



UNFPA ETHIOPIA
**PREPAREDNESS AND
RESPONSE PLAN FOR
THE TIGRAY CRISIS**

2020

Background

UNFPA is implementing this preparedness and response plan to address the humanitarian needs of the women and girls especially affected by the crisis in Tigray and neighboring regions, facing new vulnerabilities to gender-based violence and cut off from accessing life-saving health and protection services. This plan covers six months.

With this plan, UNFPA will support availability and access to sexual and reproductive health (SRH) and gender-based violence (GBV) information and services:



25,432

Number of
**Currently Pregnant Women Within
Conflict Zone¹**



112,200

Number of
**WOMEN, GIRLS, BOYS
AND MEN TARGETED**

5,611

Number of
**Survivors of Sexual
Violence are Expected
to Seek Clinical Care**


50,000

Number of
**Vulnerable Women and Girls to be
Supported with Dignity Kits for
GBV Prevention**

\$5,021,192

**UNFPA requesting
support for this
response plan**

¹ IAWG, "MISP Calculator"



UNFPA, the United Nations sexual and reproductive health agency is uniquely positioned to provide inclusive and integrated services for reproductive health, gender-based violence and mental health and psychosocial support. Working across the humanitarian, development and peace nexus, UNFPA will strengthen impact and accountability to affected people including people with disabilities and other marginalized groups in this crisis.

Situation

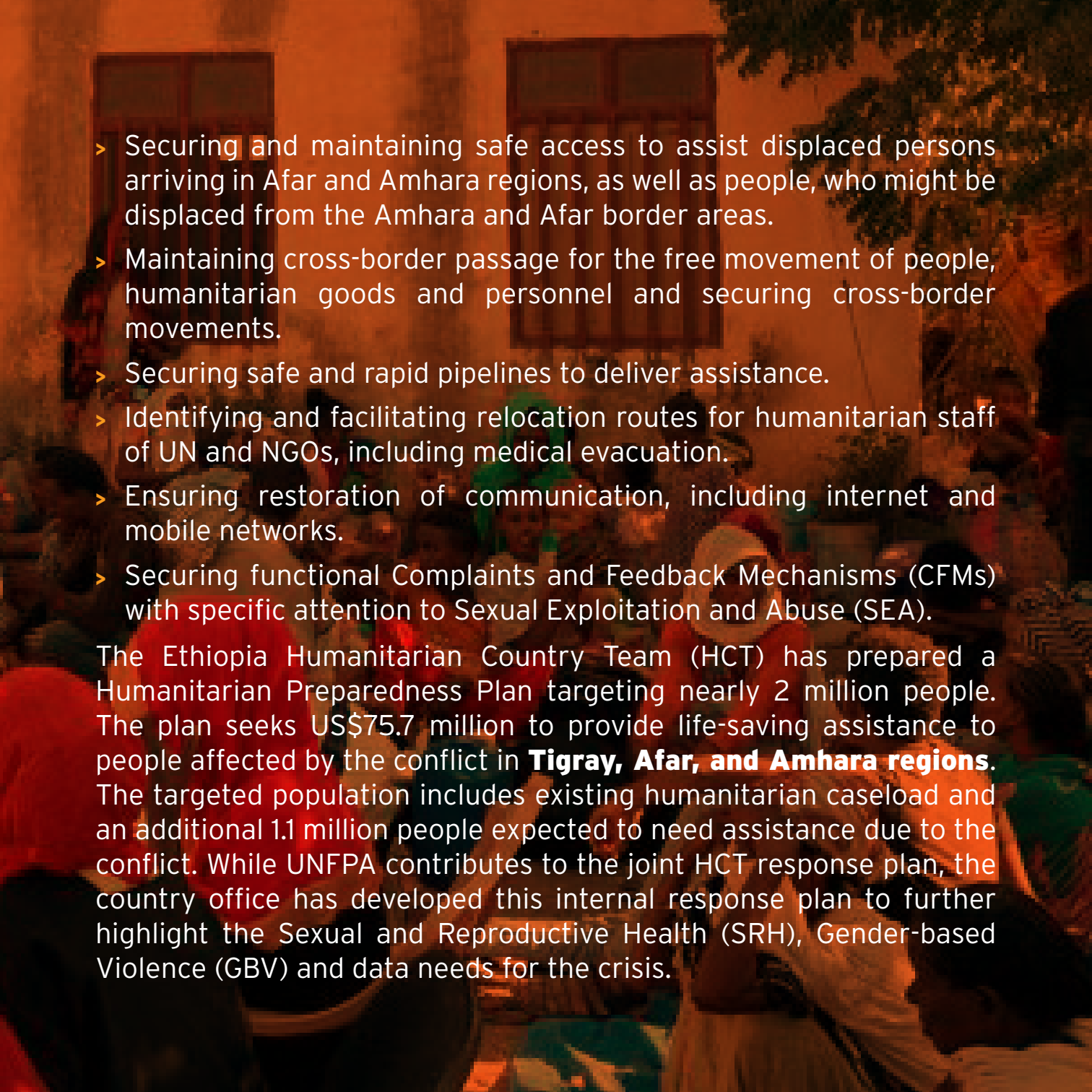
Since November 4 there have been armed clashes between the Ethiopian Defense Force (EDF) and Tigray Regional Security Forces (TRSF). The conflict has spread to other parts of the country (Afar and Amhara regions), and spilled over to neighboring Eritrea. Scores of Ethiopian refugees continue to flee to Sudan.

