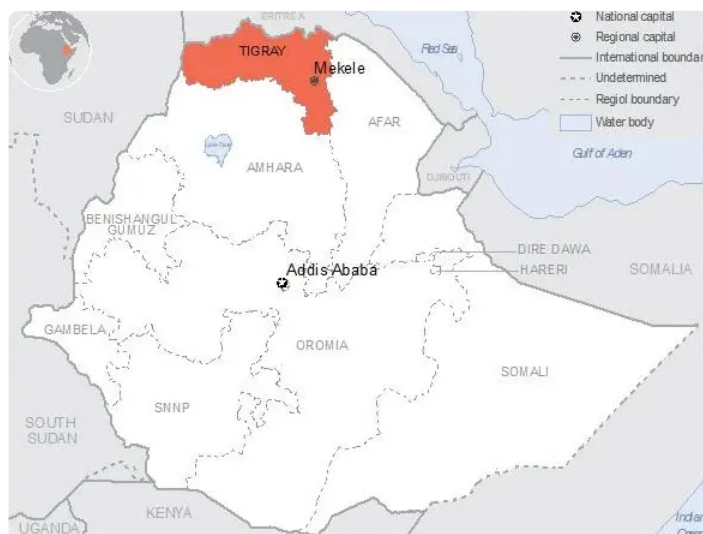


HIGHLIGHTS (13 Mar 2021)

- The humanitarian situation in Tigray remains extremely concerning, with conflict continuing to drive displacements of people and reports of some villages completely emptied.
- Following the transition to a flexible notification system for access, several organizations have deployed international staff to Tigray to support the scale up of the response.
- Delivery of assistance is stepping up, with humanitarian partners reaching 0.9 million people with complete food baskets, almost 0.7 million with water, and 136,000 with shelter.
- Despite some progress in accessible areas, many people remain in hard-to-reach areas due to insecurity, logistical and administrative hurdles, where assistance is needed.
- Over the past week, a large influx of people has reached Shire from Western Tigray amid reports of grave human rights abuses. Those newly displaced arrived in critical conditions.



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

KEY FIGURES

950,000

People in need of aid before the conflict

1.3M

Projected additional people to need aid

61,719

Refugees in Sudan since 7 November

\$34M

Unmet requirements for the Response Plan

FUNDING (2020)

\$1.3B

Required

\$732.4M

Received



59%

Progress

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

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BACKGROUND (13 Mar 2021)

SITUATION OVERVIEW



OCHA

ETHIOPIA - TIGRAY REGION HUMANITARIAN UPDATE

Situation Report

Last updated: 13 Mar 2021

As heavy fighting continues to restrict humanitarian operations across parts of Tigray, people are facing an extremely dire humanitarian situation. Clashes continue to be reported in Central, Eastern, North Western, South Eastern and Southern Zones, where social services have reportedly collapsed, according to partners on the ground. A vast majority of health centres have been vandalized, destroyed or burned, and many health personnel have not been paid and are reportedly being threatened by armed actors, further delaying their return to work. Ongoing looting of health facilities, including in Southern Tigray, is hindering the health response, as partners are discouraged from providing medical supplies. People with chronic diseases and pregnant women are particularly affected, as they are unable to access emergency medical services during curfew hours, causing preventable deaths and delivery complications. [Universities across Tigray](#) have reportedly been extensively looted, while at least two have been destroyed by fire or bombs.

Basic services, including communications, electricity and banking, remain disrupted across much of Tigray. Approximately 4.5 million people living in rural areas and major towns in North Western Zone have had no power or communications for more than four months. Lack of communications in most areas are adding significant challenges to the delivery and monitoring of life-saving assistance.

In Western Tigray, partners report that tens of thousands of people have been displaced from the area allegedly on ethnic grounds. Since November 2020, the Western Tigray Zone has been under de facto control of Amhara regional authorities, during which there have been reports of ethnically motivated violence and forced displacement. Since February, thousands of residents in Western Tigray have fled the Zone amid reports of extrajudicial killings, arbitrary detentions, and disappearances of people, particularly young men. As of 8 March, more than 45,000 people have been registered in Shire, with an influx of about 1,500 people every day. The newly displaced, who arrive in dire conditions, have reported that some people remain stranded on the way due to lack of transportation from Tekeze River to Shire and have very limited humanitarian assistance. In Shire, aid workers have started delivering some food, shelter, wash and health assistance, and stressed the very urgent need to provide additional relief to the new arrivals, particularly shelter and non-food items. Humanitarian access and response in Western Zone is currently only possible through Amhara Region.

Aid workers continue to receive reports of attacks on civilians and civilian infrastructure in Central, North Western and South Eastern zones, including house-to-house searches accompanied by indiscriminate, extrajudicial killings. Gender-based violence remains widespread, according to the latest Emergency Coordination Centre meeting on 5 March, and humanitarian actors are still unable to measure the full extent of the situation, particularly in rural areas due to limited access. With government social protection, security and judicial systems not functioning, survivors of human rights abuses are receiving inadequate assistance. International actors, including the [World Bank](#), continue to underscore the importance of safeguarding the rights of all people in Ethiopia. [Multiple human rights organizations](#) published, on 9 March, a joint open letter to H.E. Ms. Linda Thomas-Greenfield, Permanent Representative of the US to the UN in New York, calling for a prioritization of the crisis in Tigray at the UN Security Council, including mobilizing an appropriate diplomatic response.

With many areas of Tigray not having received vital assistance since the conflict started four months ago, the rising needs have vastly outstripped the preliminary response plan that was developed by the humanitarian community in the first weeks of the conflict. Now, partners are increasingly able to access hundreds of thousands of people in Tigray who are in desperate need, and to move more supplies and personnel into the region. [The 2021 Humanitarian Needs Overview](#) launched by the humanitarian community on 5 March estimates that about 4.5 million people are currently in need of humanitarian assistance in Tigray, of whom 3.5 million people are in accessible and partially accessible areas. The humanitarian community will continue to update this figure as more assessments become possible in the Region.

