



Background

Conflict broke out in November, 2021 in Tigray region, Northern Ethiopia, between the Tigray People's Liberation Front (TPLF) and the Ethiopian National Defence Forces (ENDF). One year later, the humanitarian situation remains extremely dire and continues to deteriorate, with severe impact on civilians leading to mass displacement and limiting the delivery of humanitarian assistance to those in need. The political dynamics across the region changed drastically on June 28 following the unilateral declaration of ceasefire by the Federal Government and the subsequent withdrawal of the ENDF from and the takeover of the Tigray region by the TPLF. Since July, the conflict spiraled into the neighboring regions of Afar and Amhara 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 million¹ 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. In October alone, 60,657 people were displaced in Afar and 354,790 in Amhara as result of the conflict, according to [IOM Displacement Tracking Matrix](#).



Source: UNFPA Ethiopia

On November 2, 2021 the Ethiopian Government declared a state of emergency for six months across the country, following TPLF's declaration of takeover of Kombolcha and Dessie towns in Amhara region. On November 5 the Ethiopian Government issued a call to citizens to join the Ethiopian National Defense Forces after nine opposition groups - including the TPLF and the Oromo Liberation Army (OLA) - created an alliance to put pressure on the Federal Government. Consequently, Kenya closed its borders with Ethiopia, whilst the embassies of the US, Canada, and UK, among other countries, advised all non-essential staff to leave the country. The tension among all parties continues to escalate on different fronts, with active fighting - including airstrikes reported in Tigray's capital, Mekelle - expanding across Afar and Amhara regions. Humanitarian operations have been significantly reduced or even suspended due to the lack of fuel, cash and supplies. Since October 18 no humanitarian cargo have moved into Tigray. In Afar and Amhara regions, humanitarian partners are scaling up the response and strengthening coordination mechanisms on the ground in support of regional authority-led responses while humanitarian access remains challenging in some conflict-affected areas.

¹ 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 Tigray²



5,200,000 people in need in
Tigray³



5,200,000 million
targeted

In addition to the 2.1 million people displaced within Tigray, displacements across Afar and Amhara regions continues to increase rapidly as a result of the conflict. According to the Amhara Regional Disaster Prevention, Preparedness, and Food Security Coordinator office (DPFSPCO), the number of internally displaced persons in the region reached 2,083,276, with nearly 1,165,274 (55.9%) of whom were recently displaced across 10 zones as a result of the spill-over of the conflict from Tigray region. As of November 18, the largest number of recently displaced people in Amhara region is found in South Wello (280,445), North Shewa (219,055), Wolkait-Tegedie (190,739) and North Wello (167,000). More than 90% of the IDPs are living with the host community and a significant number have been facing repeated displacements - up to 5 times – arising among others in critical needs, as reported by DPFSPCO. In Afar, regional authorities estimate that over 334,000 individuals have been displaced in the region, with 51,244 newly IDPs in the last two weeks from Awsi, Fenti Rasu and Kilbati Rasu zones.

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 2021⁴, **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 Afar, as reported by the DPFSPCO, 49 health facilities have been partially or totally destroyed with limited service provision in conflict-affected areas bordering with Tigray region. As reported by Amhara Regional Health Bureau, active hostilities have interrupted services for more than 8 million people in the region across 35 Hospitals, 418 Health Centers, and 1,712 Health Posts prompting the displacement of 9,888 health personnel. With lack of essential medicines and equipment, coupled with limited access to humanitarian assistance and services, increasing numbers of children, women and people with chronic diseases are at a grave risk due to the interruption of maternal health care and treatment for HIV, TB and other mental health conditions.

² Tigray in Ethiopia: https://joshuaproject.net/people_groups/15481/ET

³ 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>

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

Situation Report 1 to 15 November 2021

The protection needs - particularly for gender-based violence, exploitation and abuse – also continues to increase while services are still limited due to active hostilities, insecurity and low operational presence. In Tigray, **protection services are limited to Mekelle and Shire due to the lack of fuel, cash and supplies⁵**. 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.

Despite the operational challenges, UNFPA is scaling up the provision of services to meet the current and emerging 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.

UNFPA'S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need⁶:



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

- **4,692 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 **1,222 individuals with family planning methods**, **141 women with maternal health care services** and **93 persons with STI/HIV treatment and referral** in Tigray.
- **Reached 2,516 individuals** with SRH awareness raising sessions for service demand in partnership with **Food for the Hungry International (FHI)** across 8 IDP sites in Mekelle, Tigray.

