HIGHLIGHTS (8 Mar 2021)

- The Prime Minister, on 3 March, announced that aid agencies can operate in the region by providing a notification to the Ministry of Peace.

- Following this significant development, organizations have begun notifying the Ministry, and the humanitarian community is working to urgently improve access to rural areas.

- Violence and lack of assistance in rural areas continue to drive displacement of people searching for safety and aid in the main towns across Tigray.

- Partners continue to receive reports of looting and grave violence against civilians, including extrajudicial killing, rapes and other forms of gender-based violence.

- Disruptions in basic services, such as communications, banking services and electricity, pose serious challenges to humanitarian efforts, while putting people further at risk.

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>
<tbody>
<tr>
<td>950,000</td>
<td>1.3M</td>
<td>$34M</td>
</tr>
</tbody>
</table>

FUNDING (2020)

<table>
<thead>
<tr>
<th>Required</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.3B</td>
<td>$732.4M</td>
</tr>
</tbody>
</table>

59% Progress

CONTACTS

- Saviano Abreu
  Communications Team Leader, Regional Office for Southern & Eastern Africa
dabreuisidoro@un.org

- Alexandra de Sousa
  Deputy Head of Office, OCHA Ethiopia
desousa@un.org

BACKGROUND (8 Mar 2021)

SITUATION OVERVIEW

The humanitarian situation in Tigray remains extremely concerning, while reports of intensified fighting and lack of assistance in rural areas continue to drive displacements of people across the Region. Aid workers received reports of children hungry and weak particularly from those fleeing areas that are currently hard to reach, as many faced four months...
without assistance after their harvests were burnt, livestock slaughtered, and property looted. The security situation remains fluid, and access to some previously reachable locations around Mekelle and in southern Tigray have not been possible for the past three weeks. The presence of various armed forces on the ground and shifting line of control pose serious challenges to partners’ operations.

Overall, continued power cuts, disruptions in communications and banking services are significant impediments to the scale-up of humanitarian efforts. Intermittences of basic services also add significant strain to people impacted by the conflict and power cuts are further jeopardising people's access to clean water and their ability to mill the grain received as humanitarian assistance.

People in Tigray and humanitarians on the ground continue to report serious violence against civilians, including extrajudicial killing, rapes and other forms of gender-based violence, as well as random house searches, widespread looting of private and public property and destruction of farming equipment, allegedly by various armed actors. The UN High Commissioner for Human Rights, Michelle Bachelet, in a statement published on 4 March, informed that her office has been able to corroborate information about some of the incidents that occurred in November last year, indicating indiscriminate shelling in Mekelle, Humera and Adigrat town, and reports of grave human rights violations and abuses including mass killings in Axum, and in Dengelat in central Tigray by Eritrean armed forces. Rights groups released different reports on massacres of civilians, including the latest one by Human Rights Watch on 5 March.

According to the UN Human Rights body, a preliminary analysis of the information received indicates that serious violations of international law, possibly amounting to war crimes and crimes against humanity, may have been committed by multiple actors in the conflict, including the Ethiopian National Defence Forces, the Tigray People’s Liberation Front, Eritrean armed forces, and Amhara Regional Forces and affiliated militia. Separately, the Ethiopian Human Rights Commission expressed concerns about the recent arrests, and subsequent release, of journalists and media workers in the Region, a sign of a prevailing intimidating media environment.

Looting of humanitarian supplies and destruction and vandalization of different humanitarian infrastructure have also been reported by national and international organizations, including the UN, operating in Tigray. At least 85 incidents of looting of humanitarian vehicles have been documented, and many health centres, water points, warehouses and offices have been looted or vandalized.

As internal displacement continues to be reported across the Region, including of people trying to reach towns where assistance is being delivered, aid organizations highlighted the pressing need to assist and protect displaced people in major cities, including Mekelle and Shire. Thousands of people who have been sheltering in schools and universities, already living in extremely concerning conditions, are facing the prospect of relocation within one month due to back-to-school plans. Humanitarian partners are facing significant difficulties in identifying suitable alternative sites for displaced people and are stressing the urgent need to provide emergency shelter, water, sanitation and hygiene services, as well as supporting the management of settlements.

The situation is also critical for thousands of Eritrean refugees previously hosted in the closed Hitsaats and Shimelba camps. Nearly 6,000 of them arrived in Mai Aini and Adi Harush sites, while many more are in Shire and Sheraro waiting to be relocated to camps. According to Administration for Refugee and Returnee Affairs, Mai Aini and Adi Harush refugee camps have now reached their maximum capacity. Efforts by the local authorities and humanitarian partners to identify suitable sites are ongoing.

