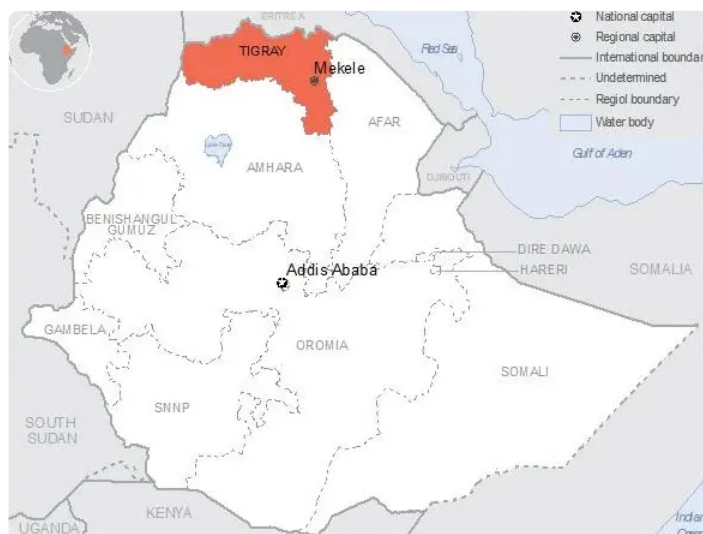


HIGHLIGHTS (13 Apr 2021)

- The access situation in Tigray is fluid and constantly changing. Despite recent improvements in access, active conflict in various areas this week restricted humanitarian response.
- In addition to insecurity, humanitarian partners continue to flag challenges with capacity and resources to be able to scale up to the level needed to respond across Tigray.
- Security permitting, humanitarian partners with the capacity and resources to expand into rural areas are looking at how to reach areas where no assistance has yet been provided.
- The Government of Ethiopia is working to reach six Woredas that have not received any food assistance, targeting approximately 300,000 people.
- Women and girls caught in the conflict continue to fall victims of sexual violence and abuse.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. © OCHA

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

\$730.7M

Received



58%

Progress

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

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BACKGROUND (19 Apr 2021)

Situation Overview

The access situation in Tigray is highly fluid and constantly changing. While there had been improvement in access over the past weeks, this week witnessed widespread insecurity constraining humanitarian partners' ability to move. Active hostilities have been reported in North-Western, Central, Eastern, South-Eastern and Southern Zones. The Alamata-Mekelle-Adigrat-Shire remains partially accessible. There have been sporadic incidents that have impacted this road in recent weeks, but for

only short periods of time. Heavy fighting seems to have largely subsided in areas bordering Eritrea in Eastern and the northern *Woredas* of North-Western and Central Zones. In Central Zone, fighting has been moving southwards, which has allowed some partners to move into areas that were previously inaccessible such as Abi Adi and scale up operations. There is however limited business activity and tensions remain high. There has also been an improvement in access to Hagere Selam and surrounding areas. One partner was able to reach Kola Temben and Keyhe Tekli, while other areas in Central Zone remain inaccessible. Zana, which was partially accessible, is no longer accessible due to high levels of insecurity.

Humanitarian partners in Tigray continue to operate in a high risk environment due to the volatility of the security situation, with armed clashes evolving in intensity and geographical scope rapidly. On 23 March, an international NGO witnessed the aftermath of an ambush against ENDF on the main road from Mekelle to Adigrat, and the INGO driver was physically assaulted despite travelling in a clearly marked vehicle. To date, there is no indication that aid partners in Tigray are “a target” by parties to the conflict, interactions with weapon bearers in field locations/check points being generally non-violent. The Humanitarian INGOs forum (HINGOs) has, in a statement on 1 April, called on all parties to the conflict to ensure protection of all humanitarian aid workers and civilians to enable assistance to reach all people in need. The UN’s safety and security wing, OCHA and the Logistics Cluster in Mekelle are drafting an Operational Plan. The plan’s overall objective is to mitigate the impact of future disruptions on life-saving humanitarian operations through the provision of consolidated information to inform the best decision making. The plan will highlight key hotspots, the presence of partners (including national NGOs) in Tigray, with recommendations on how to sustain operations during the current crises.

In addition to insecurity, humanitarian partners continue to flag challenges with capacity and resources to be able to scale up to the level needed to respond across Tigray. Many areas across Tigray have only received food assistance, and this assistance has not reached the entire population (assistance figures are reportedly around 50-60 per cent of the total population, and assistance has generally been delivered once, or in some cases twice, during a period of four months. There is a need to ensure monitoring mechanism are instituted and efficiently enable inclusive access based on needs. During a joint mission to Tigray (22 to 26 March), OCHA and ECHO met with humanitarian partners in Mekelle and Shire and with the Shire Zonal Administrator. The team also visited four IDP sites in Mekelle, Axum and Shire. The mission noted that the overall IDP response in terms of food, shelter, protection and WASH remains largely inadequate.

