UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS
Situation Report
15 to 31 August 2021
The situation in Northern Ethiopia remains unpredictable with active hostilities reportedly expanding into neighboring regions of Afar and Amhara causing mass displacement and a worsening of the humanitarian situation. Two months after the declaration of a unilateral ceasefire by the Federal Government on June 28, the withdrawal of the Ethiopian National Defense Forces (ENDF) and the takeover of most of the Tigray Region by the Tigray Peoples Liberation Front (TPLF), the conflict continues to affect civilians in areas bordering the Tigray Region through increased food insecurity, increased displacement, disruption of livelihoods and constrained access to basic services such as health care.

While needs assessments are still being undertaken amid active confrontations in the area, regional authorities report more than 1.6 internally displaced people in Amhara region, with 618,873\(^1\) people displaced due to the recent conflicts mainly in North Wollo, North Gondar, Wag Himra and South Wollo zones. In Afar, the Afar Regional Disaster Prevention, Preparedness, and Food Security Coordinator office (DPFSPCO), reported that 140,012\(^2\) people have been displaced from 7 woredas in Fani, Awas and Kilbati Rasu zones since the unilateral ceasefire was declared by the Federal Government. Although operational presence and capacity of humanitarian actors to respond to the increasing needs remains limited in the Amhara and Afar regions due to the ongoing hostilities, there is better access in nearly 75\(^3\) of the Tigray region, with the exception of the North-Western Zone, Southern Zone and Western Zone bordering with Eritrea. Access constraints to replenish relief stocks by road persisted during the reporting period, slowing down humanitarian actors’ capacity to respond to the current and emerging needs of 5.2 million\(^4\) people in need across the region. Discussions are being held with the Federal Government to facilitate the movement of supplies and personnel to urgently scale-up humanitarian response in the Tigray region.

\(^1\) Amhara Regional Health Bureau - Health Emergency Update (Aug, 2021)
\(^2\) Afar Regional Disaster Prevention, Preparedness and Food Security Coordinator Office (DPFSPCO), Situation Update (Aug, 2021).


https://ethiopia.unfpa.org
The humanitarian situation continues to worsen dramatically as armed clashes have spilled over into the neighboring Afar and Amhara regions, prompting new displacements and increasing humanitarian needs across Northern Ethiopia. The Amhara Regional Health Bureau reported 618,873 newly conflict-induced internally displaced people increasing the total to 1.6 million IDPs (it was 1.3 million during the last reporting period) who are in need of aid due to ongoing hostilities and climate-related shocks. In Afar the situation follows the same rising dynamics with nearly 140,012 people new displaced (76,500 people were reported to be displaced in 4 woredas in the previous report period) in 7 woredas fully accessible by the Afar Regional Disaster Prevention, Preparedness, and Food Security Coordinator office (DPFSPCO). Despite access challenges, humanitarian partners continue to scale up the response and support the regional authorities’-led response efforts in both regions. The disruption of banking services, shortages of fuel, the suspension of commercial flights and communications in Tigray region continues to impact partners’ capacity to deliver life-saving assistance to more than 2 million internally displaced persons across the region. Up to 5.2 million people are estimated to be in need of emergency humanitarian aid.

In Northern Ethiopia, access to basic health care for conflict-affected populations continues to be challenging after widespread damage and destruction of infrastructure and medical equipment, as well as the inadequate availability of medical supplies and human resources. As reported by the Amhara Regional Health Bureau, the spillover of the conflict to the region has caused service interruption in 12 hospitals and 119 other Health facilities, including the displacement of more than 7,000 health professionals from 4 conflict-affected areas. In addition, regional authorities estimate that the service interruption could impact nearly 7,500 pregnant mothers per month and an estimated 38 pregnant women will be at high risk of mortality per day due to the ongoing hostilities in the region. In Tigray, recent assessments conducted by the Regional Health Bureau and humanitarian partners show that out of the 200 assessed health facilities only 96 (48%) are providing Prevention of Mother-to-Child Transmission of HIV

5 Tigray in Ethiopia: https://joshuaproject.net/people_groups/15481/ET
7 Afar Regional Disaster Prevention, Preparedness and Food Security Coordinator Office (DPFSPCO), Situation Update (Aug, 2021).
8 IOM-Displacement Tracking Matrix 6 (June 24, 2021): https://dtm.iom.int/reports/ethiopia---emergency-site-assessment-6-3—24-may-2021
9 Ibid.
(PMTCT) and 114 (57%) are providing delivery services. Maternal mortality and morbidity rates among pregnant and lactating women in the region could worsen as recently screening data by UNICEF indicates that almost half (47%)\(^{10}\) of all pregnant and breastfeeding women are malnourished.