With many areas of Tigray having not received vital assistance since the conflict started four months ago, the rising needs have vastly outstripped the preliminary response plan that was developed by the humanitarian community in the first weeks of the conflict. Several critical humanitarian clusters, including shelter, protection and education, report that the resources received are inadequate for the dire needs, even in areas that are currently accessible. Given the volatile security situation
and evolving access opportunities, humanitarians are calling on the international community to increase its funding so humanitarian workers can be sufficiently equipped with resources to provide life-saving assistance whenever and wherever possible.

The 2021 Humanitarian Needs Overview launched by the humanitarian community on 5 March estimates that approximately 4.5 million people are currently in need of humanitarian assistance in Tigray. The humanitarian community will revisit the figure as more assessments become possible in the Region.

HIGH-LEVEL VISITS

WFP’s Executive Director, David Beasley, visited Ethiopia from late February to early March. In his second mission to the country since the start of the conflict, the WFP chief had meetings with his team in Addis Ababa as well as with the Prime Minister Abiy Ahmed Ali. Beasley renewed WFP’s appeal for US$107 million urgently needed to scale up food and nutrition assistance in Tigray.

ANALYSIS (8 Mar 2021)

CROSS-BORDER IMPACT

The humanitarian situation on the border between Ethiopia and Sudan continues to evolve even though the number of refugees from Tigray arriving in the neighbouring country has significantly reduced over the last weeks, according to UNHCR. Humanitarians in Sudan continue to receive unverified reports of armed actors preventing people from crossing the border from. They also received reports of localized shooting against civilians trying to flee the conflict in Tigray. Tensions in the Ethiopian side the Fashaga area —disputed by both countries— have dramatically escalated in the last month, with clashes between the Ethiopian National Defense Force (ENDF) and the Sudanese Armed Forces, further increasing protection concerns for people living in both sides of the border, including refugees who recently fled the conflict in Tigray.

In Sudan, humanitarian partners are working to assist more than 61,623 people who are seeking refuge in the country. Um Rakuba and Tunaydbah camps in the Gedaref State have reached the maximum capacity, each slightly above 20,000 people. Over 20,000 people remain by the crossing points near the border, where humanitarian assistance is facing logistical and resource challenges.

VISUAL (12 Feb 2021)

PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE IN TIGRAY
EMERGENCY RESPONSE

HUMANITARIAN PREPAREDNESS AND RESPONSE

Despite ongoing efforts, the overall humanitarian response remains deeply inadequate compared to the needs on the ground. Limited access due to both increasing insecurity and bureaucratic obstacles, as well as restricted funding, continue to hamper humanitarian operations. Assistance is still concentrated in cities along the main road from Alamata, Mekelle, Adigrat to Shire and their adjacent woredas, according to information shared during the latest meeting of the interim Administration-led Tigray Emergency Coordination Center (ECC) on 26 February. The urgency to reach people in rural areas, many of whom are still cut off from assistance, rises every day.

Following the announcement by the Ethiopian Office of the Prime Minister, on 3 March, that humanitarian agencies will have access to operate in Tigray on the basis of notification to the Ministry of Peace, humanitarian partners are working to increase the presence of staff on the ground as rapidly as possible and to access areas inside Tigray that have not been reached to date. To efficiently and safely reach the rural areas, the humanitarian community is establishing coordination mechanisms with local authorities and continues to call for the urgent activation of communication services.
Similarly, the Tigray People's Liberation Front (TPLF), through a letter sent to the President of the United Nations Security Council, on 3 March, has expressed its readiness to facilitate humanitarian access to relief operations to areas under their control.

An Access Working Group established in Mekelle is working with humanitarian partners to facilitate access on the ground.

While large amounts of relief supplies, including critical food assistance, have been dispatched into and within the Region, there are concerns that the disruption of distribution mechanisms are preventing people in desperate need of assistance from accessing aid. Humanitarian partners are engaging with the authorities and working to strengthen the monitoring and targeting components of the response as a matter of priority, to prevent any exclusion of beneficiaries due to their gender, ethnicity and political affiliations, as well as inclusion errors.

The situation is particularly concerning in Central, North Western and Southern zones, where a fluid security situation and logistical constraints continue to undermine the food response, with several woredas yet to be reached. Partners report that unavailability of trucks, private truck operators refusing to operate in certain areas due to insecurity, and limited storage capacity in distribution areas are posing significant challenges to the response.