HIGH-LEVEL VISITS

About 40 diplomats, including the United States Ambassador to Ethiopia and members of the European Union, visited Mekelle on 10 March. Their visit follows the recent announcement by [the US Agency for International Development \(USAID\)](#) on the deployment of a Disaster Assistance Response Team to respond to growing humanitarian needs in the Region.

ANALYSIS (13 Mar 2021)

CROSS-BORDER IMPACT

Conflict along the border between Sudan and Ethiopia has significantly escalated over the past week, with direct confrontations between Sudanese Armed Forces and Ethiopian and Eritrean forces. The rising tensions over the disputed Fashaga area have gained broader geopolitical implications for the Horn of Africa region, including the Great Ethiopian Renaissance Dam in the Benishangul-Gumuz region.

Although the number of people arriving in East Sudan has drastically reduced in the past weeks, [UNHCR](#) reports that more than 61,880 people are currently seeking refuge in the Sudanese states of Gedaref and Kassala. Both Um Rakuba and Tunaybah camps in the Gedaref State have reached their maximum capacity, each slightly above 20,000 people. Relocations to the camps have stopped after more than 41,180 people were relocated to camps and settlements. More than 20,000 people remain in Hamdayet and Village 8 near the crossing points. UNHCR are working with local authorities and partners to adequately respond to the situation, as well as mobilizing resources to provide life-saving assistance services to the new arrivals.

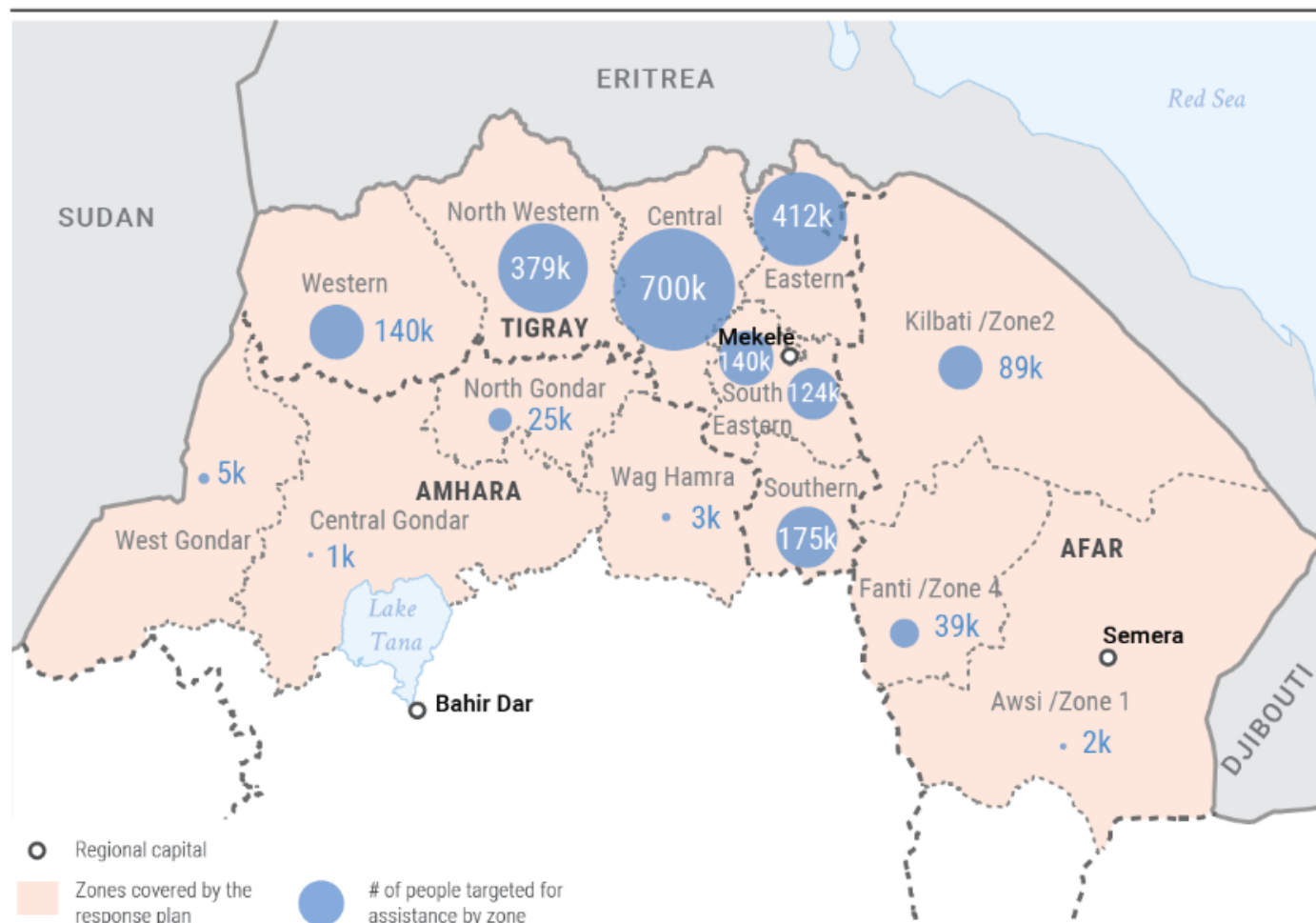


Ethiopian refugees, fleeing clashes in Tigray region, cross the border into Hamdayet, Sudan, over the Tekeze river. Photo: © UNHCR/Hazim Elhag

VISUAL (12 Feb 2021)

PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE IN TIGRAY

NUMBER OF PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE BY ZONE



EMERGENCY RESPONSE (13 Mar 2021)

HUMANITARIAN PREPAREDNESS AND RESPONSE

Following the recent transition from the previous clearance mechanism for international aid workers to a flexible notification system by email to the Ministry of Peace, a number of humanitarian organizations have begun using the new system and have deployed international staff to support the scale up of relief operations in Tigray. The National Disaster Risk Management Commission (NDRMC) and the Logistics Cluster also replaced the previous system on the movement of aid cargos with a similar notification mechanism. Partners are now able to move humanitarian commodities by informing NDRMC 48 hours ahead of any cargo movement into Tigray, without waiting for clearance.

