

# Updated Humanitarian Response Plan for Northern Ethiopia

December 2020

November 2020 to January 2021



Prepared by the Inter-Cluster Coordination Group (ICCG)



2.3 million

Number of people targeted in this plan



\$116.5 million

Estimated total funding required to prepare and respond to the humanitarian needs

## RATIONALE

It is to be recalled that following the conflict in Tigray Region, humanitarian partners developed an emergency response plan for three months from November 2020 to January 2021. While developing the initial plan, partners agreed to issue a second iteration of the plan in one-month period after the first one is published. As such, this plan has now been updated to readjust the needs and requirements based on the reality on the ground in Tigray Region and adjacent *woredas* of Amhara and Afar Regions.

The plan seeks to increase the readiness of the humanitarian community in Ethiopia to sustain relief assistance to the already existing vulnerable people in Tigray, consider and advocate for protection, freedom of movement, ensure unhampered, safe and equitable access to goods, services, and protection of the civilian population.

The plan also seeks to prepare the humanitarian community to respond to the protection and other needs of an additional caseload that are likely to be affected in Tigray, Amhara and Afar Regions by the crisis in the next two months (December 2020 to January 2021). Residual needs will be incorporated into the 2021 HRP.

**Planning figures for the response plan:** Tigray currently hosts various categories of vulnerable groups. These include 855,000 people who are currently targeted in the HRP- 750,000 non-displaced people, 100,000 IDPs and 5,000 IDP returnees. In addition, as of October there were 96,000 registered Eritrean refugees in Tigray and over 1 million PSNP beneficiaries who need regular support. See Table 1 for a breakdown of these numbers by zone. PSNP clients who are supposed to receive transfers at the moment are Permanent Direct Support (PDS) clients, out of which the transitory need is expected to be required for 121,096 people. The on-going situation in Tigray

has already displaced people within the Region and across the Regional boundaries into Amhara (currently estimated at 34,000 by Amhara Regional Government) and Afar (over 25,000 IDPs reported) Regions, while nearly 50,000 are displaced across the international borders to Sudan. In addition, Ethiopia regularly receives large caseloads of returnees from transit and destination countries, particularly on the Eastern migration route. In the last three months (Sep-Nov 2020), 2,065 Ethiopian migrants originating from Tigray have returned to Ethiopia. At current levels of return, more than 1,200 migrants could be expected to return in the next two months and risk being stranded in Addis Ababa and other Points of Entry (PoEs). IOM expects that upon resuming of deportations from the Kingdom of Saudi Arabia (KSA), as expected in mid-December, the number of Ethiopian returnees originating from Tigray returning to Ethiopia will rise significantly, leaving thousands of returnees stranded in need of assistance in different parts of the country. Since 2017, more than 350,000 vulnerable Ethiopian migrants have been deported from KSA, 30 per cent of them originated from Tigray.

FEWS NET<sup>1</sup> published a food security alert, elaborating on the likely food security situation in Tigray. According to the alert, some rural households in areas affected by conflict have abandoned or cannot access their fields. Furthermore, given official movement restrictions, fear of moving due to the conflict, and reduced intra- and inter-Region trade flows, economic activity is generally reduced. Restricted movement is especially damaging to poor households in the deficit-producing mid- and highland areas who rely heavily on labor migration to surplus areas in the western lowlands. Income from labor migration was already negatively affected in 2020 by the COVID-19 pandemic control measures and related movement restrictions. In addition, livestock sales, an important income source among middle and better-off households throughout the Region, are limited by reduced market functioning. Since this income helps support the local economy, generating demand for local agricultural labor, a reduction in livestock sales has knock-on effects for poorer households. Overall, poor households' access to income has notably decreased. At the same time, extremely high food prices are further constraining access to food. Information from those who recently left Tigray Region suggests the destruction of infrastructure, Regional boundary closures, and fuel shortages have resulted in limited food supplies in markets, putting significant upward pressure on food and non-food prices, which were already above average.

Moreover, there are reports of people who became displaced, both in Tigray and in areas of Amhara and Afar Regions. A multisectoral assessment in Afar, conducted from 2-7 December, found the presence of IDPs from Tigray in the visited *woredas*. In addition, there were reports of people who initially became displaced from Tigray into Afar, but had reportedly returned to Tigray at the time of the assessment.

Based on the available information, an estimated people in need has been calculated. The impacts of the conflict on the food security situation have been analyzed by the Household Economy Approach and have factored in the possible impacts of crop loss due to the conflict, increase that has been observed in staple food prices and restrictions that have been reported on the labor situation. In addition, the Protection Cluster has estimated the impact of the conflict on protection needs, the Nutrition Cluster has estimated a possible increase in malnutrition cases, and the analysis has factored in the unverified reports on displacements received so far. This leads to an estimated 1.3 million people who have additional humanitarian needs due to the conflict.

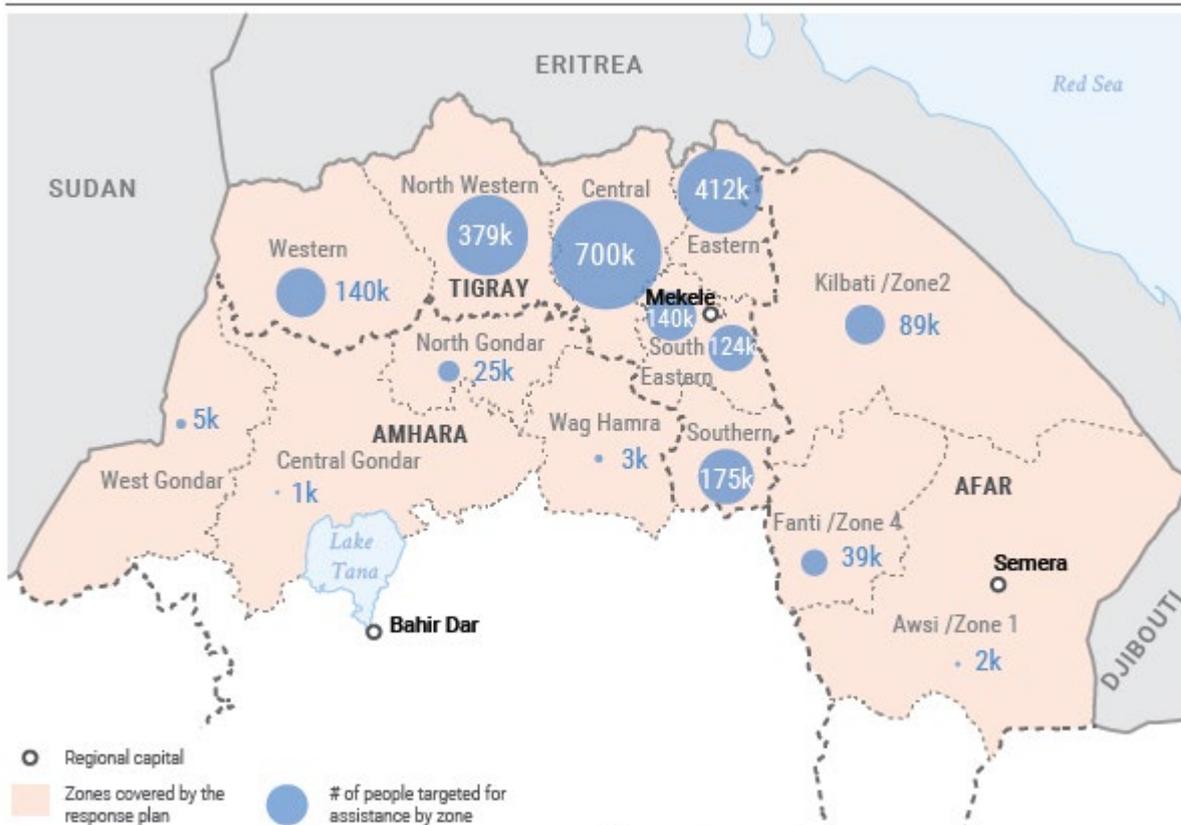
The total caseload that needs assistance is **2.3 million persons** (which includes the already existing HRP and refugee caseloads) to be targeted through this response preparedness plan from December 2020 to January 2021.

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<sup>1</sup> Published on 11 December:

[https://fewsn.net/sites/default/files/documents/reports/Ethiopia%20Tigray%20Conflict%20Alert\\_20201211.pdf](https://fewsn.net/sites/default/files/documents/reports/Ethiopia%20Tigray%20Conflict%20Alert_20201211.pdf)

## NUMBER OF PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE BY ZONE



 Children

**50.4%**

 Women

**26.0%**

 People with disability

**17.6%**

## PREPAREDNESS ACTIONS & GAPS

### Preparedness Actions

Lack of communication, insecurity and road access is preventing partners to gauge the situation on the ground and identify needs. There are currently 31 partners involved in non-refugee response operation in the Region, including 16 INGOs, 9 UN agencies, 4 National NGOs and 2 Government agencies. With the information at hand, below are some of the preparedness actions taken by partners on the ground. At the same time, seven partners, including 5 UN agencies and 2 INGOS, have joined efforts to respond to the urgent needs of the Eritrean refugees in Tigray.

### Food

- The National Disaster Risk Management Commission (NDRMC) has enough resources to address current needs (of around 300,000 people) until January 2021, while the Joint Emergency Operation for Food Assistance in Ethiopia (JEOP) is planning to undertake Round

6/7 of the 2020 HRP distributions in Raya Alamata and Ofla, along with other areas as access is possible.

- WFP provides relief food for the entire refugee caseload, which is then distributed by the Agency of Refugees and Returnee Affairs (ARRA). WFP only has enough food distributed in Tigray to cover the needs of the 50,000 camp-based refugees until the end of November 2020. If additional food stocks cannot be delivered to the camps, WFP will experience a pipeline break on its refugee operation in Tigray as early as December 2020. For Ethiopia as a whole, the food assistance pipeline for refugees is confirmed only to the end of January 2021. WFP will purchase food from its Global Commodity Management Facility once funding is made available or indicated.

## **WASH**

- Some WASH partners including CISP, CRS, IMC, IOM, IRC, OXFAM, NRC, SC, Plan International, SWAN and UNICEF have developed contingency and response plans
- SWAN and UNICEF prepositioned WaSH/NFI for more than 10,000 people, while other WASH partners are also on standby
- Several Rapid Response Mechanisms (RRMs) are on standby (quantity of prepositioned items and contingency funding to WASH response activities to be confirmed)
- UNICEF deployed surge sub-national WASH Cluster coordinator in Tigray to strengthen the coordination platform
- Mapping of partners presence and response preparedness was developed, based on which response capacity assessment will be done regularly

## **Health**

- Trauma kits pre-positioned in Mekelle to cover 100 people initially.
- Emergency health kits for 10,000 people were prepositioned in Mekelle.
- UNFPA has some Personal Protective Equipment supplies ready to be dispatched to Mekelle and Emergency Reproductive Health kits in the pipeline which will be ready to be dispatched in 1-2 months.
- Deploying two sub-national cluster coordinators.
- SWAN consortium is on standby.
- ICRC prepositioned four ambulances at Gondar ERCS to transport casualties from border areas.
- Preliminary discussion held with MSF to set up the emergency response in Tigray.

## **ES/NFI**

- Majority of the Cluster partners in Tigray were providing ESNFIs to the refugee responses.
- Cluster partners have stocks in Dessie and Bahir Dar; both have in-kind and cash of ESNFIs
- Partners and emergency response mechanisms have published appeals and are carrying out fundraising.
- The Cluster will deploy a sub-national coordinator for the Tigray response.
- National partners mapping in Tigray progress to increase access and community acceptance.
- IOM has a response in place which aims to address the mobility dimension of the COVID-19 crisis in Ethiopia, which has mostly translated into an increase in forced and spontaneous returns to the country via air and land Points of Entry (PoEs). The response includes emergency food provision, NFIs, WASH, temporary accommodation, medical support and protection services at PoEs.

## **Nutrition**

- Support for life-saving nutrition services was already ongoing before the recent crisis. There was already a coordination platform in place supported by the Regional Emergency Nutrition Coordination Unit (ENCU) staff who had received in 2020 a training on Nutrition in Emergencies and Nutrition Emergency Preparedness and Response Planning. However, there are gaps in

supporting health and nutrition coordination mechanisms at the *woreda* level.

