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Reporting Period: 14-31 January 2021

Highlights

- Since the beginning of its response to the Tigray crisis, UNICEF has delivered 655 metric tons of multi-sectoral supplies to eight partners (including Regional Bureaus) in six locations (Mekelle, Mai Tsebri, Shire, and Abdurafi in Tigray as well as Semera in Afar and Bahirdar in Amhara) with a total value US\$1,541,330. More supplies are on the way as the access for cargo has become smoother and the partners (both Government and nongovernmental) are gearing up their readiness for distribution.
- In collaboration with our partners, a total of 137,107 vulnerable groups including Internally Displaced Persons (IDPs), refugees and host communities have received access to water supplies and services in Tigray. 5,459 women and adolescent girls have so far received dignity kits, both in Tigray and Amhara regions. 127 health and nutrition workers have been trained in the treatment of severe malnutrition in Afar. In bordering *woredas* with Tigray, UNICEF together with its partners has screened a total of 464,479 under-five (U5) children and provided lifesaving treatment to 2,776 children suffering from severe wasting, including 223 facing life-threatening associated conditions. UNICEF has also counselled 181,119 mothers on recommended infant and young child feeding (IYCF) practices and has delivered vitamin A to 191,899 children U5 and iron folate to 15,400 mothers.
- Alongside local government authorities form the interim administration in Tigray, UNICEF team in Mekkele undertook missions into Wokru and Adigrat. During the missions the existing humanitarian needs were observed and action plans to support services are being developed. UNICEF had already delivered both to Worku and Adigrat hospitals, health and nutrition supplies such as Emergency Drug Kits (EDKs), Inter-Agency Emergency Health Kits (IAEKs), hand sanitizers, masks, and nutrition supplies including F100, F75, high energy biscuits (HEBs), Ready to Use Therapeutic Food (RUTF) and Vitamin A. Some beneficiaries were receiving nutritional supplement services during the visit to Adigrat hospital, while the supplies sent to Wokru hospital had already been offloaded in its warehouse.
- Recent inter-agency assessments to Tigray, Amhara and Afar between December 2020 and January 2021 report that child protection concerns in the affected regions abound, including sexual and gender-based violence (GBV), physical violence, abductions, unaccompanied and separated children (UASC), risk of child recruitment and exploitation of children for different purposes, risks of arrests and arbitrary detention, landmines and unexploded ordinance related risks including two children reportedly having been killed due to landmines. Child marriage was reported by females as a significant protection concern among those who fled Tigray into Afar. As the conflict affected individuals and families have been exposed to traumatic events and emotional distress related to the conflict and displacement, mental health and psychosocial support (MHPSS) needs have been reported amongst all age groups.

ETHIOPIA

Humanitarian Situation Tigray Crisis Situation Report No.2

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Situation in Numbers

Total people to be targeted
2.3 million*
2.8 million**

Total children to be targeted
1.24 million*
1.34 million**

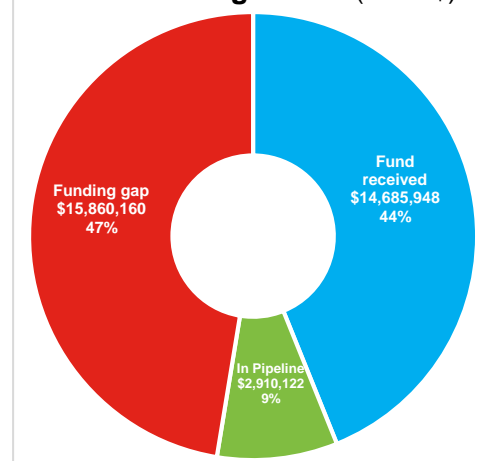
Total estimated cost:
\$ 80.5 million*
\$ 33 million**

*OCHA intersectoral response plan figures

** UNICEF response plan figures

UNICEF Tigray Crisis Response Appeal (Dec 2020-Feb 2021)

Funding Status (in US\$)



Situation Overview and Humanitarian Needs

In the interim Government all 16 regional bureau heads positions have been filled. Timely response by regional entities remains however challenging, due to lack of staff, vehicles and limited operational budget, as well as the ongoing security incidents. The Federal Government has provided funding to the interim Government amounting to 8 Billion ETB (approximately US\$204,645,451). A positive point is that the ten clusters have been activated and the process for obtaining cargo request approval has been streamlined and is now considerably more effective.