In Western Tigray, tens of thousands of people continue to flee to the rest of the region, crossing the Tekeze River and arriving in Sheraro, Shire, Adwa, Axum, and possibly other locations. People have been found hiding in the bush, waiting to cross, but unable to move further. There are reports of many abandoned villages in Western Tigray. For the population remaining in the West, almost no services are available. There is a large IDP population that have arrived in Sheraro from Western Tigray, with the majority lacking resources to continue the journey to Shire by bus. There are only a few humanitarian actors operating in Sheraro and there is reportedly an urgent need to scale up WASH, health, NFI and food response. The Reporter newspaper, citing the NRC Secretary General, Jan Egeland, informed that the Norwegian Refugee Council (NRC) warned that emaciated children and pregnant women are among the at least 37,000 IDPs arriving into Sheraro.

Given the highly fluid displacement situation and access constraints, the overall number of people uprooted by the conflict in Tigray is not conclusively known yet, but according to the Regional Bureau of Labor and Social Affairs (BOLSA), there are an estimated 1.7 million displaced people across the region (as of 27 March).

Gross violations and abuses against civilians, including sexual violence, continue to be reported. 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.

Security permitting, humanitarian partners that have the capacity and the resources to expand into more rural areas are looking into ways to expand, especially in areas where no assistance has yet been provided. Meanwhile, the Government of Ethiopia is working to reach six *Woredas* (Chila, Rama, Ahsea, Egela, Adet and Hahayle) that have not received any food



assistance (approximately 300,000 people) since the beginning of the conflict, in Central Zone. Most of the health facilities in these *Woredas* have been looted and/or destroyed. They lack access to medical professionals, medical supplies and to medicines. The communities in these *Woredas* also need of WASH, NFIs, food and nutrition assistance.

To further increase humanitarian capacity to respond, the Government must bolster security to protect public structures and increase the confidence of public servants to return to work (including but not limited to salary payments), as well as administration capacity, particularly at the Zone, *Woreda* and *Kebele* levels. Deployment of trained and neutral police forces to protect essential services is crucial. The restoration of the banking, electricity, basic communications and water services will alleviate suffering of displaced people and of vulnerable groups including women, children, people with disabilities and older people, and enable the scale up of response operations.

ANALYSIS (13 Apr 2021)

Cross-Border Impact

Eritrea/Ethiopia

Ethiopian Prime Minister Abiy Ahmed has admitted for the first time that troops from Eritrea entered Tigray, according to Al Jazeera, Reuters and others. A few days later, Abiy said that Eritrea has agreed to withdraw troops from the border area. The European Union imposed sanctions on Eritrea on 22 March, for alleged human rights violations, including extra-judicial killings, torture, enforced disappearances and arbitrary arrests.

VISUAL (13 Apr 2021)

Humanitarian Access in Tigray



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Creation date: 23 March 2021 Sources: OCHA, Tigray Statistical Agency, humanitarian partners Feedback: ocha-eth@un.org http://www.humanitarianresponse.info/operations/ethiopia www.reliefweb.int

EMERGENCY RESPONSE (13 Apr 2021)

Humanitarian Preparedness and Response

Humanitarian presence is gradually increasing with improved access procedures in the Tigray Region. There are currently [as of 6 April 2021] 186 UN staff supporting the humanitarian response in the region (33 international and 116 national staff in Mekelle and 3 international and 34 national staff in Shire), and over 1,500 more aid workers with international and national NGOs. Humanitarian organizations continue to deploy additional staff to support the scale up of operations and ensure protection-by-presence amid reports of ongoing violence against civilians. There are 51 partners (Government, UN, NGO) operating across the region.

Food insecurity has worsened in the region, especially since the conflict erupted during the harvest season. Further deterioration is expected should the conflict continue and disrupt the next planting season. Limited food assistance, poor beneficiary targeting and lack of/restricted access to banking services are contributing to the food insecurity.

In a press statement, WFP informed it has begun providing emergency food assistance to vulnerable people in Tigray and has appealed for US\$170 million to meet critical food and nutrition needs over the next six months. Partners have however raised concern about the adequacy of assistance as many areas across Tigray have only received food assistance, and this

assistance has not reached the entire population (assistance figures are reportedly 50-60 per cent of the total population, and assistance has generally been delivered once, or in some cases twice, during a period of four months).

Shelter Cluster partners have reported logistical and supply capacity constraints, with an estimated response gap of about 64 per cent. While the Shire water supply system has been repaired, the current WASH response relies on water trucking and the water quality water is reportedly not safe. The INGO MSF and partners have expressed concerns the risk of disease outbreaks, in view of the upcoming rainy season. Furthermore, current vaccine distributions cannot accommodate the high number of new arrivals in Shire hence the need to urgently scale up health activities.

Nutrition Cluster partners are yet to launch mass-scale screening activities, while protection partners are advocating for increased budgets and resources to expand their capacity from the nine currently covered sites to all IDP sites.

In Western Zone, one round of food was distributed by the Amhara Regional Government. However, the distribution was reported by the local and zonal officials and beneficiaries to be inadequate, inconsistent and the food basket incomplete. Many people reportedly did not receive food. Since October 2020, water supply systems are not functioning due to power outage and unavailability of fuel. Residents and IDPs use water from unprotected sources for drinking and other purposes. So far, there is no WASH response in the visited areas, the only response mentioned was a one-time supply of 32,000 liters of fuel by CARE Ethiopia to Maykadra and limited WASH NFI supply with support from the Regional Water Bureau and UNICEF. Girls and women walk for nearly 3 hours round trip in search of water amidst security and potential GBV risks.