- Therapeutic milk, ready-to-use therapeutic food (RUTF), and medicines required for the systematic treatment of severe acute malnutrition (SAM) were already made available by UNICEF for the 2020 Q4 of the ongoing nutrition response and were already dispatched to the Regional Health Bureau (RHB). However, with an expected deterioration of the nutrition situation and access constraints, there are some gaps in nutrition supplies and medicines as well as in health care workers needed for the management of SAM and MAM cases.
- In addition, UNICEF has stocks of high energy biscuits (HEB) in its Addis Ababa warehouse initially procured for the flood response. Some 6,000 cartons of HEB can be diverted and reprioritized to Tigray in case there are gaps at the onset of crisis with the delivery of the humanitarian food assistance. However, these HEB cartons remain to be dispatched when access is possible.
- WFP prepositioned 973 mt of SNF (consisting of Super Cereal plus for pregnant and lactating women, ready-to-use supplementary foods for young children) required for the management of moderate acute malnutrition (MAM) for 79,000 beneficiaries/month prior to the crisis<sup>2</sup>. Approximately fifty per cent more people are expected to requiring treatment due to the crisis, with the revised estimate being 94,000 beneficiaries/month). The current stock of SNF in Tigray will only cover forecasted needs until the end of December. Additional stocks of SNF are available in Adama to cover needs until end-February 2021. The response in Tigray is based on WFP's partnership with the Early Warning Response Food Security Directorate and the RHB.
- Regional ENCU and nutrition partners have resources available to monitor and assess the nutrition situation notably through rapid nutrition assessments when access will be permitted.

### **Protection (including Child Protection and Gender-Based Violence)**

- Protection actors in the Region are currently predominantly working on refugee or development caseloads and therefore would require additional funds, Access in order to re-orientate their responses. Protection staff (an essential requirement for protection service provision) who can be redeployed within the Region to newly conflict-affected/displacement locations are limited in number and constrained by lack of information (on IDP caseloads), funding, and access.
- As the conflict has directly affected the four refugee camps in the Region, many Eritrean refugees are fleeing the camps in search of safety and basic means of survival. With increasing reports of Eritrean refugees arriving in Addis Ababa through the city of Gondar, located to the south of Tigray, in the Amhara Region-, UNHCR is working together with the Agency for Refugee & Returnee Affairs (ARRA) to establish a protocol for verification and assistance to these refugees, whether still in camps, on the move (Gondar) or in Addis Ababa.
- Limited emergency supplies (e.g. dignity kits) are available in the Region; actors have confirmed a total of 7,529 dignity kits in stock/ready to be transported, however, some of these remain outside the Region and would require road access for delivery, and an additional 5,639 in the pipeline.
- Mapping of existing protection, CP, and GBV partner capacity.
- SMS actors would require additional funding and access to transport materials from the closest substantial market to the locations of displacement. Such items cannot be pre-positioned in an effective manner, especially while numbers and locations of affected persons remain unknown.

### **Inter-Agency AAP/PSEA**

- Awareness-raising on principles related to SEA and communities' entitlements
- Review of Complaints and Feedback Mechanisms' functionality

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<sup>2</sup> Figures are provided for Tigray Region and woredas with TSFP activities including IMAM and "second generation" woredas (n=18).

## Gaps

*Ad-hoc* resources mobilization efforts are needed to mobilize resources, especially as humanitarian agencies are facing funding constraints for emergency preparedness and response activities. While the Ethiopian Red Cross is very well established throughout the Region, there is a need to reinforce its response capacity. Surge emergency personnel will be required for the NGOs and UN Agencies. One of the key constraints for preparedness and response is the lack of information, particularly on the situation and needs of the affected population in Tigray. The Rapid Inter-Agency Need Assessment Missions to southern and western Tigray and boundary areas between Afar and Tigray, will provide the humanitarian community with a better understanding of the critical needs and gaps on the ground as well as identify protection risks and inform of appropriate protection response. However, more in-depth information is needed, and additional humanitarian needs assessments and response analysis need to be conducted by the Government and humanitarian partners, to determine how best to respond.

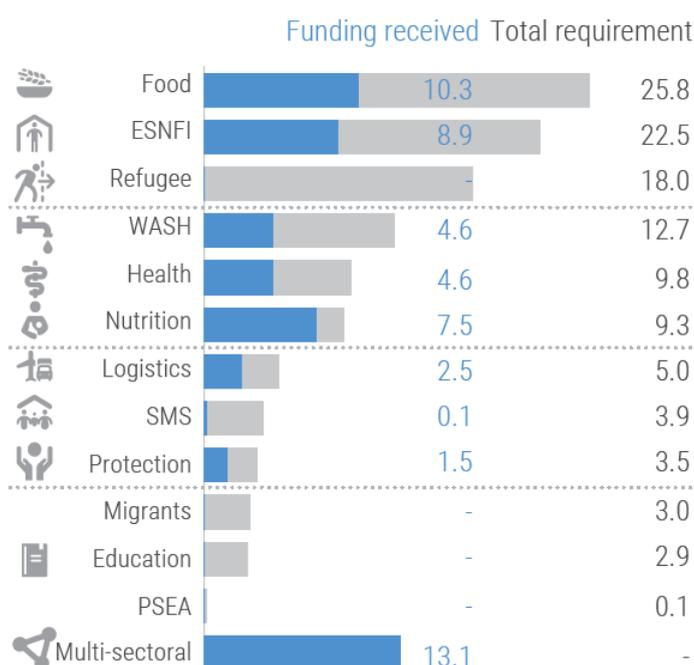
Security is another major constraint, including potential targeted attacks against humanitarian workers and their assets, access restrictions and interference in humanitarian operations by conflicting parties. In this context, the need to ensure that the UN Department for Security and Safety (UNDSS) has adequate capacity to conduct all required security risk assessments to further enhance preparedness and response as needed, remains crucial.

In 2020, Ethiopia's humanitarian needs have increased due to the impacts of COVID-19 and other health outbreaks, the persisting desert locust invasion (since June 2019), and recent conflict and flood-induced displacements. These needs further exacerbated existing/protracted vulnerabilities. Despite the increasing needs, the Ethiopia Humanitarian Response Plan (HRP), which targets 15.1 million people with lifesaving humanitarian interventions, is significantly underfunded.

As of 6 December, the HRP requirement of US\$ 1.44 billion was only 63.1 per cent funded, leaving a gap of US\$529.9 million. The non-food Clusters are particularly severely underfunded, with only 38.8 per cent of the yearly requirements being met so far, leaving a gap of \$516.6 million. The major gap for the food sector is lack of access to distribute the prepositioned food commodities in the Region.

### Funding requirements and funding received by sector – December 2020 to January 2021

#### Funding requirements by sector (in million US\$)



# RESPONSE STRATEGY

While additional in-house capacities can be mobilized, local and international support is required, both in terms of technical and particularly financial support. This is needed in order to ensure an effective response to humanitarian needs.

An integrated multi-sectoral protection-centred, conflict-sensitive response to meet the humanitarian needs is encouraged. The Inter-Cluster Coordination Group (ICCG) is exploring the convergence of needs and common priority areas and will identify overlaps to provide multi-sectoral response wherever possible.

Clusters and refugee partners have mobilized lifesaving supplies as part of rapid response to be transported to the northern parts of the country and will be distributed to the people in need if possible. In order to respond to humanitarian needs as rapidly as possible, common storehouses are being identified which will reduce the transportation time.

Protection mainstreaming must be promoted across all sectors by incorporating protection principles in humanitarian assistance and promoting access, safety and dignity in humanitarian aid. Protection mainstreaming principles that must be considered in all humanitarian activities are:

1. **Prioritize safety & dignity and avoid causing harm:** prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks.
2. **Meaningful access:** arrange for people's access to assistance and services - in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.
3. **Accountability:** set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.
4. **Participation and empowerment:** support the development of self-protection, capacities and assist people to claim their rights, including - not exclusively - the rights to shelter, food and nutrition, water and sanitation, health, and education.

The humanitarian crisis and subsequent humanitarian response can expose affected communities to increased GBV risks, and GBV risk mitigation measures and actions must be included throughout all sectoral responses to ensure those at risk of GBV, especially women and girls, are safe and able to access humanitarian services in a dignified manner. This includes ensuring that all services and facilities are available in safe locations, considering the distance to facilities, lighting, and how services and facilities can be reached by women and girls and the transport options available to them. In addition, the response must ensure women and girls are not denied access to humanitarian goods. Instead, women and girls must be considered and included as priority beneficiaries of humanitarian aid on the basis of need. All humanitarian actors should know how to respond to a GBV survivor in a safe and ethical manner, provide psychological first aid and facilitate basic referrals. For more specific sectoral guidance, partners are advised to use the Inter-Agency Standing Committee (IASC) Guidelines to inform each response.

It is critical to have an effective inter-agency approach to AAP and PSEA with functional and safe Community Feedback Mechanisms to enable the affected populations to participate and have a say in the design of the response and projects, share feedback and raise complaints - including SEA

related. Early measures informed by joint risks assessments involving all actors in the response are key to prevent SEA.

### **Cross-sectoral Inter-Agency PSEA and AAP**

The following inter-agency activities are our shared responsibility to fulfil our PSEA Principles and AAP Commitments. They will be developed by agencies and/or organizations willing to take ownership for specific topics and areas cross cutting the sectors.

The activation of a **PSEA Regional Network in Tigray** - also covering borders with Amhara and Afar - with effective involvement of NGOs and local actors, will entail:

- Technical support on Inter-Agency PSEA/AAP
- The mapping and nomination of Regional PSEA Focal Points
- The scale up of Complaints and Feedback Mechanisms (CFMs)

The launch of this collective platform - a PSEA Regional Network in Tigray - will serve as a host to implement the five following core activities:

1. Incorporation of Inter-Agency PSEA/AAP into assessments and launch of specific Inter-Agency SEA risks assessments
  - Incorporation of PSEA/AAP into initial needs assessments and monitoring
  - Specific Inter-Agency PSEA/AAP risks assessment
  - Collective self-assessment on PSEA/AAP
2. Strengthening and design of functional Complaints and Feedback Mechanisms (CFMs) and incorporation into the Inter-Agency Community Based Complaints Mechanism (IA CBCM)
  - Quick mapping of CFMs (started)
  - Scale up (strengthening and/or design) of functional CFMs
  - Harmonization with and incorporation into the Ethiopia Inter-Agency Community Based Complaints Mechanism (IA CBCM)
3. Awareness raising on:
  - Principles related to SEA
  - Communities' entitlements
  - Including contextualization and dissemination
4. Capacity building
  - Online training for staff, partners and all contracted actors involved in delivering assistance and protection in Tigray and neighboring Regions
5. Translation and dissemination of messaging and tools

These activities will target the Tigray Region as well as the border areas within Amhara and Afar Regions. Additional resources and support from surge capacity will be required, under the leadership of the PSEA Coordinator, the PSEA Network and the IAAWG.

Upon the identification and agreement over priority activities, it is proposed to allocate up to **US\$ 100,000** is required immediately for the fulfilment of effective Inter-Agency PSEA and AAP.

**The total 'top priority' funding requirements to facilitate the minimum activities necessary to respond between December 2020 to January 2021 to the humanitarian consequences outlined in the worst-case scenarios is US\$85.5 million.**

## Education Cluster



Lead agency: UNICEF and Save the Children  
Contact information: [cmwangi@unicef.org](mailto:cmwangi@unicef.org)



OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$2.9 M**

### 1. Response Preparedness summary

The schools in Tigray reopened in October 2020 after seven months of closure occasioned by the covid-19 pandemic. The reopening has been gradual beginning with learners expecting to take examinations in grades grade 8 and grade 12. There are school reopening guidelines in place that stipulates clearly the conditions to be met for a school to start functioning based on health protocols that ensure the prevention of being infected or spreading covid-19. These guidelines issued by the Ministry of Education will be used in determining whether learning activities will be operationalized even in the context of education first emergency response. Based on education in emergencies Minimum Standards (INEE) and consideration of the ongoing pandemic, education preparedness will require the following minimum package.

- Prepositioned recreation, teaching and learning materials
- Safe school operation inputs – soap, water containers/handwashing kits, masks, thermometers and risk communication materials
- Prepositioned innovative classroom tents
- Equipping teachers with Mental Health and Psychosocial Support Skills for themselves and learners
- Protection-wide approach to delivering education in emergencies services where schools provide a protection learning environment while all offering referral and preventive protection services. School communities (parents and teachers) will need increased capacity to help their communities enhance protection mechanisms in child safeguarding, Sexual and Gender-Based Violence, child trafficking and also contribute in the protection of grave violations against children. Support communities through the schools' platform to ensure that children are not conscripted into unnamed armed groups by offering them their right to education.

### 2. Delivery Modalities

Education cluster partners will work with the logistics cluster and other partners to explore the most efficient way to deliver teaching and learning supplies based on the situation at the time. Partners with operational presence will be engaged in the process.

### 3. Available resources: stock and pipeline

In 2020, education cluster partners have received less than 20% of the HRP 2020 financial request thereby reducing the partners' ability to respond. Education partners have no stocks or supplies in the pipeline for Education in Emergencies (EiE) interventions.