The Tigray ECC continues to meet weekly and, in its latest meeting on 26 February, raised concerns about the limited availability of resources and pending gaps in the response vis-à-vis the vast needs

---

**CLUSTER STATUS** (28 Feb 2021)

**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 notably 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 feed, 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, though many have resumed their work, are unable to fully operate since all office vehicles and equipment have been looted. Offices in a third of the assessed woredas have also had their animal clinic equipment destroyed, and drugs and vaccines looted. Concerningly, the gravity of the situation remains unknown in other unassessed parts of the Region, such as in Northern and Western Tigray.

**Response**

- The Agricultural Cluster has conducted field assessments in 21 woredas across four zones and has developed a series of recommendations.

**Gaps**

- 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.
CLUSTER STATUS (8 Mar 2021)

**Education**

**Needs**

- Approximately 1.3 million children need protective services and safe education in Tigray and neighbouring areas, as the conflict disrupted their learning process. An estimated 25 per cent of schools in Tigray have been damaged, according to the Ministry of Education, and approximately 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 ECC in Mekelle, there are significant safety concerns over the school re-open process, which became apparent when 55 primary school teachers did not attend the planned training last 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.

- Poor water, sanitation and hygiene services in the learning spaces are 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 Education Cluster is targeting 228,000 children for the Tigray response. At least 87 per cent of the targeted children (199,900) are in Tigray, while there are some 15,000 and 13,000 internally displaced in Afar and Amhara, respectively.

- As the Regional Education Bureau (REB) plans to move forward with school re-opening, partners are engaging with teacher training and community mobilization. Procurement for 12,500 educational kits is also ongoing.

- The Education Cluster is working with the Protection Cluster to ensure safe relocation of displaced people currently sheltering in schools.

- The sub-national Cluster has been re-activated and has resumed its weekly meetings. Partners are working closely with the REB.

**Gaps**

- According to partners, teachers are declining to attend trainings in fear of attacks, raising serious concerns over the safety of students and teachers should schools re-open. Partners also report difficulties in engaging with the community in this regard due to weak grassroots structures.

- One high school and one primary school in Mekelle continue to be occupied by military, while many schools in major cities are hosting displaced people, adding complexities to the school re-opening plans.

- Funding remains a critical challenge. REB is reportedly facing resource constraints to address the needs identified before re-opening of schools.
CLUSTER STATUS (8 Mar 2021)

Emergency Shelter & Non-Food Items

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. Assessments in Adigrat and Shire confirmed that people were living in overcrowded settings in unfinished buildings.

- Joint assessments led by the Cluster and the Regional Government in centres for newly displaced people in Mekelle highlighted a dire situation, with on average 30 people sleeping in a single classroom. There are no separate rooms for men, women, people with special needs, exposing particularly women and girls to gender-based violence (GBV). Some schools in which displaced people are currently hosted have broken doors and windows and have inadequate lighting, further adding to GBV risks.

- 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 report an increasing number of new arrivals in major towns.

Response

- The Cluster has so far reached more than 86,000 people with emergency shelter or non-food items assistance. During the reporting period, the International Committee of the Red Cross (ICRC) completed the distribution of 4,900 shelter and non-food items (NFI) kits for 26,950 displaced people in Shire, in addition to Norwegian Refugee Council's distribution of 1,000 kits for some 5,500 displaced people living in a secondary school in Shire.

- GOAL Ethiopia commenced the distribution of 1,000 shelter and NFIs kits (300 in Mekelle and 700 in Enderta woreda) on 1 March, targeting some 1,650 and 3,850 people in Mekelle and Enderta woreda, respectively. Samaritan Purse (SP) has distributed 200 kits in Adigrat. The distribution of additional 600 kits in Adigrat and 200 kits in Adwa is ongoing, as is the distribution of some 2,500 kits by ZOA in Wukro.

- The Cluster has set up a working group to develop a targeting guideline to address a targeting problem identified by Cluster-led rapid assessments in various areas in the Region. The first draft of the Targeting Guideline was presented at the Cluster meeting on 3 March, in view of a planned endorsement the following week.

- The Cluster also participated in the site assessment missions in Mekelle and Adigrat, findings from which were presented to the partners at the weekly Cluster meeting on 3 March. The site assessment team has identified potential relocation sites in Mekelle and Adigrat, and partners have started mobilising resources to construct communal shelters in relocation sites, including 5,000 rolls of tarpaulins via SP, tarpaulins for 200 households via GOAL Ethiopia, 30 rub halls via NDRMC, and communal shelters via International Organization for Migration (IOM). Partners also discussed the suggested site plan for expansion and improvement of the new sites, as well as...
agreeing to map the available resources to facilitate the relocation of IDPs to new sites. It was also agreed that a technical working group would be activated under the leadership of the SMS working group to produce a costed plan for the relocation.