CLUSTER STATUS (13 Apr 2021)



Agriculture



Needs

- The Tigray Bureau of Agriculture (TBoA) estimates that desert locust destroyed about 25 per cent of the harvest on about 120,300 hectares of land in four zones (South, South East, Eastern and Central) affecting about 122,000 households. The 2021 *Belg*/spring season was also insufficient in three zones (Eastern, South Eastern and Southern) affecting at least 26,000 hectares of land and about 70,000 households.
- The ongoing conflict in Tigray has affected all the six zones (South, South East, Eastern, North Western, Western and Central) during the harvest season, leaving conflict-affected communities without food stocks, seeds, incomes and in most cases livestock to use sale or use for farming activities. Preliminary information on markets indicates that markets are only functional along major towns located along main roads. The conflict is estimated to have affected about 1.118 million households. There is a high likelihood that communities might lose the main agricultural production season (June –November 2021), risking a further deterioration in the food security.
- Access to livestock feed is a major challenge as the main sources of feed/pasture were in the Western and Southern Zones. Meat exports especially in the Southern Tigray were disrupted. There is also limited capacity to manage livestock disease outbreaks (PPR, SG and LSD). Eighty per cent of the veterinary clinics were destroyed or looted. Animal health services, particularly vaccines are urgently needed to contain current disease outbreaks.

→ Response

- The Bureau of Agriculture has developed a response plan for three months to facilitate agricultural response in affected areas. The Meher season commences in May 2021. Preliminary indications (TBoA) are that approximately 500,000 farming households require urgent agricultural assistance in accessible areas. However, the technical

deadline to provide the support remains limited and missing this deadline for cereal planting would have dire consequence.

- Agriculture Cluster Partners are exploring opportunities to use the current markets and the seed value chains, which are currently constrained. Based on the analysis of information collected from regional Government and partners on the ground in Tigray, FAO established that seeds are locally available for the next planting season.
- The cluster has convened meetings with partners and 10 partners are planning interventions for a targeted 120,000 households. Partners are planning to distribute emergency crop kits with cereals, legume and vegetable seeds that are locally adaptable and traditionally acceptable. TBoA has offered a warehouse for the temporary storage of seeds before they can be transported to the *Woredas*. Seven partners are also planning to support the households with, livestock feeds, vaccines, and drugs.

↔ Gaps

- Logistics support to move the seeds to their respective collection points is needed. The cluster and FAO are liaising with Logs cluster on this.
- Animal health services are urgently required especially vaccines to contain current disease outbreaks. FAO is trying to assist with resources from other programmes not earmarked for Tigray.
- Capacity building of the government services to ensure business continuity. There is need to restore and upscale PSNP programme.
- Access negotiation to ensure unimpeded movement by partners as they deliver agricultural support.

CLUSTER STATUS (13 Apr 2021)



Education



Needs

- Despite the official announcement by the Regional Education Bureau and Mayor of City Administration to open schools, schools in Tigray Region remain closed, largely due to insecurity in the region. Only one school in Humera was reopened with limited attendance of children.
- Over 65 schools (15 in Mekelle) are currently sheltering IDPs. Tigray sub-national education cluster is working with the CCCM and Shelter Cluster to relocate IDPs from the occupied schools to the newly identified settlement sites.
- According the available data less than 5 per cent of the total 12,000 candidates in the region sat for their Grade 12 examination. Education Partners are engaging with the authorities for an alternative exam for these students and are also negotiating with the Regional Education Bureau (REB) for a modality to prepare the children for Grade 8 exams to be held in June 2021.

➡ Response

- The Rapid Joint Education Needs Assessment in the region was completed in March, covering 55 schools in 6 zones with the final report expected by mid-April, 2021.

- The cluster is prioritising support to 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. Imagine 1 Day is also procuring 29 TLSs to set up in the Mekelle and Shire IDP sites benefitting 1,450 IDP school age children in Mekelle and Shire IDP sites. Eight partners are working actively towards the resumption of education in the region (UNICEF, UNHCR, ARRA, SCI, WV, Imagine 1 Day, NRC, IRC).
- 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.
- Save the Children provided orientation on education in emergencies approaches for over 120 school principals, teachers and camp coordinators in Mekelle and Adigrat, especially in the schools occupied by the IDPs and trained 72 teachers (37 Female) on education in emergency (EiE) and psycho-social support in the two areas.
- Save the Children provided one day training on Education in Emergencies and cluster coordination to 26 education cluster members including 5 experts from the regional education bureau.
- Imagine1 Day opened a zonal office in Shire to closely follow up the education integrated with child protection program and has deployed a specialist to co-lead Shire zonal education cluster coordination and facilitate the first zonal cluster meeting in Shire. The organization further organized Accelerated EiE response project launching workshop with partners in Mekelle.
- Imagine 1 Day has also recruited 12 accelerated school readiness facilitators and 80 accelerated learning program teachers and provided basic pedagogics training for these facilitators/teachers to implement EiE program, benefitting 730 pre-primary (369 girls) and 2,212 primary school age IDP children (1,084 girls) employing Child Protection and Education integrated programme in Mekelle and Shire IDP sites.
- Plan International accomplished preparatory activities implemented to create educational access to 1,600 school age children (50 per cent girls) displaced in Aderkay and Telemet *Woredas* and 1,600 others (50 per cent girls) in Aba Ala and Megale *Woredas*.
- UNICEF transferred ETB 222,246 to provide EiE and evidence-based training for *Woreda* and Zonal education expertise.