#### 4. Capacity

Education subnational cluster is active in Tigray and four partners have running projects. These are UNICEF, Save the Children, Imagine1Day and World Vision Ethiopia. Education in emergencies activities are underfunded and INGO partners have been implementing short term projects. The partners can scale up in the event resources are availed since they are in operation on the ground. EiE partners have been working in collaboration with Tigray Education Bureau and continue to engage in response activities.

#### 5. A detailed sectoral response preparedness plan

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remark
Prepositioned teaching, learning and recreation materials for an estimated 580,000 learners	Learners, teachers	1,30,000	1,300,000	These are the essentials of facilitating formal and alternative learning
Preposition Safe school operation inputs – soap, masks, thermometers, water containers/handwashing kits, Risk Communication materials	Teachers, learners, the school community	900,000	900,000	No learning is permitted by MoH protocols to take place without inputs for hand and respiratory hygiene
Prepositioned classroom tents or tarpaulins for TLS	Learners	300,000	300,000	For use as a classroom by children within camps for displaced
Equipping teachers with Psychosocial Support Skills	Teachers	200,000	200,000	To enable teachers in supporting learners and themselves
Protection-wide approach in delivering EiE services	Learners, teachers, REB, community	200,000	200,000	Enhancing the community mechanisms in child protection through services offered using school platform
<b>Total</b>		<b>\$ 2,900,000</b>	<b>\$ 2,900,000</b>	

## Emergency Shelter/NFI Cluster



Lead agency: IOM  
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OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$13.6 M**

### 1. Response Preparedness Summary

The conflict in Tigray will have profound humanitarian consequences affecting and displacing hundreds of thousands of people. Assessment in accessible areas and anecdotal information coming out of Tigray, Amhara, and Afar next to food, emergency shelter, and NFI is the critical priority for the displaced people. Based on the previous displacement trends in Amhara and Tigray, it is assumed that communities displaced as a result of sudden-onset conflicts tend to settle with the host community, in collective centers or temporarily in open grounds, with simple structures using local materials that provide minimal protection, privacy, safety, and comfort. Furthermore, when people flee, they often leave all household items and other personal belongings behind. Providing essential items such as emergency shelter, blankets, cooking equipment, water storage containers, and other household items are, therefore, considered core life-saving assistance to displaced people.

The Shelter and NFI emergency assistance to the Regions will be delivered, prioritizing the most vulnerable groups in need of immediate support due to the new displacements and delivered to the existing IDPs that have settled in the host communities impacted by the conflict. The Cluster foresees a tailored response to ensure the aid is delivered efficiently and appropriately to the needs of the displaced and in a way that will not cause further displacement or harm. The response includes the rapid provision of emergency NFI kits, Core Relief items, partitioning of communal shelters to ensure privacy and security of families, upgrading collective centers to make them habitable, and providing rental assistance in the form of cash-based on need and appropriateness.

### 2. Delivery Modalities

The Cluster partners will explore cash-based interventions alongside in-kind modalities. The cash modalities will offer flexibility and cost-efficiency and will also eliminate cost drivers such as warehousing and transport costs; however, the functionality of the market and the availability of financial service providers will inform the response methodologies, and adaptations will be made accordingly.

ESNFs activities, assessments, analysis, and distributions will be carried out jointly with other Clusters such as WASH and Health, where feasible, to guarantee cost efficiency and timeliness. The sector continues to work closely with the Protection Cluster to mainstream gender and GBV-related issues in response and monitoring. Partners will be encouraged to make sure that Shelter/NFI services are within safe and easy reach, and beneficiaries know potential dates of distribution in order to address the needs of men, women, and children.

The cCluster will explore working with national partners in Amhara and Tigray to bring in local knowledge and increased Access to communities in accessible areas and availing broad-based local capacity.

### 3. Available resources: stock and pipeline

Currently, the Cluster has minimal capacity to provide an efficient and effective stock and pipeline response. Sufficient emergency shelter and NFI responses are dependent on adequate prepositioning, which allows for a timely response. The Cluster is preparing to preposition the available stocks in Amhara and Afar to allow a timely response to better Access the target locations within this response plan.

### 4. Capacity

The Cluster has five partners in Tigray: three (3) international NGOs, one (1) national NGO, one (1) UN agency. Six (6) national NGO partners are present in the vicinity zones. In coordination with the IOM sub-office in Tigray, the Cluster will map national organizations that are operational within Tigray Region.

### 5. A detailed sectoral response preparedness plan

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remark
Provision of ESNFI kits that consider the needs of women, children, people with disabilities and improve the beneficiaries' safety and security.	208,800	7,840,000	2,059,000	For IDPs settling in informal or planned sites.
Provision of core relief items to reduce the likelihood of health and protection consequences.	374,300	8,227,000	5,827,000	For IDPs settling in collective centers.
Cash for Shelter/Rent and the related tenancy agreement to support vulnerable IDPs in the host communities.	190,500	2,632,500	2,212,500	This will be the existing IDP caseload living with the host community, plus the newly displaced IDPs moving into the host community. Three months of rental support to reduce the impact of the conflict.
Establishing/refurbishing communal shelter for displaced people settling in either schools, community structures or communal settings.	3,800	3,120,000	3,045,000	For IDPs settling in collective centers to ensure the spaces are habitable and meet the international standard for safety and security.
Building partition and other safety and security features in Collective Centers to ensure the privacy of the displaced people.	78,400	755,800	515,800	For IDPs settling in collective centers to provide protection, safety and security.
<b>Total</b>	<b>1,222,205</b>	<b>22,575,300</b>	<b>13,659,300</b>	

## Food Cluster



Lead agency: Food Cluster (WFP)

Contact information: [Timothy.Anderson@wfp.org](mailto:Timothy.Anderson@wfp.org)



OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$15.5 M**

### 1. Response Preparedness Summary

Relief food assistance under the Humanitarian Response Plan (HRP) in Tigray is implemented through the National Disaster Risk Management Commission (NDRMC) and Joint Emergency Operation for Food Assistance in Ethiopia (JEOP). WFP, through the Logistics Cluster, is offering logistics assistance to partners if required.

Access, disruption of communications systems and fuel shortages are likely to be the main challenges that will affect the timely delivery of relief food assistance to affected people in Tigray.

There was a delay in cash distributions for round 3 and round 4 due to cash liquidity challenges and cash withdrawal limits. It is unlikely that cash-in-envelopes would be feasible in the short-term.

### 2. Delivery Modalities

The active relief food distribution ongoing in Tigray Region is round 5, where 91% (as of 25 October) of targeted beneficiaries have collected their entitlement.

The receipt of JEOP's food commodities in Tigray is pending due to the current insecurity in the Region. There will be a break in the JEOP pipeline for vegetable oil and pulses in Mekele due to the current lack of Access to Tigray. JEOP could transport the necessary vegetable oil and pulses from Kombolcha or Adama if it is possible to get Access to Mekele by road.

The response through cash transfers will not be feasible currently because banks are closed in Tigray. The planned vertical scale-up of the PSNP assistance through cash transfers to Public Works clients are at risk as cash transfers will be affected by the bank closure. Cash transfers have already been affected by a lack of liquidity, cash withdrawal limits, and insecurity.

Displacement of populations in Tigray will negatively impact the functioning of markets in the Region and will contribute to worsening food security. A full basket of in-kind food commodities should be considered to support acute food insecure people.

### 3. Available resources: stock and pipeline

Current food stocks in Tigray are sufficient to manage short-term breaks in the pipeline for relief food distributions. However, severe fuel shortages may restrict transport to distribution points. Cash distributions have ceased with the closure of banks in the Region.

NDRMC has in-kind food commodities to assist targeted beneficiaries if Access is possible. However, there is a shortfall in cash resources at the national level and as mentioned, cash transfers will not be feasible in the short-term due to the closure of banks.

JEOP resources are also secured at the national level to respond to the targeted beneficiaries. Both JEOP and NDRMC are planning to undertake Round 6/7 distributions in areas where access is open.

#### 4. Capacity

Both JEOP and NDRMC have food commodities to respond to HRP beneficiaries. However, the current lack of access due to insecurity will delay replenishment of commodities in the Region. This includes the movement of food commodities from the ports to the Mekelle warehouses.

Additional people in need of relief food assistance due to displacements will likely be assisted through the NDRMC and JEOP pipeline if they are in woredas that already being assisted through the HRP.

Food operators in Tigray should plan on assisting additional beneficiaries due to displacement if they are in woredas assisted through the HRP, following the “one woreda, one operator” principle. JEOP has been tasked by NDRMC to manage additional IDP caseloads in their woreda’s JEOP confirm capacity to do this.

Displacements in urban communities would result in additional relief food needs in areas where there is no existing presence of the food operators. This would worsen food security in the Region. In addition, some areas in the Region have also been affected by desert locust infestations.

JEOP and NDRMC may require logistics support (mobile storage units, trucking) from the Logistics Cluster, should there be a need to scale up general food distributions.

#### 5. A detailed sectoral response preparedness plan

**Table : Sectors plan - based on the worst-case scenario**

Activities	Target population	Financial requirements (\$)	Gap (\$)	Remark
Planned in-kind rounds (2) to end January 2021, using existing stocks and resources.	506,000 beneficiaries assisted through JEOP and NDRMC in Tigray in the 2020 HRP.	Total US\$10.3 million	No gap	The estimated cost is for two planned rounds of in-kind food assistance assuming no additional beneficiaries, costed at US\$ 602 / mt.
Food distribution to displaced people based on proximity to or effect of conflict in Tigray and border areas.	760,000 beneficiaries affected by conflict	Total US\$15.5 million	US\$15.5M	This is a provisional estimate. The additional affected people will be confirmed through multi-sector needs assessments.
<b>Total</b>		<b>Total US\$25.8M</b>	<b>US\$ 15.5M</b>	

## Health Cluster



**Lead agency: WHO**

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**OUTSTANDING FINANCIAL REQUIREMENTS: USD \$8.7 M**

### 1. Response Preparedness summary

The Health Cluster through its partners will support the functioning of existing health facilities in locations receiving IDP and trauma cases, by providing additional healthcare workers, emergency health kits and equipment. Refresher trainings on primary health and emergency health topics will be conducted for healthcare workers. Referral pathways will be established and strengthened. In locations where there are no functional health facilities or Access to the facilities is limited, rapid response teams and mobile health and nutrition teams will be utilized. Priority intervention areas will include trauma care, treatment of common diseases, mental health and psychosocial support, vaccination for children under five, minimum initial services package for emergency reproductive health, and response to disease outbreaks. All activities will be conducted duly in line with IASC's PSEA and AAP guidance.

### 2. Delivery Modalities

Prior to the conflict, the Tigray Region's health system was stable with a functional network of health facilities and good health indicators. Emergency healthcare services will be delivered through surge support to functional health facilities, deployment of rapid response teams and mobile health and nutrition teams.

### 3. Available resources: stock and pipeline

In line with the Tigray contingency plan, the Cluster prepositioned trauma kits to treat 100 cases and IEHK to reach 10,000 people in Tigray, and 100 trauma cases in the Amhara Region. Some of the stock available in-country can be repurposed to Tigray, Amhara and Afar Regions to reach about 50,000 people and treat 500 trauma cases.

### 4. Capacity

Overall, the Health Cluster remains severely underfunded for the 2020 HRP, only at 14 per cent by the fourth quarter. This means the current readiness to rapidly respond to new events is low. 3 partners are already providing minimal support for trauma care of casualties in northern Amhara referred from Tigray. Active health partners presence in the 3 Regions includes 5 partners in Tigray, 6 in Amhara and 8 in Afar. Most of the existing health support in Tigray and Amhara Regions is using development funds, however, these same partners can be utilized to enhance the emergency response. 2 subnational cluster coordinators have been deployed to Amhara and Afar Regions to monitor any humanitarian consequences, assess capacities, identify gaps and support coordination mechanisms. The inter-cluster emergency facility has expressed readiness to deploy support to Tigray once it is accessible.

## 5. A detailed sectoral response preparedness plan

**Table : Sectors plan - based on the worst-case scenario**

<b>Activities</b>	<b>Target population</b>	<b>Financial (\$) requirement</b>	<b>Gap (\$)</b>
Procurement & distribution of trauma kits, IEHK, ERHK, cholera kits	1.3M	2.9M	2.5M
Facilitate response coordination mechanisms	1.3M	0.3M	0.2M
Strengthen health rapid response teams	1.3M	0.6M	0.5M
Operate mobile health & nutrition teams	1.3M	1.2M	1.1M
Surge capacity for health facilities - HC/HP for primary healthcare	1.3M	1.2M	1.1M
Surge capacity for health facilities - hospitals for surgical trauma care	1.3M	1M	0.9M
Readiness & response to disease outbreaks - cholera & measles	1.3M	0.7M	0.6M
Enhance COVID-19 response among IDP	1.3M	0.9M	0.8M
Mass vaccination campaigns - measles	0.5M	1M	1M
<b>TOTAL</b>	<b>1.3M</b>	<b>\$9.8M</b>	<b>\$8.7M</b>

## Logistics Cluster

Lead agency: WFP



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OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$4.5 M**

### 1. Response Preparedness summary

The Logistics Cluster and WFP as lead-agency, are preparing a Preparedness Plan to facilitate coordination for humanitarian partners responding to the Tigray crisis. Currently, a Concept of Operations has been prepared and will be updated continuously, in line with the fast-evolving situation.

