HIGHLIGHTS (4 Feb 2021)

- With fighting and ongoing clashes reported in many parts of Tigray, including violence against civilians, the humanitarian situation in the region continues to rapidly deteriorate.

- Access to essential services, food, water, livelihoods and cash remains disrupted across large swaths of Tigray, increasing the need for urgent assistance.

- Humanitarian aid is extremely limited, with aid workers still unable to access most rural areas of the region, when people need it the most.

- Although progress has been made, with an increasing amount of humanitarian cargo mobilized, critical staff needed to scale up assistance have not been able to travel to Tigray.

- The UN and humanitarians continue to engage with the Federal Government to allow and facilitate rapid and unimpeded passage of humanitarian workers and assistance to Tigray.

KEY FIGURES

<table>
<thead>
<tr>
<th>People in need of aid before the conflict</th>
<th>Projected additional people to need aid</th>
<th>Unmet requirements for the Response Plan</th>
</tr>
</thead>
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<tr>
<td>950,000</td>
<td>1.3M</td>
<td>$40.3M</td>
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FUNDING (2020)

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</thead>
<tbody>
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<td>$1.3B</td>
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BACKGROUND (5 Feb 2021)

SITUATION OVERVIEW

Three months on since the start of the conflict in Tigray, the humanitarian situation across the region is extremely alarming and continues to deteriorate rapidly. The lack of humanitarian access due to insecurity and bureaucratic obstacles have prevented aid workers from providing life-saving assistance to people affected by the conflict. Although the full impact of
the fighting on the humanitarian situation is still unclear, humanitarians on the ground are reporting increasing hunger, a dire deterioration on malnutrition, and an urgent need to increase access to water, hygiene, sanitation, health, shelter and protection services in most parts of Tigray. Access to essential services, telecommunications, cash, fuel remains largely disrupted, compounding an already acute situation, and preventing people from meeting their vital and most basic needs.

The security situation in Tigray remains volatile and unpredictable, with reports of ongoing clashes in many parts of the region. Violence against civilians, including killings, abductions, force returns of refugees and internally displaced people, and sexual and gender-based violence continue to be reported across Tigray. The verification of these reports, however, remains challenging as humanitarian partners have not been able to have full access to the Western, Central, Eastern, North Western, South and South Eastern parts of the region.

Access is particularly limited in remote and rural areas. An inter-agency meeting conducted in Shire on 1 February highlighted an alarming situation with partners denied access to the northwestern woredas and kebeles, including Sheraro. In some instances, the presence of multiple actors on the ground has also constrained humanitarian operations, as clearance from Federal Authorities has, in different occasions, not been accepted by other forces.

Although cargos carrying humanitarian commodities have been increasingly allowed to move into Tigray, most of the clearances for critical staff needed to scale up the response and distribute and monitor its distribution is still pending with Federal authorities.

High-level visits

The United Nation’s High Commissioner for Refugees, Filippo Grandi, visited, on 30 January, Mai-Ayni camp for Eritrean refugees in southern Tigray to assess first-hand the situation on the ground. Grandi met key stakeholders from the Federal Government, including the Prime Minister, the Deputy Prime Minister, and the President as well as humanitarian partners in Addis Ababa to discuss the humanitarian situation in Tigray. After his mission, the High Commissioner called on authorities to restore basic services in Tigray and increase humanitarian access to the region, as the situation, according to Grandi, is extremely grave. The Under-Secretary-General of the Department of Safety and Security Gilles Michaud also visited Mekelle where he met with the interim administration and the international community.

ANALYSIS (4 Feb 2021)

CROSS-BORDER IMPACT

Almost 60,700 refugees have now crossed into Sudan, with nearly 100 people still arriving every day, according to UNHCR. Authorities of Gedaref State in Sudan have allocated additional land for the expansion of the Tunaydbah camp to allow the relocation of refugees from the border areas to continue. The camp hosts now 13,371 people while another 20,572 refugees are sheltered in Um Rakuba camp. At least 2,500 people remain in Village 8 and around 20,000 in Humdayeet crossing point.

