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ETHIOPIA

Tigray Crisis Humanitarian Situation Report No. 3



Reporting Period: 1 February - 15 March 2021

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*
\$ 47.6 million**

*OCHA intersectoral response plan figures

** UNICEF response plan figures

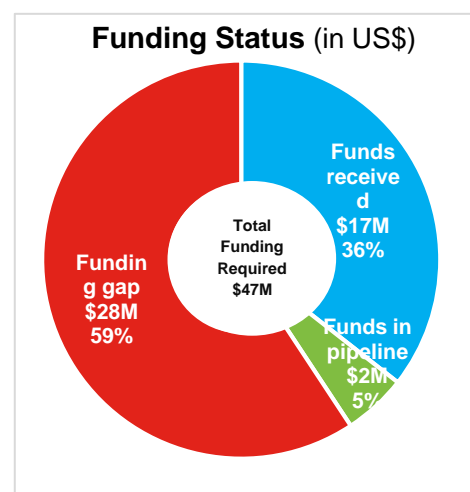
UNICEF Tigray Crisis Response Appeal
(Dec 2020 – March 2021)

Highlights

- Since the beginning of its response to the Tigray crisis, UNICEF has delivered over 863 metric tons of multi-sectoral supplies to eight partners (including regional bureaus) with a total value of approximately US\$2,000,000.
- UNICEF continues to support 425,547 people from the IDP, host, and refugee communities with safe water for drinking, cooking and personal hygiene through water trucking and rehabilitation of water schemes across Tigray and in conflict affected areas of Amhara and Afar.
- UNICEF has deployed an International Emergency Coordinator to support the humanitarian intervention in WASH, Health, Nutrition and Protection services to the new IDPs reported in Shire who are in critical need.
- Through UNICEF support, the Regional Health Bureau has operationalized 10 Mobile Health and Nutrition Teams (MHNTs) who have begun providing services in 10 *woredas*.
- So far, through partners and the government, UNICEF has provided SAM treatment to 6,535 children affected by the crisis.

Situation Overview and Humanitarian Needs

According to [UNOCHA](#), the overall situation in Tigray, particularly in Central, North Western and Southern zones, is volatile as fighting intensifies and poses logistical constraints in delivering humanitarian assistance and reaching several *woredas* and affected people across the region. The presence of various armed groups and shifting lines of control pose serious challenges to humanitarian operations in several areas. In addition, partners report that lack of fuel, unavailability of trucks, private truck operators refusing to operate in certain areas due to insecurity, and limited storage capacity in distribution areas are posing significant logistical challenges. There is a high influx of displaced people from western Tigray as they continue to cross Tekeze River seeking a safe haven. As of 8 March, more than [45,000](#) people had been registered in Shire, with 1,000 - 1,500 arriving every day, many in appalling conditions. According to [UNHCR](#), as of 16 March, over 61,991 people, of whom 27 per cent were children and 8 per cent below the age of five, had crossed the border into Sudan since the beginning of the Tigray conflict.



Child rights violations and GBV continue to be reported by partners in Tigray, Amhara and Afar regions. Reports refer to GBV, particularly against women and girls, unaccompanied and separated children (UASC), and abductions of refugees. There are also serious mental health and psychosocial needs among adults and children, frontline workers, and humanitarian workers. The [Ethiopian Human Rights Commission](#) has reported on cases of GBV and the Minister of Women, Children and Youth (MoWCY) [highlighted](#) that “*rape had taken place conclusively and without a doubt*”, referring to the findings of the joint MoWCY and Federal Attorney General Taskforce on Tigray. The UN High Commissioner for Human Rights, in a [statement](#) published on 4th March, confirmed that her office had received

information about incidents of looting by various armed actors, indiscriminate shelling, mass killings, and more than 136 cases of rape, indicating that these were just a tip of the iceberg as many such cases go unreported.

While relocation of refugees from Hitsats and Shimelba to Mai-Ayni and Adi-Harush camps is ongoing, a high number of refugees are unaccounted for, including UASC. According to UNHCR¹, nearly 6,000 refugees from Hitsats and Shimelba had been relocated to Adi Harush and Mai Aini camps as of 28 February. Some 119 refugee UASC have been identified by one UNICEF partner who is providing child protection support. There are an estimated 9,232 UASC in Shire alone.² As protection staff gradually return to Mai Ayni and Adi Harush refugee camps, GBV prevention and response services are starting to be revitalized, including the prevention of sexual exploitation and abuse (PSEA), and provision of safe spaces and psychosocial support. PSEA is mainstreamed across all partnerships and UNICEF is leading a PSEA referral pathway mapping with all child protection and GBV partners active in the Tigray response.