- There are currently 20 national, international NGOs and UN agencies operational across 6 Zones in Tigray, 3 Zones in Amhara and 4 Zones in Afar. Partners are engaged with several life-saving activities, including the distribution of ES/NFI kits, cash-for-rent and cash-for-NFIs activities and the rehabilitation of communal centres.

- The sub-national Shelter Cluster, which was activated on 26 January in Mekelle, continues to hold weekly meetings every Wednesday at 10am and continues to improve data management.

Gaps

- The response remains concerningly limited, particularly in Central and South Eastern Zones due to access constraints, as well as limited resources. Funding continues to be a pressing challenge, with a gap of 73 per cent of the total required. There is an urgent need to scale up the response to meet the existing critical needs of displaced people and guarantee a dignified relocation from schools to alternative sites, particularly given the imminent plans to re-open schools.

- Limited communications and banking services continue to hinder the scale-up of the response. This exacerbates the difficulty posed by limited information about the situation in many parts of the Region.

- The unavailability of certain NFIs required for the full ES/NFI kit (tarpaulins, mosquito nets and kitchen sets) in the local market is posing additional challenges.

CLUSTER STATUS (8 Mar 2021)

Food Security

Needs

With the harvest and markets disrupted by the conflict, there is a risk of a further deterioration of food insecurity 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 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, in some areas, food not reaching those in most need, particularly in the rural areas, according to the ECC meeting on 19 February. These reports highlight the urgent need to strengthen the targeting and monitoring system and focus on exclusion and inclusion errors. Insufficient food distribution in sites for displaced people have also led to increased tensions among the displaced population, according to aid workers on the ground.

Response

- The National Disaster Risk Management Commission (NDRMC), 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.
Approximately 3,580MT of cereals of the 5,390MT of Productive Safety Net Programme (PSNP) food received from the Djibouti port were dispatched to selected woredas to reach some 187,600 people beneficiaries of the Government’s Productive Safety-Net Programme (PSNP) and 60,400 people that were previously receiving humanitarian food assistance, according to the Food Cluster.

The Government’s Food Security Coordination Directorate, in collaboration with PSNP, reportedly started its second round of 6,838MT of food dispatchment for some 446,270 beneficiaries.

According to ECC, as of 28 February, some 37,898MT of food have been dispatched and distributed to accessible woredas. The ECC has noted that some woredas are still not accessible for delivery and distribution of food assistance.

WFP’s February food distribution to some 35,000 refugees in Mai Ayni and Adi Harush camps is ongoing, which includes those who were recently relocated from Shimelba and Hitsats camps.

WFP is planning to assist 1.2 million people in Tigray and has conveyed the need for more than $107 million from donors to deliver assistance for six months, including through the blanket supplementary feeding and provision of secondary transport services to humanitarian partners.

The Food Cluster is working to set up a Sub-Working Group to provide guidance on targeting and monitoring of food response in the Region and strengthen the food response. Considering reports of misuse of food assistance, strengthening the monitoring and accountability system is also of paramount importance.

Gaps

- Funding gap in the WFP pipeline remains a major challenge in the food response. Of the 1.2 million people WFP plans to assist, it has so far mobilized enough internal funding to support some 765,000 beneficiaries only for two rounds in 14 of the 30 targeted woredas. In-country commodities are currently unavailable.
- Transport challenges, such as unavailability of trucks and private truck operators refusing to operate in certain areas due to insecurity, prevented food assistance from reaching at least five distribution points in Enda Mehoni, Hintalo Wajirat, Kola Tembein, Saharti Samre and Were Lehe woredas. Access constraints and insecurity continue to impede the delivery of assistance.
- Security issues slowed the distribution in Shire, while disruptions to electricity and communications pose significant challenges to establishing real-time, accurate dispatch and disruption updates. JEOP reports that it has not been able to compile accurate data for last week’s response due to serious communication challenges.
- Partners continue to raise the need to ensure that the adequacy of the food basket and that a full basket is delivered through provision of a nutrition-rich food basket.
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. Although the 2 referral hospitals in the region have resumed operations despite some limitations, only 6 of the 14 general hospitals and 7 of the 24 primary hospitals are fully functional, according to ongoing assessments by the Health Cluster. Further, of the more than 260 health centres in Tigray, only 31 are fully functional, while 7 are partially functional, according to the Emergency Coordination Center. All hospitals and centres, however, urgently need more medical supplies, drugs and equipment, according to WHO, and partners report continued looting of health facilities, with two further incidents reported last week. 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 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. A rapid assessment in Adigrat on 27 February found that the health centre had been looted and there is only one functioning hospital, which has extremely limited capacity compared to the needs.