The Sudanese Government and humanitarian partners continue to scale up life-saving assistance to the refugees, including hot meals to the new arrivals. Health and WASH services as well as dry food rations are also being offered to the refugees, with priority given to persons with specific needs (PSN). Safe space to raise protection concerns, and referral systems to
identified protection issues have also been established.

Separately, insecurity along the border between Ethiopia and Sudan remains high, with both countries publicly claiming ownership of the land in the Fashaga area.

**VISUAL (4 Feb 2021)**

**PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE IN TIGRAY**
EMERGENCY RESPONSE (4 Feb 2021)

HUMANITARIAN PREPAREDNESS AND RESPONSE

Three months into the conflict, the humanitarian response to the people in need in Tigray remains drastically inadequate to the dire and growing needs observed on the ground. Access remains for the most part limited to the population living in the towns along the main road from Alamata to Adigrat, and further to Shire, controlled by the Federal Government forces. As access to the countryside is mostly blocked, no humanitarian assistance is taken place in non-government-controlled areas. Meanwhile, the National ECC Multi-Sectoral Response Ministerial Committee reviewed the status of the delivery and distribution of humanitarian assistance and rehabilitation processes in the northern part of the country on 27 January and called for all concerned stakeholders to ensure a speedy delivery of humanitarian assistance.

Some improvements, however, were registered during the last week of January, with several INGO partners moving out of Mekelle town to other zones. World Vision International (WVI) recently completed a multi-sectoral assessment in Shire; the Joint Emergency Programme team of Christian Relief Service returned from Shire; GOAL has started a nutrition intervention...
in Wukro. An ECHO team, together with UNICEF and World Vision, also visited Wukro on 27 January, and a UNICEF multi-sectoral team visited Adigrat on 29 January to monitor the utilization of health, nutrition and WASH supplies, which had been delivered several weeks ago.

The humanitarian community is ready to boost response operations with new surge support arrived in-country and enhanced logistic capacity. More than 70 humanitarian staff are waiting in Addis Ababa, ready to move into Tigray to resume assistance distribution and coordination. Some partners, including UN and INGO staff, arrived in Mekelle and are receiving clearance for further travel outside Mekelle.

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**CLUSTER STATUS (4 Feb 2021)**

### Emergency Shelter & Non-Food Items

#### Needs

During a focus group discussion with internally displaced people in Mekelle, shelter and household critical items, including kitchen utensils, jerry cans, blankets, mats, and other non-food items (NFI) were identified as a top priority by people who were uprooted by the conflicts. The need for shelter and NFIs is expected to increase further in the coming weeks, as the Regional Government’s plan to reopen schools will require urgent solutions for people currently hosted in classrooms. Humanitarian partners shared this information during a coordination meeting with the Deputy Head of the Regional Bureau of Labour and Social Affairs (BoLSA), responsible for the registration of beneficiaries across the region.

#### Response

To improve the response mechanisms, the sub-national Shelter Cluster has been activated in Tigray on 26 January, with weekly meetings held every Tuesday. Specific INGOs have been assigned as zonal focal points to coordinate the response at the woreda level.

#### Gaps

Although funding is available for the shelter response, the delay in the clearance of critical staff to deploy to Tigray is critically affecting the operation. While awaiting deployment to the accessible areas, the Cluster is organizing meetings with the emergency response mechanism in Ethiopia to discuss the scale up of activities.
With the harvest and markets disrupted by the conflict, hunger is rising across Tigray. Most newly internally displaced families across the region are seeking refuge with relatives and host communities, putting an incredible strain on their already stretched resources.