Recent WASH assessments by UNICEF and WASH Cluster partners in 13 towns (Adigrat, Wukro, Mekelle, Edaga-Harmus, Agulae, Negash, Tsigereda, Hageresalam, Adigudom, Samre, Gilet Fanruba and Dengolat) reveal that 57 per cent of the boreholes are not functional. UNICEF assessed the damage on existing water systems and maintenance needs for the generators at all pumping stations in Mai-Ayni and Adi-Harush refugee camps and Mai-Tsebri town's water supply system. The findings are alarming and require quick action. Accordingly, UNICEF has initiated several measures such as installing the surface water system, procurement of needed supplies, and amendment of an agreement with a partner to take up operations and maintenance. The damage is reflective of the overall breakdown in WASH systems already identified by the Regional Water Bureau (RWB) as reported in Sitrep #2.

As part of the support by the Global Education Cluster's (GEC) Rapid Response Team (RRT) to the County Cluster, a Secondary Data Review (SDR) was conducted in February 2021. The findings³ reveal that at least 1.46 million school children in Tigray and the neighbouring regions and 35,286 refugee children remain out of school due to the ongoing crisis. These children have not attended school since March 2020 when schools were closed due to COVID-19. The conflict has further impacted their access to any form of learning, including distance learning. There are 2,492 schools in Tigray, and all remain closed. According to UNICEF's field reports, around 5,000 IDPs are sheltered in eight schools in Mekelle, 12 education institutions in Shire are reportedly occupied by the IDPs as temporary sites, and four schools in Adigrat have been occupied by about 30,000 IDPs (3,441 households).

With the security situation uncertain, it is unclear when schools will re-open. Findings from recent MoE reports show that at least 25 per cent of schools in Tigray have been damaged, ranging from partial to complete destruction of classrooms, office blocks, and WASH facilities, among others.

A team of 26 people from the REB and Cluster conducted data collection in ten *woredas* in five sub-cities in Mekelle from 23 – 25 February. A similar assessment outside Mekelle started in March. The findings, to be published at the end of March, will provide the cluster and its members with up-to-date data in aligning their EiE response and mobilizing resources.

With UNICEF technical and financial support, the Afar REB conducted an assessment on the impact of conflict on education and the needs of IDPs. Teaching and learning have been affected by the conflict in *woredas* bordering Tigray, in addition to damage sustained by schools from high-intensity winds. Key findings of the assessment indicate that 26.7 per cent of students (14,240) students have been affected by the conflict and learning in 72 schools (consisting of 15,834 primary and 1,002 pre-primary students) has been impacted by the Tigray conflict. These schools were closed for one to three months, although the *Woreda* Education Office has since confirmed that all the schools have reopened.

The Tigray crisis has negatively affected permanent direct support beneficiaries in the Productive Safety Net Program (PSNP) because payments were stopped in November 2020 at the onset of the conflict. The region had more than one million safety net clients and at least 500,000 relief food beneficiaries were included in the 2020 Humanitarian Response Plan. Except for the Western Zone and Mekelle, which were considered as food secure in the past, all other towns and *woredas* were covered by the programme. Cash payments and food *in lieu* of cash have begun to be distributed in some *woredas* in Tigray. Some 123,955 beneficiaries had received two months accrued payments of Birr 750 each as of Feb 28, 2021. Food has been distributed in areas where banks are not yet functional, where there is increased insecurity, and where markets are not operational. The Food Security Coordination Directorate reported that it had dispatched 7,967 MT of wheat and vegetable oil from its Mekelle warehouse to Food Distribution Points (FDPs) to reach 833,733 beneficiaries (308,620 PSNP beneficiaries and 525,113 Non-PSNP) in 13 *woredas* in Tigray as of 2nd March. Prior to the second phase interventions, there are plans to conduct an assessment, analysis of the current needs in Tigray and determine potential future PSNP caseloads, food and labour market analysis, supply chain assessment and their impact on food security.

