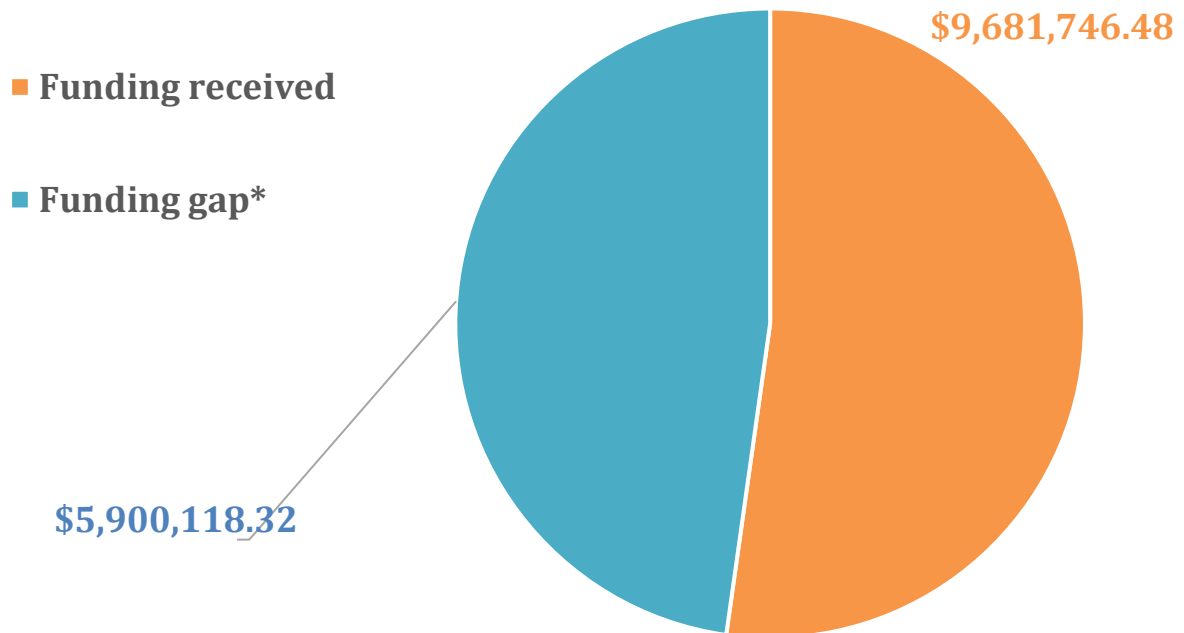
# UNFPA'S RESPONSE

## 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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