**Response**

Some 23 trucks have been positioned to move food supplies from three hubs into Tigray. The two refugee camps in the southern part of the Region, Mai-Ayni and Adi-Harush, are now receiving regular food allocations, with food delivery and distributions for the month of January completed. Across the region, the JEOP Consortium reached 250,000 people with two months’ ration of full basket of food (oil, cereals and pulses), out of the 1.4 million planned to be assisted, as of 2 February. On the Government response, interim regional authorities reportedly provided food assistance to 1.2 million people, according to the National Disaster Risk Management Commission (NRDMC).

**Gaps**

Limited access to many areas, communication challenges, dismantled Government structures, limited banking services, and sporadic clashes pose serious concerns over the timely delivery and distribution of future food assistance.

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**CLUSTER STATUS (5 Feb 2021)**

**Health**

**Needs**

Healthcare services in Tigray are alarmingly limited, with hundreds of thousands of people, including those injured during the fighting, enduring now nearly three months of conflict without adequate access to essential medicines and basic attention. The health system in Tigray is reportedly nearly collapsing and according to the latest information from the Regional Health Bureau and WHO, out of a total of 11 hospitals, only 3 are functional in Mekelle, Quiha, and Maychew. Across the region, nearly 80 per cent of the health centres and facilitates are not accessible or functional, according to health partners. Maternal and reproductive health services have been disrupted and vaccinations have stopped as the power interruption for long days caused massive loss of doses across the region, according to UNICEF. Access to safe delivery is minimal, increasing the number of home deliveries that, in some cases, have led to maternal deaths, according to the Regional Health Bureau (RHB).

**Response**

International Medical Corps (IMC) emergency response team has visited several health facilities, identifying those in critical need of medical supplies, logistics, capacity building and other priority areas. The team also held discussions with the respective officials and local authorities at Humera, Wolkayit and Tsegede woredas. Medical items and equipment were transported by IMC to Dansha warehouse on 29 January.

International Rescue Committee (IRC) dispatched WHO and ECHO-donated Inter-Agency Emergency Health Kits (IEHK) to Mai-Tsebri Primary Hospital, Adeharush and Mai-Ayeni ARRA health centres. World Vision International (WVI) also distributed medical kits to address the primary and advanced health demands of up to 130,000 people in Alamata General Hospital and
Alamata Health Centre. WVI, through its National Emergency Preparedness Response Fund (NEPRF), has also procured essential supplies and equipment to Samre Hospital to assist 64,669 people. WVI is currently finalizing its response plan for Shire, Adigrat, Mekelle and Alamata to source medical supplies from the SWAN consortium (Save the Children, World Vision, AAH and NRC).

MSF Spain’s Southern Tigray emergency team started supporting Hiwane and Adikeyh health centres since 18 December and 21 December respectively. Both facilities had been closed for more than three weeks due to the conflict. Basic medical kits, IEHK and trauma kits have so far been distributed to 4 hospitals and 14 health centres in the area, accompanied by efforts in community mobilization. Many NGOs are engaging in similar efforts, recruiting field workers to establish mobile health and nutrition teams (MHNT).

MCMDO plans to support 13 woredas in 5 zones in Tigray through MHNTs and surge staff. It has so far opened field offices in Mekelle Town and Raya Azebo and Ofia woredas and deployed five MHNTs teams to the Southern (Raya Azebo and Ofia woredas), South Eastern (Saharti and Dega Temben woredas), and North Western (Tselemti woreda) zones equipped with IEHK. In addition, IOM has conducted 317 medical consultations in Kebero Meda and Dabat IDP sites, reaching 431 individuals on COVID-19-related health promotion activities, environmental and personal hygiene.

In addition to sending a team to investigate a reported cholera outbreak in Adwa Town, WHO is currently conducting health assessments and, in collaboration with RHB, developing Integrated Disease Surveillance and Response (IDSR) reports in accessible zones.