Response

- WHO, in collaboration with the Regional Health Bureau (RHB), completed the ‘Standardization of mobile health and nutrition implementation guide’, which aims to improve access to essential services. In addition to supporting the training of 95 healthcare workers on hepatitis B vaccine birth dose, WHO is also working to improve the reporting and surveillance systems of health facilities.

- RHB established 10 mobile teams, of which two were deployed to Zana and Hawzen woredas. RHB will prioritize Eastern, Central and North Western zones.

- UNICEF, through its mobile health and nutrition teams (MHNTs), supported the RHB to re-start services in two health centres in rural areas of Meychew in southern Tigray. Nine MHNTs are now focusing on Hawzen, Freweyni and Bazel in Eastern Tigray, Inticho, Inticho town, Adwa, Adwa city and Wukro Maria in Central Zone, and Endaba Guna in North Western Zone. Furthermore, UNICEF is supporting two health centres in Shire through International Rescue Committee (IRC), as well as in Humera and Dansha woredas through IMC.

- IOM, in collaboration with FMOH and Mekelle University, delivered training on ‘post-disaster psychosocial support (PSS) assessment, intervention and support for returnees and IDPs’ to government focal points, volunteers and implementation partners in Mekelle. The training aimed to promote better consideration of PSS in post-disaster intervention and emergency settings.

- IOM continues to provide health services for displaced people in Dabat and Kebero Meda sites in Gondar. In the two camps, it delivered a total of 1,132 health and hygiene kits to women between ages 12 and 45, while the MHPSS team conducted focus group discussions to identify gaps and develop action strategy for the IDPs.

- Meanwhile, in three sites for displaced people in Mekelle, IOM provided primary health care consultations, sexual and reproductive health services, nutrition screening, health promotion activities, counselling and awareness-raising sessions.

- UNFPA deployed eight midwives to provide maternal and reproductive health (RH) services to critically-affected areas in Tigray, as well as equipping three health facilities in Humera, Tselemet and Wolkait districts through emergency RH kits. It also trained 15 journalists from national broadcasters on survivor-centred and ethnical reporting on GBV cases during humanitarian and public health crises.
• Mothers and Children Multisectoral Development Organization (MCMDO) continues to provide emergency health response in 12 woredas through their MHNTs and has reached a total of 5,077 beneficiaries through primary healthcare services.

• International Medical Corps (IMC) provided consultations and treatment for 1,063 adults and children under age 5, as well as delivery services to 5 women. At least 205 people received mental health and psychosocial support (MHPSS), and 163 women in childbearing age received modern contraceptives. IMC also distributed a total of 26 boxes of emergency health kits and SRH kits to Wolkite and Tsegede woredas. Further, the Emergency response MHNTs, supported by UNICEF grant, have been deployed to all projected woredas and have started supporting health facilities and respective catchments.

• MSF-Holland’s Shire emergency project is operating in three sites for displaced people in Shire and is also covering the surrounding woredas, including Adiaser, Mai Hutsa, Mai Kuhli, Adinebride, Kelakil and Zena, through an outreach mobile clinic. In the past week, it conducted a total of 679 outpatient department services, 113 antenatal care consultations, of which five were referred to Mekelle, supported 38 admissions in different departments, including 88 deliveries, and provided 15 individual counselling and 74 group counselling. Its mobile clinics conducted a total of 429 medical consultations in the abovementioned locations.

• In the reporting period, Plan International delivered primary health care services for malaria cases, in addition to health education sessions to some 2,200 people. Procurement process for most of the budgeted activities has been initiated, with priority given to routine drug support.

• GOAL provided training for its MHNTs and completed site identification for MHNTs in the targeted woredas.

• USAID is working to collected computer basis health information from 13 woredas on the status of staff, furniture and documents.

Gaps

• Given access constraints and various operational challenges, MHNTs are only present in 41 per cent of the targeted woredas, leaving thousands of people without access to health services. Partners are stressing the urgent need for more MHNTs to be operational across the Region, as well as for these teams to reach more woredas. Access to remote kebeles, such as Eren, Betel, Beskia and Merew, is particularly difficult, and most services remain focused in major towns and along the main roads. It is also critical that MHNTs are better equipped with enough medical supplies, notably readymade kits.