Yet, active hostilities continue to be reported in several areas notably Western, North-Western, Central, East and South-East Tigray zones. Insecurity and insufficient capacity on the ground in terms of staff continue to be among the key challenges facing the UNICEF response.

According to the latest Displacement Tracking Matrix (DTM) [IOM report](#), displacements from Tigray are ongoing as people are continuing to flee to Amhara and Afar regions. Estimates on the entire IDP caseload across Tigray, Amhara and Afar are being conducted based on new site and displacement tracking assessments. In Mekelle city alone, according to internal UNICEF reports, 5,551 IDPs are located mostly in six schools, one church and one rehabilitation centre. Wherever the Bureau of Labour and Social Affairs (BOLSA) is operational, reports have been received about the additional caseload of IDPs including in Adigrat (5,000), Shire (52,000) and Axum (5,000).

The centrality of protection of civilians including children has been highlighted by the recent inter-agency assessments to Tigray, Amhara and Afar which were undertaken between December 2020 and January 2021, while noting access challenges and ethical risks, including in collecting and verifying such information. In addition to the key child protection concerns highlighted above, the refugee population in the camps in particular, which was accessed in early January, is also facing protection needs, as most respondents conveyed, they did not feel safe and noted the lack of operational protection services in the camps. This gap also affects sexual and GBV prevention and response services. Without such services, it is likely there is underreporting of cases. UASC were a specific protection focus due to the specific vulnerabilities such children face and the large number who arrive annually¹.

Access to health services is not the same across the different regions of Tigray, and while the Government efforts are leading to restoration of services in the major cities, significant services are provided by a number of NGO partners that are running mobile clinics and fixed health facilities. Assessments reports from partners confirmed that around 14 hospitals are empty and confirmed to have been looted out of about 40 found across the region. The condition of most of the health centres still needs to be assessed. Vaccinations have stopped and cold chain has been disrupted due to power interruption for long days, hence causing loss of vaccines across the region. There is a significant need for mobile health clinics to restore vaccination services and undertake consultations, especially in rural areas. Severe shortage of ambulances has also been reported. There are only 30 functional ambulances compared to the 280 which used to function in the region, now they are either damaged or looted. In addition, the ones functioning is under limited capacity due to the curfew thus making access to safe delivery limited. Access to safe delivery is minimal/limited, since there is limited access to health facilities and the number of home deliveries is higher and the Regional Health Bureau (RHB) has reported maternal deaths due to this at the cluster meetings. In addition to the challenges posed by lack of ambulances, the second reason that is compromising safe maternal deliveries is staffing: due to security and some of them not being paid salaries, the manpower supporting the safe delivery is very limited. Adigudom and Wukro health personnel get emergency food for professionals to resume their job.

While some health centres may have been accesses in the main cities, there are still difficulties in reaching many other health facilities/*woreda* health offices in the countryside where a large portion of the population is found. The main challenges to do the health facilities functionality assessments include mobility difficulties outside Mekelle city and the associated fluid security situation. UNICEF is working closely with the RHB and WHO to finalize the assessments to inform its form of support to Government and programming priorities.

Damages to WASH facilities in Tigray have been identified by the Regional Water Bureau (RWB). Based on the assessment conducted and estimated in hard-to-reach areas, around 2 Billion ETB (US\$ 51 million) is required to fix the damages and resume functionality of WASH facilities, including both water and sanitation. On the other hand, in terms of education, there are 1,400 elementary schools in Tigray. A large majority of public schools in Mekelle suffered damage from fighting and looting. Further needs assessments need to be undertaken by the Regional Education Bureau (REB) and by the UNICEF-co-led Education cluster to know the magnitude of the needs, however thousands of IDPs are reportedly also occupying schools as shelters.

