



UNFPA ETHIOPIA RESPONSE TO THE TIGRAY CRISIS
Situation Report
15 to 30 April 2021

Background



Source: UNFPA Ethiopia based on OCHA/Maps & Infoaographics.

On November 4, 2020 simmering tensions between the federal government and the leadership of the northern Tigray region escalated into a military confrontation. Following the armed clashes, a six-month state of emergency with a law-enforcement operation was declared by the federal government, and a large-scale humanitarian crisis ensued with a surge of internally displaced persons and movement of refugees into neighboring countries. Despite the announcement of an official end to military operations on November 28, 2020, continued confrontations and insecurity persists across Tigray, Afar, and Amhara regions with significant impact on the safety and protection of civilians.

The unfettered access granted by the Federal Government on March 3, 2021 to humanitarian actors operating in the area notwithstanding, on-going clashes and restricted movement - particularly to remote rural areas - has severely limited partners' capacity and availability to reach those most in need across large parts of the Tigray region. Nearly 6 months of conflict has resulted in about 1.7 million¹ people internally displaced and widespread damage in health facilities and basic services, leaving 4.5 million people in need of humanitarian assistance. Armed conflict and intercommunal violence remain a critical concern across Ethiopia, from Tigray, to Benishangul Gumuz, to Oromia and Amhara regions. All of this is happening in a context where Ethiopia is faced with over 252,279² COVID-19 cases as of April 26, 2021 with a severe

¹ Ethiopia-Tigray Region Humanitarian Update Situation Report (April 19,2021): <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-30-march-2021>

² UN Ethiopia - Novel Corona Virus (COVID 19) Update Bulletin #333 (April 26, 2021)

socioeconomic impact, compounded by recurrent climate-related shocks such as floods and droughts, intercommunal conflicts and an alarming deterioration of the food security situation across the country.

Situation Overview



7,062,000 total population in Tigray³



4,500,000 people in need in Tigray⁴



2,300,000 million targeted⁵

Nearly 6 months into the conflict, the persistent armed confrontations and the state of emergency in Tigray Region continue to drive large-scale displacement across the region, most notably through the north and northwest, and central zones of the region. Active hostilities across large parts of the region, general insecurity and recurrent road blocks among major cities continue to hold back the ability of partners to move and scale-up the response to those most in need in hard-to-reach rural areas. According to the Regional Bureau of Labor and Social Affairs (BOLSA), there are an estimated 1.7 million people displaced across the region⁶ with [4.5 million people](#) currently estimated to be in need in Northern Ethiopia. The three towns hosting the largest number of IDPs are Shire, Adwa and Adigrat with 445, 309 IDPs, 129,524 and 100,168 IDPs⁷, respectively. Shelter, Food and Nutrition and Protection are immediate concerns with the beginning of the rainy season and resulting in acute hunger rates due to multiple contributing factors⁸, especially locust infestation, challenges with agricultural supply and planting, and the socioeconomic impact of the conflict. Despite the rally of humanitarian actors to respond across sectors, the humanitarian situation remains dire and the response so far is not commensurate with the needs of the conflict-affected population.

Though there is some progress, **access to life-saving health services** by the affected-populations remains limited. The health cluster indicates that 141 of the 198 assessed hospitals and health centers

³ Tigray in Ethiopia: https://joshuaproject.net/people_groups/15481/ET

⁴ Ethiopia. Humanitarian Needs Overview 2021 (March 5, 2021):

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ethiopia_2021_humanitarian_needs_overview_hno.pdf

⁵ Ethiopia - Tigray Region Humanitarian Update Situation Report, OCHA (April 19, 2021):

<https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-30-march-2021>

⁶ Ibid.