Access to Eastern Tigray has improved over the past weeks as armed hostilities in the area largely subsided, and partners are operating in areas that were previously inaccessible. Movements along the main road between Alamata, Mekelle and Shire remains possible, while partners have reported issues with government clearances and insecurity along the road from Shire, Mae-Tseri, to Gondar. With stronger presence on the ground, there is an urgent need for humanitarian organizations to

decentralize their capacity out of Mekelle through the main accessible axis from Adigrat, Adwa, Axum to Shire. Establishing a presence closer to the people is critical in order to reach more people in rural areas with the greatest humanitarian needs, as well as ensuring protection-by-presence.

Despite significant progress, partners estimate that 950,000 people who need urgent assistance remain in areas that are hard-to-reach by humanitarian organizations. The situation is particularly concerning in Central Zone, where about 460,000 people need critical humanitarian assistance. Very limited assistance and services are currently available to the people in hard-to-reach areas, while the overall operational environment is highly volatile and insecure for humanitarian operations.

Further, the humanitarian situation in Shire remains dire, according to a recent mission by the World Food Programme and Office for the Coordination of Humanitarian Affairs and partners on the ground. Thousands of displaced people lack adequate shelter and basic access to health, water, sanitation, and hygiene services, while food aid is also reportedly irregular and insufficient. With the sudden and ongoing influx of more than 45,000 people from the Western Tigray Zone to Shire Town, it became increasingly critical to scale up the multisectoral response to provide life-saving assistance to those in need.

In light of concerns that food aid is not reaching people in urgent need particularly in rural areas despite large amounts of assistance dispatched into and within the Region, the Food Cluster has established the Monitoring Working Group and held its first meeting on 5 March. In the past week, the Protection and Health clusters finalized the Joint Response Plan to Sexual and Gender-Based violence and Mental Health and Psychosocial Support needs in Tigray, and partners on the ground are working to operationalize the plan. The Protection Cluster is also working with the Education Cluster to develop a joint position on safe school reopening, particularly given alarming reports of threats to teachers and kidnappings of several students and the overall politicization of schooling by parties of the conflict.

CLUSTER STATUS (13 Mar 2021)



AGRICULTURE



Needs

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

→ Response

- The Cluster has finalized and endorsed the input distribution guideline, which outlines the required amount of support for each affected household.

- In consultation with Crop, Livestock and Input Directorates, the Agriculture Cluster has conducted an emergency seed (grain and forage) availability assessment.
- The Agricultural Cluster has conducted field assessments in 21 *woredas* across four zones.
- The sub-national Agriculture Cluster was re-activated and held its first meeting on 11 March.

Gaps

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

CLUSTER STATUS (13 Mar 2021)



Education



Needs

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

Response

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

- As the Regional Education Bureau (REB) plans to move forward with school re-opening, partners are engaging with teacher training and community mobilization. Procurement for 12,500 educational kits is also ongoing.
- Five teams of a total of 26 enumerators have been deployed to five areas around Mekelle to conduct rapid joint education assessments, according to the ECC in Mekelle. Social workers and zonal officers have also been hired in Mekelle.
- The Education Cluster is engaging with the Protection Cluster in joint advocacy on safe school reopening/evacuation to ensure a safe relocation of displaced people currently sheltering in schools.
- The sub-national Cluster has been re-activated and has resumed its weekly meetings. Partners are working closely with the REB.

↔ Gaps

- According to partners, teachers are declining to attend trainings in fear of attacks, raising serious concerns over the safety of students and teachers should schools re-open. Partners also report difficulties in engaging with the community in this regard due to weak grassroots structures.
- Many schools in major cities are hosting displaced people, adding complexities to the school re-opening plans.
- Funding remains a critical challenge. The REB is reportedly facing resource constraints to address the needs identified before re-opening of schools.

CLUSTER STATUS (13 Mar 2021)



Emergency Shelter & Non-Food Items



Needs

- The conflict has uprooted hundreds of thousands of people across Tigray, leaving people in urgent need of emergency shelter and basic household items, including kitchen utensils, blankets, mats, among others. While most displaced people are seeking shelter with relatives and friends, thousands are also living in overcrowded collective centres in different parts of Tigray. Assessments in Adigrat and Shire confirmed that people were living in overcrowded settings in unfinished buildings.
- Joint assessments led by the Cluster and the Regional Government in centres for newly displaced people in Mekelle highlighted a dire situation, with on average 30 people sleeping in a single classroom. There are no separate rooms for men, women, people with special needs, exposing particularly women and girls to gender-based violence (GBV). Some schools in which displaced people are currently hosted have broken doors and windows and have inadequate lighting, and sanitation gaps, further adding to GBV risks.
- In view of imminent plans to re-open schools and universities, which have been used as shelters for displaced people, partners operating in both Mekelle and Shire underscore the urgent need to identify and ensure adequate living conditions in alternative shelters. Meanwhile, authorities also report an increasing number of new arrivals in other major towns.