Regarding the re-opening of schools, plans being worked on for in Mekelle town (dates are not yet confirmed) and in the seven *woredas* around Mekelle. General challenges of re-opening schools include COVID-19 and the need to re-

¹On protection more broadly, UNICEF has engaged technically in the development of strategy documents that make clear reference to the centrality of protection, with messaging that concern human rights, protection of civilians and that is relevant for the situation in Tigray: 1) Protection Cluster Strategy (2020-2022), Action and Implementation Plan and Monitoring Worksheet, 2) Ethiopian Humanitarian Country Team (EHCT) Protection Strategy and Update document (August 2019 -August 2021). Operationalization is happening at various levels. Discussions are taking place with the relevant partners on human rights and protection monitoring, with access, capacity, ethical and safety issues among the challenges to be addressed.

supply protective equipment, security, lack of materials in the case of looted facilities, need to rehabilitate damaged schools, and limited number of teachers² due to insecurity, displacement and population movement.

Based on a small-scale assessment by the Ministry of Education (MoE) of five locations of Hadinet Unity, Quiha, Semien, Kedamay Weyane and Ayder sub-cities and nine schools in these locations, all have been found to be either partially or totally damaged. Schools where physical infrastructure was not damaged, have suffered extensive looting. Although this assessment is not exhaustive it is still indicative of what the situation could be in several other locations.

The Tigray crisis had also an impact on the Afar region. Some health facilities in the border areas with Tigray are not functional due to a lack of medical supplies, staffing, and power. Emergency referrals (including maternal delivery) are not happening due to lack of telecom network and fuel shortage for ambulances. There was an interruption in emergency food aid provision, and the absence of functioning markets brought additional challenges to the pre-existing insufficient/low nutrition status. Water supplies are interrupted due to a lack of fuel to pump water from shallow wells. Communities in the bordering host communities and IDPs are using unsafe water sources such as ponds according to the inter-agency assessment conducted in the region's conflict affected areas. There is also a high risk of GBV and insecurity for girls who have to walk a long distance to fetch water and collect firewood. Most schools are closed/ not functional, in host communities of bordering *woredas*, especially in last *kebeles* adjacent to the Tigray *kebeles*. There is a substantive reduction in children's attendance at schools. In Yallo, the attendance rate dropped to 0-25 per cent, in Aba'ala to 51 per cent – 75 per cent and in Eribite to 76 per cent. Last year the average dropout was 19.3 per cent (21.1 per cent girls).

In the face of a looming and deepening humanitarian crisis, UN agencies are continuing to call for unimpeded and sustained humanitarian access: a [statement](#) released on 27 January 2021 by UNICEF Executive Director reiterates such access call and highlights the need to prioritize the restoration of essential services to conflict-affected population, while [UNHCR](#) has echoed a similar concern according to media reports.

Summary Analysis of Programme Response

Supplies

The second batch of WASH, nutrition, health and child protection supplies have reached Shire on 22 January and were handed over to partners who will in turn distribute to IDPs, host community and refugees. This new batch of supplies include 10 EDKs which will serve 25,000 for three months and five IEHKs which are complementing the EDKs.

In addition, health, nutrition and WASH supplies that had already been dispatched to Tigray have reached the final beneficiaries. The health supplies include:

- 10 kits of EDKs which will serve 25,000 people for three months.
- 14 kits of IEHKs which are supportive of the EDKs.
- 5,000 pieces of long-lasting insecticide nets (LLINs) which will serve 10,000 people.
- 8,064 bottles of hand sanitizers, which will serve the same amount of people.
- 4,280 N95 masks, which will serve the same amount of people.
- 50 pieces of tents which will serve as shelter, waiting area, temporary space, screening centre.
- 90 pieces of blankets which will serve 90 people.

At the time of writing six more trucks are on the way to Shire carrying a refrigerator for vaccination and cholera kits; nutrition supplies such as RUTF and Therapeutic milk; WASH supplies including water tank and hand sanitizers, soaps, jerricans and buckets as well as child protection supplies such as dignity kits. These supplies amount to 122 metric tons and are of a value of US\$254,004.