⁷ IOM - Displacement Tracking Matrix. Emergency Site Assessment: Northern Ethiopia Crisis Round 4 (March 23, 2021):

<https://dtm.iom.int/reports/ethiopia---emergency-site-assessment-4-2---23-march-2021>

⁸ Famine Early Warning Systems Network - <https://fews.net/east-africa/ethiopia>

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remain either partially or fully damaged⁹. Health services in the IDP sites are still provided through the mobile health teams of INGOs where and when security permits, with reproductive and maternal health care or treatment for chronic illnesses almost non-existent¹⁰. Referral systems are poor or absent, especially due to the looting of 70% of the ambulances in the region¹¹. According to HeRAMS, the lack of medical supplies (43%)¹² and medical equipment (16%) due to the looting and vandalism of health facilities has left access to life-saving commodities highly inadequate, with critical shortages of essential drugs like antibiotics, family planning commodities or anti-retroviral therapy for HIV patients¹³. According to the Minimum Initial Service Calculator for humanitarian settings, it is estimated that about 101,982 women are currently pregnant and 5,099 will experience complications with heightened risk of maternal mortality and morbidity in the coming months¹⁴.

Looking at the impact of the conflict on the **protection needs** of vulnerable populations, a joint international statement released on 23 April, the *Call to Action on Protection from Gender-based Violence in Emergencies (Call to Action on GBV)* expressed its concerns about the persistent reports of gender-based violence, including sexual violence, in Tigray Region. The statement highlights the “challenges [for GBV survivors] in accessing safe shelter, health services, psychosocial support, case management, protection by law enforcement and the justice system generally” and calls for a prioritization of GBV prevention and response across humanitarian partners. Although largely underreported due to fears of stigma and retaliation, at least 22,500 survivors of sexual violence will seek clinical management of rape services¹⁵ in the coming months while only 29% of the health facilities are partially available to provide services in the region. Of particular concern is also the lack for comprehensive mental health and psychosocial support (MHPSS) to GBV survivors with only 7% of health facilities having the full capacity to provide psychosocial first aid. All of this amid multiple stressors impacting the country, from the COVID-19 pandemic to risks of cholera and other disease outbreaks, to intercommunal conflicts and social unrest across regions, to climate-related shocks, and the risk of famine.

Despite the initial challenges in humanitarian access, UNFPA is scaling up its response focusing on preventing and responding to gender-based violence, bridging protection, gender equality and MHPSS, and commitment to sexual and reproductive health and rights in Tigray, Afar and Amhara regions. Activities are being tailored to address the general interruption of SRH/GBV services to restore pre-crisis capacity through government health facilities and the humanitarian partners on the ground. More detailed information on UNFPA’s revised priority activities for upscaling the humanitarian response in the coming months are available at the [Addendum - UNFPA's Preparedness and Response Plan for the Tigray crisis](#) issued on April 24, 2021.

⁹ Ethiopia - Tigray Region Humanitarian Update Situation Report (March 30, 2021): <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ethiopia%20-%20Tigray%20Region%20Humanitarian%20Update%20-%202022%20Mar%202021.pdf>

¹⁰ Ibid.

¹¹ WHO, Conflict-related quantification exercise and damage cost estimation for hospitals in Tigray, Northern Ethiopia, April - 2021.

¹² HeRAMS - Ethiopia (Tigray): <https://herams.org>

¹³ Ibid.

¹⁴ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

¹⁵ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

UNFPA'S RESPONSE

Sexual and reproductive health and rights (SRHR)

Of the people in need¹⁶:



1,125,000 are women of reproductive age



101,982 are currently pregnant women



11,331 expected births per month



540,000 are adolescent girls (10-19)