→ Response

- The Cluster has so far reached more than 135,800 people with emergency shelter or non-food items assistance.
- In the first week of March, distribution of 5,300 Kits for 29,150 beneficiaries has been completed by the International Committee of the Red Cross (ICRC) (4,900 ESNFI kits) and the International Rescue Committee (IRC) (400 ESNFI kits) in Shire. GOAL also completed the distribution of 1,000 kits for 5,500 displaced people in Mekelle and Enderta.
- ZOAs distribution of 2,500 NFI kits for 13,750 people in Wukro is ongoing, as is the distribution of 1,000 NFI kits for 5,500 displaced people in Adigrat and Awa by Samitarian's Purse. Concern Worldwide is also distributing 1,000 FNI kits for 5,500 people in Tseada Amba.
- The Cluster has also started targeting and beneficiary selection for the 1,000 ESNFI kits to be distributed to 5,500 displaced people in Edgahamus by Development for Peace Organization, a national NGO. Another national NGO, ASDEPO is also finalizing registration and beneficiary selection for 1,000 ESNFI kits to be distributed to 5,500 displaced people in Adwa. Furthermore, ICRC is planning to distribute 3,000 ESNFI kits for 16,500 displaced people in Central zone.
- The ES/NFI Cluster has completed the selection and planning of relocation sites for displaced people in Mekelle. The Cluster also participated in site assessments in Adigrat and Shire, and partners have started mobilising resources to construct communal shelters in relocation sites.
- There are currently 22 national, international NGOs and UN agencies operational across 7 Zones in Tigray, 4 Zones in Amhara and 4 Zones in Afar. Partners are engaged with several life-saving activities, including the distribution of ES/NFI kits, cash-for-rent and cash-for-NFIs activities and the rehabilitation of communal centres.
- The sub-national Shelter Cluster, which was activated on 26 January in Mekelle, continues to hold weekly meetings.

↔ Gaps

- The shelter response remains alarmingly low compared to the needs, particularly in North Western, Central and South Eastern zones. This gap is due to access constraints, limited resources, as well as the rapidly rising number of displaced people arriving in Shire from the Western Tigray Zone.
- Access difficulties and targeting are the two main challenges facing the ES/NFI Cluster.
- Partners' response remains slow, and there is an urgent need to scale up the response to meet the existing critical needs of displaced people and guarantee a dignified relocation from schools to alternative sites, particularly given the imminent plans to re-open schools.

CLUSTER STATUS (15 Mar 2021)



Food



Needs

- With the harvest and markets disrupted by the conflict, there is a risk of a further deterioration of food insecurity across Tigray. While many internally displaced people seek refuge in public institutions, most newly displaced families across the Region are seeking refuge with relatives and host communities, putting an incredible strain on their already stretched food resources. Food assistance from the Government and partners remains the main source of food for most families in the Region.

- Partners on the ground report serious concerns about poor targeting and, in some areas, food not reaching those in most need, particularly in the rural areas, according to the ECC on 19 February and 5 March. These reports highlight the urgent need to strengthen the targeting and monitoring system and focus on exclusion and inclusion errors. Insufficient food distribution in sites for displaced people have also led to increased tensions among the displaced population, according to aid workers on the ground.

→ Response

- The National Disaster Risk Management Commission (NDRMC), in collaboration with the Food Security Coordination Directorate (FSCD), the Joint Emergency Operation (JEOP) through its partner Relief Society of Tigray (REST), World Food Programme (WFP) and other partners are involved in the food response across Tigray.
- The initial allocation of Productive Safety Net Programme (PSNP) food for Mekelle is 40,000 metric tons (MT). As of 9 March, 21,000MT of the commodities had reached NDRMC warehouses in Mekelle.
- As of 9 March, the Government's cumulative report on food dispatched and distributed for the second round indicates that 11,918MT (5,903MT for PSNP and 6,014 MT for relief) have been moved to Tigray.
- As of 4 March, JEOP has reached 908,899 people, and its overall dispatch and distribution in Tigray reached 75 per cent and 61 per cent, respectively. It has completed its distribution in Shire and Kilete Awelalo, and food distribution has started in Were Lehe following improvements in access in the recent period.
- Regarding the refugee response to 35,000 people in Adi Harush and Mai Ayni camps, WFP's February food distribution in Adi Harush camp has been completed, while it has been delayed in Mai Ayni camp due to refugees' preference to first elect their own representatives. Beneficiaries include those who were recently relocated from Shimelba and Hitsats camps. A further 1,200 refugees have received high energy biscuits (HEBs) in Shire.
- The Food Cluster Monitoring Working Group held its first meeting on 5 March. The Working Group includes participants from NDRMC, FSCD, JEOP, WFP, World Bank and USAID and will work to strengthen the targeting and monitoring of food response in the Region.

↔ Gaps

- Ongoing disruptions in communications and electricity continue to pose significant challenges in gathering information on food dispatches and distributions.
- Some areas remain inaccessible due to security issues.
- There are requests from partners to improve on monitoring of food distributions in the region; the newly established Monitoring Working Group is working to address this issue and support the Cluster on improving the monitoring process.
- Partners continue to underscore the need to ensure that the adequacy of the food basket and that a full basket is delivered through provision of a nutrition-rich food basket. Children under age 5 and pregnant and lactating women are exposed to heightened risk of malnutrition in *woredas* that are inaccessible for regular food in distributions of where an incomplete food basket is being distributed, according to the latest ECC meeting on 5 March.
- Funding gap in the WFP pipeline remains a major challenge in the food response.