↔ Gaps

- IDPs and military forces are occupying schools placing an obstacle ahead of the process of safe school reopening.
- Though the Government is trying to reopen schools in Wolkayt, Tsegede, Kafta Humera, a shortage of teachers and basic teaching-learning materials remain a big challenge.
- Food shortages and insecurity issues are also major challenges hindering parents from sending children to school in these areas.

CLUSTER STATUS (13 Apr 2021)



Emergency Shelter & Non-Food Items

Needs

- While most displaced people are seeking shelter with relatives and friends, thousands are also living in overcrowded collective centres in different parts of Tigray, including schools, churches and host communities. Many are forced to stay in open air, exposing especially women and girls 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.
- Specific needs include, Emergency shelter and site management in Shire, NFIs in Adwa, NFIs and registration support in Axum, NFIs, and specialized protection assistance in Abi-Adi.

Response

- The Cluster target increased from 2.2 million to 2.7 million following the new IDP figure (1.7m) issued by the Government. As of 6 April, the Cluster had reached only 160,000 (6 per cent of target). With completed, ongoing and planned distributions, the Cluster could reach a total of 660,000 people (24 per cent) of the total 2.7 million targeted. The Cluster response modalities include construction of communal and emergency shelters, site improvements, partitioning, in-kind NFI distribution, cash for rent/NFI, and distribution of repair kits.
- Cluster response remains sub-optimal in all *Woredas* visited, with sometimes up to 60 people staying in a single classroom. Findings from assessments conducted in March have confirmed that people are sheltering in overcrowded classrooms, many of which have broken doors and windows and lack adequate lighting and sanitation facilities. The number of IDPs has reportedly increased from 68,000 during the first assessment to over 100,000 in March. The number of collective centres has also increased from 8 in February to 15 in March.
- During the reporting week, Cluster Partners completed distribution of more than 10,000 kits to over 55,000 people, bringing the total reached across the Tigray Region to 150,000 people. The Cluster has another ongoing distribution of around 12,000 kits for about 60,000 people across the region. The kits include emergency shelter (tarpaulins and ropes) and NFI items (kitchen utensils, bed sets, hygiene materials and mosquito nets).
- Site selection and site planning for the relocation of displaced people in Mekelle is ongoing, while site assessment was completed in Adigrat and Shire. The Cluster partners are mobilizing resources for communal shelter construction in identified sites in these locations.

Gaps

- Despite progress, the shelter response remains concerningly low compared to the needs, particularly in North Western, Central and South Eastern Zones. Five months since the emergency, the cluster response has only reached 6 per cent of the 2.7 million target. Slow response by some partners, with some still on procurement phase while others are trying to identify sub-grantees, in addition to access constraints, limited resources, as well as the rapidly rising number of displaced people arriving in North Western Zone in Shire and in Central Zone in Adwa, continue to challenge the response.
- Following a request from the Government, the Cluster also projected additional recovery activities, to be implemented in the next three months, until end of June 2021. As a result, the Cluster will require an additional \$22.6 million to address the recovery needs.



Food



Needs

- The interim Regional Government has estimated that 4.5 million people need food assistance in the Region. The main drivers of food insecurity include disruption of markets, increase in food prices and reduced purchasing power. Population displacement has also contributed to household's vulnerability to food insecurity.

Response

- The National Disaster Risk Management Commission (NDRMC), in collaboration with the Food Security Coordination Directorate (FSCD), the Joint Emergency Operation (JEOP) through its partner Relief Society of Tigray (REST), World Food Programme (WFP) and other partners are involved in the food response across Tigray.
- The Government has finalized the reallocation of *Woredas* to be assisted by above three food operators, starting from the first-round of 2021 response plan, which was launched on the 26 March.
- The JEOP will expand the food response to Eastern, South Eastern and Central Zones, and seven *Woredas* in the Southern Zone.
- WFP will provide food assistance in North West Zone and three *Woredas* in the southern Zone.
- The Government will continue to provide food assistance in the Western Zone and five *Woredas* in the southern Zone. This revised operation arrangement is expected to improve the food distributions in Tigray and improve food security situation among the targeted households.
- As of the 3 April, JEOP has dispatched 83 per cent and distributed 73 per cent for both people under relief and PSNP and has reached at least 1,436,367 people with double allocation of food rations in 12 targeted *Woredas*, Mekelle and Shire towns. The targeted people for JEOP have increased from 1,453,953 to 1,532,578 due to additional 78,625 people to be included in food lists in Mekelle Town. NDRMC has also started food dispatches for the second round, and 1,109,176 people were reached with second round allocation, as of 31 of March. WFP has distributed food to 34,000 acute food insecure in the Afsi Endaslasie and Edaghamus *Woredas* in Eastern Zones. WFP has also started food distributions in Mohoni Town, Raya Azebo and Raya Chercher *Woredas* in Southern Zone.
- Food distributions were completed on the 26 of March in Adi Harush and Mai Aini refugee camps where 28,000 people received food assistance from WFP. About 4000 of these refugees were new arrivals either from Shimelba or Hitsat.
- WFP started dispatch and distribution in three *Woredas* - Raya Azebo, Raya Chercher and Mohoni Towns. As of 2 April, WFP has reached 74,192 beneficiaries in five *Woredas*.
- NDRMC has distributed 38,866 tons of food for round 1 assistance to both relief and PSNP clients as of 30 March. Round 1 assistance is almost complete and NDRMC is distributing round 2 assistance, with 18,560 tons of food distributed as of 2 April.