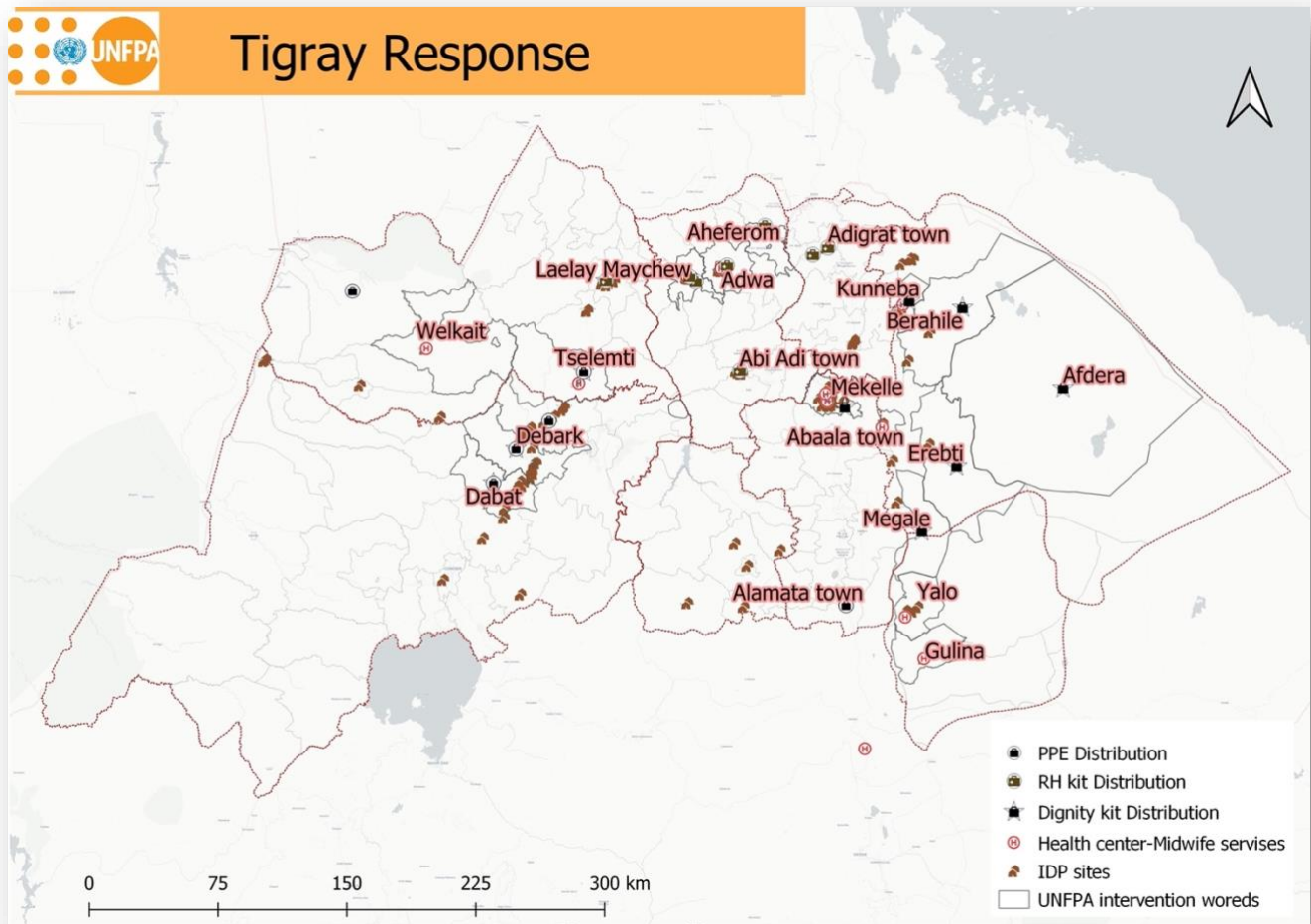
450,000 women of reproductive age who use modern contraceptives

- **Explored the establishment of Maternity Waiting Homes** for host communities and IDPs across the conflict-affected areas of Tigray, in collaboration with referral hospitals and humanitarian partners on the ground. The Maternity Waiting Homes will be located in close proximity to the skilled delivery facilities and will provide safe haven, stabilization, and referral for pregnant women who are awaiting labour, and early postpartum women and neonates.
- Provided **on-site technical support and oversight to 6 midwives** deployed by UNFPA - Ethiopian Red Cross Society to Axum, Adigrat, Adwa and Shire placed in both health facilities and IDP sites.
- **Procurement of blankets, sheets and soap** for pregnant and lactating women at IDP sites in Tigray and Amhara regions.
- Discussed **Information, Education and Communication (IEC) materials** needed for SRH sensitization sessions by midwives in the IDP camps, planning prioritized graphics and printing needs.
- **Distributed 60 Emergency Reproductive Health (RH) Kits:**
 - **12 SRH Kits to the One-Stop Center** in Ayder Hospital in Mekele, including 500 packs of medical masks and 3 pcs of medical equipment (2 wheel-chairs and 1 stretcher) to conflict-affected women and girls in Tigray.
 - **48 SRH Kits to Save the Children International** to be distributed in 8 hospital and health facilities located at the rural area of Adwa (3), La' ilay Maychew (3) and Adigrat (2) in Tigray, including a RH kit (1 ton.) for a referral hospital to address emergency obstetric interventions. The SRH Kits will serve about 6,985 individuals with SRH medical supplies and equipment from the community level, to primary health center, to referral hospitals.