Health

Needs

Health-care services in Tigray are alarmingly limited, leaving hundreds of thousands of people, including those who are chronically ill and others who were injured during the fighting, without adequate access to essential medicines and basic services. Although the 2 referral hospitals in the region have resumed operations despite some limitations, only 6 of the 14 general hospitals and 7 of the 24 primary hospitals are fully functional, according to ongoing assessments by the Health Cluster. Further, of the more than 260 health centres in Tigray, only 31 are fully functional, while 7 are partially functional, according to the Emergency Coordination Center. All hospitals and centres, however, urgently need more medical supplies, drugs and equipment, according to WHO, and partners report continued looting of health facilities, with two further incidents reported last week. Child and maternal services have been drastically disrupted. Less than 16 per cent of the health facilities are providing vaccination services while only 17 per cent are providing maternal services, such as antenatal care and birth delivery, according to health partners. Access to drugs also remains critically low at 16 per cent. Most woreda health offices are not yet functional, according to the Health Cluster. People living in overcrowded conditions in displacement centres face tremendous challenges. The rapid assessment conducted by the Bureau of Labour and Social Affairs (BoLSA) and humanitarians in displacement centres in Mekelle Town, for example, showed a high number of diarrheal diseases and women delivering in the camps, as no emergency services are provided during the night. Although free basic attention is being provided, displaced people face challenges to access medicines due to the lack of essential drugs in the hospitals. A rapid assessment in Adigrat on 27 February found that the health centre had been looted and there is only one functioning hospital, which has extremely limited capacity compared to the needs.

Response

- WHO, in collaboration with the Regional Health Bureau (RHB), completed the 'Standardization of mobile health and nutrition implementation guide', which aims to improve access to essential services. In addition to supporting the training of 95 healthcare workers on hepatitis B vaccine birth dose, WHO is also working to improve the reporting and surveillance systems of health facilities.
- RHB established 10 mobile teams, of which two were deployed to Zana and Hawzen woredas. RHB will prioritize Eastern, Central and North Western zones.
- UNICEF, through its mobile health and nutrition teams (MHNTs), supported the RHB to re-start services in two health centres in rural areas of Meychew in southern Tigray. Nine MHNTs are now focusing on Hawzen, Freweyni and Bazet in Eastern Tigray, Inticho, Inticho town, Adwa, Adwa city and Wukro Maria in Central Zone, and Endaba Guna in North Western Zone. Furthermore, UNICEF is supporting two health centres in Shire through International Rescue Committee (IRC), as well as in Humera and Dansha woredas through IMC.
- IOM, in collaboration with FMOH and Mekelle University, delivered training on 'post-disaster psychosocial support (PSS) assessment, intervention and support for returnees and IDPs' to government focal points, volunteers and implementation partners in Mekelle. The training aimed to promote better consideration of PSS in post-disaster intervention and emergency settings.
- IOM continues to provide health services for displaced people in Dabat and Kebero Meda sites in Gondar. In the two camps, it delivered a total of 1,132 health and hygiene kits to women between ages 12 and 45, while the MHPSS team conducted focus group discussions to identify gaps and develop action strategy for the IDPs.
- Meanwhile, in three sites for displaced people in Mekelle, IOM provided primary health care consultations, sexual and reproductive health services, nutrition screening, health promotion activities, counselling and awareness-raising sessions.

- UNFPA deployed eight midwives to provide maternal and reproductive health (RH) services to critically-affected areas in Tigray, as well as equipping three health facilities in Humera, Tselemet and Wolkait districts through emergency RH kits. It also trained 15 journalists from national broadcasters on survivor-centred and ethnical reporting on GBV cases during humanitarian and public health crises.
- Mothers and Children Multisectoral Development Organization (MCMDO) continues to provide emergency health response in 12 woredas through their MHNTs and has reached a total of 5,077 beneficiaries through primary healthcare services.
- International Medical Corps (IMC) provided consultations and treatment for 1,063 adults and children under age 5, as well as delivery services to 5 women. At least 205 people received mental health and psychosocial support (MHPSS), and 163 women in childbearing age received modern contraceptives. IMC also distributed a total of 26 boxes of emergency health kits and SRH kits to Wolkite and Tsegede woredas. Further, the Emergency response MHNTs, supported by UNICEF grant, have been deployed to all projected woredas and have started supporting health facilities and respective catchments.
- MSF-Holland's Shire emergency project is operating in three sites for displaced people in Shire and is also covering the surrounding woredas, including Adiaseer, Mai Hutsa, Mai Kuhli, Adinebride, Kelakil and Zena, through an outreach mobile clinic. In the past week, it conducted a total of 679 outpatient department services, 113 antenatal care services and admitted 59 new cases of severe acute malnutrition.
- MSF-Spain's Adigrat Emergency Team is currently working in Adigrat hospital, Bizat mobile clinic, Edegahamus, Zalambessa, Miglat and Guhangot. In Adigrat hospital, the team conducted a total of 327 emergency room consultations, of which five were referred to Mekelle, supported 38 admissions in different departments, including 88 deliveries, and provided 15 individual counselling and 74 group counselling. Its mobile clinics conducted a total of 429 medical consultations in the abovementioned locations.
- In the reporting period, Plan International delivered primary health care services for malaria cases, in addition to health education sessions to some 2,200 people. Procurement process for most of the budgeted activities has been initiated, with priority given to routine drug support.
- GOAL provided training for its MHNTs and completed site identification for MHNTs in the targeted woredas.
- USAID is working to collect computer basis health information from 13 woredas on the status of staff, furniture and documents.

↔ Gaps

- Given access constraints and various operational challenges, MHNTs are only present in 41 per cent of the targeted woredas, leaving thousands of people without access to health services. Partners are stressing the urgent need for more MHNTs to be operational across the Region, as well as for these teams to reach more woredas. Access to remote kebeles, such as Eren, Betel, Beskia and Merew, is particularly difficult, and most services remain focused in major towns and along the main roads. It is also critical that MHNTs are better equipped with enough medical supplies, notably readymade kits.
- The volatile security situation is not only delaying the scale up of various health initiatives but is also disrupting the transportation of essential medicine, nutrition supplies (Ready-to-Use Therapeutic Food) and other supplies. The security situation also leads to frequent staff turnover, posing an additional challenge to the response.
- Power interruptions across the Region significantly disrupted EPI services last week, while limited communications continue to pose a variety of challenges, including in coordinating and reporting on the response.
- Most of the health posts remain closed and the lack of health office structures at the zonal and woreda-level continues to undermine a coordinated response.