• The volatile security situation is not only delaying the scale up of various health initiatives but is also disrupting the transportation of essential medicine, nutrition supplies (Ready-to-Use Therapeutic Food) and other supplies. The security situation also leads to frequent staff turnover, posing an additional challenge to the response.

• Power interruptions across the Region significantly disrupted EPI services last week, while limited communications continue to pose a variety of challenges, including in coordinating and reporting on the response.

• Most of the health posts remain closed and the lack of health office structures at the zonal and woreda-level continues to undermine a coordinated response.

• Although the two referral hospitals have resumed operations, the referral system is hindered by fees often charged at the next level of care.

• Abi Adi hospital remains occupied by the Ethiopian National Defense Force, preventing up to 500,000 people from accessing health services, according to partners on the ground.
CLUSTER STATUS (8 Mar 2021)

Nutrition

Needs

Although lack of access is preventing humanitarian from accessing the full extent of needs in Tigray, reports from aid workers on the ground indicate a rising in acute malnutrition across the region. Out of 7,087 children under age 5 screened in 16 woredas and town administrations earlier in February by Action Against Hunger, GOAL Ethiopia, IRC, MCMDO, MSF-Spain and World Vision, nearly one in seven were found to be acutely malnourished. At least 2.5 per cent were identified with severe acute malnutrition (SAM). An additional 2,315 children under age 5 were screened in Enderta, Abi Adi and Shire towns by GOAL and IRC. Out of the screened children, 269 (16.6 per cent) were found to have acute malnutrition of which 57 (3.5 per cent) had SAM. Similarly, more than half of pregnant and lactating women screened in the five woredas of Raya Azebo, Ofa, Tselem, Enderta and Mekelle were malnourished, and partners are concerned 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 are continuing with the blanket supplementary feeding programme (BSFP) in three woredas (Enderta, Raya Azeba and Hintalo Wejerat), reaching more than 23,443 people, including 12,700 children 6-23 months old and more than 11,000 pregnant and lactating women. So far, a total of 200 SAM admissions have been reported.

- UNICEF has established nine mobile health and nutrition teams (MHNTs) and is providing technical assistance to the Regional Health Bureau (RHB) to revive the health system in addition to delivering life-saving treatment.

- UNICEF is also working with partners to support RHB and regional Emergency Nutrition Coordination Unit to collect data on SAM admissions and supply stock balance in their respective project areas.

- GOAL Ethiopia has trained 50 Health Extension Workers on Community-based Management of Acute Malnutrition in Enderta woreda, in addition to conducting familiarization workshop in Mekelle, Enderta and Wukiro woredas for relevant project stakeholders.

- Nutrition partners rehabilitated a total of 8 stabilization centres along with re-establishing 25 Outpatient therapeutic programme. A total of 26 health facilities received nutrition service monitoring and 38 health workers were provided on-the-job training.

- In the reporting period, the Cluster has monitored a total of 19 health facilities in Eastern and South Western zones and in Mekelle Town.

- The sub-national nutrition Cluster continues to meet weekly, and the partners’ mapping has been completed.

Gaps

- The collapse of the pre-existing systems continues to cause delays in both the implementation emergency protocols for the management of severe acute malnutrition and moderate acute malnutrition cases in a continuum of care and the scale-up of infant and young child feeding in emergencies (IYCF-E) activities.
Importantly, MAM treatment supplies remain unavailable.

Partners report that bureaucratic procedures are delaying the response, while limited access and the volatile security situation continue to impede the response.

Looting of health facilities, including in Hintalo Wejerat and Enderta woredas, continue to pose significant challenges to the nutrition response.

**CLUSTER STATUS (8 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, reported since the beginning of the conflict continue to reach partners. Reports of sexual violence are widespread across the region. While more than 110 rape survivors are currently seeking medical care in several medical institutions, according to the Protection Cluster, these incidences are believed to be greatly under-reported due to fear of stigma, discrimination and repercussion. Partners have also received reports that survivors of gender-based violence (GBV) who have reached out locally for community support were not able to access any services. 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 mental health and psychosocial support (MHPSS). Women and children displaced are at heightened risk of abuse and exploitation, while recent assessments in collective centres for displaced people in Mekelle, Adigrat and Shire showed that the severe lack of infrastructure leaves women and children exposed to a range of abuse, including GBV. In general, many are sheltering in unfinished or damaged buildings and most centres do not include separate spaces or latrines for women and men, doors or even windows. At least 90 unaccompanied and separated children are living in these three centres that were assessed. 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. 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, the displaced people are engaged and informed, and 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. Overall, many people affected by the conflict in Tigray are traumatized and still face high protection risks, and in need of urgent assistance, including psychological support. There is an immediate need for the Government to live up to its responsibility in terms of protection of civilians, restoration of law and order, and bringing perpetrators to account. Access to justice and protection of survivors and witnesses of violence are essential to attain favourable protection environment.
Response

- The Protection Cluster, with 16 partners on the ground, is planning to assist nearly 410,000 people, including 263,000 with protection activities through monitoring aimed at identifying risk groups and referring cases through established and strengthen pathways for specialized services, 106,000 with prevention of GBV programmes, over 35,300 children with specific services for this group, and 4,565 people with housing, land and property activities.

