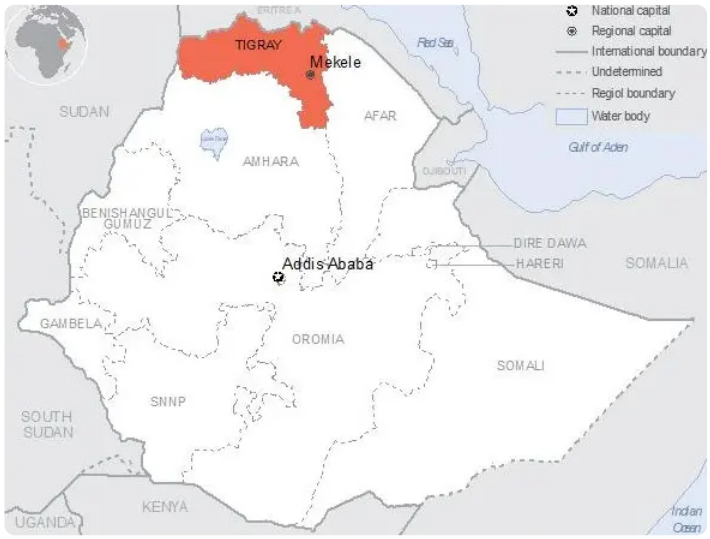
# ETHIOPIA - TIGRAY REGION HUMANITARIAN UPDATE

Situation Report

*Last updated: 30 Mar 2021*

## HIGHLIGHTS (30 Mar 2021)

- The conflict in Tigray continues to drive massive displacement across the Region, with tens of thousands of people arriving into Shire, Axum and Adwa over the last weeks.
- Aid workers are scaling up the response and have assisted over 1 million people with food and more than 630,000 people with clean water. WASH services are improving in IDP sites
- All clusters have an established coordination forum in Mekelle, while all but three have set up coordination structures in Shire.
- To date, 67 per cent of the targeted woredas have been accessed through 50 mobile health teams compared to 25 per cent in February 2021
- Concerning reports of violations of human rights continue to arise. There are more than 500 self-reported rape cases so far.

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## KEY FIGURES

**950,000**
People in need of aid before the conflict

**1.3M**
Projected additional people to need aid

**62,225**
Refugees in Sudan since 7 November

## FUNDING (2020)

**$1.3B**
Required

**$741.6M**
Received

**59%**
Progress

FTS: https://fts.unocha.org/appeals/936/summary

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## BACKGROUND (30 Mar 2021)

### SITUATION OVERVIEW

Almost five months on since the start of the conflict in Tigray, the humanitarian situation on the ground is extremely dire and far from improving, despite very significant efforts from the UN and its partners to scale up assistance. The ongoing hostilities, with clashes and ambushes reported in most parts of the region, not only impact safety and wellbeing of millions



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of civilians but also constrain humanitarian actors' ability to operate and support people affected. In parts of Southern and South Eastern Tigray, for example, access has been curtailed for over a month and the road from Alamata to Mekelle remains closed, blocking humanitarian operations in the area.

The UN and humanitarians on the ground continue to receive concerning reports of attacks against civilians and civilian infrastructure, including looting and vandalization of health centres, schools, as well as several cases of sexual and gender-based violence. Since the start of the fighting, there has been a pattern of retaliatory and targeted attacks on civilians and civilian infrastructure by armed forces linked to all parties to the conflict. In one of the latest developments, the international NGO *Medecins Sans Frontieres*, in a statement issued on 24 March, detailed how three aid workers were attacked in a clearly marked MSF vehicle, after they witnessed the extrajudicial killings of four unarmed men, allegedly by Ethiopian soldiers.

On the same day, the Ethiopian Human Rights Commission (EHRC) released preliminary findings of its investigation on human rights abuses in the historic town of Axum at the end of November 2020. The report indicates that over 100 civilians were killed, allegedly by Eritrean soldiers, validating separate investigations shared earlier by rights groups, including Amnesty International and Human Rights Watch into the same killings. Evidence on attacks and damaged civilian property was also gathered. The report, however, does not include investigations into allegations of gender-based violence and other human rights violations. The EHRC called on the authorities to immediately stop disproportionate measures by security forces and increase health response.

There are also several reports about the continued prevalence of gender-based violence (GBV), including rapes and other formers of sexual violence, perpetrate by different armed actors since the start of the conflict, including in displacement camps. According to humanitarians in Tigray, at least 516 rape cases had been reported over the last five months by five medical facilities in Mekelle, Adigrat, Wukro, Shire and Axum. The actual numbers might be even higher, as stigma and the destruction or closure of several health facilities prevent survivors from seeking assistance. In a joint statement released on 22 March, multiple heads of UN agencies including OCHA, IOM, OHCHR, UNHCR and ICVA; the NGO network called on all parties to the conflict to ensure the protection of civilians from human rights abuses. The statement explicitly condemned all sexual violence and strongly urged all parties to ensure that their forces respect and protect civilian populations, particularly women and children, from all human rights abuses and that where such abuses occurred, perpetrators would be brought to justice. EHRC and the United Nations Human Rights Office of the High Commissioner (OHCHR) agreed on cooperate on a joint investigation on the allegations of human rights violations and abuses committed in Tigray.

Cases of vandalism and looting of civilian infrastructure, including health centres and schools, are still surfacing. Findings from recent Ministry of Education reports show that at least 25 per cent of schools in Tigray have been damaged, ranging from partial to complete destruction of classrooms, office blocks and water and sanitation facilities, among others. Reports of looting of drugs and equipment from health facilities are persistent with mobile health teams in some areas prevented from transporting medical materials and medications. According to the WHO-led Health Resources and Services Availability System (HeRAMS), 51 per cent of hospitals and health centers in the region might be functional. However, due to no or limited *woreda*-level health administration structures and lack of communication and reporting, this data cannot be verified by the Regional Health Bureau (RHB). Thus, there is no system in place to continuously monitor and update the functionality status of the health facilities due to the complex and dynamic nature of the situation.

Overall, with the deteriorating situation and continued disruption of basic services, the UN and humanitarian partners are in a race against time to respond to the rapidly rising needs. More funding is urgently needed to make sure aid organizations can assist every single people impacted by the conflict.