¹ <https://data2.unhcr.org/en/documents/details/85320>

² https://reliefweb.int/sites/reliefweb.int/files/resources/Ethiopia_CP%20Factsheet.FINAL%20v2.pdf

³Ethiopia Education Sector: Tigray Secondary Data Review (SDR) Report

In Tigray, nutrition screening was conducted using the MHNT through the Regional Health Bureau and NGO partners supported by UNICEF. Though the data is indicative of the malnutrition situation, it is not generalizable to the entire malnutrition caseload across Tigray. In the *kebeles* of Shire where there is a wide network of health posts, UNICEF is working with one of its partners to deploy MHNTs until health posts, which used to provide up to 70 per cent of primary health care services in the region, resume their operations. UNICEF is engaging the interim RHB and NGOs to continue the deployment of MHNTs in other hard-to-reach *woredas* and *kebeles*.

UNICEF continues to conduct assessments of health facilities to monitor the quality of nutrition services, particularly SAM treatment, OTP and IYCF services. In the first week of March, a rapid emergency nutrition assessment was conducted in the six *woredas* of Raya Azebo, Endmohoni, Hintalo, Enderta, K/awlalo and Sada emba with UNICEF providing technical and financial support. Preliminary results show that proxy SAM and proxy GAM are above WHO's global emergency threshold. A joint multisectoral assessment has been conducted by UNICEF and UNHCR in Mai Ayni and Adi Harush refugee camps in Mai Tsebri town. The results indicate that the treatment of SAM is ongoing in the health facilities in the camp, Infant and Young Child Feeding (IYCF) programming is unavailable, and that there are no nutrition and health services in the Mai Tsebri IDP camp.

According to the RHB, 20 out of 40 hospitals in Tigray are non-functional due to fear and displacement among health workers, as well as damage to health facilities and looting of supplies. Similarly, out of 264 health centers, only 31 (12 per cent) are functional and reporting to the RHB. None of the health posts are functional to date. According to the RHB, almost 2,000 health workers have been displaced from different zones and are residing in Mekelle. Though half of the hospitals in the region are providing healthcare services, 75-80 per cent of the health infrastructure is unable to provide critical primary healthcare and nutrition services. The RHB further estimates approximately 57,000 children under one year of age have missed their routine vaccinations in the last four months; this is about 26 per cent of the total number of children targeted per year. The RHB estimates that around 60,000 deliveries (28 per cent of annual targeted deliveries) happened in unsafe environments. The well-established District Health Information System has totally collapsed as no reports have been generated in the last five months.

According to the WHO-led Health Resources and Services Availability System (HeRAMS), 51 per cent of hospitals and health centers in the region are functional. However, due to no or limited *woreda* level health administration structures and lack of communication and reporting, this data cannot be verified by the RHB. Thus, there is no system in place to continuously monitor and update the functionality status of the health facilities due to the complicated and dynamic nature of the situation on the ground.

Summary Analysis of Programme Response

Human Resources

On 3rd March, the Office of the Prime Minister [announced](#) that to ease the operations of humanitarian agencies in Tigray, the government only required to be notified of international staff going to Tigray and would no longer require authorization. On 4th March, UNICEF received approval for seven international staff, four of whom have since been deployed to Tigray. UNICEF has so far mobilized 37 staff - 21 local and 16 international - to Tigray, Amhara and Afar field offices to provide technical, coordination and managerial support. In addition, UNICEF will be deploying full-time staff to the two hubs of Mekelle and Shire in Tigray. They include an International Emergency Coordinator, an International Child Protection/GBVIE Specialist, an International WASH Specialist, an International Education Specialist and an International Nutrition Specialist in Mekelle. In Shire, apart from the International Emergency Coordinator already in place for two weeks, further deployments will include a National WASH Officer, an International WASH Specialist, a National Child Protection Officer, and a National Health and Nutrition Officer.

The staff will add to the existing complement of national and international staff already in Mekelle and Shire and will significantly enhance our operational capacities.

Supplies

On 11 March, UNICEF delivered multi-sectoral emergency supplies of 48 metric tons to Mekelle. They included Emergency Drug Kits, cholera kits, refrigerators for the cold chain, nutrition supplies such as Ready-To-Use-Therapeutic-Food (RUTF) and therapeutic milk. Others included water purification chemicals and soap. These supplies were delivered to the Regional Water Bureau and RHB for distribution to 15,000 IDPs and host communities.