- Since the beginning of the crisis, GBV partners have reached a total of 4,611 women and girls through awareness-raising, 20,442 women and girls with dignity kits, and over 100 women and girls with psychosocial support.

- Partners continue to provide referral, GBV case management, psychosocial services and dignity kits to women and girls in need across Tigray, Amhara and Afar regions. In Tigray, Mekelle University is providing psychosocial support services to GBV survivors, while Organization for Social Service, Health and Development, World Vision, Action Against Hunger, Save the Children and IRC are providing dignity kits in Mekelle, Eastern, Central and North Western zones.

- UNFPA is also contributing to capacity-building of 81 Government service providers on GBV, as well as facilitating referrals. In Amhara Region, IOM (funded by UNFPA), World Vision and CARE distributed dignity kits. IOM’s distribution was accompanied by information on available health services and correct use of kit content.

- In the reporting period, UNHCR finalized partnership discussions with Ethiopian Evangelical Church Mekane Yesus, Rehabilitation and Development Organization, Innovative Humanitarian Solutions, IRC and NRC. Additionally, UNHCR has carried out direct implementation in several locations, including Mai Tsebri and Shire Towns, where protection teams carried out rapid assessments to identify main protection and humanitarian needs and have subsequently requested distributions of non-food items to relevant teams. Coordination meetings are ongoing in both these locations. UNHCR is also procuring more dignity/sanitary items to strengthen GBV prevention.

- The Protection Cluster and the Food Cluster continue to work together to develop a joint plan to mitigate the risk of food exclusion and reported threats at distribution points. The Protection Cluster is also developing a joint plan of action with the Health Cluster to address CP/GBV and MHPSS needs.

- Given the reported death-threats to teachers and kidnapping of students, the Protection Cluster is working closely with the Education Cluster to develop a common position to balance the right to education with the non-derogative right to life, and is engaging with other humanitarian partners for advocacy. The Cluster will also work with relevant partners to address protection risks associated with back-to-school plans and ensure the voluntary, safe, and dignified relocation of displaced people currently sheltering in schools.

Gaps

- Despite the gradual scale-up, the Protection response remains insufficient compared to the scale of the needs and identified targets. Initially identified partners report the lack of in-country capacity to implement the monitoring component of their response; other partners who expressed interest in carrying out Protection activities will be trained by the Cluster and UNHCR to ensure that they have the capacity to deliver on the objective.

- Restricted telecommunication services and movement continue to delay and disrupt vital correspondences with partners in the field. This is one of the key challenges to finalizing agreements between partners.

- The volatile security situation is hindering the response, particularly as partners remain reluctant to confirm their implementation locations.

- The delayed programming for protection interventions is undermining the efforts to provide emergency protection services and mitigate the risk of further exacerbation of the protection needs.
CLUSTER STATUS (10 Mar 2021)

Water, Sanitation and Hygiene (WASH)

Needs

With access to water, hygiene and sanitation (WASH) 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 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, damages, looting, and vandalizing. Concerningly, the status of some 11,000 hand pumps in rural areas are 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, such as 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 and destroyed.

Response

- The Cluster has cumulatively reached more than 363,500 people with water trucking, nearly 80 per cent of the initial targeted population of approximately 455,300 people. The number of people targeted, however, is based on information gathered between late December 2020 and January 2021 while the number of people in need continues to rise due to the ongoing fighting. The Cluster has deployed 69 trucks to provide water services in Central, North Western and Eastern Zones, as well as in Mekelle Town.

- More than 25,000 people across the Region have received emergency WASH NFI kits.

- In IDP sites in Mekelle, partners have begun hygiene promotion activities, as well as implementing additional latrine block and water storage facilities.

- Since the beginning of the conflict, Oxfam has assisted more than 10,400 people in southern and western Tigray with the provision of WASH NFI kits and installation of water and sanitation services. A total of 8 woredas – 7 in Tigray (Raya Alemata, Raya Azebo, Raya Chercher, Ofa, Wajirat, Tselemt and Mekelle Town) and 1 in Amhara (Adiarkay) – are targeted in Oxfam’s Tigray Conflict Crisis Response.