Gaps

- Limited communication in some parts of the region, especially outside Mekelle, has delayed receipt of information on food dispatches and distributions.
- Response remains limited due to increase in number of food insecure people in the region. The above reallocation of operational areas is expected to improve the beneficiary targeting, food distribution and monitoring of the food response.

CLUSTER STATUS (13 Apr 2021)



Needs

- Health-care services in Tigray are alarmingly 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. Of the nearly 230 health centres in Tigray, only 29 are fully functional, while 5 are partially functional, 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. Most *Woreda* health offices are not yet functional, according to the Health Cluster.
- People living in overcrowded conditions in displacement centres face tremendous challenges. The rapid assessment conducted by the Bureau of Labour and Social Affairs (BoLSA) and humanitarian 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

- Partner coordination is improving with the Health Cluster being activated at both the national level in Addis Ababa and at two subnational levels of Mekelle and Shire in support of the Regional Health Bureau and *Woreda* health authorities. The Health Cluster continues to advocate for more partners' presence specially to operate beyond urban cities – to-date, there are 18 operational Partners (16 of whom are providing MHNT services) on the ground, compared 9 partners way back in January 2021.
- 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 February 2021. The MHNTs are run by 16 of the 18 operational partners; 10 of the 50 MHNTs are operated by the Regional Health Bureau supported by UNICEF, WHO and UNFPA.
- Progress is being made in improving the surveillance system and disease preparedness with the improvement in weekly reporting and completeness of reports. WHO supported the investigation of a suspected measles outbreak in Chercher *Woreda*; five serum samples from the suspected cases were collected and sent to the central lab for confirmation.

- The Regional Health Bureau chaired weekly technical working group meeting, whose agenda was to discuss preparedness for cholera outbreak in region; oral cholera vaccine process and intervention, water purification (aqua tab) distribution and strengthening of Rapid Response Teams (RRTs).
- WHO conducted WASH services assessment at seven IDP sites located in Sheraro, Shire, Axum and Adwa. Major findings are low quantity of water (below survival rate), poor latrine use and management, ratio of toilet to IDPs are 638 people per seat in Kaleb high school, which leads to open defecation. WHO Facilitated sensitization on COVID vaccination introduction for 60 staff from regional health bureau during the review meeting of the Emergency Operation Centre emphasizing the importance of vaccination for the interruption of the virus.
- IOM conducted the health operations in Tigray Region and Gondar, reaching 1,799 people with consultations, 697 with mental health and psychosocial support (MHPSS) service and 5,421 with key health messages. In Mekelle, IOM provided services in May Weyni, Lekatit 23, Adi-Ha, Ayder, Lachi, Kekatit 11, Muse KG, MHC sites. At Kebero Meda IDP site the MHNTs in collaboration with Azezo health center staffs, given mass health education for 551 IDPs about COVID-19 and personal and environmental hygiene. IOM distributed dignity kits for 1,468 beneficiaries/IDPs in Debark. In Dabat IDP site mass screening for tuberculosis was conducted and samples taken for examination.
- COVID-19 interventions are being revitalized with the joint efforts of FMOH, EPHI, RHB and WHO, starting with testing of eight samples in Mekelle. MSF Spain are providing health services, including surgery, routine vaccinations, nutrition screening and deliveries in Adigrat hospital, Adiquelebes , Edegahamus, Endemoga and Neblet , Mugulat , Degamba mobile clinics.
- The NGO MCMDO is supporting ongoing emergency health response in nine out of the 13 targeted *Woredas* through nine mobile health and nutrition teams. A total of 5,045 people were reached through primary health care service (consultation and treatment), mental health, nutrition screening and outpatient services, in the week starting 5 April.
- The NGO IMC has reached 1598 adults and under five children in Wolkayit, Tsegede and Kafta *Woredas* with a consultation/treatment services and 1 woman has received a delivery services by deployed MHNT and Surge teams. Over 107 women received modern contraceptives and 74 pregnant women attended antenatal care consultations. At least 32 cases received mental health and psychosocial support services and two cases were referred of mental disorder clinics.
- WVI dispatched medical kits on 6 March to cover the health demands of 340,000 people and distributed other medical facilities including medical kits, hydralazine injection and 2 oxygen concentrators.
- Action Against Hunger is providing capacity surge support to Abi Adi health center. At least 58 children under 5 and 132 adults in Ruba Kaza health center, Ageba HC and Selam Biaqu health post received clinical consultations through MHNTs. At least 21 pregnant women in Ruba Kaza Health center Selam and Biaqu health posts received antenatal care through MHNTs. The team further facilitated the transfer of 30 tons of drugs and nutrition supplies from regional health bureau to Tanqua Melashe woreda, Yichela primary hospital. Routine vaccines were transported from regional health bureau to Abdi Adi health centre.
- ICRC supported discussions between ERCS and other actors to develop agreement in the form of a letter allowing ERCS ambulances to respond to emergency patients at night time. Delivery of wheelchairs and crutches to Axum University Hospital. Delivery of medical consumables to 5 Angels, Alganesh and Umer PHCs in Shire Town (dressing materials, PHC medications, IV fluids, injection and infusion sets). ICRC have helped support Suhul General Hospital with 1119 ER attendances and 113 major surgeries and 25 minor surgeries.