Since the beginning of its response to the Tigray crisis, UNICEF has delivered 655 metric tons of multi-sectoral supplies to eight partners (including Regional Bureaus) in six locations (Mekelle, Mai Tsebri, Shire, and Abdurafi in Tigray as well as Semera in Afar and Bahirdar in Amhara) with a total value US\$1,541,330.

Nutrition

While access in Tigray is still quite restricted, substantial progress has been made in Afar and Amhara where IDPs from Tigray are hosted. In the *woredas* in these two regions sharing borders with Tigray including Fanti and Kibati in Afar and West Gondar, Central Gondar, North Gondar North Wello, Wag Hamra in Amhara region, UNICEF screened a total of 464,479 under-five children and provided lifesaving treatment to 2,776 children suffering from severe wasting, including 223 facing life-threatening associated conditions. UNICEF also counselled 181,119 mothers on recommended infant and young child feeding (IYCF) practices, delivered vitamin A to 191,899 children under-five and iron folate to 15,400 mothers. In Afar, UNICEF also trained 127 health workers and health extension workers (HEWs) on management of SAM. This is in line with the Tigray response plan.

In Tigray, UNICEF has signed partnerships and is currently in process to sign with other INGOs for the provision of emergency nutrition services integrated with health, WASH and protection while access is being granted. Furthermore,

²Prior to the crisis, Tigray disposed of a total of 61,207 teachers, 4,154 headteachers/schools principals and 555 supervisors.

medicines, nutrition supplies and equipment for the treatment and prevention of acute malnutrition have been pre-positioned in Mekelle and some dispatched to 10 hospitals in main cities in partially accessible areas. In particular UNICEF has delivered 4,567 cartons of RUTF able to cover an estimated 4,567 children with severe wasting in comparison to an estimated increased caseload needed for quarter 1 (Q1) of 3,940 U5 children. In addition, the Emergency Nutrition Cluster Unit (ENCU)/Nutrition Cluster estimated that 135 nutrition emergency personnel are required for the nutrition response, while only 28 are already in Tigray.

Health

Since the start of the conflict in Tigray on 4 November 2020, UNICEF has urgently mobilized resources to dispatch life-saving health supplies. The health supplies dispatched include EDKs, plastic sheets, Personal Protective Equipment (PPE), IEHKs and LLINs and are estimated to cover up 90,000 people. UNICEF Tigray Field Office is providing technical assistance to the RHB and will continue to assist in the assessment of the health facilities functionality followed by support to restoration of the health services through the existing health system, in collaboration with other partners notably WHO and health focused NGO partners. Among the key challenges identified so far is the large-scale looting of health facilities, the limited equipment and supplies, the insecurity around some of the health centres that render it difficult to manage them on a 24-hour basis.

UNICEF had received from UNFPA four Inter Agency Reproductive Health (IARH) kits on 21 January in Mekelle, which were then dispatched to Hawzen and Frewyehi in Eastern zone and Adwa and Ahferom in central zone. The kits will cover the needs of 120,000 people. The kits are also inclusive of assistance in Post Exposure Prophylaxis (PEP) for rape victims.

According to the report from UNICEF Afar Field Office, with financial and technical support from UNICEF, the RHB has deployed three mobile health nutrition teams (MHNTs) to the *woredas* that host IDPs as well as remote communities. UNICEF also deployed three emergency health consultants and one communication for development (C4D) officer to support the affected *woredas*. In Amhara funds have been allocated for risk communication and community engagement (RCCE) activities to strengthen communication for development (C4D) activities and monitoring in the North of the region. Through UNICEF supported EDKs IDPs have continued to be treated.

WASH

In the reporting period, through the Rapid Response Mechanism (RRM) that UNICEF has set up with one of its partners was able to reach 64,027 people with emergency water trucking services in East Tigray, in the *woredas* of Wukro, Agula and Adigrat in collaboration with its partners. UNICEF supported partners are waiting for security clearance to commence emergency water trucking in Central Tigray. In addition, through water trucking activities by another partner using eight water trucks with the capacity of 20,000 metric cube each, UNICEF has been able to support the provision of clean water supply to inhabitants of Mekelle including IDPs settled in the city, reaching 7,467 people. This will bring the total number of people reached with emergency water trucking services since the onset of the response to 137,107, including refugees, IDPs and host communities across Tigray. In addition, on partner is conducting an assessment to facilitate the rehabilitation of 22 water of schemes in Adigrat.