### 2. Delivery Modalities

#### Logistics Hubs

- The Logistics Cluster will establish logistics hubs in key strategic locations (locations identified at the time of present report are; Gondar – Kombolcha – Semera) to provide humanitarian partners with Access to common storage facilities, dedicated transport, and truck assembly points.
- If needed, the Logistics Cluster can establish additional hubs close to the entry points to Tigray to consolidate partners' cargo and provide assembly points for trucks to coordinate clearance in-and-out of the Region to help increase the efficiency and speed of operations.

#### Assessments

- A logistics assessment at border entry points is being organized jointly with partners to determine the final locations of the logistics hubs. So far, three teams have been dispatched to conduct assessments in Afar. Two have been unable to complete the assessments and are currently on hold. The objective of the assessments is to assess humanitarian needs and to determine the infrastructure required to support operations. Initial findings recommend the following locations for establishing logistics hubs: Gondar, Kombolcha, and Semera.
- According to the assessment findings, the Logistics Cluster may consider utilizing diverse delivery routes as described in the maps from Amhara and Afar. The corridor from Sudan may be considered as last resort in the event of overland challenges. Critical transport routes will be assessed, and alternatives identified to mitigate potential Access challenges and allow for the uninterrupted flow of humanitarian items.

## Storage

- The Logistics Cluster will provide Access to mobile storage units (MSUs) which will be set-up in Gondar, Kombolcha and Semera. Grounding level works for the storage units are currently underway.
- The Logistics Cluster will facilitate Access to permanent warehousing structures at identified locations for common storage services to partners, where feasible.

## Transportation

- The Logistics Cluster can facilitate humanitarian convoys in and or around the Tigray Region and surrounding Regions to support an integrated humanitarian and logistics response.
- In the event commercial transport is not possible due to insecurity in Tigray Region, the Logistics Cluster will facilitate Access to dedicated fleet trucks to support immediate humanitarian needs. Should needs extend beyond the current targeted population, the Logistics Cluster will consider other alternate transport means and strategies.
- If permissible, the Cluster can also facilitate access to a dedicated WFP aircraft for critical supplies. With four commercial airstrips in Tigray Region, air transport may be considered to facilitate a timely response.
- All activities will be conducted duly in line with IASC's PSEA and AAP guidance.

### 3. Available resources: stock and pipeline

- The Logistics Cluster has shared the [cargo pipeline survey](#) with partners requesting information on their cargo movement into Tigray for the next three months. The survey includes information on the commodity types, quantity/volume (MT/M3), current and final planned locations of cargo movement, requirements for storage/transport, as well as target beneficiaries. Information is currently being gathered.
- The Logistics Cluster will facilitate Access to mobile storage units for common storage at strategic locations and forward hubs, as well as a dedicated fleet for transport for humanitarian partners.

### 4. Capacity

- The Logistics Cluster has some funding available to support response for immediate logistics needs of humanitarian partners. However, to ensure that an effective and efficient logistics response takes place for this humanitarian response, additional funding resources are required as per below-stated requirements and gaps.
- Additional staffing capacity will need to be positioned at the logistics hubs to support the coordination and deliveries for humanitarian partners.
- There are commercial warehouses available in the Region which could be utilized for humanitarian partners should Access be allowed into Tigray. Mobile storage units can be provided at entry points for forwarding hubs or other locations as per the needs.
- WFP, as the lead agency, and a 'provider of last resort' by offering common logistics services, has a permanent presence in Tigray Region, with a Sub Office in Mekelle and a Field Office in Shire. In Mekelle, WFP has a logistics base with two warehouses of 6,100 mt storage capacity that can be made available for partners.

**5. A detailed sectoral response preparedness plan**

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remark
Logistics Cluster support (contracted services, forward hubs, staffing, equipment).		US\$ 5,000,000	US\$4,500,000	
<b>Total</b>		<b>US\$ 5,000,000</b>	<b>US\$4,500,000</b>	

## ENCU/Nutrition Cluster



Lead agency: ENCU, NDRMC and UNICEF

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OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$3.8 M**

### 1. Response Preparedness summary

Support to life-saving nutrition services was already ongoing before the recent crisis. There was already a coordination platform in place supported by Regional ENCU staff who had received in 2020 a training on Nutrition in Emergencies and Nutrition emergency preparedness and response planning. The Regional ENCU and Nutrition Partners were already providing support to RHB and Regional Disaster Risk Management Bureau (DRMB) in Tigray and similar coordination arrangements are in place in Afar and Amhara Regions. The ENCU/Nutrition Cluster's specific objectives for the nutrition response will continue to be:

- To support the coordination mechanism for timely and effective nutrition response
- To provide timely access to life-saving quality identification, referral and treatment of severe and moderate acute malnutrition among children under five years of age, and pregnant and lactating women
- To strengthen life-saving preventive nutrition services for vulnerable populations focusing on promotion, support and protection of adequate maternal, infant and young child feeding (MIYCF) and the prevention of micronutrient deficiencies
- To monitor and assess the nutrition situation notably through rapid nutrition assessments
- To provide a protective ration of high energy biscuits to the displaced population at the onset of crisis when gaps in food assistance occur

### 2. Delivery Modalities

- Where possible the support to coordination mechanism will be further decentralized, i.e., where Nutrition Partners are present, the local Woreda Health Office (WoHO) will be supported for health and nutrition coordination platforms to be established/strengthened.
- Where Access is possible and upon signs of a deterioration food and nutrition security situation, Regional ENCU jointly with humanitarian Nutrition partners will undertake rapid nutrition assessments to closely monitor the nutrition situation in *woredas* most affected by the crisis.
- The support to the identification, referral and treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) will be provided both at the health facility level and scaled-up through mobile health and nutrition teams in collaboration with the Health Cluster. Where possible, the coverage of the targeted supplementary feeding (TSF) will be scaled-up in most affected areas, including in *woredas* located at the border with Tigray in Amhara and Afar Regions. The modus operandi used to provide support to health and nutrition services delivery will be mainly using a mobile and surge capacity approach.
- Nutrition Partners present in the northern parts of Amhara and Zones 1 and 4 of Afar in the vicinity of the border will scale-up their support to health and nutrition services to face expected increase in SAM and MAM cases.
- Measures put in place to mitigate the COVID-19 pandemic will continue to be used and scaled-up to also disseminate key messages about adequate MIYCF practices including at times of crisis. The Federal Ministry of Health-led IYCF-E technical working group and

ENCU/Nutrition Cluster Partners will accelerate the work toward a more robust mechanism to monitor, report and address any violations of the Breast Milk Substitute Code during the emergency.

- Efforts and advocacy will be made to ensure the affected populations are well informed about their right to access to equitable health and nutrition services free of charge for under-five children and pregnant and lactating women with signs of acute malnutrition.
- In locations where partners have already identified referral mechanisms for Gender-Based Violence (GBV) victims, efforts will be made to use them / to maintain referral pathways for GBV survivors, including specific procedures for Sexual Exploitation and Abuse (SEA) complaints' management.

### **3. Available resources: stock and pipeline**

Therapeutic milks, RUTF, and most of the medicines required for the systematic treatment of acute malnutrition were already made available by UNICEF for the 2020 Q4 of the nutrition response and were already dispatched to the RHB. Hence, for a 3-month scenario (Nov 2020 thru Jan 2021 response plan) there are about two-thirds of the nutrition supplies required for SAM treatment (current target) available. The gap is for the required quantities for January 2021 (ongoing needs) additional to about 20% more to factor a likely deterioration of the nutritional status of the population.

In addition, UNICEF can divert some 6,000 cartons of HEB initially procured for the flood response to be reprioritized to Tigray in case there are gaps at the onset of crisis with the delivery of the humanitarian food assistance, and where Access permits to dispatch and distribute.

WFP prepositioned 973 mt of SNF (consisting of SuperCereal plus for pregnant and lactating women, ready-to-use supplementary foods for young children) required for the management of MAM for 79,000 beneficiaries/month prior to the crisis. Twenty per cent more people are expected to requiring treatment due to the crisis, with the revised estimate being 94,000 beneficiaries/month). The current stock of SNF in Tigray will only cover forecasted needs until the end of December. Additional stocks of SNF are available in Adama to cover needs until end-February 2021. The response in Tigray is based on WFP's partnership with the Early Warning Response Food Security Directorate and the RHB.

### **4. Capacity**

Before the recent crisis, capacities to coordinate and respond to nutrition emergencies were relatively strong and acute malnutrition below emergency levels. The health system was relatively strong in the Tigray Region except in selected *woredas* like Tselemti where MCMDO was already present providing enhanced support to life-saving nutrition services. UNICEF staff and their Emergency Nutrition Officers were also present in Tigray as well as a WFP TSF Coordinator at Regional DRMB in addition to the 2 Regional ENCU staff. Given that these existing capacities might be affected by the crisis, modalities to provide surge support to the health system locally will be explored with emphasis on surge capacity and mobile health and nutrition teams by NGO partners.

## 5. A detailed sectoral response preparedness plan

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remarks
Coordination for timely and effective Nutrition response	1 nutrition coordination platform at Regional level	6,000	0	
Nutrition surveillance	2 rapid nutrition assessment in selected woredas	10,000	5,000	
SAM treatment	14,370 SAM cases	1,724,400	1,475,200	
MAM treatment	173,206 MAM cases	6,738,524	1,524,000	
IYCF-E	14,370 mother-baby pairs	71,022	53,000	
NGO surge capacity	15 woredas for 3 months	810,000	810,000	
Prevention of acute malnutrition	6,000 IDPs receive HEB	12,000	0	
<b>Total</b>		<b>9,371,946 USD</b>	<b>3,867,200 USD</b>	

## Protection Cluster



Protection Cluster lead agency: UNHCR, Fatima Eldiasty, [eldiasty@unhcr.org](mailto:eldiasty@unhcr.org)

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OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$3.5 M**

### 1. Response Preparedness summary

The outbreak of hostilities in Tigray (including a potential escalation of conventional warfare) will expose communities to violence, psychological trauma, and grave protection concerns (including human rights violations, gender-based violence (GBV), and family separation). Targeted and indiscriminate attacks will result in injuries and killings as well as mass forced displacement. Out of the 1,122,205 persons expected to be in need, early 1 million persons living in border areas may be displaced, while other populations (particularly in Mekelle) could be trapped in insecure locations, fearing for their lives as they face restrictions on movement, and lack access to shelter, essential services, and livelihoods. This is compounded by increased risks of criminality and violence from a general loss of stability, while the presence of armed forces exacerbates protection risks (including GBV) by those with power or control over those requiring access to security, goods and services. Attempts may be made to commandeer humanitarian assistance for political/military purposes or to target recipients, placing those in need of assistance at even further risk. In addition, thousands of Ethiopian returnees originating from Tigray may end up stranded in other parts of the country, being unable to safely reach their communities of origin and reunite with their family members. This is likely to negatively impact their socioeconomic situation and mental health, as well as to make them increasingly vulnerable to family separation, especially in the case of unaccompanied and separated migrant children (USMC), harassment, ethnic-targeted attacks, human trafficking, etc.

Drawing from the Ethiopian context, these disrupted communities are expected to face a breakdown in social structures and justice mechanisms resulting in several safety threats including the destruction of housing and property, theft, harassment, GBV, child abduction and/or trafficking. Households in conflict-affected areas may face ethnic-targeted attacks (including assault or forced eviction) and deliberate acts of retaliation. As trade routes and access to markets and livelihoods are disrupted, increased economic pressures will result in increased reliance on negative coping mechanisms, including those with protection implications (i.e. child labour, child abduction, transactional sex, child marriage). A recent interagency rapid needs assessment mission to border *woredas* in Afar Region notes that the conflict is having a grave impact on the affected communities both in terms of access to basic services (i.e. food, water, health, nutrition, child protection, social welfare, etc.) and in terms of on-going security and protection issues. There is an almost complete disruption of daily life and infrastructure (i.e. power supply, bank system, communication, markets) and services and perception of insecurity among people. A key observation was that, while displaced groups are particularly affected, the entire community in the border *woredas* has been affected due to the Regional border closure's impact on the availability of food, drugs, health & nutrition supplies and the lack of electricity and fuel on water supply. Resulting protection issues are therefore to be expected in both the displaced and local communities.