Parliament approved a 6-months State of Emergency on Tigray Regional State and instructed the federal government to form an interim administration in Tigray.

The humanitarian situation in Tigray is still deteriorating one month after the conflict began. The conflict continues to force people to flee from their homes, resulting in thousands of internally displaced people. Nearly 96,000 refugees are affected by the crisis and are in need of protection and health services as well.

The UN has prepared a Humanitarian Access Strategy to negotiate humanitarian access with the Government. The Strategy focuses on:

- Securing and maintaining safe and sustained access into and out of the Tigray region for life-saving protection and assistance to the affected populations, as well as impartial and independent assessments and monitoring.
- Ensuring the safe passage of people away from the conflict within Tigray, or to other regions.

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- A group of people, including children, are sitting on the ground in front of a building with windows. The scene is dimly lit, suggesting an evening or night setting. The people are dressed in simple clothing, and some are wearing head coverings. The overall atmosphere is one of a community gathering or a meeting.
- > Securing and maintaining safe access to assist displaced persons arriving in Afar and Amhara regions, as well as people, who might be displaced from the Amhara and Afar border areas.
 - > Maintaining cross-border passage for the free movement of people, humanitarian goods and personnel and securing cross-border movements.
 - > Securing safe and rapid pipelines to deliver assistance.
 - > Identifying and facilitating relocation routes for humanitarian staff of UN and NGOs, including medical evacuation.
 - > Ensuring restoration of communication, including internet and mobile networks.
 - > Securing functional Complaints and Feedback Mechanisms (CFMs) with specific attention to Sexual Exploitation and Abuse (SEA).

The Ethiopia Humanitarian Country Team (HCT) has prepared a Humanitarian Preparedness Plan targeting nearly 2 million people. The plan seeks US\$75.7 million to provide life-saving assistance to people affected by the conflict in **Tigray, Afar, and Amhara regions**. The targeted population includes existing humanitarian caseload and an additional 1.1 million people expected to need assistance due to the conflict. While UNFPA contributes to the joint HCT response plan, the country office has developed this internal response plan to further highlight the Sexual and Reproductive Health (SRH), Gender-based Violence (GBV) and data needs for the crisis.

Target Population for the Response

In backdrop of this violent conflict, there has been an increase in the vulnerabilities of most of the population in the three regions- IDP, refugee and host- related to reported shortages of food, water, fuel and health commodities. Most health clinics and hospitals in the three regions report lack of running water, fuel for ambulance services and hospital operation, and lack of medicines and equipment. Healthcare and other essential service providers are also moving to reach safety. This greatly jeopardizes the provision of health care, including life-saving SRH services. As a result, the crisis will make women, girls and young people at heightened risks of unwanted pregnancy, unsafe abortions, increased sexually transmitted infections, higher maternal mortality and morbidity.