In terms of challenges, the security situation is a major constraint that continues to affect effective and efficient delivery of services. For example, emergency water trucking could not be started immediately in some locations of Central Tigray, as security clearance is still being awaited at the time of reporting.

Child Protection

UNICEF and partners have activated emergency child protection and GBV response in Tigray, Afar and Amhara Regions, targeting 148,580 girls, boys, and caregivers for support through social service workers, child protection case management, referrals and MHPSS. The population targeted are among IDPs, refugees, and host communities. The interventions have been integrated with other sectors (WASH, Health, Nutrition and Education), so that, for example, temporary learning spaces (TLS) will also have a link to the child protection system (including social service workforce, case management and referrals) and provision of psycho-social support (PSS) services.

In the reporting period, 2,029 UNICEF- procured dignity kits have been distributed to adolescent girls and women in Adi Harush and Mai Ayni refugee camps as well as one IDP site. Further 2,000 dignity kits have been delivered to partners for distribution among IDP sites and the host communities in Shire. In the reporting period another 1,016 dignity kits have been distributed in 5 Mekelle IDP sites: Adishundihun primary school, Ethio-China primary school, Adi Haki Primary school, Kesate Birhan church/college and Meseret primary school. The total number of dignity kits distributed in the reporting period is therefore, 3,067, which added to previously distributed dignity kits makes the cumulative result for dignity kits provision amount to 5,549. Distribution and feedback of beneficiaries are being monitored post-distribution. Further 5,380 dignity kits and 2,000 child protection Kits are currently being procured by UNICEF and two of its partners. 1,124 dignity kits have been sent for distribution in Adigrat, Axum and Shire.

To recommence case management services in Mai Ayni and Adi Harush, UNICEF and partners have procured supplies for GBV case management services. Additionally, an orientation training on case management services was provided to four social workers (two per refugee camp). Contextualized information education communication (IEC) and behavior

change communication (BCC) materials for GBV risk mitigation and awareness-raising have been developed and are currently being procured. An orientation session on the Prevention of Sexual Exploitation and Abuse (PSEA) was arranged for UNICEF supported partners in the Tigray crisis response to enhance their preparedness in the event of a SEA allegation. Partners' accountability towards PSEA was also discussed to reinforce responsibility.

A UNICEF partner operating in Shire refugee camps is further working on preparatory activities to launch safe space activities in the camps. While child protection partners are disposed to deliver additional child protection and GBV services, including PSS and support to unaccompanied and separated children (UASC) including Family-Tracing and Reunification (FTR), they continue to face severe challenges with regard to access and security.

In Mekelle, UNICEF together with UNFPA, Bureau of Women Affairs and Justice visited the one-stop-center at Ayder Referral Hospital in Mekelle to assess the services provided to the victims of sexual abuse/rape cases. The reported status is as follows:

- Four women and 18 girls under the age of 18 (survivors of sexual violence) received medical support at the one-stop-center since the outbreak of the conflict in Tigray.
- All the survivors were provided with UNICEF-procured dignity kits at the one-stop-center.

According to the report received from UNICEF Afar Field Office, the recent rapid need assessments report has indicated an increase of GBV cases in bordering areas of Tigray and Afar and few other *woredas* in the region, particularly those affected by drought. In response to the increase in GBV and additional protection issues, UNICEF is closely working with the Government and partners to address GBV and child protection risks:

- UNICEF is providing technical support to the regional Bureau of Women Children and Youth (BOWCY) in order to strengthen protection coordination at the regional and local levels, as well as through the regional coordination platform involving other Government and NGO partners.
- UNICEF is further supporting community-based structures at the *woreda* level and has supported the engagement of 29 trained social workers at the *woreda* level to raise awareness and identify vulnerable children for child protection services.
- Around 50 vulnerable children have been identified for whom services, including Non-Food Items (NFIs), will be provided, as well as referrals to health facilities as appropriate.
- UNICEF partners are planning to provide awareness-raising, psychosocial and other relevant services to conflict-affected communities in close collaboration with BOWCY and protection partners.