**ERITREAN PRESENCE AND ITS HUMANITARIAN IMPACT**


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On 23 March, Prime Minister Abiy Ahmed, in a parliamentary address, acknowledged that Eritrean troops had crossed the border into Tigray during the conflict. Later on 26 March, the Prime Minister issued a statement informing that Eritrea had agreed on withdraw its troops from Tigray. The Prime Minister also acknowledged for the first time that atrocities, including rape, had been committed and promised that the perpetrators would be held to account.

## ANALYSIS (30 Mar 2021)

### CROSS-BORDER IMPACT

The conflict along the border between Sudan and Ethiopia remains active, with Sudanese Armed Forces and Ethiopian—including Amhara militias – and Eritrean forces deployed around Barkhat settlement in Greater Fashaga and clashes reported since early March. Fighting in areas bordering Eritrea in Eastern Zone along with the northern woredas of North-Western and Central Zone seems to have abated, however, humanitarian response in these areas continue to be very limited

UNHCR and partners are working with local authorities assisting nearly 63,000 people who are currently seeking refuge in the eastern Sudanese states of Kassala and Gederaf. Over 40,000 people have been relocated from Hamdayet and Abdrafi and Village 8 to Um Raquba. However, further relocation to Um Raquba has been suspended as the camp reached its maximum capacity.

*Ethiopian refugees, fleeing clashes in Tigray region, cross the border into Hamdayet, Sudan, over the Tekeze river. Photo: © UNHCR/Hazim Elhag*

## VISUAL (12 Feb 2021)

### PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE IN TIGRAY


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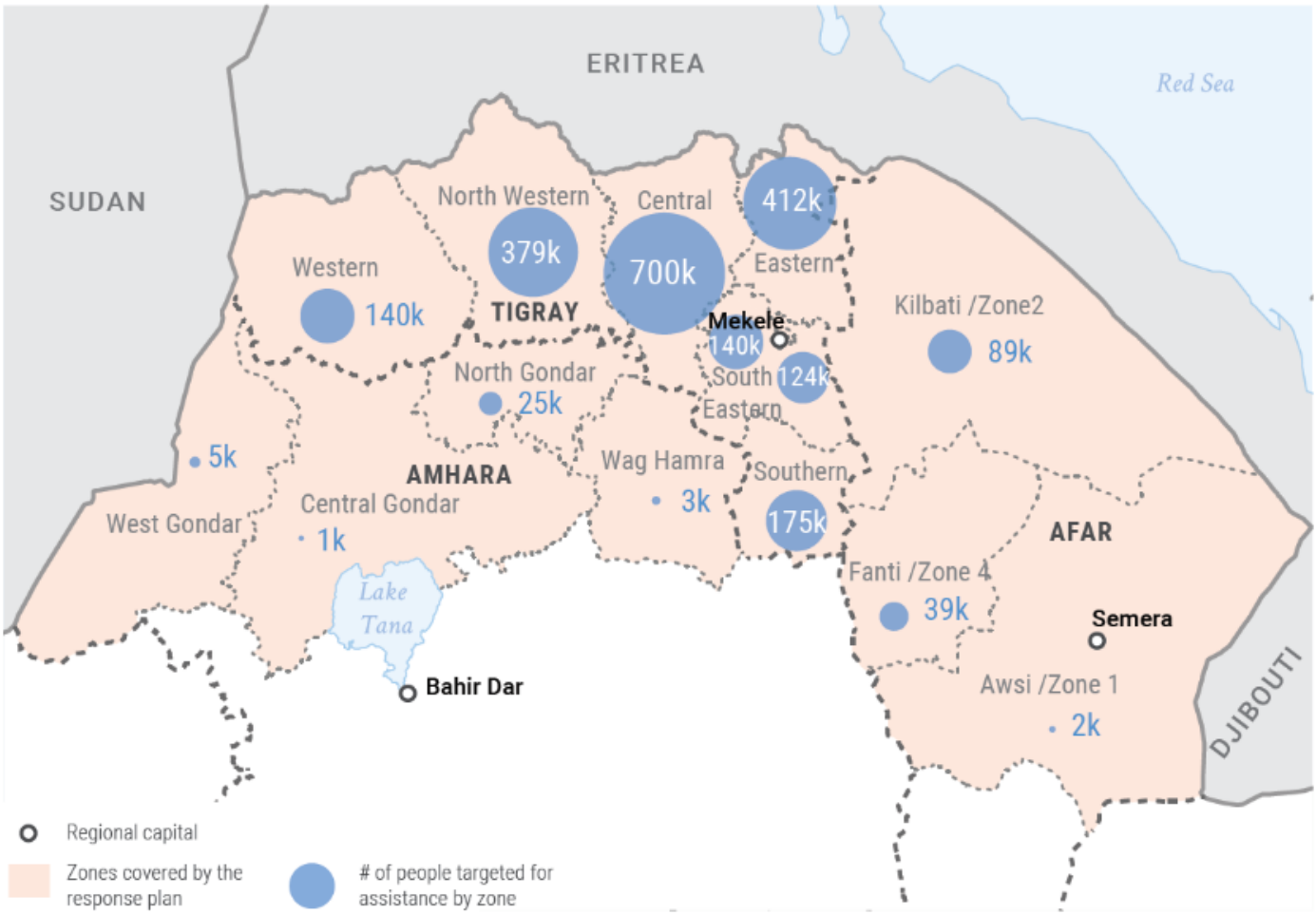
NUMBER OF PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE BY ZONE




## EMERGENCY RESPONSE (30 Mar 2021)

### HUMANITARIAN PREPAREDNESS AND RESPONSE

Despite challenges, aid workers are scaling up the response and have assisted over 1 million people with complete food baskets. Nearly 140,000 newly displaced people received emergency shelter and vital relief items and more than 630,000 people received clean water. The response is, however, still inadequate to reach all estimated 4.5 million people who need life-saving assistance.