While GBV services are slightly scaling up across the region, according to OCHA there are persistent capacity gaps mainly in the areas of Accountability to Affected Population (AAP), protection mainstreaming, and case management. From May to August 2021, GBV partners reached a total of 205,000 people out of the 816,000 people targeted with at least one type of GBV response service, including GBV psychosocial support services, dignity kits, GBV awareness raising or capacity building of GBV front-line responders. Despite all the efforts, the operational capacity of GBV partners remains extremely limited in South Eastern, Southern, Northwestern and Western Tigray, while Mekelle and Adwa registered the highest coverage of GBV response service provision as of August 2021.

UNFPA is scaling up the response in the areas of Amhara and Afar regions bordering with Tigray in light of recent conflict-induced displacements. 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 in Northern Ethiopia. UNFPA has presence in Mekelle and Shire (Tigray Region), Sēmera (Afar Region) and Bahir Dar (Amhara Region) with 17 International and 5 National Surge Capacity Specialists supporting the Northern Ethiopia Response.

UNFPA’s Response to the Tigray Crisis
Situation Report_15 to 31 August 2021

UNFPA’S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need:\n
- **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)

- Deployed in partnership with Marie Stopes International (MSI) 2 Mobile Health Teams with medical supplies and 18 SHR Kits - family planning methods, clean and safe delivery kits, post-rape treatment and STI/HIV medication for outreach community SRH/GBV service provision at IDP sites in Mekelle and Adigrat, Tigray region.
- **Distributed 42 SHR Kits in partnership with the Ethiopian Red Cross Society (ERCS)** to 6 Health facilities - Adishumdhin, Kasech, Teklisweat, Adwa, Axume and Algayenesh Health Centers and Jihul Hospital - in Mekelle, Tigray.
- **Trained 200 conflict-affected women** in mask and dignity pads production, prevention of STI/HIV and sexual and reproductive health and rights, as part of an income-generating project in partnership with Mums for Mums in Tigray region.
- **Preparations are underway for the recruitment of an additional 16 midwives in partnership with the Ethiopian Midwives Association (EMwA)** to be seconded in all health units operated by IOM within IDP sites in Mekelle (4), Shire (4), Adwa (4) and 4 within community outreach teams in Tigray region.
- **Supervised the ongoing construction of the UNFPA-supported Health Center and Maternity Waiting Home** at the Sebacare IDP site with partners, OSSHD and Maedot, for prompt relocation of 80,000 internally displaced persons in Mekelle, Tigray region.