- Although the two referral hospitals have resumed operations, the referral system is hindered by fees often charged at the next level of care.
- Abi Adi hospital remains occupied by the Ethiopian National Defense Force, preventing up to 500,000 people from accessing health services, according to partners on the ground.

CLUSTER STATUS (13 Mar 2021)



Nutrition

Needs

- Although lack of access is preventing humanitarian from access the full extent of needs in Tigray, reports from aid workers on the ground indicate a rise in malnutrition across the region.
- Out of 7,087 children under age 5 screened in 16 *woredas* and town administrations earlier in February by Action Against Hunger, GOAL Ethiopia, IRC, MCMDO, MSF-Spain and World Vision, nearly one in seven were found to be acutely malnourished. At least 2.5 per cent were identified with severe acute malnutrition (SAM).
- An additional 2,315 children under age 5 were screened in Enderta, Abi Adi and Shire towns by GOAL and IRC. Of the screened children, 269 (16.6 per cent) were found to have acute malnutrition of which 57 (3.5 per cent) had SAM.
- Similarly, more than half of pregnant and lactating women screened in the five *woredas* of Raya Azebo, Ofla, Tselemti, Enderta and Mekelle were malnourished, and partners are concerned about the unfolding of an intergenerational cycle of nutrition in the Region, which can manifest as increased stillbirths, miscarriages, and risk of maternal and neonatal mortality.

Response

- WFP and partners have completed the blanket supplementary feeding programme (BSFP) in Enderta and Raya Azebo, while activities were discontinued in Hintalo Wejerat due to security issues. Fifteen *woredas* are being targeted, and the response will continue in accessible *woredas*.
- Samaritan's Purse distributed blanket supplementary feeding to 564 children under age 5 and 11 pregnant and lactating women in Adigrat and Dogu'a Tembien *woredas*.
- In the first week of March, Action Against Hunger screened 1,348 children under age 5 in Abdi Adi town and Tanqua Milashe and identified 10 and 50 children with SAM and moderate acute malnutrition (MAM), respectively. Children identified with SAM were referred to Therapeutic Feeding Programme sites. Similarly, World Vision and GOAL have screened 169 children under age 5 in IDP sites in Mekelle and identified one and six children with SAM and MAM, respectively. So far, more than 230 SAM admissions have been reported.
- UNICEF has approved the transfer of funds to the Regional Health Bureau for the deployment of 12 mobile health and nutrition teams (MHNTs). UNICEF is supporting a total of 22 MHNTs across Tigray.
- In the first week of March, the Cluster rehabilitated three additional stabilization centres, as well as re-establishing 11 outpatient therapeutic programme. An additional 21 health facilities received nutrition service mentoring and 50 health workers were provided on-the-job training.

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

Gaps

- The near collapse of the pre-existing health and nutrition systems continues to cause delays in both the implementation emergency protocols for the management of severe acute malnutrition and moderate acute malnutrition cases in a continuum of care and the scale-up of infant and young child feeding in emergencies (IYCF-E) activities.
- Importantly, MAM treatment supplies remain unavailable.
- Despite the availability of a 5W mapping, presence of multiple partners in the same *woreda* continues to be a concern.
- Partners report that security issues are delaying the response. Additionally, some partners are still in the preparatory phase, yet to execute implementation on the ground.
- Most health facilities across the Region are not yet functional, posing significant challenges to the nutrition response.

CLUSTER STATUS (13 Mar 2021)



Protection



Needs

- Gross violations and abuses against civilians, such as forced displacement and returns, killings, abductions, sexual violence including against children, allegedly perpetrated by various parties to the conflict, and reported since the beginning of the conflict, continue to reach the Cluster partners.
- Reports of sexual violence are widespread across the region. The Emergency Coordination Center noted on 5 March that there have been at least 417 self-reported cases of gender-based violence (GBV) from Mekelle, Wukro and Adigrat alone, simultaneously stressing that this is only "the tip of the iceberg". While more than 110 rape survivors are currently seeking medical care in several medical institutions, according to the Protection Cluster, these incidences are believed to be greatly under-reported due to fear of stigma, discrimination and repercussion. Partners have also received reports that survivors of GBV who have reached out locally for community support were not able to access any services. Given the stigma and shame surrounding GBV, survivors in rural and remote areas are less likely to access local or mobile clinics as they are less confidential. Further, since many areas in Tigray remain inaccessible, it is difficult for GBV survivors to receive urgent and life-saving medical care, GBV case management or mental health and psychosocial support (MHPSS).
- Women and children displaced are at heightened risk of abuse and exploitation, while recent assessments in collective centres for displaced people in Mekelle, Adigrat and Shire showed that the severe lack of infrastructure leaves women and children exposed to a range of abuse, including GBV. In general, many are sheltering in unfinished or damaged building and most centres do not include separate spaces or latrines for women and men, doors or even windows. At least 90 unaccompanied and separated children are living in these three centres that were assessed.