Therefore, this conflict poses serious protection concerns in the Region (and surrounding areas), increasing existing humanitarian needs and escalating the protection situation for those already displaced (100,000 existing IDP caseload). Women, girls, at-risk children, unaccompanied and separated migrant children (USMC), older persons and persons living with disabilities will be disproportionately affected by this conflict as it can increase existing vulnerabilities and make them susceptible to GBV, exclusion from services or assistance, and discrimination. Conflict-related displacement increases the risk of GBV substantially as community structures breakdown and safety and security mechanisms are weakened and/or destroyed, and sexual violence may be used as a weapon of war. The influx of humanitarian workers in an insecure environment with little accountability structures also increases the risk of sexual exploitation and abuse of by humanitarian workers of the affected communities. Reported overcrowded conditions of IDP's communal shelters come with privacy implications and pose huge risks of sexual assaults. The closure of health services has serious adverse reproductive and sexual health consequences if GBV survivors cannot be treated for unwanted pregnancies, sexually transmitted infections and other reproductive complications.

The objective of the Protection response is therefore that, "Crisis-affected communities, especially women (including women with disabilities and older persons) and children, and persons with reduced mobility, are protected from violence, exploitation, abuse and harmful practices, receive quality and timely response services and benefit from risk reduction and prevention measures." Continued advocacy on the protection of civilians from conflict and the rights of IDPs, through all available communication channels, will also be essential.

While these short-term protection responses will capitalize on existing protection actor presence in affected areas wherever possible, due to significant protection actor gaps in the areas projected to be affected, the Cluster will continue to advocate for the prioritization and integration of the below protection components into other multi-sector responses.

### **Priority responses**

- Rapid protection needs assessment, including disaggregated data by age and sex
- Identification, emergency case management and referrals to life-saving services for persons with specific needs (including at-risk children, including separated and unaccompanied children, older persons, persons with disabilities and survivors of GBV through protection monitoring and community structures)
- Protection monitoring mechanism, reporting and advocacy including against use of children in armed conflict and grave violations against children (killing and maiming; recruitment or use of children; abduction; sexual violence; attacks on schools, hospitals and health facilities; denial of humanitarian access for children)
- Protection by the presence, including at screening sites for internally displaced populations and refugees/returnees
- Psychological first aid and focused psychosocial support provided to persons in need (including children at protection risk and women and adolescent girls)
- Service mapping and information provision/awareness-raising (including on child protection and GBV services, and IDP rights) to the affected population
- Women and adolescent girls of reproductive age are provided with dignity kits to mitigate GBV risks
- The multi-sector humanitarian response must include protection mainstreaming measures, including AAP and PSEA mechanisms, to effectively address the different needs of women, girls, boys and men, persons with disabilities, older persons, and persons with chronic illnesses.

## **2. Delivery Modalities**

The delivery modality will be informed by assessments on the emerging humanitarian needs. Where possible, staff will leverage their existing presence; where not present, new teams will need to be formed and deployed (Access and funds allowing). One partner will launch its rapid response mechanism (approval pending) to leverage more immediate Access to emergency response resources. It is expected that any existing government services for women and children will be interrupted, overstretched and/or lacking the capacity to address the increasing needs of the affected population and will also require support (both technical and human resources) to strengthen the Office of Women, Children, and Youth at *woreda* level to improve and scale up the child protection and GBV services and referrals.

## **3. Available resources: stock and pipeline**

Protection staff (an essential requirement for protection service provision) who can be redeployed within the Region to new displacement locations are limited in number and constrained by lack of information and Access. Actors have confirmed a total of 7,529 dignity kits in stock, however, some of these remain outside the Region and would require road access for delivery, and an additional 5,639 in the pipeline

In the event of IDPs being displaced primarily in collective centers and substantial physical upgrades/installations being needed, SMS actors would require additional funding and Access to transport materials from the closest substantial market to the locations of displacement. Such items cannot be pre-positioned effectively, especially while numbers and locations of affected persons remain unknown.

## **4. Capacity**

Protection actors present in the Tigray Region have limited capacity to provide the below response due to insufficient staff, funds, or Access. These actors currently work with refugee caseloads (in refugee camp locations), or on development activities, which would require a re-design of programming and re-deployment of limited staff (actors cannot halt their commitment to existing caseloads whose needs are also high). As these actors currently target non-IDP caseloads in Tigray, they have limited understanding of IDPs (current caseload/community needs/dynamics) and due to connectivity challenges, information on emerging protection needs in areas likely affected along the Amhara border or Mekele is even more limited. In Amhara and Afar Regions, there is some child protection and GBV humanitarian and development presence which is expected to be scaled up or programs and staff redirected to support the response, however, in border *woredas* of Afar most partners have pulled out when the conflict started and have yet to return.

Therefore, protection actors will have to collaborate on joint protection needs assessment (when the situation allows) to inform the response; Additional funding and scale-up of qualified staff will be required for these specialized activities while investment will be required to establish protection monitoring. Aside from UNICEF and UNFPA, at least 7 child protection and GBV partners have confirmed their readiness to implement a response with surge staff and/or redeployed staff from other Regions. UNHCR also confirmed their commitment to scale up the IDPs response, including by means of sub-contracting protection actors experienced with rapid assessments, monitoring, GBV and tailored support for persons with reduced mobility.

## 5. A detailed sectoral response preparedness plan

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remark
Rapid protection needs assessment and advocacy on the protection of civilians	Target: 2	10,000	10,000	
Identification, case management and referrals to multi-sectoral responses for persons with specific needs (including at-risk children, older persons, persons with disabilities and survivors of GBV through protection monitoring and community structures)	10,108 displaced persons (including 2456 UASC, 1,000 GBV survivors )	892,958 (including \$250,000 GBV; \$422,346 CP)	892,958	
Psychological first aid and focused psychosocial support provided to persons in need (including children at protection risk and women and adolescent girls)	15,500 affected persons (including 8,000 at-risk children and 5000 women and adolescent girls)	489,000	489,000	MHPSS capacity is low and modality uncertain; PFA will be an immediate priority
Tailored assistance for persons with specific needs	400 displaced persons with specific needs	20,000	20,000	
Information provision / awareness raising (including on child protection and GBV risk mitigation, and IDP rights) to affected population	87,165persons (including 60,000 persons targeted with information on GBV; 24,921 targeted for awareness about child protection)	868,627 (including \$240,000 GBV; \$573,183 CP)	868,627	
Women and adolescent girls of reproductive age are provided with dignity kits	40,000	800,000	800,000	Stocks to be confirmed with partners
Identification, assessment, selection of HH at risk of eviction + multipurpose cash for HH at risk of eviction	1,500	202,000	202,000	To be coordinated with ESNFI shelter activity

Technical assistance to humanitarian actors on HLP (due diligence)	15	45,000	45,000	
Provision of information, counselling and legal assistance, including financial support to access legal and administrative services and access to dispute resolution, including collaborative dispute resolution mechanisms, (mediation, negotiation, arbitration or reconciliation) to resolve HLP disputes	3,000	150,000	150,000	
Information and training on IDP rights (including civil documentation and HLP right) provided to community members, local government authorities including law enforcement and court authorities	50	1,500	1,500	
<b>Total</b>	<b>307,798</b>	<b>3,479,085</b>	<b>3,479,085</b>	

## Site Management Support (SMS) Cluster

**Site Management Support (SMS): IOM/UNHCR**

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**OUTSTANDING FINANCIAL REQUIREMENTS: USD \$3.8M**

### 1. Response Preparedness summary

The armed clashes between Ethiopian Defence Force (EDF) and Tigray Regional Security Forces (TRSF) that began early November in Tigray have triggered massive displacement. Approximately 1.3 million people are likely to be affected in the northern Region which encompasses Tigray, Amhara and Afar Regional states. Preliminary assessments indicate that the displaced populations are currently settled in spontaneous and collective sites. At the outset of an emergency, populations living in unplanned and collective sites will have limited or inconsistent access to lifesaving services. Living conditions in these sites are typically substandard. The overcrowded conditions will increase health and protection risks. The social structures which normally serve as a safety net in communities have been severely disrupted by the conflict hence exacerbating protection and assistance gaps. Common with other displacement settings, the most vulnerable populations are women, children, the elderly, and People Living with Disabilities (PLWDs) and in this instance, young males targeted during fighting or forcibly recruited, may also be a vulnerable group. In order to bridge these gaps, there is an urgent need for site management support services. These include but not limited to, site or area coordination, information management, setting up of inclusive representative governance structures, service monitoring, mainstreaming protection, accountability to the affected population, site improvements, including the construction of communal structures, COVID-19 risk communication, ensuring that global standards are respected, facilitating the establishment of referral pathways and capacity building. Site planning activities will be guided by safety audits to mitigate protection and GBV risks. The latter will target local authorities, national and other humanitarian actors. Due to the erratic nature of the displacement in the Region site management support will adopt a hybrid system which will include static and mobile approaches. This will ensure that the overall response is fit for purpose and will additionally reach significant populations with minimal resources. Since collective and IDP sites are temporary solutions, the site management support sector will closely engage with the GoE, Durable Solutions Working Group (DSWG) and other like-minded clusters to advocate for durable solutions.

### 2. Delivery Modalities

Site Management Support (SMS) actors will work with local authorities responsible for Site Management and where assessed as necessary, SMS will deploy surge capacity to complement GoE efforts. SMS agencies will deploy experienced staff from other Regions as an initial measure, pending longer-term solutions, as SMS is a human resource-intensive sector. Once humanitarian access is granted, a sub-national CCCM coordinator will be deployed to coordinate the northern response interventions. They will be based in Mekele and oversee SMS activities in Tigray, Afar and Amhara Regions.

For SMS, responses, delivery modalities include *Coordination and Information Management* support to government site management actors at the site or woreda level in coordinating between all actors working at a site level, inter-sectoral data collection regarding population, needs, priority gaps in service provision, to inform decision-making and implementation of facilities/services; *site planning and improvements* in coordination with shelter actors and authorities; *community participation* through the establishment of IDP Committees<sup>3</sup> that take gender, age and diversity-balance into account, to have a two-way channel of communication with the affected

<sup>3</sup> In the context of COVID-19, Committees can also support Risk Communication.

population right from the outset of the emergency response; *capacity building* to DRM and other relevant stakeholders on best practice in site management in emergencies.

### 3. Available resources: stock and pipeline

As aforementioned, SMS is delivered primarily through staffing. Critical first responders are on standby for deployment to the Region to support principled coordination which is very relevant at the onset of emergencies. The SMS staff from neighbouring Regions will play a critical role in supporting the northern Region. Site improvement materials, such as plastic sheeting for the partitioning of communal shelters, and the construction of communal facilities such as kitchens, are also already under procurement by some SMS actors. SMS will also advocate for Covid-19 guidelines to be mainstreamed throughout the site life cycle.

### 4. Capacity

The SMS staff that will be deployed will work closely with the DRM offices at a Regional level to ensure that there are no coordination gaps and duplication of services. The SMS will provide on-the-job training to DRM officers and other local actors who will join SMS. The SMS-WG coordinator will also prioritize the northern Region as guided by the needs. Capacity building on mobile-based approaches will be prioritized.

### 5. A detailed sectoral response preparedness plan

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remark
Site Management Support (SMS) activities (coordination, information management; site improvements; communal infrastructure, community participation, Risk Communication and Community Engagement (RCCE),	300,000	1,200,000	1,135,000	
IDP Site planning and improvements (Drainage/Road network/Plot demarcation)	As above	2,029,000	2,029,000	
Lighting and other protection support materials	As above	480,000	480,000	
Girls' and boys' friendly spaces and establishment of referral pathways to enhance problem solving systems	60,000	134,000	134,000	
SMS capacity building targeting governance structures, local authorities, and other SMS actors.	200	50,000	30,000	
SMS Coordination activities for Northern response	As above	70,000	60,000	
<b>Total</b>	<b>360,200</b>	<b>3,963,000</b>	<b>3,868,000</b>	

## WASH Cluster



Lead agency: UNICEF  
Contact information: Itsuro Takahashi, WASH Cluster Coordinator



OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$8.1 M**

### 1. Response Preparedness summary

WASH cluster targets 1,643,430 people with life-saving WASH response activities, like 1) emergency water trucking, 2) WASH NFI distribution, 3) construction of emergency latrines, 4) hygiene promotion and RCCE, and 5) provision of handwashing facilities. Safe access to WASH facilities is an integral part of the response planning and implementation to mitigate GBV and SEA risks among the affected population.

Safe drinking water will be supplied through emergency water trucking as access to a water supply is extremely limited in many parts of Tigray due to poor rainfall in the Deyr rainy season. Some Woredas have already reported water trucking needs with an estimated cost of USD 500,000. With additional caseloads due to conflict, about USD 900,000 is required to supply safe drinking water for more than 600,000 people for 3 months. If displacement becomes longer, other sustainable solutions such as rehabilitation of non-functioning water schemes and extension of the pipeline should be considered beyond 3-month.