¹⁶ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

- **115 packs of Personal Protective Equipment (PPE) for COVID-19 prevention** - such as surgical gloves, goggle protectives, face shields and hand sanitizers - have been distributed through the Ethiopian Red Cross Society (ERCS) at 2 Hospitals and 2 Health facilities - Debark and Humera Hospitals and Adiarkay, and Zamira HCs - in North Gondar, Amhara region.

AT A GLANCE



The map showcases to date UNFPA's main distributions of medical supplies, commodities and midwifery interventions provided at health facilities in conflict-affected areas across Tigray.


Midwifery Service Provision for northern Ethiopia Response

(*Cumulative numbers)

Sum of Total Reached (Region) <small>*Cumulative Numbers</small>	Activity/Service Provided	Grand Total
Afar <ul style="list-style-type: none"> ○ Woreda-level ○ Gulina HC ○ Kunneba HC ○ Yalo HC 	# deliveries attended to by skilled provider	54
	# outpatients for post-abortion care (PAC)	4
	# outpatients for post-natal care (PNC) within 42 hr.	68
	# outpatients for antenatal care consultations (ANC)	156
	# outpatient / inpatient visits for safe abortion care	7
	# outpatient visits for family planning (male and female)	102
	# visits for STI/HIV counseling, screening, testing or other treatment	237
	# referrals for higher level of obstetric care/emergency (mother/newborn)	2
	# of FP services provided to WCBA (16-59 years)	12
	Total Afar	642
Amhara <ul style="list-style-type: none"> ○ Mersa Town Hospital 	# deliveries attended to by skilled provider	2
	# outpatients for post-abortion care (PAC)	5
	# outpatients for post-natal care (PNC) within 42 hr.	5
	# outpatients for antenatal care consultations (ANC)	24
	# outpatient visits for family planning (male and female)	7
	# visits for STI/HIV counseling, screening, testing or other treatment	4
	# of FP services provided to WCBA (16-59 years)	1
	Total Amhara	48
Tigray <ul style="list-style-type: none"> ○ Alamata ○ Tselmti ○ Welkait 	# deliveries attended to by skilled provider	151
	# outpatients for post-abortion care (PAC)	98
	# outpatients for post-natal care (PNC) within 42 hr.	167
	# outpatients for antenatal care consultations (ANC)	611
	# outpatient / inpatient visits for safe abortion care	29
	# outpatient visits for family planning (male and female)	133
	# visits for STI/HIV counseling, screening, testing or other treatment	216
	# referrals for higher level of obstetric care/emergency (mother/newborn)	19
# clinical management of rape visits completed within 72 hr. of assault	5	
	Total Tigray	1,429
	GRAND TOTAL	2,119

Gender-based Violence (SGBV)

Of the people targeted:



22,500 estimated people are expected to seek services for GBV¹⁷

- Completed a **5-day Clinical Management of Rape (CMR) training** in Mekelle for 20 participants - 14 government medical staff and 6 national staff from INGOs - through Ethiopian Midwives Association (EMWA) with prepared CMR kits for those completing the course. Additional trainings have been planned for Shire (Tigray) and conflict-bordering areas of Amhara and Afar regions.
- **Conducted a training on protection from sexual exploitation and abuse (PSEA) in Shire**, attended by 16 participants from 10 INGO, NGO and UN agencies.
- **Distributed 1,950 Female Dignity Kits** through Food for the Hungry (250 u.) and Mums for Mums (1700 u.) to vulnerable women and girls at IDP sites in Adwa, Axum and Adigrat, Tigray region.
- **Provided 27 Clinical Management of Rape (CMR) Kits to serve 1,620 GBV survivors:**



- **3 kits for Clinical Management of Rape (CMR)** provided to the One-Stop Centers located at health facilities and the referral hospitals in Axum and Adigrat to serve 150 adults and 30 children.
- **4 Kits for Clinical Management of Rape (CMR)** provided to Mobile Medical Teams (MMTS) of Medical Teams International (2) and MSF-Spain (2) for service provision to sexual and gender-based violence survivors at IDPs sites in Shire, Tigray region.
- **20 Clinical Management of Rape (CMR) kits provided to the Regional Health Bureau** to serve 1,200 GBV survivors at 10 hospitals in Mekelle, Adwa, Adigrat, Axum, Shire and Abi Adi in Tigray Region.