- As of 18 February, 724 unaccompanied and separated children were registered by the Bureau of Labour and Social Affairs (BoLSA) and Protection partners in Mekelle, Adigrat and Axum towns. These children are at increased risk of violence and abuse, including GBV, child labour, trafficking and exploitation.
- The Cluster is receiving concerning reports that many who have been displaced in western Tigray, including Adi Goshu, Humera and other locations near the Sudanese border, are now struggling to reach Shire. These groups are in urgent need of unimpeded access to safe areas, as well as related assistance and protection. Further, more than 45,000 people who have reached Shire from Western Tigray Zone are living in precarious conditions, mostly in the open air, as outlined in the Shelter section. Partners on the ground report that the pace and circumstances of displacement, together with humanitarian assistance, place these people at heightened protection risks.
- Reports of exclusion from food assistance are increasing. The Protection Cluster is receiving reports on alleged exclusion of female-headed households from food assistance unless accompanied by a male family member. These reports have been shared with the Food Cluster.
- Forced relocation of displaced people is also reported by protection actors on the ground. While advocacy by protection actors successfully halted the relocation of more than 30,000 people from Axum University to an unused prison in Shire, it is critical that these advocacy efforts continue in order to ensure that a suitable location is identified, that the displaced people are engaged and informed, and that the conditions for safe and dignified relocation are met.
- There have been alarming reports of death-threats to teachers and kidnappings of several students by parties to the conflict to deter school re-opening. Focus group discussions and assessments in Mekelle suggested the instrumentalization of education by different parties of the conflict, giving rise to an urgent need to balance the right to education and the non-derogative right to life, as outlined in the section on Education reporting.
- Overall, many people affected by the conflict in Tigray are traumatized and still face high protection risks, and are in need of urgent assistance, including mental health and psychological support. There is an immediate need for the Government to fulfil its responsibility to protect civilians, restore law and order, and bring perpetrators to account. Access to justice and protection of survivors and witnesses of violence are essential to ensure a favourable protection environment.

➔ Response

- The Protection Cluster, with 16 partners on the ground, is planning to assist nearly 410,000 people, including 263,000 with protection activities through monitoring aimed at identifying risk groups and referring cases through established and strengthen pathways for specialized services, 106,000 with prevention of GBV programmes, over 35,300 children with specific services for this group, and 4,565 people with housing, land and property activities. A protection actor to carry out monitoring activities has been identified, who will also ensure appropriate referral pathways for specialised provision of services.
- The Protection Cluster has finalized its input to the Joint Protection-Health Response Plan to address the Sexual and Gender-Based Violence and Mental Health and Psychosocial Support (MHPSS) needs across Tigray. The plan includes the scale up of the response in several areas, including legal aid support, case management, MHPSS and enhanced health services. It further outlines additional activities to be implemented through other clusters including Camp Coordination and Camp Management, Emergency Shelter, WASH and Education.
- In addition to conducting trainings to newly recruited staff who will contribute to the scale up of the response, the Cluster is also engaged in mobilising actors and resources to provide legal aid support and rehabilitate and establish safe shelters. Efforts to increase MHPSS support are underway with a strategy under development to engage actors across different clusters, as well as training relevant actors on psychological first aid and psychosocial support.

- In the first week of March, Child Protection (CP) partners provided psychosocial support to 422 displaced children in Mekelle and its surrounding areas, such as Hadinet and Kisanet *woredas*.
- Since the beginning of 2021, GBV partners have distributed a total of 23,722 dignity kits for women and girls of reproductive age across Amhara and Tigray regions. Importantly, 1,275 women and girls, including GBV survivors, have received psychosocial support and case management. In addition, over 5,000 displaced people have been reached with awareness-raising interventions, including as accompaniment to the provision of dignity kits to provide updates on service availability and key sexual and reproductive health and GBV messages. UNFPA has pre-positioned an additional 3,600 dignity kits in Afar Region for distribution to conflict-affected women and girls in *woredas* bordering Tigray.
- The CP/GBV Areas of Responsibility has also consolidated a sectoral work plan to guide partners and humanitarian efforts in the coming five months. The plan is a living document that has also been consulted with the Ministry of Woman, Children and Youth and BoLSA. Its main areas of work revolve mainly around the prevention and response to SGBV and caring for survivors; on providing tracing and alternative care for unaccompanied and separated children; on MHPSS; and on awareness raising/community engagement and support. Ensuring adequate coordination and efficient mechanisms to prevent and respond to SEA is a priority throughout the response. Likewise, scaling up existing operational capacities, gaining access and raising the necessary resources is also urgent to implement these actions.
- The Protection Cluster and the Food Cluster continue to work together to develop a joint plan to mitigate the risk of food exclusion and reported threats at distribution points.
- Given the reported death-threats to teachers and kidnapping of students, the Protection Cluster continues to work closely with the Education Cluster to develop a common position to balance the right to education with the non-derogative right to life, and is engaging with other humanitarian partners for advocacy. The Cluster will also work with relevant partners to address protection risks associated with back-to-school plans and ensure the voluntary, safe, and dignified relocation of displaced people currently sheltering in schools.

↔ Gaps

- Despite the gradual scale-up, the Protection response remains insufficient compared to the scale of the needs and identified targets.
- The network of local and regional government Protection services has been deeply disrupted by the conflict. Access to these services has been made much more difficult, and the situation is particularly concerning for displaced people across the Region.
- The volatile security situation is hindering the response, particularly as partners remain reluctant to confirm their implementation locations.
- The delayed programming for protection interventions is undermining the efforts to provide emergency protection services and mitigate the risk of further exacerbation of the protection needs.
- Tens of thousands of people displaced from Western Tigray Zone continue to arrive in Shire Town, overwhelming the existing humanitarian capacity.

CLUSTER STATUS (13 Mar 2021)



Water, Sanitation and Hygiene (WASH)



Needs

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

→ Response

- The Cluster has cumulatively reached more than 686,700 people with water trucking, exceeding the initial targeted population of approximately 455,300 people. The number of people targeted, however, is based on information gathered between late December 2020 and January 2021 while the number of people in need continues to rise due to the ongoing fighting. The Cluster has deployed 71 trucks to provide water services in Central, North Western and Eastern Zones, as well as in Mekelle Town. It was also distributed 26 ten-square-metre water tankers to main towns across the Region.
- More than 49,400 people across the Region have received emergency WASH NFI kits.
- Some 8,500 people have been reached through emergency latrine and bathing/hand washing facilities.
- In the reporting period, the Cluster completed the maintenance of the damaged 200 square-metre reservoir and 24 metre pipeline that serves more than 12,500 people in Edaga-humus town. Partners have also completed the rehabilitation of 34 shallow wells that would serve some 6,800 people.
- In addition to conducting a rapid needs assessment in sites for displaced people in Mekelle, the Cluster distributed six water tanks to the sites.
- Cluster coordination structure has been established in Mekelle, with meetings taking place weekly.