On 13 March, UNICEF delivered 147 metric tons of emergency supplies to Shire that included 62 tents and WASH and Hygiene NFIs for 14,000 people, dignity kits, plastic sheets and water purification tablets. As the flow of IDPs to Shire increases, UNICEF plans to send in more supplies.

Since the beginning of its response in Tigray, UNICEF has delivered over 863 metric tons of multi-sectoral supplies to eight partners (including regional bureaus) initially to six locations (Mekelle, Mai Tsebri, Shire in Tigray as well as Semera in Afar; and Abdurafi and Bahirdar in Amhara) and subsequently to more partners with a total value of approximately US\$2 million. UNICEF is also preparing to dispatch additional health, nutrition, WASH and child protection supplies to

Shire, including WASH NFIs, hygiene items, tents, RUTF, Emergency Dug Kits and water tanks as well as more dignity kits.

Nutrition

Since beginning of February, eight UNICEF partners have been undertaking screening services, reaching 20,764 under five children so far in 26 *woredas* of Tigray, including in IDP sites. Locations where screening took place include Enderta and H/Wajerat *woredas* (South-East Zone), Raya Azebo, Adigrat, Hawzien, E/Hamus, Bizet, Abi-Adi, Rama *woredas* (Eastern Zone), Tselemti, Tenben, Maychew (Central Zone), Shire (North-West Zone), and Mekelle towns, including eight IDP sites. Of the children screened, 414 children were identified with SAM and admitted for treatment through UNICEF-supported Outpatient Therapeutic Feeding Programmes (OTPs) and the MHNT. Overall, an average of 2.4 per cent have been identified with SAM and 23.1 per cent MAM. All children identified with SAM were admitted for treatment in the OTPs and MHNTs.

In Amhara Region, 6,794 children and 835 pregnant and lactating women (PLWs) were screened in IDP sites and host communities in Aderikaye, Zarima, Dabat and Azezo *woredas*. Some 730 children under five and 23 PLWs identified with moderate malnutrition and 207 children identified with SAM. The proportion of children with MAM and SAM was 10.7 per cent and 3 per cent respectively. All children with SAM were admitted to UNICEF-supported CMAM facilities and through the MHNTs. A total of 171 mothers and primary caregivers of children aged 0 - 23 months received counselling services on IYCF at hospital, health center and IDP sites, in addition to 664 children under five who received Vitamin A supplementation.

In Afar, nutrition screening was carried out in Zone 2 among 100,408 children. Through the screening, 1,477 SAM cases and 26,321 MAM cases were detected, representing 1.47 per cent and 26.2 per cent respectively. Similarly, out of the 30,316 PLWs screened for malnutrition, 13,673 (45.67 per cent) were found to have had MUAC of less than 23cm. All SAM cases were admitted for treatment through the CMAM programme.

In Tigray, UNICEF provided over 10,711 cartons of RUTF to the interim RHB and partners to ensure availability of lifesaving supplies for SAM treatment. During an interagency assessment mission in Mai Tsebri *woreda*, a UNICEF team observed opportunities for integrating Infant and Young Child Feeding in Emergency (IYCF-E) with wasting treatment at both facility and community levels, which should be accelerated as a preventative intervention across all nutrition services. In terms of capacity building, an on-the-job training/coaching on CMAM IYCF and SAM training was given to 88 HWs. UNICEF has deployed a third-party Emergency Nutrition Officer to support the response among IDPs and the host community.

Health

The RHB is operating 10 MHNTs with support from UNICEF. Some 10 Emergency Drug Kits (EDKs), 14 Inter Agency Emergency Health Kits (IEHKs) and four Inter Agency Reproductive Health Kits (IARH) were distributed to 12 hospitals in Tigray through the RHB. The supplies will restock MHNTs operating in Hawzen, Ganta Afeshum, Tsaeda Emba, Adwa, Enticho, Zana, Endabaguna, Tahtay Maychew, Adiet and Tahte Koraro. The schedule of the MHNTs is sometimes disrupted by security events, with four such interruptions recently reported in Rama, Gendebta, Zana, Endabaguna. It is estimated that 25,000 people will benefit from these mobile services. In addition, 60 health workers rendering the services of the MHNT have been provided with PPE. UNICEF is planning to further scale up MHNTs to 30 in the next three months.