With the support of the Ministry of Peace and the Ethiopian Telecommunication Authority, UN Agencies have been able to reconnect some field offices to the internet in Mekelle and Shire and are able to regularly communicate with their counterparts. Additional UN offices and partners are continuing to advocate for expanding telecommunications access throughout the region given the lack of infrastructure to support mobile telephone use. While the ability of partners to physically access populations in centres may be increasing, ongoing population displacements to urban areas of Mekelle, Axum, Adwa, Shire and Adigrat from rural areas continues.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Outside of the major cities, an estimated 2.5 million people in rural areas have not had access to essential services over the last four months. Partners are working to decentralize relief activities outside the main axis Alamata - Mekelle - Adigrat and Shire, into the rural areas where security conditions allow. Reports of hostilities continue in parts of Central, Southern and South-East zones, making it difficult for partners to assist the population. On 18 March, an inter-agency joint assessment was conducted in Sheraro, Shimelba and Hitsats. In Sheraro, local authorities reported an estimated 95,000 displaced people and about 50 new daily arrivals. Many of those displaced reportedly fled from Western Zone, North-Western Zone and Amhara Region due to active conflict and/or allegedly pressure from Eritrean forces. Most are living with the host community and 30,000 are sheltered in five informal settlements. Others who have been displaced are reportedly scattered in hideouts, surroundings, and rural areas. Response in Sheraro remains inadequate and mainly reaches those already within the town. Limited medical, non-food items (NFIs) and protection support has been and is being provided. In Shimelba, there are reportedly at least 2,000 to 3,000 displaced people and host community members living in vulnerable circumstances in the refugee camp area. The exact number, however, remains unconfirmed for now. While needs in Shimelba are similar to those in Sheraro, there is no response in Shimelba. Facilities in Shimelba and Hitsats refugee camps have been looted and many shelters were destroyed and burnt. Comprehensive assistance in terms of food, shelter/NFI, WASH, health, nutrition, education and protection is urgently needed.

In Shire, all those who have been displaced, including the estimated 80,000 new arrivals, are sheltering in 14 education facilities. According to the Bureau of Labour and Social Affairs (BoLSA), an estimated 75 per cent of displaced people in Shire have been registered. Displaced people who have been living in Axum University Campus have received a two-week eviction notice to free up campus facilities. According to IOM DTM, 44,015 people were living on the campus. While new dedicated or formal sites need to be identified, dedicated sites about 7.5 km from Shire able to host 20,000 people have been approved with those who were to be evicted being prioritized for relocation. The recently activated Camp Coordination and Camp Management (CCCM) Cluster is already working on site planning and development activities in consultation with other clusters and partners.

Mekelle has seen a rapid expansion in the number of settlements in and around the city, from 8 to 15, due to both decongestion of overcrowded sites by authorities and movements to sites from host communities. The capacity of host communities to assist those who have been displaced is being rapidly exhausted. Without more assistance to communities, there are fears of a rise in secondary movements to already-overcrowded sites and with that, associated protection risks. In both Shire and Mekelle, plans for relocation suffered setbacks with previously identified sites being removed from consideration. Given these delays, it has become even more imperative to mitigate protection risks in the temporary sites. Shelter Cluster partners stress the need to prioritize assistance to displaced people sheltering in sub-standard dwellings such as churches, open spaces and in over-crowded situations; all of which may further expose women and girls to gender-based violence (GBV), and other health and protection-related concerns.

This past week, WHO activated a second sub-national Health Cluster Coordination Forum in Shire, in addition to the existing one in Mekelle, with the participation of nine partners. The Health Cluster continues to advocate for more partner presence in Tigray. To date, there are 18 operational partners in the region, 16 of whom are providing services through mobile health and nutrition teams on the ground, compared to 9 partners back in January 2021. Support to RHB and Woreda structures in surveillance strengthening and disease preparedness is a key milestone for the Health Cluster, with a marked improvement in weekly reporting and completeness of reports. WHO has supported the investigation of suspected cholera outbreak in Adwa and bacterial meningitis in Western Tigray. No disease outbreaks have been reported to date but there is heightened vigilance around a potential cholera outbreak. Health Cluster's priorities include, among others, increasing access to essential health services through mobile teams; establishing patient referral pathways; revamping supply chain management and, revitalizing surveillance systems and COVID-19 interventions

## **CLUSTER STATUS** (13 Mar 2021)


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## AGRICULTURE

### Needs

- The Agricultural systems have been devastated by months of fighting and extensive looting and destruction. Crops and animals have been looted or burned, particularly in the Eastern and Central zones. Farmers are becoming increasingly desperate, with partners describing their food security status as catastrophic. Livestock production across the Tigray Region has also been devastated due to the lack of feeding, water and health services, with outbreaks of foot and mouth disease (FMD) in at least two *woredas* in East and South East zones.
- Field assessments conducted in four zones (South, South East, East and Central zones) found that Office of Agriculture employees at the woreda level are unable to fully operate since all office vehicles and equipment have been looted, although many of the personnel have resumed their work. Offices in one third of the assessed *woredas* have also had their animal clinic equipment destroyed, and drugs and vaccines looted. The total extent of the impact and gravity of the situation remains unknown in other unassessed parts of the Region, such as in Northern and Western Tigray.

### Response

- The Cluster has finalized and endorsed the input distribution guideline, which outlines the required amount of support for each affected household.
- In consultation with Crop, Livestock and Input Directorates, the Agriculture Cluster has conducted an emergency seed (grain and forage) availability assessment.
- The Agricultural Cluster has conducted field assessments in 21 *woredas* across four zones.
- The sub-national Agriculture Cluster was re-activated and held its first meeting on 11 March.

### Gaps

- Partners report that resource mobilization is constrained by the lack of declaration of the agriculture emergency in Tigray as a crisis at the regional or national level.
- Essential office equipment has been looted from woreda and kebele-level offices of agriculture and the offices have not been re-equipped hindering full operations in the office. Funding to re-equip the office of agriculture at woreda-level, in addition to providing emergency agricultural inputs (seed, fertilizer, chemicals and animal drugs), is an urgent priority.
- Limited communications with *woredas*, as well as security issues, pose significant challenges to the response.