WASH Response plan estimates that about 1.3 million people require WASH NFIs for at least 3 months, which costs about USD 3.3 million. Provision of dignity kit with flashlight is advised to address protection risk of women and girls. Emergency latrines for 561,103 people and hygiene promotion/RCCE for 1.6 million people are also considered as essential and life-saving WASH responses, both of which would address mainstreaming of crosscutting issues and protection. Provision of handwashing facilities is also essential under COVID-19 pandemic as the affected population is considered as one of the most vulnerable groups of people susceptible to the pandemic due to poor access to hygiene facilities.

### 2. Delivery Modalities

WASH responses would be delivered by WASH partners in Tigray and neighbouring Regions to the affected population in and around Tigray. WASH cluster had also identified some National NGOs and local partners in Tigray to continue humanitarian response in a difficult situation. WASH Cluster has also initiated coordination among different Rapid Response Mechanisms (RRMs) to strengthen preparedness and operational coordination. All WASH partners are advised to deliver responses to meet minimum response standard which is stipulated by WASH cluster with specific attention to the Accountability to the Affected Population (AAP) and also mainstreaming of protection and crosscutting issues. Conducting the post-distribution monitoring (PDM) and establishment of a CFM are highly advocated as part of delivery modalities. In some parts of affected areas, sustainable solution, including rehabilitation and quick fix of WASH facilities which ensure access to WASH services and facilities among the affected population, need to be considered due to the nature of the conflict in Tigray as some WASH facilities are reported severely damaged.

### 3. Available resources: stock and pipeline

Some WASH partners including CISP, CRS, IMC, IOM, IRC, OXFAM, NRC, SC, Plan International, SWAN and UNICEF, have developed contingency and response plans. Currently, USD 4.6 million is secured by WASH partners which is equivalent to 46% of the total requirement. Apart from this, USD 3 million from CERF and USD 1.5 million of ERM (ECHO/IRC) are in the pipeline for WASH response in Tigray and surrounding areas. Once this is officially confirmed the total funding gap is estimated as USD 3.7 million.

### 4. Capacity

UNICEF will deploy the surge sub-national WASH cluster coordinator in Tigray Region to strengthen sub-national WASH cluster coordination while existing sub-national WASH cluster in Amhara and Afar will take a lead on further response coordination in line with sub-national ICCG and other government-led coordination platform. 14 partners have a strong presence in Tigray and are ready to provide life-saving WASH responses if funding is allocated. 4 partners are local partners who are expected to continue humanitarian responses during accessibility challenges. 6 partners (2 national NGOs) in Amhara and 6 partners (2 national NGOs) in Afar are also ready to provide WASH responses at borders with Tigray. Some RRM's are developing contingency plans to contribute to this response plan.

## 5. A detailed sectoral response preparedness plan

**Table: Sector plan - based on the worst-case scenario**

Activities	Target population	Financial requirement (\$)	Gap (\$)	Remark
Water trucking	818,933	5,527,794	3,316,501 (59%)	ERCS, IRC (RRM), UNICEF are standing by
WASH NFI distribution	1,314,744	3,286,860	1,718,110 (52%)	ERCS, IRC, CRS, IOM, SC, WV, NRC, Oxfam, ZOA, IMC are standing by
Construction of emergency latrines	561,103	1,571,087	1,291,087 (82%)	UNICEF is planning to respond
Sanitation and hygiene messaging (RCCE)	1,643,430	1,972,116	1,432,116 (72%)	IRC, UNICEF and SWAN are standing by
Hand washing facilities	1,314,744	394,423	394,423 (100%)	
<b>Total</b>	<b>5.652.954</b>	<b>12,752,280</b>	<b>8,152,237 (63.9%)</b>	<b>In addition, 3 million from CERF and 1.5 million from ERM (ECHO/IRC) are in the pipeline even though WASH activities are not yet specified.</b>

## Preparedness and Response Plan for Tigray, Amhara, Afar

### Inter-sectoral

#### Inter-Agency AAP and PSEA

The following inter-agency activities are *shared responsibility* to fulfil our AAP Commitments and PSEA Principles. They will be developed by agencies/organisations willing to take ownership of specific topics and areas cross-cutting the sectors.

**Location:** 3 Regions, Tigray and neighbouring Regions, i.e., Amhara and Afar.

**Timeframe:** 1,5 months, from mid-December 2020 to end-January 2021. The HRP 2021 will ensure connections and activities' follow-up with this short-term plan.

**Complementarity:** Activities highlighted **in green** are in line with the interagency plan developed for East Sudan, providing the opportunity to contribute to cross border activities.

**Budget:** Up to 1% of overall funding, amount to be confirmed. Currently max. USD100,000. Note: front offload of funds is needed.

**Activities: five core activities are implemented through a PSEA Regional Network in Tigray.**

1. Incorporation of Inter-Agency AAP/PSEA into assessments and launch of specific Inter-Agency SEA risks assessments
2. Strengthening and design of functional Complaints and Feedback Mechanisms (CFMs) and incorporation into the Inter-Agency Community Based Complaints Mechanism (IA CBCM)
3. Awareness-raising on Principles related to SEA and communities' entitlements
4. Capacity building for staff, partners and service providers, etc.
5. Translation and dissemination of messaging and tools

Priority	Activity	Description	Partners => suggestions tbc	Timeframe	Costing in \$US	Comments
<b>MAIN FOCUS</b>	<b>PSEA Regional Network in Tigray</b>	<b>Activation of a PSEA Regional Network in Tigray</b> with effective involvement of NGOs and local actors (also covering borders with Amhara and Afar) Technical support on AAP/PSEA <b>Mapping/ Nomination of Regional PSEA Focal Points</b> Scale-up of CFMs	Secondment of <b>ERCS</b> 'Community Engagement and Accountability' Coordinator. ERCS confirms interest + presence.	1,5 months <i>feasible</i>	25,000 max.	Identification of a Regional PSEA co-chair for Tigray response. Ongoing discussions with <b>ERCS, IFRC &amp; ICRC</b> . <b>UNICEF</b> can support through Regional FP. <b>IOM</b> technical support confirmed. <b>IASC RG2</b> support tbc.
<b>The 5 priority activities listed hereafter are relying on the PSEA Regional Network to be set up in Tigray as the main platform in order to ensure an inter-agency collective approach with a sustainable strategy including clear expected outputs.</b>						
1	<b>Assessments</b>	Incorporation of AAP/PSEA into initial needs assessments and monitoring <b>Specific Inter-Agency AAP/PSEA risks assessment</b> Collective self-assessment on AAP/PSEA	<b>IOM DTM</b> <b>MIRA</b>	1,5 months <i>feasible</i>	30,000 max.	IA AAP/PSEA incorporation in the MIRA questionnaire and the IOM DTM started/ to be strengthened. Possible incorporation of the CHS PSEA Index? Technical support tbc from the <b>CHS Alliance</b> . <b>IOM</b> confirms support. <b>WHO (Africa Office)</b> interested in coordinating a risk assessment, tbc.
2	<b>Complaints and Feedback Mechanisms</b> ---	Quick mapping of CFMs (started) <b>Scale-up (strengthening and/or design) of functional CFMs</b> Harmonisation with and incorporation into the Ethiopia Inter-Agency Community	Availability of the 2 consultants and Log Cluster to expand on the current IA CBCM consultancy.	1,5 month <i>feasible, already on-going.</i> <i>Only needs to be extended.</i>	30,000 max.	The IA CBCM is an ongoing work undertaken by 2 consultants with support from the Log Cluster. <b>WFP</b> to follow up with the Log Cluster and <b>PSEA Coordinator</b> on consultants one-month extension.

	<b>Inter-Agency CBCM</b>	Based Complaints Mechanism (IA CBCM)	<b>Protection Cluster/ AoRs with UNFPA and UNICEF, and IAAWG to be associated.</b>			<i>PIE confirms support. SCI tbc.</i>
<b>3</b>	<b>Awareness-raising</b>	Principles related to SEA Communities' entitlements Contextualisation and dissemination Need for specific attention on raising expectations	<b>PSEA Network/ UN Women-led project PSEA WG3 with UNICEF and SCI</b>	1 month <i>feasible, already planned</i>	5,000 max.	<i>Use of existing plan and materials from the existing UN Women-led the project.</i> <b>UN Women to follow up with TwB on the prioritization of translation into Tigrinya of the IEC.</b> <i>PIE confirms support.</i>
<b>4</b>	<b>Capacity building</b>	<b>Online training</b> for staff, partners and all contracted actors involved in delivering assistance and protection in Tigray and neighbouring Regions	<b>PSEA Network/ UN Women-led project PSEA WG2</b>	1,5 months <i>feasible, already planned</i>	5,000 max.	<i>Use of existing plan and materials from the existing UN Women-led project.</i> <b>UN Women to explore prioritisation of Tigray Region for the translation into Tigrinya of online materials.</b>
<b>5</b>	<b>Translation</b>	Expand the contract with Translators without Borders for Tigrinya, Afar, Amhara The higher workload on translations in Tigrinya	<b>UN Women current contract (till May)</b>	1,5 months <i>feasible, in place</i>	5,000 max.	<b>UN Women to follow up on options to add languages such as Afar and agree on bigger workload in Tigrinya.</b>

### Actors having a presence in the North and PSEA Network members (highlighted)

NO	Organization Acronym	Organization Name	Organization type
1	AAH	Action Against Hunger	International NGO
2	AAE	ActionAid Ethiopia	International NGO
3	CRS	Catholic Relief Services	International NGO
4	CCT	Cooperative Commonwealth Federation Canada	International NGO
5	CWW	Concern WorldWide	International NGO
6	CVT	Center for Victims of Torture	International NGO
7	DICAC	Ethiopian Orthodox Tewahido Church Development and Inter church Aid Commission	National NGO
8	DRC	Danish Refugee Council	International NGO
9	ECC-SADCOAD	Ethiopian Catholic Church – Social and development Coordinating Office of Adigrat	National NGO
10	ERC	Ethiopia Red Cross	Red Cross
11	FH	Food for the Hungry	International NGO
12	GOAL		
13	Helvetas	Helvetas	International NGO
14	ICRC	International Committee of the Red Cross	Red Cross
15	HIS	Innovative Humanitarian Solutions	International NGO
16	IMC	International Medical Corps	International NGO
17	IRC	International Refugee Committee	International NGO
18	NRC	Norwegian Refugee Agency	International NGO
19	PIE	Plan International Ethiopia	International NGO
20	RADO	Rehabilitation and Development Organization	National NGO
21	REST	Relief Society of Tigray	National NGO
22	SCI	Save the Children international	International NGO
23	SNV	Netherlands Development Organization	International NGO
24	VIS	Volontariato Internazionale per lo Sviluppo	International NGO
25	WVI	World Vision International	International NGO
26	ZOA	ZOA	International NGO
27	FAO	Food and Agriculture Organization of the United Nations	UN Agency
28	IOM	International Organization for Migration	UN Agency
29	RDRMC	Regional Disaster Risk Management Commission	Government
30	RHB	Regional Health Bureau	Government
31	RWB	Regional Water Bureau	Government
32	UNDSS	United Nations Department of Safety and Security	UN Agency
33	UNFPA	United Nations Population Fund	UN Agency
34	UNHCR	UN High Commissioner of Refugees	UN Agency
35	UNICEF	United Nations International Children's Emergency Fund	UN Agency
36	WFP	World Food Programme	UN Agency
37	WHO	World Health Organization	UN Agency
38	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs	UN Agency

<b>8 UN Agencies</b>
<b>10 INGOs</b>
<b>1 ERCS</b>
<b>19 PARTNERS</b>

# Inter-agency Refugee Emergency Response Plan for the Eritrean Refugees in Tigray



Lead agency: UNHCR

Partners in the response: 7 (IRC, UN-IOM, UN-UNFPA, UN-UNHCR, UN-UNICEF, UN-WFP, ZOA)

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OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$ 18 M**

## 1. Situation Overview

On 4 November 2020 forces of the Ethiopian Federal Government started a military operation against Regional forces in Tigray (TPLF) in the northern part of the country. Within the conflict zone are the four camps accommodating Eritrean refugees in North-Western Tigray (Adi Harush, Hitsats, Mai-Aini and Shimelba) and the city of Shire. Over the past weeks, the government forces continued moving to the eastern and northern areas of Tigray.