MSF -Spain with its Kits #3 donated by UNFPA Ethiopia in Shire town, Tigray. Photo by © UNFPA Ethiopia/Paula Seijo.

¹⁷ Based on Minimum Essential Service Package (MISP) calculator: <https://iawg.net/resources/misp-calculator>

- **UNFPA Afar developed and disseminated the GBV referral pathway** to guide humanitarian partners and governmental service providers in facilitating and/or providing timely and appropriate referral services for survivors of sexual and gender-based violence in the region.

Logistics and Distributions



1,950 dignity kits were distributed to Tigray's response



108 emergency reproductive health kits dispatched to Tigray, Afar and Amhara regions



1,255 Personal Protective Equipment (PPE) and other medical equipment dispatched to health facilities in Tigray region.

Coordination and Partnerships

UNFPA has:

- Completed and published an [Addendum to the UNFPA's Preparedness and Response Plan](#) for the Tigray response for the remainder of 2021, increasing the funding needs to USD12 million based on the increase in the number of people in need and people targeted.
- Organized and collaborated with IOM and UN Ethiopia a one-day high-level donor visit in Mekelle on April 26, 2021. The delegation constituted by the UN Resident Coordinator, UNFPA Representative, IOM Representative, and the Ambassadors of Canada, Finland and Deputy Ambassador of Japan met with the Interim Regional Government of Tigray and had the opportunity to visit the ongoing construction of Sabacare 4 IDP site, the One-Stop Center at Ayder Hospital and the Ethio-China IDP camp in Mekelle, Tigray.
- Conducted a field-mission to Adigrat, Axum, and Shire to coordinate and evaluate with humanitarian actors – Food for the Hungry, MSF Spain, MSF Holland, Red Cross, UNHCR, Medical Teams International (MTI) and Save the Children - the current SRH and GBV needs and challenges to upscale the provision of services for conflict-affected population across the region.
- Met with GBV actors to evaluate the current context in the aforementioned towns in terms of safety

and security for the potential expansion of Safe Houses across the region.

- Organized a Virtual Tour for about 15 Development Partners about UNFPA's response to the Tigray crisis - "Leaving No One Behind in Tigray" - informing donors about accomplishments and revised priorities and needs to scale up the response across sectors - SRH, MHPSS, GBV, and PSEA - in the region.
- Reviewed incoming requests for UNFPA support sent by different government entities, INGOs and NGOs to respond to the Tigray's crisis.
- Engaged with various donors and development partners and submitted proposals for funding.
- Participated and contributed UNFPA specific updates to Protection Sector, Health Sector, Child Protection and GBV AoR, Logistic cluster, PSEA-AAP Network and Emergency Coordination Center meetings at national and sub-national levels.



UNFPA Representative, Ms. Dennia Gayle with Ms. Maureen Achieng, IOM Chief of Mission to Ethiopia, and Ms. Catherine Sozi, UN Resident Coordinator at the Women and Girls' Safe Space (WGSS) in Ethio-China IDP site, Mekelle - Tigray. Photo by © UNFPA Ethiopia/Paula Seijo.

GBV AoR Coordination

UNFPA as the lead agency for GBV AoR coordination:

- A briefing was held to over 140 attendees from different INGOs, NGOs, and regional authorities on the GBV response in Tigray Region, including GBV response priorities, challenges, and the advances made so far across humanitarian partners on the ground.
- Drafted 5 GBV referral pathways for additional One Stop Centers in each zone in Tigray that will be validated and ready for dissemination in May, 2021.
- Finalized the Joint Health and Protection Cluster Response Plan for better coordination of joint and individual responsibilities in GBV risk mitigation, prevention, and response across the region.
- Conducted a field mission to Adwa, Adigrat, Axum, and Shire from April 26-30 to evaluate with partners on the ground the scope of GBV service provision at OSC in health facilities, including GBV coordination in the area.