## CLUSTER STATUS (30 Mar 2021)

## Education

### Needs


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- Approximately 1.3 million children need protective services and safe education in Tigray and neighbouring areas, as the conflict disrupted their learning process. According to the Ministry of Education, approximately 25 per cent of schools in Tigray have been damaged, and about 48,500 teachers need psychosocial support.
- Considering emerging protection concerns over the school re-opening process, there is a pressing need to further engage with communities and facilitate grassroots-level discussion to sufficiently take into consideration their needs and priorities. According to the Emergency Coordination Centre (ECC) in Mekelle, there are significant safety concerns over the school re-opening process, which became apparent when 55 primary school teachers did not attend the planned training the previous week due to fear of attack. Ensuring the safety of children and teachers at schools is of paramount importance.
- Many schools across the Region are currently being used as temporary shelters for displaced people, as well as by various security forces. There are about 5,000 displaced people sheltering in eight schools in Mekelle Town alone, according to UNICEF field reports.
- Poor water, sanitation and hygiene services in the learning spaces continue to be a major concern for the safe reopening of schools amid the COVID-19 pandemic and other disease outbreaks.
- Increasing food insecurity is also considered a barrier to continuing education, according to the Education Cluster.

### Response

- The assessment outside Mekelle is ongoing with findings due at the end of March 2021
- The education cluster priority is to support school re-opening where security allows, while setting up Temporary Learning Spaces (TLS) for displaced people and host communities in areas where schools are damaged or occupied
- Education Cluster is also prioritizing synergy between accelerated pre-primary and primary education services and psychosocial support for teachers/school personnel. In the medium-term, the Cluster's strategy will focus on rehabilitation of damaged classrooms and school facilities, in addition to providing supplies for preventing the spread of COVID-19
- Tigray sub-national Education Cluster provided orientation on Education in Emergency (EiE) and assessment techniques to 35 enumerators drawn from REB and partners through the technical support of UNICEF and partners.
- Discussions held with 45 schoolteachers on safe school reopening protocols
- Imagine 1 Day deployed a programme coordinator to co-lead the zonal Education Cluster in Shire.

### Gaps

- According to the Emergency Coordination Centre, a lack of information and safety and security concerns are the two main barriers for the safe reopening of schools
- Lack of technical expertise among partners in Tigray for data analysis on joint education needs assessments

## CLUSTER STATUS (30 Mar 2021)

### Emergency Shelter & Non-Food Items


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## Needs

- The conflict has uprooted hundreds of thousands of people across Tigray, leaving people in urgent need of emergency shelter and basic household items, including kitchen utensils, blankets, mats, among others. While most displaced people are seeking shelter with relatives and friends, thousands are also living in overcrowded collective centres in different parts of Tigray. During the reporting period, partners highlight a marked increase in the number of newly arriving displaced people in Shire, Adwa, Mekelle, and Axum.

- Cluster-led rapid assessments in Adwa, Axum, Shire and Abi Adi from 11 to 15 March further revealed a dire situation for newly displaced people. Large numbers of displaced people are taking shelter in schools, churches and host communities, though many are forced to stay in open air, exposing women and girls in particular to gender-based violence (GBV), in addition to other health and protection-related concerns. This situation is especially concerning given the upcoming rainy season, which threatens to aggravate the plight of displaced people in inadequate shelters. Partners highlighted that the situation in Abi Adi is particularly alarming, given that people have been displaced multiple times given recurrent episodes of fighting, while receiving very little humanitarian assistance. The response remains sub-optimal in all woredas visited, with sometimes up to 60 people staying in a single classroom. Findings from these recent assessments reflected many of the concerns highlighted by previous assessments in Mekelle, where people are sheltering in over-crowded classrooms, many of which have broken doors and windows and lack adequate lighting and sanitation facilities. In view of imminent plans to re-open schools and universities, which have been used as shelters for displaced people, partners operating in both Mekelle and Shire underscore the urgent need to identify and ensure adequate living conditions in alternative shelters. Meanwhile, authorities also report an increasing number of new arrivals in other major towns.

## Response

- Since the conflict began, the Cluster has reached more than 146,000 displaced people with emergency shelter and core relief items, and distribution is ongoing for a further 59,719 people.
- During this reporting period, Save the Children International (SCI) distributed 1,000 emergency shelter and non-food items kits (ES/NFI) to 5,500 people in Adwa while Samaritan's Purse completed distribution of 600 ES/NFI kits to 3,300 people. In Adwa and Axum towns, the International Committee of the Red Cross (ICRC) distributed 2,100 ES/NFI kits to 11,550 people and 1,900 ES/NFI kits to 10,450 people respectively. A national NGO, Action for Social Development and Environmental Protection Organization (ASDEPO) distributed 1,000 ES/NFI kits to 5,500 people in Adwa. ZOA International distributed 2,000 ES/NFI kits to 11,000 people in Wukro. Concern World Wide distributed 1,000 ES/NFI kits to 5,500 people in Tsead Emba. Distribution of 500 ES/NFI kits for 2,750 people in May Tsebri town by Plan international is ongoing as is the distribution of 1,000 ES/NFI Kits for 5,500 people in Edaga Hamus by a national NGO; Development for Peace Organization (DPO).
- Cluster-led rapid needs assessments have been conducted in Axum, Adwa and Abi Adi

## Gaps

- Unavailability of ES/NFI kits on the domestic market
- According to partners, the number of new arrivals in Shire and Adwa Towns continues to increase.

**CLUSTER STATUS** (30 Mar 2021)


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## Food

### Needs

- With the harvest and markets disrupted by the conflict, there is a risk of a further deterioration of food insecurity across Tigray. While many internally displaced people seek refuge in public institutions, most newly displaced families across the Region are seeking refuge with relatives and host communities, putting an incredible strain on their already stretched food resources. Food assistance from the Government and partners remains the main source of food for most families in the Region.
- Partners on the ground report serious concerns about poor targeting and highlight the need to also consider host communities for assistance and reduce opportunity for tensions between them and those who have been displaced by the conflict.