Of special concern are women and adolescent girls in the Tigray crisis areas. In the targeted population of 1.1 million, 280,551 women of reproductive age (WRA), 134,664 adolescent girls and 25,442 currently pregnant women are estimated to be in need of life-saving SRH information and services. In the next six months, an estimate of 1,272 women will experience complications of pregnancy and will need Emergency Obstetric and Newborn Care (EmONC) services to deliver safely. By providing EmONC and the Minimum Initial Services Package for Reproductive Health in crisis (MISP), an estimated 34 maternal deaths may be averted. Men and boys who are sexually active and use condoms- an estimated 44,888 persons- will need access to condoms to prevent transmission of HIV and other sexually transmitted infections, including HIV and to avoid unwanted pregnancies.

Thousands of people have been separated from their families and this is complicated by the communication network shutdown that has made tracing difficult, according to UNHCR. ICRC reports that several people are living in makeshift camps without food, water or medical care and are “in fear for their lives” due to insecurity in the area.

Women and girls are at higher risk of gender-based violence and sexual exploitation and abuse during emergencies. The risks in Ethiopia were already on the rise due to the economic downturn and the COVID-19 pandemic and its resultant restrictions on movement, which caused a rise in reported intimate partner violence. At least 5,611 survivors of sexual violence are estimated to seek clinical management of rape services.

Across the three regions, there are an estimated:

Women of reproductive age (WRA)	280,551
Estimated currently pregnant women	25,432
Estimated adolescent girls (10-19)	134,664
Estimated women who will experience Obstetric Complications	1,272
Estimated number of women who are expected to need clinical GBV services	5,611
Estimated number of sexually active men who use condoms	44,888
Estimated people living with disability	19,751
Estimated Non-displaced People in Tigray Region (host)	750,000
Estimated Internally Displaced Persons in Tigray Region (IDP)	100,000
Estimated Returnees	5,000
Estimated persons of concern in Afar Region	39,206
Estimated persons of concern in Amhara Region	220,846
Estimated persons of concern in Tigray Region	862,152
Estimated persons of concern in total	1,122,204

The evolving situation in Tigray Region could bring an additional 1.2 million people to the targeted 1.98 million previously identified persons of concern for multi-sector assistance in Tigray, Afar and Amhara regions identified in the Humanitarian Preparedness Plan. In addition to the needs of the 100,000 internally displaced persons, Ethiopia is host to 150,000 registered Eritrean refugees, with 96,000 of them living in four refugee camps in Tigray alone. Basic services are still functioning. However, due to security concerns, the number of staff servicing the camps have been reduced. There are also concerns for the 6,500 refugees in Shimelba camp who are closest to the areas of conflict.

This humanitarian preparedness response plan builds on and will be regularly informed by updated humanitarian, security and access scenarios on the situation in Tigray and neighboring regions of Afar and Amhara. The plan seeks to strengthen UNFPA's preparedness and response to deliver timely humanitarian assistance to the vulnerable people in Tigray and other regions.

Response Strategy

UNFPA Ethiopia will build on its existing humanitarian response and participation in the Health and Protection clusters to ensure that the SRH/GBV needs form part of the overall response plan by the HCT, Government and partners. While coordination structures are functional at the National level, the activities of such structures at sub national level have been severely hampered by the security situation. UNFPA will deploy surge capacity (local and international) personnel to support its personnel at the regional level in establishing/strengthening the sub national coordination for GBV/SRH.

UNFPA Ethiopia will continue to work with the Government and local implementing partners on the ground to ensure delivery of timely and quality SRH/GBV services. Under the guidance of the Resident Coordinator (RC), UNFPA will work closely with other UN agencies and leverage on their strengths to support the timely delivery of life saving GBV/SRH interventions.