In collaboration with an NGO partner, UNICEF was able to reach 248 staff of Mai Tsebri Primary Hospital and health centres under the Agency for Refugees and Returnee Affairs (ARRA) in Mai-Ayni and Adi-Harush refugee camps with PPE materials, masks and sanitizers. Some 146 health care providers and 102 support staff at hospital and health facility levels (cleaners, guards, incentive workers, staff who work in record/card rooms, etc) have been reached with PPE.

The RWB, with UNICEF support, has distributed 30,360 hand sanitizers to five hospitals in Wukro, Adigrat, Adwa, Axum and Shire.

A total of 506 mothers have received maternal health care services including antenatal care, delivery, and postnatal care in UNICEF-supported health facilities in Humera, Wolkayit, Tsegede, Mekelle and Shire. Immunization activities have resumed in areas where the MHNTs are operational and in Shire. So far 2,480 under five children have received Expanded Programme for Immunization (EPI) services.

During the reporting period, 2,372 people have had access to medical consultations in Tigray while 7,801 IDPs have received essential health services in Amhara. To date, 21,366 internally displaced people in Amhara Region have received essential health services free of charge.

COVID-19 messages on prevention and community sensitization continue to be provided and have reached 1,124 people in Amhara and 1,565 in Tigray. A total of 60 health workers and 10 volunteers have been trained on risk communication and community engagement in Amhara.

In Afar, UNICEF is supporting the IDPs displaced from Tigray in partnership with an international NGO which is providing integrated health and nutrition services in Zone 4 through four MHNTs and is supporting the four health facilities in the area. So far, 1,705 OPD consultations have been made and 115 women provided with sexual reproductive health services.

WASH

UNICEF has continued to provide water to 62,223 people in Mai-Ayni and Adi-Harush refugee camps and the surrounding local communities (16,811 from local communities and 45,412 refugees). The water is being supplied through rehabilitated boreholes (256,399 litres per day) and water trucking (98,800 litres per day). In addition, water was trucked to 23,200 IDPs hosted in three IDP sites around Shire Endasilassie. An estimated 112,500 people continue to access safe water through water trucking in Mekelle sub cities of Ayder Hawelti, Hadnet, Semen and Quiha as a result of UNICEF's partnership with a local NGO. This service has been extended to 14,948 IDPs and host community members in Adigrat, and 4,800 IDPs and host community members in the north-western zone of Shire town. Similarly, another UNICEF partner under the Rapid Response Mechanism (RRM), has continued to provide safe water to 125,328 IDPs in Adigrat, Wukro, Agual, Zalanbessa, Enticho, Hawzen, Freweynni and Edagahamus. The total number of people reached with emergency water trucking since the onset of the response in Tigray is 342,999 including refugees, IDPs and host communities.

Mid and long-term supplies are being procured through UNICEF long term agreements with both local and international suppliers to rehabilitate boreholes and water systems at multiple locations from which 21 boreholes in Adigrat were prioritized. As such, 12 minor maintenance works in Adigrat, and three major maintenance works in Wukro, Mekelle and Hageresalam have been approved for execution. Of the approved, 10 minor maintenance works, which include a collection chamber, have been completed while capital maintenance works in Mekelle and Wukro are about to be completed. The rehabilitation of these boreholes and the maintenance of a collection chamber has benefited 75,956 people with safe drinking water.

In Afar, UNICEF conducted an assessment through one of its NGO partners out of which five water schemes were identified for rehabilitation; three motorized water supply schemes in Yallo and Megalle which benefitted 6,592 IDPs and host communities (3,362 females and 3,230 males). Out of this number, 40 per cent were IDPs affected by the current Tigray crisis. Similarly, a new surface water system will be installed to serve both refugee and host communities in the southern part of the region where procurements are underway.

WASH NFIs were distributed to 12,863 IDPs in Mekelle by UNICEF through the RWB. Also, to date, 1,939 IDPs (907 females and 1,032 males) have been provided with NFIs in Shire, while in Beyeda and Janamora *woredas* in North Gondar Zone, 9, 984 people have received WASH NFIs, bringing the total number of people in Tigray and Amhara reached with WASH NFIs since the onset of the response to 24,786 IDPs.