- Cluster coordination structure has been established in Mekelle, with meetings taking place weekly.

Gaps

- Beyond water trucking, the response remains critically low for emergency latrine, bathing and hand-washing facilities, and hygiene and sanitation items.

- Lack of access to large parts of Tigray and movement restrictions are among the main challenges faced by WASH partners. Partners are also facing difficulties in finding enough transport suppliers and vehicles due to the volatile security situation.
The security situation continues to disrupt efforts to conduct assessment and provide maintenance in most of the areas. Access to Gereb Sege Dam, located 5 kilometres south of Mekelle—that serves over 50 per cent of the surrounding population—is hindered. Access is also constrained to Mai Dimu Dam, which is the main water supply source for Shire and serves 85 per cent of the population, and the access to Abreha-Atsbeha well field which is located 20 kilometres west of Wukro Town.

Water trucking operation in places including Mekelle was also affected due to access issues to water hydrants.

Partners also report acute shortage of fuel for deployed water trucks and engine generators. In addition, only 69 of the 280 water trucks required are available, while fuel shortages are also disrupting the operation of water-pumps. Similarly, partners are facing a shortage of water purification chemicals, such as chlorine and aqua tabs. Shortage of WASH NFI kits is also reported.

While WASH services in the Region are decentralized and main activities are conducted at the woreda and sub-district/tabia-levels, Government structures at such levels are currently not functioning.

Water utility workers have not received their salaries for four months, affecting water provision in many locations.

Several WASH partners, including the Regional Water Bureau, report that budget shortage is impeding their response, especially the rehabilitation and maintenance of water systems.

---

**CLUSTER STATUS (8 Mar 2021)**

**Logistics**

**Needs**

While the Logistics Cluster has so far transported over 300 million tons of humanitarian cargo on behalf of its partners along the main routes into Tigray, primarily Gonder – 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, Kombolcha, Semera, Gondar, and Mekelle.
- Further, a 4,000 square metres facility with a 1,600 square metres warehouse has been established in Mekelle and is operational as of this week. In the coming month, the Cluster will be working to identify common storage for partners in Shire.
- In the reporting period, the Logistics Cluster deployed 32 trucks for delivery of food rations to distribution points.
- Since early November, the Logistics Cluster has facilitated 11 convoys from logistics hubs into Tigray (Shire, Mai Tseri and Mekelle). In order to respond to increased demand, WFP is increasing its fleet size from the current 23 trucks to over 100 fleet trucks by late March to support WFP and Logistics Cluster operations.
• 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.

• The Cluster has submitted 45 cargo clearance requests to NDRMC and Agency for Refugee and Returnee Affairs.

Gaps

- Delays in clearance for humanitarian staff, together with ongoing security issues, are the main challenges of 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  (8 Mar 2021)

Funding Update
OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

https://twitter.com/OCHA_Ethiopia
https://www.humanitarianresponse.info/en/operations/ethiopia
https://reliefweb.int/country/eth

---

```
<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding received</th>
<th>Total requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>10.3</td>
<td>25.8</td>
</tr>
<tr>
<td>ESNFI</td>
<td>6.9</td>
<td>22.5</td>
</tr>
<tr>
<td>Refugee</td>
<td>4.0</td>
<td>12.7</td>
</tr>
<tr>
<td>WASH</td>
<td>4.0</td>
<td>9.8</td>
</tr>
<tr>
<td>Health</td>
<td>7.5</td>
<td>9.3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Logistics</td>
<td>0.1</td>
<td>3.9</td>
</tr>
<tr>
<td>SMS</td>
<td>1.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Protection</td>
<td>0.1</td>
<td>3.0</td>
</tr>
<tr>
<td>Education</td>
<td>0.1</td>
<td>2.9</td>
</tr>
<tr>
<td>PSEA</td>
<td>0.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Coordination</td>
<td>0.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Multi-sectoral</td>
<td>12.6</td>
<td>-</td>
</tr>
</tbody>
</table>
```

---

*EHF contributions in 2020 come from the following donors and contributors: 6 international organizations, 10 national governments and other UN agencies, and 27 private sector and civil society organizations. For more information, see https://www.unocha.org/mission/ethiopia/accountability.

* EHF made a contribution for Tigray response through an emergency board, using funds received from the United Kingdom, Germany, Belgium, Canada, and Norway, and drew on other resources from other donors of the EHF including Ireland, United States, Sweden, Switzerland, New Zealand and Republic of Korea.