11 Based on Minimum Essential Service Package (MISP) calculator: [https://iawg.net/resources/misp-calculator](https://iawg.net/resources/misp-calculator)
### 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 AUGUST</th>
<th>GRAND TOTAL (SINCE MARCH 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFAR</strong></td>
<td># deliveries attended to by skilled provider</td>
<td></td>
<td>339</td>
</tr>
<tr>
<td></td>
<td># outpatients for post-natal care (PNC) within 42 hr.</td>
<td></td>
<td>353</td>
</tr>
<tr>
<td></td>
<td># outpatients for antenatal care consultations (ANC)</td>
<td></td>
<td>827</td>
</tr>
<tr>
<td></td>
<td># outpatient visits for family planning (male and female)</td>
<td></td>
<td>602</td>
</tr>
<tr>
<td></td>
<td># visits for STI/HIV counseling, screening, testing or other treatment</td>
<td></td>
<td>859</td>
</tr>
<tr>
<td></td>
<td># referrals for higher level of obstetric care/emergency (mother/newborn)</td>
<td></td>
<td>163</td>
</tr>
<tr>
<td></td>
<td># clinical management of rape visits completed within 72 hr. of assault</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td># of ANC outpatients visits, including PMTCT</td>
<td></td>
<td>727</td>
</tr>
<tr>
<td><strong>TOTAL AFAR</strong></td>
<td>[ ]</td>
<td>3,821</td>
<td></td>
</tr>
<tr>
<td><strong>AMHARA</strong></td>
<td># deliveries attended to by skilled provider</td>
<td>29</td>
<td>185</td>
</tr>
<tr>
<td></td>
<td># outpatients for post-natal care (PNC) within 42 hr.</td>
<td>31</td>
<td>230</td>
</tr>
<tr>
<td></td>
<td># outpatients for antenatal care consultations (ANC)</td>
<td>106</td>
<td>1,306</td>
</tr>
<tr>
<td></td>
<td># outpatient visits for family planning (male and female)</td>
<td>97</td>
<td>1,170</td>
</tr>
<tr>
<td></td>
<td># visits for STI/HIV counseling, screening, testing or other treatment</td>
<td>101</td>
<td>1,175</td>
</tr>
<tr>
<td></td>
<td># of referrals for higher level of obstetric care/emergency (mother/newborn)</td>
<td>5</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td># of clinical management of rape visits completed within 72 hours of assaults</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td># of ANC outpatients visits, including PMTCT</td>
<td>13</td>
<td>425</td>
</tr>
<tr>
<td><strong>TOTAL AMHARA</strong></td>
<td>[ ]</td>
<td>394</td>
<td>4,572</td>
</tr>
<tr>
<td><strong>TIGRAY</strong></td>
<td># deliveries attended to by skilled provider</td>
<td>30</td>
<td>1,655</td>
</tr>
<tr>
<td></td>
<td># outpatients for post-natal care (PNC) within 42 hr.</td>
<td>23</td>
<td>1,706</td>
</tr>
<tr>
<td></td>
<td># outpatients for antenatal care consultations (ANC)</td>
<td>98</td>
<td>8,351</td>
</tr>
<tr>
<td></td>
<td># outpatient visits for family planning (male and female)</td>
<td>67</td>
<td>4,683</td>
</tr>
<tr>
<td></td>
<td># visits for STI/HIV counseling, screening, testing or other treatment</td>
<td>63</td>
<td>6,400</td>
</tr>
<tr>
<td></td>
<td># referrals for higher level of obstetric care/emergency (mother/newborn)</td>
<td>0</td>
<td>248</td>
</tr>
<tr>
<td></td>
<td># clinical management of rape visits completed within 72 hr. of assault</td>
<td>0</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td># of ANC outpatients visits, including PMTCT</td>
<td>12</td>
<td>964</td>
</tr>
<tr>
<td><strong>TOTAL TIGRAY</strong></td>
<td>[ ]</td>
<td>293</td>
<td>16,774</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>[ ]</td>
<td>687</td>
<td>24,824</td>
</tr>
</tbody>
</table>

*Note: Due to a persistent communication blackout within Tigray, the reporting of midwifery services is inconsistent and challenging over time.*
• 4,583 women and girls reached with house-to-house visits and 1,442 with group discussions for GBV risk mitigation and service availability conducted by International Medical Corps (IMC), including the provision of case management and psychosocial counseling for GBV survivors at the IDP sites in Shire, Axum and Shiraro woredas, Tigray region.

• Distributed 550 Dignity Kits to conflict-affected women and girls across 4 IDP sites in Mekelle in partnership with the Organization for Social Services, Health and Development (OSSHD), Tigray region.

• 1,936 women and girls reached through community outreach teams for GBV/SRH and PSEA critical information across conflict-affected woredas in Northern Ethiopia - Amhara (436), Afar (1,180) and Tigray (320) - in partnership with the Ethiopian Red Cross Society (ERCS) and OSSHD.

• Participated in a safety audit assessment to identify areas of improvement and GBV risk mitigation gaps across 8 IDP sites - Shire (4), Axum (2) and Shiraro (2) - in Tigray region.

• Updated and disseminated the GBV referral pathways with humanitarian actors for better linkage of sexual and gender-based survivors with critical services in seven conflict-affected districts of Fanti Rasu Zone and Kuri of Awsi Rasu, Afar region.