↔ Gaps

- Due to the curfew restrictions, referral of emergency cases in Tsehay IDP site especially delivery and other related cases remained a challenge.

- At least 22 *Woredas* are yet to be reached with MHNTs due to insecurity and this has affected the operational capacity and ability of partners to reach out to more *Woredas*. Ongoing pockets of conflicts remain in parts of North West Zone; Eastern Zone (Wukro, Hawzen); Central Zone; Western Zone and Southern Zone (Maychew - 130Kms South of Mekelle and in Samre and Gijet, 60 kilometers South East of Mekelle).
- Supply chain management and pipeline needs to be sustained, as more *Woredas* are opening up. More medical supplies are required to address the pipeline issues to ensure that the MHNTs and hospitals do not run out of the essential supplies.
- Inadequate health facility functionality. - Many health facilities are not yet functional due to a health worker shortage, attacks on healthcare facilities, including looting, vandalism and military occupied facilities.
- Increasing influx of IDP in North West Zone coming mainly from Western Tigray Zone, with at least 400,000 IDPs required more partner support to cater for their needs.

CLUSTER STATUS (13 Apr 2021)



Nutrition



Needs

- While nutrition data in Tigray Region has not been available or adequate since the start of the conflict, 69,400 children have been screened through different means (mobile health and nutrition teams and ad hoc rapid assessments).
- So far collected information indicates very alarming moderate malnutrition (MAM) rates. Overall, more than 17,700 MAM and over 1,900 severely malnourished (SAM) cases have been identified. Nutrition response activities are of top priority for the upcoming three months as the situation risk deteriorating.

→ Response

- Nutrition responses in Tigray Region resumed in the first week of February 2021. More than 30 Mobile Health and Nutrition Teams (MHNT) have been deployed by end of March.
- Nutrition Cluster partners are targeting at least 15,861 people affected with SAM and 91,170 children under 5 with MAM. Of the children with SAM, 1,517 have been admitted for treatment in TFP sites.
- During the week, UNICEF in collaboration with partners admitted 412 children suffering from severe wasting for treatment through UNICEF supported CMAM program, bringing to 2,516 the number of children admitted since the first week of February. Four weeks' admissions from this limited number of *Woredas* is about the same as the number of children admitted region-wide in a whole month during the pre-crisis period, thus underscoring the magnitude of the humanitarian needs.
- Nutrition partners in collaboration with the Regional Health Bureau (MHNT) have provided screening services to about 78,290 U5 children from 35 *Woredas* of Tigray, including IDP sites. This is nearly 10 per cent of the total children in the region. Out of the total children screened, an average of 2.9 per cent have been identified with SAM and 25 per cent with MAM.
- WFP and partners resumed the Targeted Supplementary Feeding Program (TSFP) for management of acute malnutrition. A total of 15,709 children and 8,915 PLWs have been reached in March in nine *Woredas*.

- WFP and partners have also reached an additional 22,813 (13,297 Children 0-23 and 9,516 PLWs) people with blanket supplementary feeding Program (BSFP) in 7 *Woredas*, bringing the total people reached to 114,115 (75,726 children and 38,389 PLWs) in 24 *Woredas* as of 6 April.
- Nutrition Cluster partners, including Action Against Hunger are providing nutrition services via static health facility and through mobile health and nutrition teams. More than 600 children were screened in Abi Adi and Tanqua Milashe *Woredas*, out of whom 28 children with SAM were referred to Therapeutic Feeding Program (TFP) Sites.
- BSFP has been started in Tsada Amaba *Woreda* of North West Zone by CWW and so far, 335 children and 529 PLWs have been reached.
- Partners are supporting the Regional Health Bureau in transporting supplies to operational *woredas*, while GOAL has distributed supplies to Abi Adi, Kola Temben, Hintalo and IDP sites in Mekelle.

↔ Gaps

- Nutrition Cluster partners have expressed grave concern that the significant number of MAM cases will deteriorate into SAM cases unless the emergency nutrition response is urgently scaled up.
- Access to rural areas in Tigray remains constrained hindering further interventions. Mobile health and nutrition team (MHNT) couldn't reach beyond *Woreda* capitals. There is also limited partner presence beyond *Woreda* capitals
- Connectivity challenges in rural areas continue to delay communication and reporting.

CLUSTER STATUS (13 Apr 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.
- 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. There are at least 516 self-reported cases of rape across five medical facilities. 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.
- 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 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.