### Response

- The National Disaster Risk Management Commission (NDRMC), in collaboration with the Food Security Coordination Directorate (FSCD), the Joint Emergency Operation Program (JEOP) through its partner Relief Society of Tigray (REST), World Food Programme (WFP) and other partners are involved in the food response across Tigray.
- A total of 1,157,133 people have received their double rations both from JEOP and Productive Safety Net Programme (PSNP). JEOP has provided food to 1,128,372 people with a further 28,761 people served by JEOP/PSNP.
- WFP has reached 32,422 people in two woredas – Atsbi Endaslasie and Edagahamus
- As of 23 March 2021, out of the 40,000MT PSNP food allocated by Food Security Coordination Directorate (FSCD) for distribution in Tigray, 33,572MT (84 per cent) have been moved to Mekelle warehouses from Djibouti port. The remaining 6,428MT (16 per cent) is expected to be moved by end of March. 13,200MT have been distributed to 880,142 food insecure people in the second round. 5,965MT distributed to PSNP clients and the remaining 7,235MT to relief beneficiaries. Distributions have expanded to additional three woredas that were having access challenges: Neader in Central zone, Zana - South East zone and Selekeleka – North West zone.

### Gaps

- Limited functionality of government structures at district level, targeting challenges and insecurity continue to affect food delivery.

## CLUSTER STATUS (30 Mar 2021)

## Health

### Needs


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- Health care services in Tigray are extremely limited, leaving hundreds of thousands of people, including those who are chronically ill and others who were injured during the fighting, without adequate access to essential medicines and basic services. According to the Emergency Coordination Center. Ongoing assessments by WHO indicate that 141 of the 198 assessed hospitals and health centres were either partially or fully damaged. All hospitals and centres urgently need more medical supplies, drugs and equipment, according to WHO, and partners report continued looting of health facilities, with 12 further incidents of looting by armed actors reported in the past two weeks.
- Child and maternal services have been drastically disrupted. Less than 16 per cent of the health facilities are providing vaccination services, while only 17 per cent are providing maternal services, such as antenatal care and birth delivery, according to health partners. Access to drugs also remains critically low at 16 per cent of the facilities. Most Woreda health offices are not yet functional, according to the Health Cluster.
- People living in overcrowded conditions in displacement centres face tremendous health challenges. The rapid assessment conducted by the Bureau of Labour and Social Affairs (BoLSA) and humanitarians in displacement centres in Mekelle Town, for example, showed a high number of diarrheal diseases and women delivering in the camps, as no emergency services are provided during the night. Although free basic attention is being provided, displaced people face challenges to access medicines due to the lack of essential drugs in the hospitals.

## Response

- There has been significant increase in geographical access to more Woredas by the operational partners in the past few weeks. To date, 67 per cent (45/67) of the targeted Woredas have been accessed through 50 MHNT compared to 25 per cent (17/67) woredas that were supported in the beginning of Feb 2021. The MHNTs are run by 16 of the 18 operational partners; ten (10) of the 50 MHNTs are operated by Regional Health Bureau supported by UNICEF, WHO and UNFPA.
- During the reporting period, MSF-Spain provided 431 Outpatient Department consultations (OPD), 19 admissions, 85 deliveries, conducted 17 other surgeries and provided 48 group and 75 individual consultations for mental health service. In addition, MSF-Spain conducted nutrition screening for 614 people, provided family planning services for 32 people, 250 routine vaccinations and, 17 referrals. At the Adigrat area mobile clinics, MSF-Spain provided 671 OPD Consultation, services for 5 severely malnourished children, provided family planning services for 46 people, provided 393 people with routine vaccination, and 7 referrals.
- Mothers and Children Multisectoral Development Organisation (MCMDO) are supporting/ ongoing emergency health response in nine woredas through though 9 mobile health and nutrition teams (MHNTs). So far, 5,593 people have been reached through primary health care service (consultation and treatment), maternal and child health (MCH), mental health and psychosocial support (MHPSS) and nutrition screening and outpatient therapeutic (OTP) services
- In Wolkayit, Tsegede and Kafta Woredas, International Medical Corps have reached 1,598 people consultation/treatment services including 1 woman who received delivery services by MHNT and Surge teams. 107 women of child-bearing age received family planning services and 74 women attended antenatal care (ANC) clinics. 32 people received MHPSS services with 2 referred for specialised care. In addition, other preventive and curative services have been provided in facility and outreach settings including nutrition screening, health promotion and awareness-creation on common communicable diseases.
- World Vision International (WVI) dispatched medical kits to Mekelle which are expected to cover the health demands of 340,000 population served by 5 hospitals (Shire Hospital, Wukro Hospital, Adigrat Hospital, Saharti Samre Hospital and Mekelle Town) and 6 health centres (Enderta HC, Hagere Selam HC, Adigrat HC, Wukero HC, Shire HC, Segede HC). In addition to the kits, 20 boxes of hydralazine injection and 2 oxygen concentrators were provided. Further, one pharmacist recruited to support the SWAN/ World Vision Ethiopia Consortium visited the medical warehouse to ensure storage conditions are suitable for medical supplies.


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- Action Against Hunger (AAH) is providing capacity surge support through AAH health officers to Abi Adi Health Centre. AAH also provided clinical consultations for 121 children under and 195 adults in Ruba Kaza Health Centre Ageba Health Centre and Selam Biaqu Health Post through MHNTs. AAH delivered antenatal care consultations for 80 pregnant women in Ruba Kaza Health Centre, Selam and Biaqu Health Posts through MHNTs
- UNFPA deployed 4 midwives in Aba'ala and Gulina hospitals including its catchment health centres in Afar Region to strengthen sexual and reproductive health (SRH) and maternal health services. Emergency reproductive health (RH) kits for 10 health centres were distributed to Afar, Oromia and Amhara regions for emergency SRH service provision. Clinical management of rape services has been strengthened in Dabat and Adiarkay health centres and Alamata and Humera hospitals.
- Save the Children International (SCI) provided outpatient medical consultation service to 2,077 patients. 475 women received reproductive health services including antenatal care, postnatal care and family planning services. 657 under five children were reach through immunization services. MHNTs also screened 766 (503 children and 263 PLWs) and among which 8 children were identified with SAM and referred for therapeutic treatment services. 45 children under five and 80 PLWs who were identified as being moderately malnourished were referred for therapeutic supplementary feeding and blanket supplementary feeding services.
- WHO trained 50 health facility surveillance focal persons from 50 health facilities. Conducted Severe Acute Malnutrition with Medical Complications in Children (SAM/MC) rapid assessment in 5 facilities to determine the level of support needed for full functioning of the facilities. WHO also distributed risk communication and community engagement (RCCE) materials with key health message to 7,159 displaced people in three camps. WHO deployed a team of response staff to Shire to lead Health Cluster coordination and an Information Management Officer to Mekelle to support the Health Cluster on dashboards, infographics and information management.
- WHO is currently supporting the revitalization of COVID-19 interventions with joint efforts from Federal Ministry of Health (FMOH), the Ethiopian Public Health Institute (EPHI), and the Regional Health Bureau (RHB). As of this week, laboratory testing has begun in Mekelle with 8 samples tested for COVID19, including the identification of a new treatment centre and contact tracing in Mekelle.
- Information generating and dissemination for prioritization of interventions and decision making is very crucial for response, and WHO has supported the implementation of numerous needs assessments, gaps analysis and recently the Health facility functionality assessment (HeRAMS). HeRAMS results shall be published this week and used to address the gaps and advocate for more support and scale up.