AT A GLANCE

UNFPA GBV Response for Northern Ethiopia Response (*Cumulative numbers)

Supplies & Commodities

- 15,534 Dignity Kits
- 88 Clinical Management of Rape (CMR) Kits
- 25 Health Facilities & Mobile Teams

Capacity Building

- 94 GBV service providers trained on GBVIE
- 957 Humanitarian Actors trained in Protection from Sexual Exploitation and Abuse (PSEA)
- 200 GBV survivors supported with income-generating activities and life-skills training
Supported GBV Facilities & Other Services

- **7** One-Centers supported with supplies, furniture, capacity building activities, and financial support for GBV survivors
- **1** One-Stop Center fully supported with supplies, personnel, capacity building and financial support for GBV survivors
- **1** Safe House fully-supported to provide holistic care for GBV survivors’ recovery
- **2 + 5*** Women & Girls’ Friendly Spaces (WGFS) and 5 planned to start operating soon in Tigray
- **Toll-Free national hotline for service provision of survivors of gender-based violence (GBV)**
- **Leadership and strengthening of GBV coordination capacity through the GBV AoR and the Ethiopian PSEA Network**

GBV Risk Mitigation & Psychosocial First Aid

- **3,616** Tigray 7.6%
- **19,008** Afar 40.1%
- **24,821** Amhara 52.3%
- **122,250** conflict-affected populations reached with critical sexual and reproductive health and gender-based (GBV) messages through home-to-home visits in Northern Ethiopia
- **4,352** conflict-affected persons received Psychosocial First Aid (PFA). Psychosocial support and GBV referral information in Tigray.
Mental Health and Psychosocial Support (MHPSS)

- Supported a total of 4,302 internally displaced persons and host communities with Psychological First Aid (PFA) and social service referrals in 2 Women and Girls’ Friendly Spaces (WGFS) and 8 Women and Girls’ Community Centers in Mekelle, Tigray. Out of the 2,340 people reached, 1,197 were provided with access to basic counseling and 1,985 women and girls with critical information on SRH/GBV and MHPSS service availability by the 234 trained PFA providers from OSSHD and trained community-based counsellors from the Tigray Regional Health Bureau.

- Provided technical assistance to draft the MHPSS indicators for the Tigray Regional Health Cluster’s Emergency Response Plan (August to November 2021) alongside with MHPSS humanitarian actors and the Tigray Regional Health Bureau.

Logistics and Operations

- Planned the dispatch in two rounds of 58 SRH Kits and 38 sphygmomanometers to 18 remote health facilities in 21 woredas from the north of Tigray (round 1) and 56 SRH Kits and 32 sphygmomanometers for 15 health facilities in 18 woredas from Southern Tigray (round 2) in collaboration with Ethiopian Red Cross Society (ERCS) and WFP Logistics Cluster (see map below).

- Coordinated the dispatch of 5,873 dignity kits to be distributed through IOM across IDP sites in Mekelle, Tigray.

- Delivered 1,000 dignity kits to be distributed in partnership with OSSHD across IDP sites in Mekelle, Tigray region.
Health Facilities at woreda level with planned distributions at Round 1: Alaje, Bora, Silawa, Neksege, Seharti, Hintalo, Wejerat, Samre, Enderta, Degua Tembien, Abergele Chilla, Kola Tembien, Keyih Tekli, Ahferom, Egela, Embasneyti, Endabatshima, Maiknetal, Hawzien town, Hawzien Geter, Freweini.


UNFPA:

- Completed the process for streamlining staff movements in and out of Tigray to ensure the full rollout of operations and implementation across the region.

- Completed 5 resource-mobilization opportunities - with UKAid, USAID, UNDP, Japan and Global Affairs Canada (GAC) - for the scale up of the Northern Ethiopia Response.
UNFPA Ethiopia Response to the Tigray Crisis

Situation Report _ 15 to 31 August 2021

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- Led the ad hoc meeting with UN Agencies and GBV focal persons (UNFPA, UNHCR, UNICEF, WHO, IOM) to identify gaps in GBV service provision and coordination on the ground, including the need to reactivate sub-national coordination mechanisms in 5 humanitarian hubs - Axum, Adigrat, Mai Chew, Abi Adi and Adwa - and strengthen GBV management information systems, among other identified needs.

Communications

- Published a human-interest story highlighting the decimation of maternal and reproductive health care and its staggering consequences for conflict-affected women in Konso, SNNP region.
- Developed a Briefing Note on UNFPA’s Response to the Northern Ethiopia Crisis for the Ministries of Peace, Health and Women, Children and Youth of Ethiopia.

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 | Ethiopia Humanitarian Fund (EHF) - 449,633.27 USD | Iceland - 250,000 USD | Sweden - 197,000 USD | Friends of UNFPA - 4,000

Funding required: 15,581,865 USD

- Funding received
- Funding gap

$9,481,734.27
$6,100,130.73
Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled

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