In order to support the delivery of SRH services, UNFPA will move emergency RH kits into the region, procure more ERH kits to address the medium-term needs given the potential for a protracted crisis. Dignity kits will be provided to vulnerable women and girls in the affected region, UNFPA will work with other clusters/partners to ensure timely distribution of the dignity kits. PPE will be provided to protect health care workers and GBV essential service providers from the risk of COVID-19 infection.

As part of adaptation to COVID-19, UNFPA Ethiopia will work within the national framework on supporting continuity of essential life-saving services during the pandemic, and restrictions on movement. Country programmes and work plans for 2021 have also been comprehensively designed to adjust to the new challenges posed by the pandemic and ensure continuity of operations across SRH, GBV and youth responses. In addition to the Tigray crisis, Ethiopia's COVID-19 positivity rate remains at about 10%, although surveillance, testing and treatment has been scaled down in various locations due to lack of or dwindling resources and testing kits. Of note also is that Tigray is amongst the top three most affected regions in Ethiopia by COVID-19. Desert locust, coupled with flooding that has destroyed crops, as well as the economic impact of the COVID-19 pandemic, particularly on the most vulnerable.

UNFPA Ethiopia will work within and strengthen existing frameworks for accountability to affected populations (AAP). Participation of affected communities in planning the design and delivery of interventions will be mainstreamed across all SRH/GBV programmes. Regular situation reports will be developed to support advocacy efforts and accountability to funders and local authorities.

Priority GBV Interventions:

1. Support sub national GBV sub cluster coordination
2. Establish Women and Girls Friendly Safe Spaces
3. Procure and distribute dignity kits to vulnerable women and girls
4. Establish/Update and disseminate GBV referral pathways in the three regions.
5. Facilitate psychological first aid (PFA) and Mental Health and Psychosocial Support (MHPSS) capacity building to inter-sectoral front-line NGO and government staff in order to provide services to survivors
6. Share information with communities about humanitarian assistance and availability of GBV services

Priority SRH Interventions:

1. Support the three regional health bureau's and partners to activate and operationalize the SRH working group/task force and to participate in the joint rapid need's assessment.
2. Provision of emergency RH kits, which will equip at least 37 health centers and 8 hospitals to strengthen SRH and GBV clinical services.
3. Provision of infection prevention supplies and personal protective equipment (PPE) which will equip 45 health facilities in the crisis areas of Tigray, Afar and Amhara.
4. Build capacity of 300 service providers on emergency SRH programming (MISP for RH, clinical management of rape, post abortion care and BEmONC) each training for the 3 regions (Tigray, Afar and Amhara) .
5. Support mobile community outreach activities and disseminate messages on available SRH and GBV services and on COVID-19 infection prevention measures.
6. Support awareness creation activities as part of a demand creation initiative that will be carried out to promote institutional delivery among pregnant women, increase use of family planning and use of facility based safe motherhood services, and GBV prevention and response services;
7. Deployment of local and international consultants to build surge capacity to provide technical support, coordination and project facilitation

Budget Summary

(6 months)

Human Resource

	Budget in USD
1 Humanitarian Coordinator	129,606
1 GBV Specialist	124,232
1 SRH Specialist	124,232
1 Logistics Specialist	113,484
1 Data Analyst	113,484
18 National Midwives and 1 Midwife Coordinator	285,000

Sub total

890,038

Supplies

Emergency Reproductive Health Kits	1,307,974
Dignity Kits (50,000)	1,122,200
Personal Protective Equipment (COVID-19)	1,137,800

Sub total

3,567,974

Capacity Building

Training of 300 health care providers on MISP, CMR, GBVIE	114,000
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Sub total

114,000

Service Delivery	Budget in USD
Support mobile community outreaches	36,000
SRH, GBV Awareness Raising	22,680
Regional GBV/SRH Coordination	36,000
GBV Referral Pathways for 3 regions	57,000
Prevention Response programs (WGSS)	165,000
Mental Health, Psychosocial Support and Psychological First Aid	67,700
GBV Community Outreach	64,800
Sub total	449,180

USD 5,021,192

GRAND TOTAL