### Gaps

- Persistent access constraints due to ongoing pockets of conflicts and insecurity. Mobile health and nutrition teams are yet to access and provide services for people in 22 woredas out of 88 woredas
- More medical supplies required to address pipeline issues and ensure that mobile health and nutrition teams and hospitals do not run out of essential supplies.

## CLUSTER STATUS (30 Mar 2021)

### Nutrition


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## Needs

- As partners access and conduct screenings in more woredas, they are raising alarms about an extremely concerning malnutrition situation across the Region.
- More than half of the 605 pregnant and lactating women (PLWs) screened in ten woredas in early March were identified with MAM. Partners are raising concerns about the unfolding of an intergenerational cycle of nutrition in the Region, which can manifest as increased stillbirths, miscarriages, and risk of maternal and neonatal mortality.

## Response

- Partners continue to provide nutrition services at static health facilities and through mobile health and nutrition teams. In the second week of March, Nutrition Cluster partners screened over 6,000 children and identified 311 children with severe acute malnutrition (SAM). These children were then admitted to outpatient therapeutic programmes (OTP). To date, close to 40,000 children have been screened and over 1,500 children were identified with SAM and admitted to therapeutic feeding programme (TFP) sites.
- Concern Worldwide has begun supplementary feeding programmes (SFP) in Tsada Amaba Woreda of North West Zone with 335 children and 529 pregnant and lactating women (PLW) supported.
- Nutrition Cluster partners are supporting the Regional Health Bureau (RHB) to transport supplies to their respective operational woredas. GOAL has distributed 940 cartons of high-energy biscuits (HEB), 220 cartons of ready-to-use therapeutic foods (RUTF), 5 cartons each of F-75 and F-100 therapeutic milks to Abi Adi, Kola Temben, Hintalo and IDP sites in Mekelle.
- According to the Emergency Coordination Centre, Nutrition partners facilitated SAM management training for 137 health extension workers (55 in Hintalo and 82 in Mekelle) as well as support for the transportation of nutrition supplies including 900 cartons of HEB to Abi Adi Hospital from Mekelle; 50 cartons of HEB, 40 cartons of RUTF, 2 cartons each of F-100 and F-75 therapeutic milks to Guya Health Centre; 50 cartons of HEB and 35 cartons of RUTF to Guroro Health Centre and, 35 cartons of RUTF to Ara Health Centre
- UNICEF has signed additional partnership agreements with 4 NGOs, including AAH, CONCERN, GOAL and CRS. This now brings to a total of 6 NGOs, covering six out of seven zones. These partners will provide a package of lifesaving nutrition services, including SAM treatment, nutrition status monitoring (MUAC screening), infant and young child feeding (IYCF), Iron -Folic Acid (IFA) and Vitamin A supplementation
- UNICEF will also deploy an additional 4 emergency nutrition monitors to ensure one monitor per zone to support monitoring of services provided by their partner and mobile teams.
- WFP have received funds to cover 75% of the regional Blanket Supplementary Feeding (BSF) target and have begun BSF and TSFP in Ganta Afeshum, Bizet, Ahferom, Enticho, Atsbi, Endaselase, & Tsirae womberta woredas with plans to start BSF in Tahtay Maychew, Gulo Mekeda, Zalambessa, Egela and, Hahaile woredas
- With disruptions to the Regional Health Bureau (RHB) and Ethiopia Nutrition Cluster (ENCU) monitoring and evaluation (M&E) systems, reporting on nutrition services has been affected. UNICEF has provided technical assistance through the ENCU and third-party monitors to collate data across the region. This has begun to yield results with data received from 50 facilities showing preliminary admissions of 1,517 children with SAM.

## Gaps

- Challenges and problems with internet access and other communication platforms causing delays in report sharing and communication with staff
- Reports that health workers in 2 health centres and 8 health posts in Tanqua Milashe Woreda failed to resume duty


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## CLUSTER STATUS (30 Mar 2021)

### Protection

#### Needs

- Gross violations and abuses against civilians, such as forced displacement and returns, killings, abductions, sexual violence including against children, allegedly perpetrated by various parties to the conflict, and reported since the beginning of the conflict, continue to reach partners.
- Extremely concerning reports about the alarming prevalence of GBV during the conflict, in flight, and in places of displacement continue. The level of violence and the age of many victims calls for a robust mental health and psychosocial support (MHPSS) response, in addition to immediate access to medical services. The ECC noted on 12 March that there have been at least 516 self-reported cases of GBV. Given the stigma and shame surrounding GBV, survivors in rural and remote areas are less likely to access local or mobile clinics as they are less confidential. Further, since many areas in Tigray remain inaccessible, it is difficult for GBV survivors to receive urgent and life-saving medical care, GBV case management or MHPSS.
- Recent assessments in collective centres for displaced people in Mekelle, Adigrat and Shire towns showed that the severe lack of infrastructure leaves women and children exposed to a range of abuse, including GBV. Many are sheltering in unfinished or damaged building and most centres do not include separate spaces or latrines for women and men, doors or even windows. Another 90 unaccompanied and separated children were identified in these assessments.
- Many people report feeling unsafe in IDP sites, which do not have any form of access control. Protection partners and Food Security Cluster members report that many displaced people are hiding assistance received for fear of it being looted or stolen, while there is reportedly mounting tension between displaced people already in the sites and newly arriving people, who are seen as competing for already extremely scarce assistance. According to the Cluster, many displaced people, as a result, feel safer staying outside the sites in more rural areas or among host communities, which, however, create additional challenges to access assistance. Meanwhile, the Cluster also received reports of displaced people in host communities engaging in survival sex because they are unable to pay rent. • Given these concerns, the Cluster expects that some displaced families may opt to find their own accommodation rather than relocate to the new sites, a situation which may further strain the capacity of hosting communities. At the same time, movements from host communities to the new sites may also occur, as hosting capacity is exhausted or as a result of the perception that more assistance may be provided at these sites. This underscores the importance of needs-based targeting that includes IDPs living in communities and vulnerable host community members.
- As of 18 February, 724 unaccompanied and separated children were registered by the Bureau of Labour and Social Affairs (BoLSA) and Protection partners in Mekelle, Adigrat and Axum Towns. These children are at increased risk of violence and abuse, including GBV, child labour, trafficking and exploitation. With government officials and social workers impacted by the conflict, as well as very limited access to internet, pre-existing mechanisms for restoring family links have been and remain severely weakened.