↔ Gaps

- Beyond water trucking, the response remains critically low for emergency latrine, bathing and hand-washing facilities, and hygiene and sanitation items. Only 12 per cent of the targeted population have been reached with emergency latrine, bathing and hand-washing services, while 40 per cent have received WASH NFIs.
- Lack of access to large parts of Tigray and movement restrictions are among the main challenges faced by WASH partners. Partners are also facing difficulties in finding enough transport suppliers and vehicles due to the volatile security situation. The security situation continues to disrupt efforts to conduct assessment and provide maintenance in most areas. Access constraints to Abreha-Atsbeha well field near Wukro and Mai Dimu Dam near Shire persist.

- Water trucking operation in places including Mekelle was also affected due to access issues to water hydrants.
- Partners also report acute shortage of fuel for deployed water trucks, engine generators and operation of water-pumps. In addition, only 71 of the 280 water trucks required are available. Similarly, partners are facing a shortage of water purification chemicals, such as chlorine and aqua tabs. Shortage of WASH NFI kits is also reported.
- Water utility workers have not received their salaries for four months, affecting water provision in many locations.
- Several WASH partners, including the Regional Water Bureau, report that budget shortage is impeding their response, especially the rehabilitation and maintenance of water systems.

CLUSTER STATUS (13 Mar 2021)



Logistics

Needs

- While the Logistics Cluster has so far transported over 300 million tons of humanitarian cargo on behalf of its partners along the main routes into Tigray, primarily Gondar – Mai Tsebri – Shire routes, and from Kombolcha to Mekelle, secondary routes have yet to be serviced due to lack of requests from partners for delivering of cargo along these routes. Additional food operators are needed to complement ongoing efforts to deliver aid to areas that have not been reached for over three months.
- The supply of commercial trucks is expected to be further limited during the agricultural season–March to September–, according to the Logistics Cluster Partners. Overall, increased capacity to mobilize humanitarian supplies and personnel, particularly to rural areas of Tigray, is needed to allow partners to scale up the response.

Response

- The Logistics Cluster is increasing its capacity and has now established six storage capacities and common transport from Addis Ababa, Adama, Kombolcha, Semera, Gondar, and Mekelle.
- Further, a 4,000 square metre facility with a 1,600 square metre warehouse has been established in Mekelle and is operational as of this week. In the coming month, the Cluster will be working to identify common storage for partners in Shire.
- In the reporting period (3 to 10 March), the Logistics Cluster facilitated the transport of 259 MT of cargo by eight commercial trucks along the Kombolcha-Kombo-Mekelle route.
- In addition to facilitating a delivery of 75 MT of wheat flour to Mekelle for a partner, the Cluster also facilitated two deliveries of 2.326 MT each to Mekelle and Alamata for two partners. WFP is increasing its fleet size from the current 23 trucks to over 100 fleet trucks by late March to support WFP and Logistics Cluster operations.
- The Cluster currently supports 31 partners in the Tigray response and is on standby to facilitate access to a dedicated WFP fleet to support the humanitarian community, should commercial transport become unavailable.

Gaps

- Ongoing insecurity is the main challenge of the response.

COORDINATION (13 Mar 2021)

REGULAR MEETINGS

The Inter-Cluster Coordination Groups (ICCG) have been activated in Mekelle and Shire and are holding regular meetings. Clusters have mobilized sub-cluster coordinators to Mekelle as well as to Shire, and cluster meetings have started to take place. Meanwhile, the Interim Administration-led Tigray ECC continues to meet weekly with joint sectors meetings with the humanitarian community and held its latest meeting on 5 March.

VISUAL (8 Mar 2021)

Funding Update



ETHIOPIA

Northern Ethiopia - Humanitarian Response Plan Funding Update

As of 04 March 2021

FUNDING REQUIREMENTS (in million US\$)



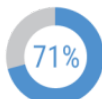
116.5m
Requirements



82.5m
Total funding

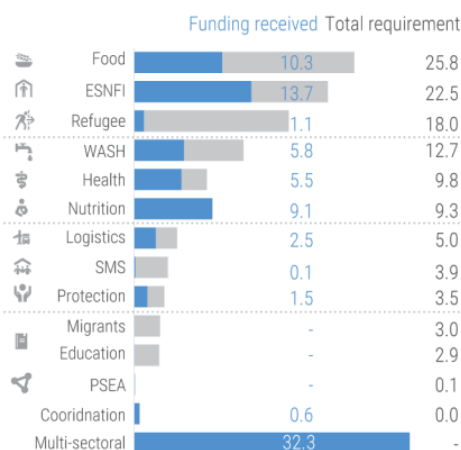


34.0m
Unmet requirements

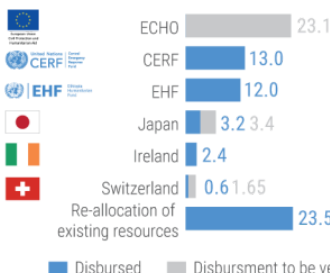


Level of funding

Funding requirements by sector (in million US\$)



Allocation by donor (in million US\$)



¹ CERF contributions in 2020 come from 55 member states and observers, 3 international organizations, regional and local authorities, and 2 private sector and civil society organizations. For more information, see <https://cerf.un.org/our-donors/contributions>.

² EHF made an allocation for Tigray response through a reserve window, using funding received from the United Kingdom, Germany, Denmark, Canada and Norway, and also carry-over resources from other donors of the EHF including Ireland, United States, Sweden, Switzerland, New Zealand and Republic of Korea.

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