- 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

- Following the establishment of joint PSEA-AAP Network in Mekelle on 16 March, Protection Cluster Partners, led by UN Women are encouraging partners to nominate regional focal points to attend the joint PSEA-AAP Network in Mekelle and/or Shire. The network has so far developed communication materials on PSEA, including posters, leaflets, and community engagement messages in English, Tigrinya, and Amharic. A pocket guide on how to support survivors of GBV and SEA has also distributed targeting affected populations and humanitarian stakeholders/service providers in Mekelle. A similar PSEA-AAP Network is to be established in Shire.
- A [toll-free national hotline](#) for sexual and gender-based violence and harmful practices is up and running. Established through a partnership between the Ethiopia Women Lawyers Association and Ethio Telecom and with the support from UNFPA, the initiative will provide vital support, information and advice to survivors of sexual and gender-based violence through offering counselling and referrals to existing services across the country, including Tigray Region. The national hotline has a toll-free number of 7711 and the services will be given in the Amharic, Afaan Oromo and Tigrigna languages.
- UNHCR-funded partner IHS reached out to 30 community leaders (25 male and 5 female) representing the IDP population of 25,900 individuals, to discuss protection challenges in identified site locations.
- In Shire, Protection partners identified 1,317 persons with specific needs in four IDP sites and, more than 2,400 children with different protection needs (including nearly 1,600 unaccompanied and separated children to be referred to ICRC for family tracing) in three IDP sites.

- World Vision conducted a three-day training for 24 incentive workers on Psychological First Aid and basic aspects of Child Protection.
- In Mekelle, Protection Cluster partners are working closely with the Government to ensure effective mainstreaming of protection principles in the process of relocating IDPs from the now 15 informal IDP sites to the newly identified Sabacare 4 site. Draft guidelines for the relocation, including specific points on the process of consultation with communities and obtaining informed consent, have been discussed by the Relocation Task Force.
- At least 150 social workers have been mobilized and 3,651 vulnerable children registered in 15 IDP sites in Mekelle. The Mekelle One-Stop Center supported survivors with case management, medical and psychosocial support.
- During the past week, several missions have been delayed or halted, further marginalizing persons in hard-to-reach areas. Secondary movements to already-overcrowded IDP sites in Mekelle and other accessible urban locations are likely to continue if people are unable to access assistance where they are.
- Assistance to IDPs living within host communities continues to lag far behind assistance at IDP sites. There is a risk of overcrowding of collective sites and people leaving their support networks in order to access assistance and basic services, should this situation be left unattended. Supporting and strengthening community protection mechanisms is key to providing the best protection outcomes for affected populations.
- Community representatives in Mai Tsebri have reported key gaps in response, including lack of safe spaces for undertaking protection counseling (CP/GBV/sensitive protection issues), overcrowded communal spaces and toilets, and significant challenges related to accessing basic services and food. In Shire, the rate of new arrivals has slowed somewhat as compared to last week but remains at approximately 1,000 people per day. Access to registration and assistance has improved, with additional staff on the ground (teachers and volunteers) and technical support provided by UNHCR. Sites remain overcrowded and problematic, including due to lack security and GBV preventative measures, including separate WASH facilities.
- Mekelle has seen a rapid expansion in the number of IDP sites in and around the city- from 8 to 15- due to both decongestion of overcrowded sites by the authorities and movements to sites from host communities. The capacity of host communities to assist IDPs is rapidly being exhausted and without additional assistance to/in communities, this is likely to result in more secondary movements to already overcrowded sites with associated protection risks.
- In Shire, efforts are underway to develop three sites to facilitate the relocation of IDPs from temporary sites, with support from the Protection Cluster to ensure an inclusive, protection-sensitive process. In Mekelle, the single relocation site can host up to 27,000 IDPs (of an estimated 30,000 IDPs at temporary sites), and the Protection Cluster and CCCM Cluster have been supporting the government through the Relocation Task Force. Key messages to communicate the details of the relocation process have been drafted and are under discussion with NDRMC and BoLSA.

Child Protection and Gender-Based Violence Response

- Since January 2021, over 5,000 women, children, and men have been reached by World Vision and IRC with outreach and awareness raising for both CP/GBV activities across Tigray Region (in Mekelle, Endasilassie, May Tsebri Towns). Over 3,530 women and children have received psychosocial support and have been supported with CP and GBV case management services from the Government, INGO, and national NGO partners. About 12,250 women and girls in Tigray have been supported with dignity kits to enhance their dignity and ensure basic needs are met.
- In the last week, GBV partners in Tigray Region have continued to provide medical and psychosocial support to GBV survivors and women and girls at risk. Gaps have been identified in essential medical supplies to treat GBV survivors in Mekelle, and additional Clinical Management of Rape kits have been requested from pre-positioned supplies. Work across the AoR partners is underway to identify best place for expansion of safe shelter service for GBV survivors in Mekelle, and to expand the One Stop Centre modality across other zones in Tigray to ensure survivors have

comprehensive access to medical, mental health, and psychosocial, and legal assistance. GBV response is heavily concentrated to service provision in Mekelle while there is an urgent need for partner to start and scale up response across the region.