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- The Cluster is receiving reports that many who have been displaced in Western Tigray Zone, including Adi Goshu, Humera and other locations near the Sudanese border, are now struggling to reach Shire. These groups are in urgent need of unimpeded access to safe areas, as well as related assistance and protection. Most of the 45,000 people who have reached Shire in recent days are living in the open air, and there is a pressing need to immediately scale up the support for shelter and non-food items. Partners on the ground report that the pace and circumstances of displacement, together with humanitarian assistance, place these people at heightened protection risks.
- Reports of exclusion from food assistance are increasing. The Protection Cluster is receiving reports on alleged exclusion of female-headed households from food assistance unless accompanied by a male family member.
- Forced relocation of displaced people is also reported by protection actors on the ground. While advocacy by protection actors successfully halted the relocation of more than 30,000 people from Axum University to an unused prison in Shire, it is critical that these advocacy efforts continue in order to ensure that a suitable location is identified, that the displaced people are engaged and informed, and that the conditions for safe and dignified relocation are met.
- There have been alarming reports of death-threats to teachers and kidnappings of several students by parties to the conflict to deter school re-opening. Focus group discussions and assessments in Mekelle suggested the instrumentalization of education by different parties of the conflict, giving rise to an urgent need to balance the right to education and the non-derogative right to life, as outlined in the section on Education reporting.
- Overall, many people affected by the conflict in Tigray are traumatized, still face high protection risks and need urgent assistance, including mental health and psychological support. There is an immediate need for the Government to fulfil its responsibility to protect civilians, restore law and order, and bring perpetrators to account. Access to justice and protection of survivors and witnesses of violence are essential to ensure a favourable protection environment.

### Response

- Protection partners in Shire have undertaken significant outreach in the past week. This includes registering more than 900 UASC, referring 135 unaccompanied children for family tracing, identification more than 1,250 people with specific needs, and provision of psychological first aid, psychosocial support, and sensitization regarding mental health to more than 500 people
- In total 3,536 women and children received psychosocial support and Child Protection (CP) and GBV case management services from government, INGO and national NGO partners and 12,251 women and girls were supported with dignity kits
- Protection Cluster partners distributed 2,000 child-protection focused NFI kits in Mai Tsebri for children living in vulnerable circumstances
- According to the Emergency Coordination Centre (ECC) in Mekelle, 20 Health Extension workers were trained on case identification and registration, 30 incentive workers were hired, 36 separated and unaccompanied children were registered for a care plan, and 35 separated and unaccompanied children were referred to the Ethiopia Red Cross Society for family tracing and reunification (FTR). 30 community leaders including 9 women were trained on community-based psychosocial support. 75 GBV survivors were identified and received support from Ayder Hospital One Stop Centre, 75 GBV survivors received cash support and 79 Child Protection and GBV experts were hired.

### Gaps

- Access to health services and case management for GBV survivors remains challenging, with only one One-Stop Centre currently functional in the region (in Mekelle). Four additional One-Stop Centres are being prepared and will hopefully be functional soon.


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- Many reports of family separation and high numbers of unaccompanied children received. With government offices and social workers also impacted by the conflict, as well as very limited access to internet, pre-existing mechanisms for restoring family links have been severely weakened, but partners are actively identifying and referring cases to the Ethiopian Red Cross/ICRC.
- Tensions between those who have been living in displacement sites for the past several weeks or months and those who have been recently displaced have been observed in some locations, making it imperative for all actors to implement inclusive needs assessments, ensuring that assistance reaches the most vulnerable.

## CLUSTER STATUS (30 Mar 2021)

### Water, Sanitation and Hygiene (WASH)

#### Needs

- With access to water, hygiene and sanitation (WASH) services largely disrupted across Tigray, communities are at heightened risk of disease outbreaks, including water-borne diseases and COVID-19. COVID-19 services have been drastically reduced and, according to WASH Cluster estimates, around 250 motorized water pumping systems in towns are out of order due to lack of fuel and electricity, damage, looting, and vandalizing. Concerningly, the status of some 11,000 hand pumps in rural areas is unknown due to access constraints. The situation is particularly dire in sites for internally displaced people. A rapid assessment carried out in nine displacement centres in Mekelle reported a shortage of water and WASH non-food items (NFIs), including buckets and jerry cans, as well as poor hygiene conditions. Open defecation was observed in some schools due to the limited number of latrines available and issues around utilization.
- Recent assessments on the status of boreholes led by the Tigray Regional Water Bureau, with support from UNICEF and WASH partners, found that only 4 of the 36 assessed towns have partially functioning water sources. Most of the equipment, notably electromechanical equipment, including switchboards, generators, pumps, solar panels, transformers, reservoirs and spare parts, were damaged or looted, while all water offices building had been looted or vandalized. In particular, the water office in Adigrat was found to be burned down.

#### Response

- WASH Cluster partners have provided emergency latrine and bathing/hand washing facilities to 110,949 people
- 296,977 people have received essential lifesaving WASH non-food items (NFIs) including water treatment chemicals
- Since the beginning of the conflict, WASH Cluster partners have provided safe water to 631,542 people through water trucking.