Communications

- Conducted the Virtual Tour with development partners '[Leaving No One Behind in Tigray](#)' held on 28th April for donor-engagement and resource-mobilization for UNFPA's response to the Tigray crisis.
- Engaged with [Friends of UNFPA in an Instagram Live](#) on April 22 to showcase UNFPA's work to advance women's rights and choices in Tigray and other parts of Ethiopia.
- Produced a video highlighting the resilience and recovery of GBV survivors at the UNFPA supported Safe House in Mekelle, Tigray.
 - [Building resilience amid conflict](#)
- Provided communication support to the one-day high-level donor visit to Mekelle, Tigray.
 - [UNFPA-IOM high-level donor visit to Tigray \(Twitter Thread\)](#).
- Created a video showcasing the heroic work of UNFPA supported midwives amid the conflict in Tigray
 - [Midwives save lives](#)
- Participated in a field mission to Adwa, Adigrat, Axum and Shire to collect material about UNFPA's SRH and PSEA response in the region. A story and visual materials will be released in the upcoming weeks.



“We have a high demand for family planning methods from both women at the host community and the IDP sites. With UNFPA's sexual and reproductive supplies women can freely decide when and whether become pregnant.”

*Mr. Biniam Tewelde
UNFPA-ERCS Midwife
Axum HC, Tigray*

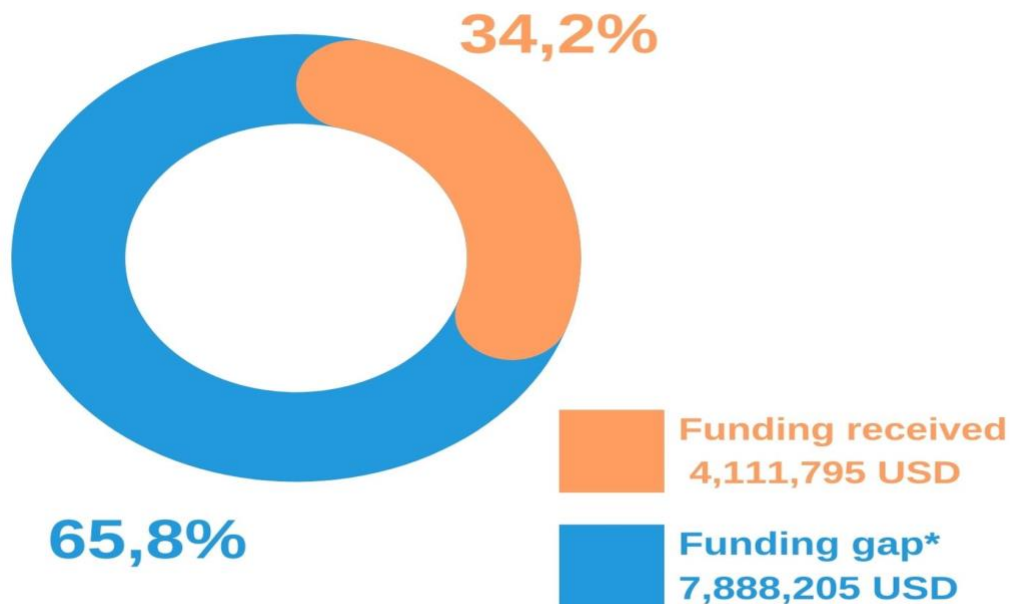
UNFPA'S RESPONSE

Resource Mobilization

To date, UNFPA secured:

- 1,500,539 USD in CERF funds to implement the GBV in emergencies program for the conflict affected population in Tigray's crisis
- 1,011,256 USD from the Emergency Fund for Tigray's crisis.
- 1,600,000 USD from the Danish Ministry of Foreign Affairs for comprehensive SRH/GBV services through OSC, WGSS, Safe Houses and medical supplies to conflict-affected women and girls across Tigray.
- 4,000 USD from Friends of UNFPA for SRH/DKs provision to women and girls in Tigray.

Funding Required: 12,000,000 USD



For more information on UNFPA's revised budget and resource allocation, please visit: [Addendum UNFPA's Preparedness and Response Plan for the Tigray Crisis](#)

Delivering a world where **every pregnancy is wanted,**
every childbirth is safe and every young person's
potential is fulfilled



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