⁵ 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>

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

Situation Report_1 to 15 November 2021

- **Distributed 5 SRH Kits - 3 Kit to MSIE and 2 to Hamlin Fistula** - to support the provision of sexual and reproductive health services at health facilities and IDP sites in Tigray region.
- **Deployed 24 senior midwives and 20 Health Extension workers (HEWs)** in partnership with Ethiopian Midwives Association (EMwA) at 12 selected health facilities - 5 primary hospitals and 7 health centers - and 36 health posts across Tigray. Facility-assessment tools were developed and shared with the deployed midwives and HEWs for baseline development on selected minimum-functioning health facilities.
- **389 individuals reached in partnership with Food for the Hungry International (FHI) with STI and family planning (FP) counseling** in Ethio-China and May-Weyni IDP camps (Mekelle) and 448 persons at Tsehaye Elementary and Shire Elementary IDP sites in Shire, Tigray.
- **186 people supported with reproductive health services** - including antenatal care, STI/HIV screening and clinical management of rape (CMR), among others - **and 186 individuals with SRH awareness raising sessions in partnership with Maedot** at the Maternity Waiting Home of Sabacare 4 IDP site in Mekelle, Tigray.

Amhara Region

- **Minimum Initial Service Package (MISP) training provided in partnership with Marie Stopes International to 11 health personnel** from government-led health facilities and MSIE Mobile Health Clinics operating at Debark and Ebinat woredas, Amhara.
- **35 internally displaced persons reached with clinical and midwifery services - antenatal care, postnatal care, family planning - by MSI Mobile Units** at Debark and Ebinat woredas, Amhara.
- **19,604 people reached through house-to-house visits on SRH and Covid 19 prevention** measures in partnership with the Amhara branch of Ethiopian Red Cross Society (ERCS) at Wolkayt, Dabat and Debark woredas in Amhara region.

Afar Region

- **Developed and started the dissemination of life-saving SRH key messages** - danger signs during pregnancy and institutional delivery services, availability of FP methods, among others- in Afar language in partnership with Afar Radio Station with an expected reach of 300,000 community members.
- **4,026 people reached - 1,337 women, 1192 girls, 627 men and 870 boys - with critical information on SRH/GBV service availability** through community group discussions and house-to-house awareness raising visits by 27 ERCS -community volunteers deployed at IDP sites in Chifra, Teru-Digdiga and Aba'ala districts in Afar region.

Selam with her daughter Maedot, the first woman to give birth at UNFPA & Maedot's Maternity Waiting Home in Sabacare 4, Mekelle, Tigray. Photo by @UNFPAEthiopia - Eden Alem.



AT A GLANCE

MIDWIFERY SERVICE PROVISION

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

REGION	PARTNER	SERVICE PROVIDED	FROM 15-31 OCT	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)	*	1,511
		# 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
		# of ANC outpatients visits, including PMTCT	*	440
		Total Amhara	*	5,240
TIGRAY	ERCS	# 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
		# 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	47	1,028
		# clinical management of rape visits completed within 72 hr. of assault	*	40
	MSI	# deliveries attended to by skilled provider	*	2
		# outpatient visits for family planning (male and female)	1,222	2,538

Situation Report_1 to 15 November 2021

SAVE THE CHILDREN	# visits for STI/HIV counseling, screening, testing or other treatment	93	382
	# clinical management of rape visits completed within 72 hr. of assault	*	40
	# 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
UNHCR	# visits for STI/HIV counseling, screening, testing or other treatment	*	180
	# 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
MAEDOT	# referrals for higher level of obstetric care/emergency (mother/newborn)	*	7
	# outpatients for antenatal care consultations (ANC)	13	13
	# outpatient visits for family planning (male and female)	4	4
	# visits for STI/HIV counseling, screening, testing or other treatment	16	16
Total Tigray		1,395	34,365
GRAND TOTAL		1,395	43,326

**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

- **6,027 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 (1,512) and Food for the Hungry International (4,515), Tigray.
- **40 GBV professionals and social workers trained on GBV Case Management** by Food for the Hungry International in Shire, Tigray.
- **Distributed 499 Dignity Kits - 386 by FHI and 113 by OSHHD** - to vulnerable women and girls at IDP sites in Mekelle and Shire, Tigray.

Amhara Region

- **586 internally displaced persons reached with GBV prevention and mitigation messages**, including GBV referral services through community-based dialogues **in partnership with Amhara Women Association (AWA)** in Debark woreda, North Gondar zone.
- **18,256 individuals reached through door-to-door awareness raising sessions on GBV prevention and risk mitigation** measures at schools and market places in partnership with Ethiopian Red Cross Society (ERCS) at Wolkait, Debark and Dabat town, Amhara region.

Afar Region

- **Provided remote technical guidance for ERCS' midwives operating in Dubti and Asayita One-Stop Center (OSC)** GBV safe referral mechanisms and protocols, including GBV service availability in the region.