#### Gaps

- Lack of electro-mechanical equipment and spare parts, as well as a shortage of water purification chemicals, such as chlorine and aqua tabs
- According to the Emergency Coordination Centre, salary concerns among water utility workers pose a challenge to effective response


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## CLUSTER STATUS (30 Mar 2021)

### Logistics

#### Needs

- While the Logistics Cluster has so far transported over 1,160 metric tons (MT) of non-food humanitarian cargo on behalf of its partners along the main routes into Tigray, primarily Gondar – Mai Tsebri – Shire routes, and from Kombolcha to Mekelle, secondary routes have yet to be serviced due to lack of requests from partners for delivering of cargo along these routes. Additional food operators are needed to complement ongoing efforts to deliver aid to areas that have not been reached for over three months.
- The supply of commercial trucks is expected to be further limited during the agricultural season–March to September– according to the Logistics Cluster Partners. Overall, increased capacity to mobilize humanitarian supplies and personnel, particularly to rural areas of Tigray, is needed to allow partners to scale up the response.

#### Response

- The Logistics Cluster is increasing its capacity and has now established six storage capacities and common transport from Addis Ababa, Adama, Kombulcha, Semera, Gondar, and Mekelle.
- The Cluster has begun a road and storage space assessment in Shire this week and has identified a potential location for storage.
- In the reporting period the Logistics Cluster facilitated the transport of 294 MT of humanitarian cargo to Tigray for 10 partners. Cargo transported included NFI, Medical, Shelter and General Programme items.
- The Cluster currently supports 31 partners in the Tigray response and is on standby to facilitate access to a dedicated WFP fleet to support the humanitarian community, should commercial transport become unavailable.

#### Gaps

- Ongoing insecurity is the main challenge of the response.

## COORDINATION (22 Mar 2021)

### REGULAR MEETINGS

The Inter-Cluster Coordination Groups (ICCG) have been activated in Mekelle and Shire and are holding regular meetings. Clusters have mobilized sub-cluster coordinators to Mekelle as well as to Shire, and cluster meetings have started to take place. Meanwhile, the Interim Administration-led Tigray ECC continues to meet weekly with joint sector meetings with the humanitarian community and held its latest meeting on 12 March.


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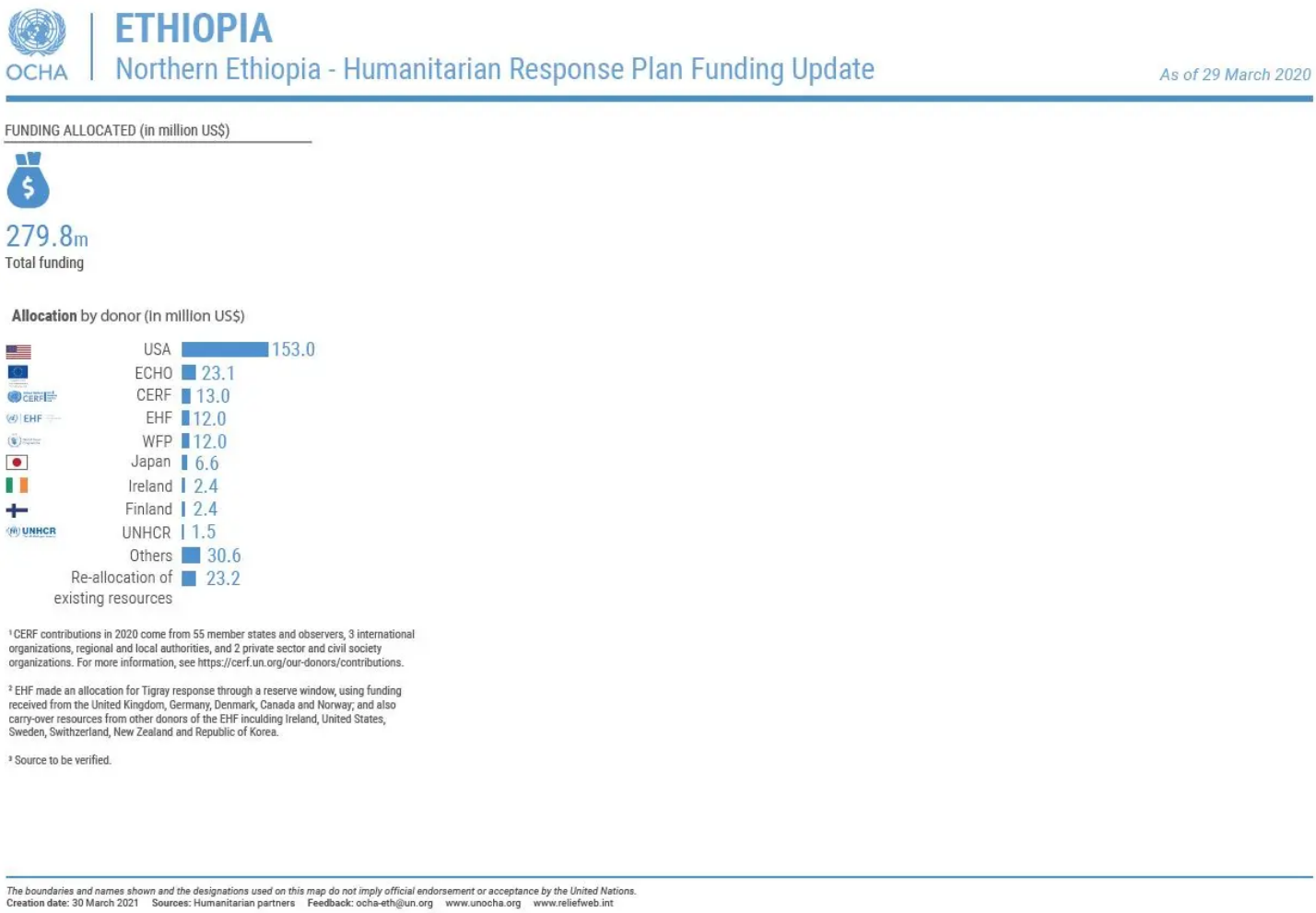
**VISUAL** (8 Mar 2021)

**Funding Update**

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