Overall, active Cluster engagement continues at both national and sub-national level, and Cluster coordination is improving as partners develop more concrete plans and reports. WHO, in collaboration with the RHB, coordinates the Health Cluster meetings, and, among other responsibilities, shares RHB plan for partner inputs, updates partner achievements and plans, and identify common major challenges such as access and funding. Participants in the Health Cluster coordination meetings include health partners, IOM, UNFPA and a representative from Gondar Town administration health office.

**Gaps**

Out of the seven health zones in Tigray, only Mekelle is currently producing Public Health Emergency Management (PHEM) reports. Several partners have reported military interference on the roads. There is a significant need for mobile health clinics to restore vaccination services and undertake consultations, especially in rural areas. Severe shortage of ambulances has also been reported, with only 30 of the previously 280 ambulances now functional across the region, according to UNICEF. WHO and partners continue to highlight the importance of further inter-cluster coordination on cross-cutting issues, such as protection and access.

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**CLUSTER STATUS (4 Feb 2021)**

**Nutrition**

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**Needs**

Although lack of access is preventing humanitarian from access the full extent of needs in Tigray, reports from aid workers on the ground indicate a rising in acute malnutrition across the region. The lack of food supplies and access to cash, and the limited capacity of health centres to treat potential cases, the risk of deterioration of malnutrition is tangible. Only 1 per
cent of the nearly 920 nutrition treatment facilities in Tigray are reachable.

Response

Partners from the sub-national Nutrition Cluster Multi-Agency Nutrition Task Force (MANTF) in Mekelle are evaluating the current capacity of the health system in Tigray. Meanwhile, MSF Holland and MSF Spain have conducted more malnutrition screening among internally displaced children, with reports expected in the coming period. Further, IOM recently completed nutrition screenings for 123 children under age 5, referring 5 severe acute malnutrition (SAM) and 3 moderate acute malnutrition (MAM) cases to nearby health centres. Medicines, nutrition supplies and equipment for the treatment and prevention of acute malnutrition have been pre-positioned by UNICEF in Mekelle and some dispatched to 10 hospitals in main cities in partially accessible areas. Several partners, including Mothers and Children Multi-Sectoral Development Organization (MCMDO), have established mobile health and nutrition teams in six accessible sites of Ofla and Raya Azebo woredas in southern Tigray, while Action Against Hunger has resupplied the Abi Adi Primary Health Centre with nutritional commodities on the 30 January.

Gaps

Lack of access is preventing humanitarian partners from scaling up the much-needed nutrition response. Humanitarian partners are also engaged in discussion with the Regional Health Bureau to remobilize more health workers by providing effective incentives.

CLUSTER STATUS (4 Feb 2021)

Protection

Needs

Since the start of the conflict in November, humanitarian workers, local organizations and civilians have reported several cases of violations and abuses against civilians in Tigray. Forced displacement and returns, killings, abductions and other violations have been reportedly perpetrated by all parties. Reports of sexual violence are widespread across Tigray region, with incidents, including rapes and women being forced to exchange sex for food and basic commodities have been reported in Mekelle, Shire, Humera and many other locations. Although access to the refugee camps of Hitsaats and Shimelba in North Western Tigray remains blocked, UNHCR continues to receive reports of forced returns and other violations, including killings. Some 5,000 Eritrean refugees have made their way to Shire and are living in dire conditions, many sleeping in an open field on the outskirts of the town, with no water and no food, according to UNHCR.

Response

Partners are preparing for the implementation of activities to prevent and assist survivors of gender-based violence (GBV) across Amhara and Tigray regions. In Tigray, IRC has started conducting GBV awareness raising activities and has, through consultative workshop with service providers, re-established referral pathways to ensure survivors’ access to multi-sector care. Preparations are underway for the provision of GBV case management and provision of psychosocial support to survivors, as well as women and girls at risk.
In Amhara Region, GBV service mapping is ongoing, and referral pathways have been updated with latest information. UNFPA provided GBV mainstreaming capacity building session as part of Shelter/NFI Cluster's Distribution Workshop in Gondar to promote risk mitigation approaches and practices and to provide basic skills for humanitarian responders.