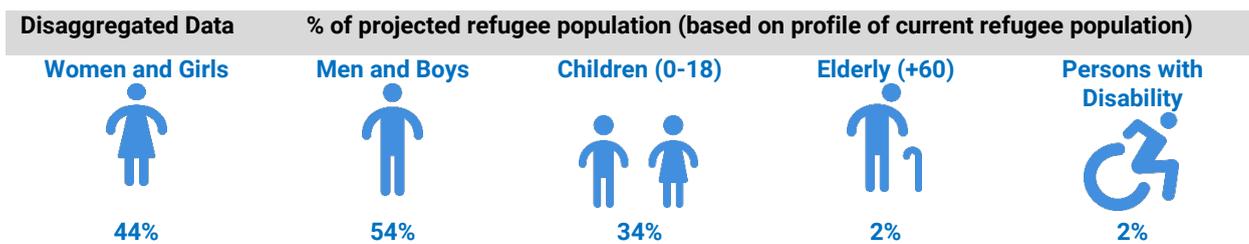
As of October 2020, there are 96,223 registered Eritrean refugees in the Region, sheltered mainly in the four refugee camps. In addition, there are 8,424 Eritrean refugees residing outside of camps benefitting from the Government's Out of Camp Policy. Since the change in the Government's asylum policy for Eritreans, the Region is also hosting many Eritrean asylum-seekers who were denied access to asylum and remain undocumented and unregistered.

## 2. Challenges in the response

Due to insecurity, most of the humanitarian staff was relocated out of the North-West zone of Tigray. The blockage of air and road access to the Region and the communication black-out have affected humanitarian operations and the possibility to undertake a real time assessment of humanitarian needs. Further, the disruption in the distribution of humanitarian supplies is contributing to the worsening of the humanitarian context. This response plan can only be realized once unfettered access to refugee populations is possible and security conditions allow for a safe operating space for humanitarian workers.

## 3. Inter-agency Response

This Inter-agency Refugee Emergency Response Plan (RRP) for the Eritrean refugees in Tigray outlines the comprehensive response strategy and financial requirements of seven partners supporting Ethiopian authorities to provide protection and assistance to 80,000 Eritrean refugees and asylum-seekers in need of urgent humanitarian assistance and protection services. Of this group, an estimated 50,000 may remain in or close to the camps, 15,000 may leave the camps to seek safety, and 15,000 may attempt to relocate to Addis Ababa. Considering the volatile situation, it is of paramount importance to allow flexibility to adjust the delivery of services and protection depending on where the Eritrean refugees are located. The RRP also targets 24,000 individuals of the affected local population and host communities. The plan will be revised and complemented with further activities necessary to scale up the inter-agency response, depending on developments in the context and needs.



## **Needs Analysis**

Among the critical needs are mitigation of the effects of armed conflict through the provision of key protection interventions, including GBV response and prevention, access to basic and domestic items, access to reception facilities and pre-departure and transport assistance for vulnerable households, with special attention to individuals at heightened protection risk, including children, women and the elderly, persons with specific needs and persons with disabilities. In camps and other locations, there is a need for a multi-sectoral response, including health, WASH, emergency shelter and infrastructure.

As refugees do not have access to income, basic humanitarian assistance must be promptly provided, including food for 51,000 refugees who were receiving monthly food and cash assistance in camps. High-energy biscuits will be provided to new arrivals at entry points until they are relocated to camps for regular assistance.

## **Response Strategy and Priorities - Response Objectives**

**Strategic Objective (1): Preserve Access to the territory in order to seek asylum, including registration and status determination and registration of Eritrean asylum-seekers in Tigray,** and enjoy protection, promote the full enjoyment of rights, and maintain the civilian character of asylum;

**Strategic Objective (2): Enable Access to essential services according to minimum international standards and ensure protection systems are strengthened** and refugees and asylum seekers are able to enjoy their full rights, specifically in regards to safety and security from conflict, child protection and protection from GBV. In urban areas, a cash support system may be considered;

**Strategic Objective (3): Promote community empowerment and self-reliance, strengthening the community structures** in each camp or urban areas, which include associations of women, youth, and persons with disabilities, older persons, children, minority groups, and persons with chronic medical conditions.

**Strategic Objective (4): Support host community systems to enhance peaceful co-existence and social cohesion** between host communities and refugees which may have been impacted on as a result of the conflict. These efforts will be even more necessary given the current situation and the likelihood that the capacity of some local authorities and public services may be negatively affected by the conflict and would thus need support of the international community.

## **Emergency Priorities**

Accountability towards refugees and asylum-seekers include, as priorities, their physical safety and security, continuation of life-saving protection and basic services and maintaining access to territory and asylum procedure. This refugee response is targeting multi-sectoral needs, including protection, health and nutrition, food, emergency Shelter/CRIs, emergency education, and WASH.

## **Partnership and Coordination**

Within the Tigray Region, strong coordination mechanisms existed prior to the crisis. With the support of partners, UNHCR and ARRA will lead and strengthen existing inter-agency structures and

re-establish camp-based coordination mechanisms to ensure an effective coordinated response and service delivery to refugees and asylum-seekers. This coordination platform will be consistent with the Refugee Coordination Model and compatible with the cluster coordination mechanisms and other existing government coordination structures.

This RRP for the Eritrean refugees in Tigray brings together seven humanitarian partners and engagement with other partners of the humanitarian community will be further expanded.

### **Financial Requirements by Partner and Sector**

Organization	Food Security	Health & Nutrition	Protection	Shelter & CRIs	WASH	Education	Energy & Environment	Logistics & Telecoms	Total
IRC			150,000		422,000				<b>572,000</b>
UN-IOM			990,000						<b>990,000</b>
UN-UNFPA		1,773,535	1,004,030						<b>2,777,565</b>
UN-UNHCR	434,104	809,783	1,146,613	1,495,669	608,614		630,434	74,783	<b>5,200,000</b>
UN-UNICEF		350,000	1,060,786	300,000	2,791,867	713,826			<b>5,216,479</b>
UN-WFP	2,320,000								<b>2,320,000</b>
ZOA	272,179		190,062	368,644	169,115				<b>1,000,000</b>
<b>Total</b>	<b>3,026,283</b>	<b>2,933,318</b>	<b>4,541,491</b>	<b>2,164,313</b>	<b>3,991,596</b>	<b>713,826</b>	<b>630,434</b>	<b>74,783</b>	

For more information on refugee needs, the response activities within individual sectors, and related financial requirements, please visit the [Inter-agency Refugee Emergency Response Plan for the Eritrean Refugees in Tigray \(RRP\) on Global Focus](#).

# Response to the Humanitarian Needs of Vulnerable Migrant Returnees Originating from Tigray



Lead agency: IOM

Partners: 17 partners (ASDEPO), Agar Ethiopia Charitable Society, Concern Worldwide, Danish Red Cross, Danish Refugee Council, Ethiopian Catholic Church Social and Development Commission, Ethiopian Kale Heywet Church, HUNDEE, ILO, ICRC, IOM, MdM, MSF, Norwegian Refugee Council, PAD, Rescue International, Samaritan's Purse, Save the Children, SdC, Terre des Hommes NL, UNICEF, OHCHR, WHO

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OUTSTANDING FINANCIAL REQUIREMENTS: **USD \$ 3 M**

## 1. Situation overview

Ethiopians are the most mobile population in the Horn of Africa, with tens of thousands leaving the country every year towards the Middle East, Southern Africa and Europe for various reasons including to pursue better economic/livelihood opportunities. While some are able to successfully migrate, a significant number of migrants, for various reasons opt to return to Ethiopia. Returnees often arrive in Ethiopia in a vulnerable state and in need of urgent humanitarian assistance to address their immediate protection and assistance needs at points of entry as well as in their respective areas of origin.

IOM Ethiopia recorded that about 30% of returning migrants from KSA hail from Oromia Region, 30% hail from Amhara Region and 30 % hail from Tigray Region. Reports indicate that between May 2017 and November 2020, Tigray Regional state - which accounts for just 6% of the country's total population - recorded the highest returnee per population ratio from KSA, with 185 returnees per 10,000 inhabitants as opposed to 47 returnees and 27 returnees for Amhara and Oromia Regional states, respectively (IOM & OCHA, 2020). However, recent return trends of Ethiopian migrants originating from Tigray indicate a drastic drop from 23% in September 2020 to 8% in November 2020. The current situation in Tigray which is characterized by conflict and tension has reportedly impacted migrants' decision not to return. As such, Tigrayan migrants remain stranded in host and transit countries (Djibouti and Yemen) while those who had already arrived in Ethiopia are unable to continue with their journey and remain stranded in Addis Ababa in situations of heightened vulnerability. IOM projects that over 1,200 Ethiopians originating from Tigray may return to Ethiopia between November 2020 to January 2021 and up to 15,000 Ethiopians could return in the first half of 2021.

## 2. Assumptions

Reintegration assistance and services for returnees in areas of origin within Tigray Region may be affected as a result of the volatile security situation and the disruption of air and land access to some areas within the Region. Some of the activities proposed will only be implemented when access to affected communities is granted and the security situation allows. Until then, returnees will continue

to receive assistance in other areas of the country where the security situation is stable and where partners have access.

### **3. Needs analysis**

Throughout their journey, migrants face extreme protection risks, including violence, trafficking, abduction, forced labour, exploitation, detention and GBV. While these risks affect all migrants taking on this dangerous journey, women and girls are at heightened risk of GBV, men and boys are often at great risk of torture and arbitrary arrest and detention and unaccompanied children are at greatest risk of all forms of harm/violations. Increased movement restrictions and the forced transfers of migrants have resulted in migrants becoming stranded along the route without access to essential services and exposed to smugglers, while facing increased risks of contracting COVID-19 as well as other threats to their safety, health and well-being. The longer migrants remain stranded, the more vulnerable they become as they are likely to lose their positive coping mechanisms and adopt risky coping mechanisms. Upon arrival, migrants struggle to re-establish their lives as some of them have been away from their places of origin for a prolonged period. Hostilities amongst returning migrants and surrounding communities are common as well as strained relations and estrangement between migrant families especially in cases where investment was made towards the migration of an individual. In these cases, migrants lose their safety net and remain vulnerable and in need of humanitarian assistance

In light of this, returnees are expected to be in need of immediate life-saving assistance upon arrival at the Points of Entry (PoE) and transit locations. One quarter of the expected returnees are expected to enter Ethiopia through its land Points of Entry (PoE) which are located in remote and often deserts areas and lack the infrastructure to meet returnees' basic needs. Needs will include food, shelter and non-food items (NFIs), Water, Sanitation and Hygiene (WASH) services, and health assistance, including medical screening and referral, and mental health and psychosocial support.

It is expected that particularly vulnerable categories of migrants will return, such as victims of human rights violations including human trafficking and GBV, UASC, pregnant and lactating women, women-headed households, persons with physical and mental health conditions, persons with disabilities and elderly people. Unaccompanied and separated children make up approximately 10 per cent of returnee caseloads to Ethiopia. They are of particular concern as they will not be able to benefit from family tracing and reunification (FTR) assistance upon arrival. In addition, some UASC are expected to need alternative care arrangements due to unsuccessful family reunification. The hardship and abuse faced by migrants on all migratory routes in the Region also implicate that a significant proportion of returnees will return with a deteriorated mental health, requiring immediate psychosocial and psychological support and, for the most severe cases, referral to local mental health services. Reintegration support will be important in the communities most affected by the conflict in terms of damage to infrastructure and resulting disruptions of market and livelihood dynamics.

### **Response strategies and priorities**

#### ***Immediate***

- Provision of humanitarian assistance upon arrival to returnees originating from Tigray that are stranded at all points of entry (PoEs), including Addis Ababa (main PoE for deportees from KSA), as well as Galafi, Dewele (main PoEs from Djibouti) and Humera (main Points of Entry for spontaneous returns of Ethiopians amid the COVID-19 crisis). Assistance will need to cover the length of the COVID-19 quarantine period (as required) and while returnees are housed at temporary accommodation facilities while awaiting onward transportation (where possible). Types of assistance will include food, temporary shelter, non-food items, WASH services, medical screening and referral.

- Identification of individual protection risks and specific vulnerabilities/needs of migrants (men, women, boys and girls) will be required followed by targeted response, as appropriate, including family tracing and reunification, mental health and psychosocial support, legal aid, clinical management of rape, safe shelter. These activities will be implemented directly as well as through referrals to specialized partners.
- Through participatory assessments, improve understanding of communal protection needs and risks of the migrants and host communities and develop community-based protection responses including to promote social cohesion and peaceful co-existence.
- Identification and provision of comprehensive response (medical, legal, psychosocial, safe shelter) to migrant victims of human rights violations including human trafficking, GBV etc. in line with established standards
- In partnership and in support of the GoE, additional sites will be required for transitional accommodation. Transportation from the PoEs to these newly identified sites will be necessary.
- Provision of humanitarian and basic needs support will be required at the newly identified sites and partners will need to complement any assistance provided by the GoE to ensure stranded returnees have access to humanitarian assistance and can access services. In the case of UASC and other children at risk, partners will work with key government, UN and civil society partners and follow national child protection case management standard procedures to respond to their needs, including through conducting best interest assessments (BIAs), family tracing, and organizing alternative care arrangements based on the results of individual BIAs, in line with Ministry of Women, Children and Youth (MoWCY) guidelines.