Mental Health and Psychosocial Support (MHPSS)

Tigray Region

- **Supported 95 internally displaced women and girls and 35 men and children with Psychological First Aid (PFA) individual counseling sessions** across 4 IDP sites - Kestatee Berhan, Adi Haki, Alene and Ethio-China - in Mekelle through trained PFA providers from OSSHD and trained community-based counsellors from Tigray Regional Health Bureau. In addition, 3 cases were referred to specialized mental health services and 33 follow up sessions provided during the reporting period in Tigray.



UNFPA and Marie Stopes International's (MSI) midwives providing family planning counseling to conflict-affected women at Debark IDP site, Amhara region. Photo by @MSI and @UNFPAEthiopia.

Logistics and Operations



5 Sexual and Reproductive Health Kits were distributed in Tigray region

- **Distributed 5 SHR Kits - 3 to MSIE and 2 to Hamlin Fistula** - to support the provision of sexual and reproductive health services at health facilities and IDP sites in Tigray region.

Coordination and Partnerships

UNFPA has:

- Continued to follow up the recruitment of international and national technical staff for Mekelle and Addis Ababa for the scale up of UNFPA operations in Amhara, Afar and Tigray regions.
- Coordinated the onboarding of new partners and revision of work plans with World Vision, International Medical Corps (IMC), Action for the needy in Ethiopia (ANE), Care, Maedot and Marie Stopes International (MSI).
- Reviewed the Implementing Partner Management System to readjust project implementation and financial expenditure amid the current operational challenges with partners and donors for the Northern Ethiopia Response.
- Technical guidance on the development of a M&E Plan and standardized monitoring tools to be implemented across the Northern Ethiopia Response.

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- Updated the [GBV AoR 5Ws Matrix Dashboard](#) capturing GBV partner presence, performance and service provision according to the Humanitarian Response Plan from January to October, 2021 for Tigray region.
- Drafted the GBV AoR Standard Operating Procedures (SOP) and Strategic Plan, including the WGFS and Dignity Kits' Guidance Notes, in collaboration with GBV implementing partners from Tigray region.
- Finalized the GBV AoR - National and Regional Humanitarian Response Plan - including targets, People in Need (PIN), areas of intervention and funding appeal - based on the 2022 Response Plan.

Communications

- Developed a the [UNFPA Northern Ethiopia Snapshot](#) summarizing concrete results and achievements in a one-year landmark to address the humanitarian needs of women and girls to access critical health and protection services in Tigray, Amhara and Afar regions.
- Developed a [human-interest story on the UNFPA-supported Maternity Waiting Home](#) and its life-saving work at Sabacare IDP site in Mekelle, Tigray.



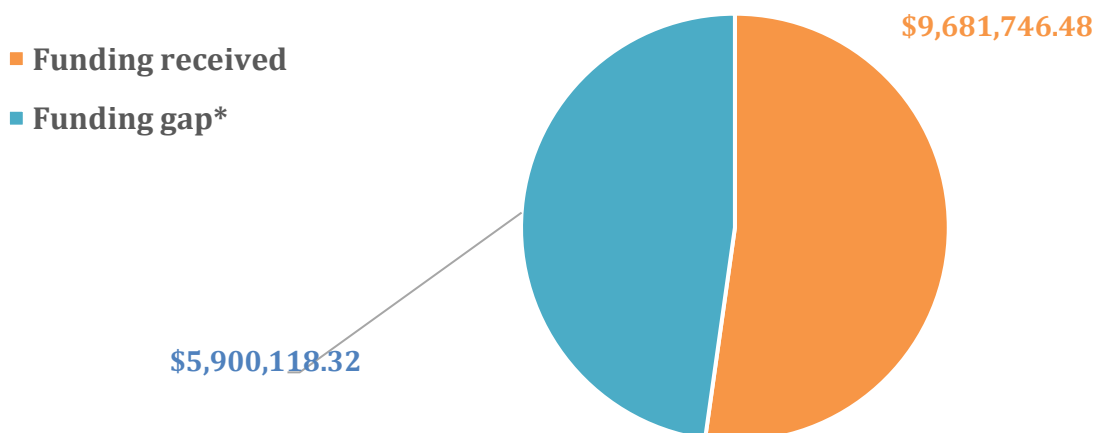
UNFPA'S RESPONSE

Resource Mobilization

Special thanks to the major donors supporting @UNFPA Ethiopia 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





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potential is fulfilled



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

For further information:

- **Esperance Fundira**
Officer in Charge
fundira@unfpa.org
- **Sarah Masale**
Deputy Representative
masale@unfpa.org