Gaps

Lack of access to the region is preventing humanitarians too provide humanitarian assistance and protection, especially to vulnerable groups, including refugees. Lack of basic medical supplies has so far limited or made impossible health and psychosocial interventions to survivors of sexual and gender-based violence. Urgent scale up of health and psychosocial assistance to people affected by the conflict is urgently needed. Independent investigations of alleged gross violation of human right need to be expedited.

CLUSTER STATUS (4 Feb 2021)

Water, Sanitation and Hygiene (WASH)

Needs

With access to water, hygiene and sanitation services largely disrupted across Tigray, the population is at heightened risk of disease outbreaks, including water-borne diseases and COVID-19. COVID-19 services have stopped in Tigray and, according to WASH Cluster estimates, more than 300 motorized pumping systems are out of order due to lack of fuel, damages or looting. In Amhara, where eight partners are currently operating, there are reports of very poor hygiene and sanitation conditions in centres for displaced people, with only one latrine per 1,300 people.

Response

Some 120,000 people, around 27 per cent of the 455,000 targeted, have now regular access to water. Partners have been able to provide sanitation facilities, including latrine, bathing and hand-washing stations to 8,000 people, while 36,000 received water treatment chemicals.

Gaps

Key challenges in the response operation include an increasing number of internally displaced people in need of assistance, the exclusion of host communities from assistance, and the funding gap. Limited land availability for expansion continues to challenge WASH operations in Kebero Meda and Dabat sites for internally displaced people, while the former is also affected by the sloppy and rocky nature of the ground.

CLUSTER STATUS (4 Feb 2021)

Logistics
Needs

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 has supported the movement of cargo to Shire and Mekelle, with clearances from the Federal Government for cargo movement received within the agreed timeframe of 24-48 hours. The Cluster has now five storage capacities and common transport is available from Addis Ababa, Adama, Kombulcha, Semera and Gondar and it is setting up storage in Mekelle identifying potential common storage for partners in Shire. WFP has positioned 23 WFP fleet trucks, 1 fuel tanker to support Tigray operations, which will also support the Logs Cluster movements. Of those, 10 fleet trucks and a fuel tanker will be positioned in Mekelle to support movements out of WFP Mekelle warehouse to destinations in support of blanket supplementary feeding deliveries. On the Government response, NDRMC reportedly deployed two staff to Kobo Town of North Wollo zone to facilitate the cargo movement, and the body informed that regular cargo movements are taking place from Kobo to Mekelle. The interim Government is reportedly establishing structures at the zonal level, with teams deployed to all Zones to assess the status of the Government structures, according to NDRMC.

Gaps

Access constraints and lack of funding are the main challenges for the response.

COORDINATION (4 Feb 2021)

REGULAR MEETINGS

The Tigray Emergency Coordination Center (ECC) meeting is convening weekly in Mekelle. The National Disaster Risk Management Commission has deployed senior staff to support the initial set up of coordination mechanisms. On 18 January, the Deputy Humanitarian Coordinator and a OCHA team were also deployed to Mekelle to support partners coordination and the ECC.

The United Nations and partners continue to engage at the highest levels with the Government of Ethiopia to coordinate operational details and advocate for access for humanitarian workers and supplies to respond to people affected by the conflict in Tigray.

VISUAL (4 Feb 2021)

Funding Update
## FUNDING REQUIREMENTS (in million USD)

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<th>Requirements</th>
<th>Total Funding</th>
<th>Unmet requirements</th>
<th>Level of funding</th>
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<td>Food</td>
<td>$116.5m</td>
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### Allocation by bilateral donors and pooled funds (in million USD)

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<th>Total Requirement</th>
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<tr>
<td>Re-allocation of existing resources</td>
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