Humanitarian Leadership, Coordination and Strategy

UNICEF Ethiopia is part of the wider UN response to the crisis in Tigray. In addition, UNICEF Ethiopia takes part in the coordination mechanisms that involve the UN, NGOs, and the Government.

A sub-national nutrition cluster was reactivated in Mekelle, meetings take place on weekly basis jointly with RHB and the sub-national Nutrition Cluster is engaged in the Emergency Coordination Centre (ECC) work. Humanitarian nutrition partners (thirteen) are mobilized, and interventions mapped (4W), most partners are evaluating the health system capacities while establishing MHNTs. MHNTs and blanket supplementary feeding programmes (BSFPs) will be implemented with a phased approach starting with *woredas* where access is feasible and gradually scaling up to at least 15 *woredas* in the coming weeks. The Nutrition Information Working Group of the nutrition cluster is devising a strategy to be able to generate nutrition data despite the challenging context either through the middle upper arm circumference (MUAC) screening or Rapid SMART surveys to better evaluate the severity of the nutrition situation concomitantly to the delivery on the emergency nutrition response.

The WASH cluster holds weekly meetings in Tigray region and monthly at national level. When needed the national cluster calls for an ad-hoc meeting. The cluster partners are undertaking distribution of menstrual hygiene kits, WASH NFI supplies, distribution of water treatment chemicals at household level, and fuel for generators. As explained earlier, the key challenge that will face WASH partners to go beyond the emergency actions of distribution of essential WASH supplies and into long term repair and rehabilitation of the water schemes across the region. Water safety is also reported to be another challenge facing all WASH cluster partners.

Following the activation of the sub national Protection Cluster in Tigray, the sub-national Child Protection and Gender Based Violence Areas of Responsibility (CP/GBV AoRs) have been re-activated in Amhara, Afar and Tigray and have started convening coordination meetings with partners, which contributed to the development of regional CP/GBV AoR response plans to ensure effective and coordinated CP and GBV response to Tigray situation in all affected regions³. In Tigray, partners are meeting on a weekly basis. Due to lack of phone service and limited connectivity, the AoR in Tigray

³ The CP AoR participated in three inter-agency assessment missions (in December) with local government and analysis of critical needs and gaps in Afar, and Western and Southern Tigray to inform setting of priorities. The AoR also prepared 4Ws for Tigray response aligned to the needs assessment with geographical prioritization to ensure focus on newly displaced and humanitarian access.

is facing challenges to ensure regular communication with some partners who are not based in Mekelle and is coordinating with these partners through their head offices in Addis and with support from the national AoR. The CP AoR partners including UNICEF have reached total 2,136 women, girls, and boys with child protection case management (22) and psychosocial support (58) services, and with dignity kits (2,056) provided by UNICEF. Dignity kits were distributed in Mekelle, Adi-Arkay and Zarima *woredas*, and in IDP sites in North Gondar, Central Gondar and West Gondar Zones, with support from the National Disaster Risk Management Commission (NDRMC). The response by AoR partners has so far centered around provision of dignity kits as access constraints due to the ongoing insecurity continued to impede the scale-up of assistance by CP AoR partners, but despite this a number of CP AoR partners were able to initiate delivery of the urgently needed child protection services, and these are expected to be scaled up further in the coming weeks as partners are mobilizing funds and recruiting additional staff for the response. Other services were provided through the One Stop center in Mekelle, which was reopened with support from AoR partners and also provides life -saving health services for survivors of GBV, and the center's referral linkages with safe shelter have been also re-established. CP/GBV AoR partner, the International Rescue Committee has also started CP and GBV case management and PSS service provision in IDP sites in Shire IDP sites under the RRM.