### **Medium term**

- As and when the security situation in Tigray and the rest of the country is conducive, provision of onward travel assistance will be required for returnees for safe return to their communities. Depending on the security situation, air travel may have to be facilitated.
- Provision of child protection assistance and services including Family Tracing and Reunification for children at risk including UASC in collaboration with the Ministry of Women, Children and Youth (MoWCY), IOM and UNICEF, ensuring children are safely handed over to their parents/guardians. In cases where it is not possible to trace parents or guardians, alternative care arrangements will be facilitated while further family tracing is organized in collaboration with the International Committee of the Red Cross (ICRC).
- Vulnerable returnees will be supported with multi-purpose cash to address their basic needs for three months. Cash assistance will be provided in line with a protection sensitive criterion.
- Partners will work with the GoE to maintain the provision of life sustaining assistance in host communities for returnees who cannot return to their home communities.
- MRP partners will facilitate referral of returnees with specific vulnerabilities to specialized service providers operating under the National Referral Mechanism or through bi-lateral coordination mechanisms targeting vulnerable migrants. Specific attention will be paid to returnees who are victims of human rights violations including VoT, GBV etc, who require MHPSS support and can benefit from social protection programmes. Community engagement approaches such as peer education and community conversations will be employed to address protection risks such as human trafficking, migrant smuggling, GBV and the social discord with host communities.
- Community-based protection responses including to promote social cohesion and peaceful co-existence will also need to be strengthened.

## **Partnership and coordination**

- The response to migration issues in the country has been implemented in close collaboration with the Government of Ethiopia (GoE), particularly the National Partnership Coalition for Migration (NPC), a government and civil society multi-stakeholder platform chaired by the Attorney General office, which is the main GoE interlocutor on migration management issues. In addition, in the framework of its return migration management activities, IOM works with key ministries and agencies on a bilateral basis such as the Ministry of Foreign Affairs (MOFA), the Ministry of Labour and Social Affairs (MOLSA), the Ministry of Women Children and Youth (MOWCY), the Immigration, Nationality and Vital Events Agency (INVEA), the Agency for Returnee and Refugee Affairs (ARRA), and the Federal Urban Job Creation and Food Security Agency.
- Coordination related to the COVID-19 response to migrants will continue to be undertaken with the National Disaster Risk Management Commission (NDRMC) as well as the Ethiopian Public Health Institute's Emergency Operations Center (EOC) to ensure efficiency in the COVID-19 aspects of the response.
- The MRP coordination structure will continue to steer joint implementation of this response. Other coordination mechanisms such as the UN Network on Migration in Ethiopia<sup>4</sup> will be leveraged to facilitate coherent assistance by relevant UNCT entities.

## **Financial Requirements by Sector**

<b>Region</b>	<b>MPR Partners</b>
Food Security	
Health & Nutrition	260,000
Protection	930,000
Shelter & CRIs	950,000
WaSH	300,000
Education	
Energy & Environment	
Logistics & Telecoms	560,000
<b>Total</b>	<b>3,000,000</b>

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<sup>4</sup> The Network comprises the following UN entities: FAO, ILO, IOM, UNAIDS, OHCHR, UNCDF, UNICEF, UNCTAD, UNDP, UNECA, UNESCO, UN Women, UNEP, UNHCR, UNIDO, UNODC, UNFPA, UNV, WFP, WHO

# COORDINATION & MANAGEMENT ARRANGEMENTS

## EHCT

The Ethiopia Humanitarian Coordination Team (EHCT) is currently led by the Humanitarian Coordinator (HC) and is convened weekly. The EHCT consist of Country Representatives of UN agencies, representatives of NGOs, and donors, deliberate for setting out the strategy of the joint humanitarian response, and for taking policy decisions in support of the humanitarian operations. The Office of the Resident Coordinator and OCHA will support the HC to carry out the Humanitarian Coordination functions. Meeting frequency might be required to increase should the situation further deteriorate.

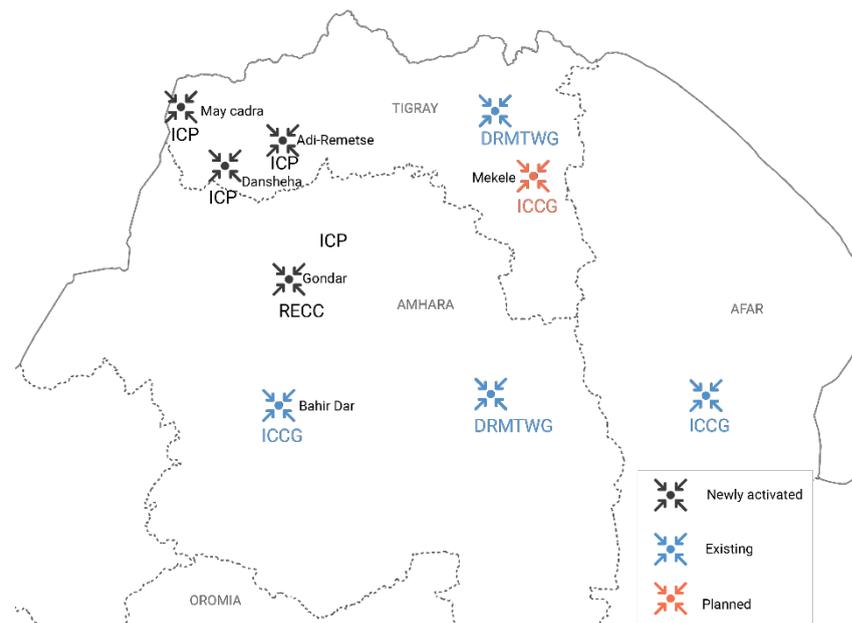
## ICCG

The Ethiopia Inter-Cluster Coordination Group (ICCG) is an operational coordination structure which brings cluster coordinators together weekly to confer on operational issues. Chaired by OCHA, the ICCG will continue to play an important role by providing the operational platform for clusters and cluster partners at the federal level. Clusters should activate sub-national coordination mechanisms as appropriate and strengthen linkages with federal-level coordination mechanisms. Clusters will also designate sub-national focal points who could support sub-national coordination. Following the conflict in Tigray, OCHA activated sub-national ICCG in Afar and Amhara and is planning to activate another one in Mekelle.

## Other coordination arrangements

Depending on NDRMC decision, the Strategic Multi-Agency Coordination (SMAC) forum, and Federal and Regional Emergency Operation Centers (EOCs) could be activated to mobilize and prioritize scarce resources and coordinate emergency incident status information and resources as required.

The Government has activated the Zonal Emergency Coordination Center in Gondar and four more Incident Command posts in four woredas/districts bordering Amhara with Northern Tigray. These include; Adiremets, Baker, Dansha, and Maikadra.



# OPERATIONAL SUPPORT ARRANGEMENTS

## Learning

A review of the various Joint Evaluation of Emergency Assistance main key findings and recommendations could contribute to the design of the needs and risk assessments, which could be linked to operational decision making and planning of the response with overall and nationwide prevention and early warning.

Leveraging joint donors' rapid funding commitments for collective risk assessment and prevention: Advocate and call for joint donors' commitment to support immediately collective risks assessments, monitoring, after-action review and evaluation, rather than solely impact evaluations.

Strengthening planning and response with a remote surge capacity: in a context of growing protection crisis and line with unfolding events, surge capacity could support the clusters to translate the existing analysis and advocacy and to support holistic and country-wide prevention, contingency planning and operational response, in support of the overall coordination.

## Needs Assessments

The immediate aftermath of a crisis is a critical period when the government, humanitarian and donor communities need to make key decisions on how to best support the affected community. However, during that brief period, limited comprehensive information is collected and analyses conducted on the crisis impact, scale and severity to support the identification of humanitarian priorities and response are also limited. The Multi-Cluster/Sector Initial Rapid Assessment (MIRA), developed by the Inter-Agency Standing Committee Needs Assessment Task Force (IASC NATF) to address this problem and to lay down the foundations for a stronger and better-coordinated assessment culture during crises.

The IASC Transformative Agenda recognized the critical role of needs assessments as a basis for overall and cluster strategy development; agreed that needs assessments should be inclusive, well-coordinated, rapid and repeated/reviewed as necessary to reflect the changing dynamics, drivers and needs in each country and agreed that the results of needs assessments should inform the overall humanitarian planning and prioritization process.

The MIRA approach was developed based on a review of 10 years of best practice in assessments and was provisionally endorsed by the IASC in November 2011. MIRA Guidance revision was endorsed by the IASC in August 2015 which provides more structured guidance to needs assessment after natural disasters.

The MIRA is a joint needs assessment tool that can be used in sudden-onset emergencies. It is a precursor to cluster/sectoral needs assessments and provides a process for collecting and analyzing information on affected people and their needs to inform strategic response planning. When a sudden onset disaster strikes, a joint needs assessment process, the MIRA is one of the first steps in the EHCT's emergency response. The MIRA is an inter-agency process enabling actors to reach, from the outset, a common understanding of the situation and its likely evolution. Based on its findings, humanitarian actors can develop a joint response plan, mobilize resources and monitor the situation. The Ethiopia Rapid Assessment Working Group, which reports to the ICCG, has developed a common inter-sector/agency assessment tool in line with the MIRA methodology. The MIRA tools have been used in the Afar joint assessment from 2-7 December. Assessment missions to Tigray, using the MIRA tools, are planned to start on 20 December.

With the current limited access in Tigray, OCHA and partners are also looking at other ways of assessing the needs of the affected people. This could include remote needs assessment methodologies and rolling secondary data reviews.

In addition to the MIRA, IOM's Displacement Tracking Matrix (DTM) conducts multi-sector assessments through its Mobility Tracking component. The Displacement Tracking Matrix (DTM) has been active in Ethiopia since 2012 and is a dynamic system to track and monitor displacement, population mobility and provide baseline data on humanitarian needs. To date, DTM multi-sector

assessments serve as the official source of IDP data endorsed by the government of Ethiopia. Assessments conducted in the Northern Ethiopia Crisis affected areas include the Emergency Site Assessment (ESA), first implemented in the affected locations from the 1st to the 14th December 2020, and the regular multi-sector location assessments conducted on a quarterly basis. While Access constraints prevented direct Access to displacement sites prior to 1st December, data were collected remotely through the Event Tracking Tool. This process mobilized the DTM network of key informants in affected locations to provide data on displacement through telephone interviews when telecommunications connections were available.

DTM's multi-sector assessments are conducted in displacement sites with 20 displaced households or more in close collaboration with the Clusters represented in the ICCG. Clusters are consulted for technical inputs prior to the roll-out of the assessments to determine the indicators included in the data collection forms. This is done to ensure that DTM data continues to address the information needs of the ICCG members. In coordination with OCHA and in order not to publish conflicting data with MIRA, DTM's Emergency Site Assessment will be used as the reference for displacement figures.

During the onset of the Northern Ethiopian Crisis, the DTM received government approval on 3rd December 2020 to substitute its regular quarterly assessments with the ESA. The ESA is a condensed version of the regular DTM multi-sector location assessment that is conducted monthly. It is activated during large-scale, sudden onset displacement and is intended to be executed quickly and at regular intervals to provide the humanitarian community with timely, regularly updated data during emergencies.

### Information Management

To improve the information upon which the humanitarian response is conducted, the ICCG has formed an Information Management Working Group (IMWG), reporting to the ICCG. The IMWG seeks to coordinate Information Management activities, including sharing of IM tools (databases, maps, Who is doing What, Where mapping (3Ws), websites, Common Operational Datasets (CODs)), coordinating the development and utilization of IM technologies, and ensuring that a core set of information management standards are in place for collecting, sharing and storing data. OCHA chairs the IMWG. Membership consists primarily of IM focal points from clusters and Information Management capacity from other government departments, agencies and NGOs where appropriate.

### Response Monitoring

Following the launch of the HRP in March 2019, the ICCG decided to implement the Humanitarian Program Cycle (HPC) tools kit to monitor the response against the HRP targets. On the back end, this means that clusters submit their response achievements (overall reached, and achievements by response indicator) monthly using an online platform called the Response Planning and Monitoring module of HPC Tools. On the front-end, the information is available for all interested actors through the Humanitarian InSight platform (<https://hum-insight.info/>). This platform now features as an online response monitoring tool: monthly, the cluster response achievements are made available here.

Additionally, clusters provide the operational presence data, 3W (Who is doing What and Where) to update who is operational on the ground. The operational presence data is updated every month at woreda level.

### Common Service Areas/humanitarian Access

Common services areas will immediately include logistics, security and coordination while telecommunications are still being planned. A WFP-led Logistics Cluster is placed to support the response in facilitating humanitarian Access when required.