- The child protection referral pathway for Tigray was reviewed and updated. The pathway operates within the Ministry of Women, Children and Youth's National Child Protection Case Management Framework (NCMF) and aims to connect and coordinate all service providers working with children across the different sectors and ensures a standardized child protection complementary to Ethiopia's national policies and other legal frameworks.
- Extremely concerning reports about the prevalence of GBV during the conflict, in flight, and in places of displacement continue. the level of violence and the age of many victims raise concerns and call for a robust MHPSS response, in addition to access to medical services. Mekelle has the only functioning One Stop Centre. Official reporting at medical facilities remains limited, with some survivors instead seeking services through NGO-managed clinics and mobile teams. It is expected that many cases remain unreported. Risks in displacement are also mounting, with overcrowded conditions, insecurity and limited assistance enhancing vulnerability; PC received concerning reports of IPDs in host communities engaging in survival sex because they are unable to pay rent.
- Protection Cluster Partners continue to receive high numbers of family separation and unaccompanied children. 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. The Ethiopian Red Cross is responding.

↔ Gaps

- During the past week, challenges in reaching areas previously accessed by humanitarian actors, including some along the main roads between Shire and Mekelle, have slowed the response to several areas across north and northwest Tigray in particular. The Protection Cluster continues to call for consistent, unimpeded access to all persons in need of humanitarian assistance.
- Government officials in Shire and Mekelle are reporting serious challenges in registering IDPs, due to limited staffing, lack of IT equipment, large numbers of new arrivals (particularly in Shire) and challenges in mapping the IDP population, which is dispersed across the region, with many people afraid to present themselves at IDP sites.
- In some locations, IDPs are asked to present IDs, which many lost or left behind when they fled, or otherwise provide witnesses who can confirm their identity. The Protection Cluster has highlighted that many IDPs will not have identity documents and that they should not be excluded from registration and assistance as a result. The need for a system for re-issuing Government documents (*Kebele* IDs) has also been highlighted.

CLUSTER STATUS (13 Apr 2021)



Water, Sanitation and Hygiene (WASH)



Needs

- With access to water, hygiene and sanitation (WASH) services largely disrupted across Tigray (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), the population is 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.

➔ Response

- As of 5 April, WASH Cluster partners have provided emergency latrine and bathing/hand washing facilities to 110,949 people representing 16 per cent of the targeted 698,544 people.
- At least 300,000 people (43 per cent of target) have received essential lifesaving WASH non-food items (NFIs), including water treatment chemicals, as of 5 April.
- Since the beginning of the conflict, WASH Cluster partners have provided safe water to 631,542 people (more than 100 per cent) 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, lack of salary payment for water utility workers pose a challenge for effective response.

CLUSTER STATUS (13 Apr 2021)



Logistics



Needs

- 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.

➔ Response

- The Logistics Cluster is increasing its capacity and has now established six storage spaces and common transport from Addis Ababa, Adama, Kombulcha, Semera, Gondar, and Mekelle. A 4,000 square metre facility with a 1,600 square metre common warehouse has been established in Mekelle and is operational as of early April, and the same is being identified in the Norther Western Zone.
- The cluster is expanding staffing capacity. Two staff have recently joined the Addis Ababa warehouse, with a further three recruitments planned, including a Logistics Officer for Shire and a Roving Logistics Officer who will fill gaps and provide extra capacity where needed.

- The cluster facilitated the transport of 265 MT of humanitarian cargo to Tigray on behalf of nine partners between 29 March and 4 April. Cargo transported included NFI, Medical, food and shelter cargo. Overall, the cluster has so far facilitated transport of over 1,742 metric tons of humanitarian cargo since December 2020 along the main routes into Tigray (primarily Gondar – Mai Tsebri – Shire routes, and Kombolcha-Mekelle).
- The cluster currently supports 29 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 (13 Apr 2021)

Regular Meetings

The Inter-Cluster Coordination Groups (ICCG) have been activated in Mekelle and Shire and are holding regular meetings. However, Tigray UN-led clusters have very varied levels of capacity in the region: while all clusters urgently require a dedicated full-time coordinator in place. Coordination platforms are being strengthened. All Government-led clusters have an established coordination forum in Mekelle, while all but four have set up coordination structures in Shire. The Interim Administration-led Tigray ECC continues to meet weekly with all clusters and with the humanitarian community.

The Ministry of Finance, the National Disaster Risk Management Commission (NDRMC) and development and humanitarian partners held a meeting on 30 March, to discuss the coordination mechanisms for the humanitarian response in Tigray. The Government emphasized the need for a unified approach and a “comprehensively designed recovery plan”, which would involve humanitarian/development partners and national and local counterparts. The need for sustainable development was also highlighted.

VISUALS AND DATA (13 Apr 2021)

Funding Update

As of 9 April, the humanitarian community has allocated \$280 million to respond from the outset of the Tigray crisis, including \$202 million in bilateral funding, \$25 million in multilateral funding and \$53 million re-allocated/repurposed from existing resources. UN agencies and NGOs have used their core and or private funds to ‘front-load’ emergency response. To date, 34 HINGOs have raised over \$168 million in cash and commodities. Humanitarian partners continue to flag challenges with capacity and resources to be able to scale up to the level needed to respond across Tigray.

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