UNICEF Health is part of the regional Emergency Operation Centre (EOC) in Tigray, and health cluster coordination, as well as the ECC team. The activities conducted include advocacy - to restore basic services for children and mothers through different modalities, such as MHNT and regional response plan preparation support which has been shared to the Ministry of Health (MoH) and partners – as a cluster and led by the RHB.

Funding Overview and Partnerships

UNICEF Ethiopia response to the Tigray crisis (December 2020 – February 2021) and which we have decided to extend until end February 2021 to enable us to better build our plan on the assessments that are currently taking place aims at sustaining the provision of life-saving supplies and support to the restoration of basic services for women, children, and other vulnerable groups in Tigray, Amhara, and Afar regions, where there are populations affected by the crisis. The total target population of the UNICEF response plan is 2,826,104 people including 1,334,185 children. With the generous support of its donors and based on the projected needs identified at the preparedness stage, which are currently being corroborated by assessment findings, UNICEF aims to support specific interventions in WASH, health, nutrition, child protection, education sectors, as well as supporting interventions related to GBV risk mitigation, PSEA, Accountability to Affected Populations (AAP), Community Engagement, Social and Behavior Change (CBC), C4D and Monitoring and Assessments. In terms of the response plan's implementation strategy, a multisectoral/integrated partnership-based programming coupled with a needs-based/geographic-convergence approach is being actively pursued. This is being done by building on established inter-agency partnerships and by collaborating with the national and regional Governments. UNICEF is diversifying its partnerships by looking at large multisectoral programs with NGOs for refugee and IDP response; it is dispatching supplies with INGOs into hard to reach areas in support of its sectoral interventions; and it has activated a large cross-regional WASH RRM.

UNICEF Ethiopia's appeal for the Tigray crisis stands at around US\$ 33.4 million, with a 56 per cent funding gap. With an additional US\$2.9 million in the pipeline, the estimated funding gap would be reduced to around 47 per cent. UNICEF wishes to express its sincere gratitude to all donors for their precious contributions.

Human Interest Stories and External Media

UNICEF has been actively communicating on the ongoing response provided in Tigray region alongside partners where access has been granted and raised concerns on restricted access across the region and allegations of sexual violence. A [statement](#) released on 27 January 2021 by UNICEF Executive Director urges for rapid, unimpeded and sustained access and restoration of basic services to conflict-affected population. The statement also highlighted the impact of the conflict on children in Tigray based on assessment missions. In the reporting period, UNICEF shared through its social media channels the following ongoing efforts in the region:

- [Delivery of nutrition supplies to Tigray Health Bureau and Hospital](#)
- [Tweet by Regional Director](#)
- [Distribution of dignity kits to women and adolescent girls](#)
- [Water trucking in Mekelle and other response](#)
- [Additional funding support provided by EU Commission Civil Protection and Humanitarian Aid \(EU ECHO\)](#)

Next SitRep: 15 February 2021

UNICEF Ethiopia SitReps: <https://www.unicef.org/appeals/ethiopia/situation-reports>

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Funding Status

| Sector | Requirements | Funds Available | Funding gap | |
|---|-------------------|-------------------|-------------------|------------|
| | | | \$ | % |
| Nutrition | 3,696,559 | 4,605,062 | (908,503) | -25% |
| Health | 2,330,813 | 1,767,494 | 563,319 | 24% |
| Wash | 14,216,126 | 4,613,777 | 9,602,349 | 68% |
| Child Protection | 1,422,357 | 1,830,383 | (408,027) | -29% |
| Education | 10,360,440 | 1,176,743 | 9,183,697 | 89% |
| CBC | 87,119 | - | 87,119 | 100% |
| C4D | 765,877 | 120,000 | 645,877 | 84% |
| Monitoring / operational cross-cutting costs | 576,940 | 572,488 | 4,452 | 1% |
| Total | 33,456,231 | 14,685,948 | 18,770,283 | 56% |

**Please note that this table does not consider the funding in pipeline of US\$2,910,122 which would reduce the funding gap to 47 per cent, as depicted in the pie chart on page 1.*