A total of 22,702 have been reached with critical lifesaving hygiene promotion. Some 3,579 people in Adi Harush and Mai Aini camps (1,930 females and 1,648 males) participated in various sanitation and hygiene promotion and sensitization activities. An additional 588 people (285 females and 303 males) were reached with messages through house-to-house hygiene promotion teams covering topics on handwashing, use of latrines, and COVID-19 risk communication. Some 17,880 individuals have been reached with hygiene and sanitation messages in Hafalafe *woreda* in Afar. During the NFI distribution in Beyeda and Janamora, all beneficiaries were reached with hygiene promotion messages which focused on COVID-19 prevention, safe excreta disposal, hand hygiene practices and aqua-tab usage. One of UNICEF's partners has provided safe hygiene messages through Environmental Hygiene Agents (EHAs) selected from within the refugee and IDP communities. To date, 655 refugees (325 females and 330 males) have participated in the cleaning and collection of waste in the camps. Hygiene and sanitation promotion are ongoing with community volunteers and hygiene promoters

An estimated 5,000 people have improved access to sanitation through the construction of nine latrines (four stances each) in Shire IDP sites to expand on availability due to the increasing number of affected people arriving in need of shelter. Two more latrines were built in the south to serve the IDP and refugee reception centres, with plans to expand the number of latrines built. The plans also include expanding desludging services in the camps to avoid outbreak of diseases. There has been a challenge in constructing sanitation facilities in Tigray, as most of the IDPs are camped in government and public institutions, and the authorities have been reluctant to authorize construction of additional sanitation facilities.

Child Protection

UNICEF has been able so far to register and support 485 unaccompanied and separated children (UASC) affected by the conflict. A UNICEF partner has registered 350 unaccompanied and separated children for support in the Shire IDP camps and has provided the registered children with case management services. A cross-sectoral referral system has been activated for protection, health and psychosocial support (PSS) among different partners operating in Shire.

In Mai-Ayni and Adi-Harush refugee camps, assessment and registration of caregivers and children relocated from Hitsats Camp is ongoing. The number of case management and care arrangement beneficiaries registered and assessed in the reporting period was 44 caregivers and 105 children. Some 55 of these children had been relocated from Hitsats Camp.

The care arrangement of 14 unaccompanied children in Adi-Harush Camp has been re-assessed by a UNICEF partner. Due to the impact of the conflict on caregivers, proper transition has been made to different caregivers to ensure the best interest of the child (as part of the care plan). Two UASC affected by the conflict in Amhara Region have been provided with support through partners; one has been placed in alternative care and the other reunified with the family. Additional CP-GBV response services have been initiated in Telmit and Adi-Arkey *woredas* in Amhara, with child protection and GBV staff, social workers, community service workers and para-counsellors deployed through a partnership with an NGO. Capacity-building was conducted on child protection case management in accordance with the National Child Protection Case Management Framework.

In Shire, emergency cash assistance for children and foster families worth 500,000 ETB is currently being prepared so that each family which fosters an IDP or refugee child will receive 500 birr per month for 3 months. Due to the collapse or closure of banks, other options like voucher assistance are being explored in case direct cash assistance is not feasible.

So far, 361 children and women have benefitted from psycho-social support activities implemented by two UNICEF partners. As protection staff return to refugee camps and IDP sites, GBV prevention and response services, including the PSEA and PSS, are becoming available again. PSS activities such as recreational activities, skills building, and information dissemination on mental health and psycho-social well-being have started in Adi-Harush and Mai-Ayni refugee camps. Child Protection and PSS partners in Shire are collaborating with each other for referrals of children who require PFA and/or PSS. Life skill training was provided by partners for 100 children “graduating” from the care system (over 18 years old) in Mai Ayni refugee camp.

UNICEF partners have distributed 2,940 dignity kits in Adi Harush (1,380), Mai Ayni (560), and Mai Tseabri (1,000) in the reporting period. Girls and women have been selected in coordination with protection partners and with clear vulnerability criteria, including disability, new arrival refugees, single-headed households, family size of six persons and above, those with chronic illness and beneficiaries who have not received support from other organizations. Dignity kits have been provided to 552 adolescent girls and women found at Azezo collective sites in Gondar in Amhara region. An additional 1,000 girls have been registered to receive dignity kits in Shire and 1,391 IDP boys and girls have been identified, registered and verified to receive Child Protection Kits which include body soap, laundry soap, combs, flashlights/solar lanterns, toothbrushes, toothpaste and a re-usable face masks.

UNICEF is supporting a total of 162 social workers or community service workers across Tigray, Amhara and Afar regions for the Child Protection and GBV response in conflict-affected areas. Partners have recruited an additional five social workers (2 females, 3 males; 2 IDPs, 2 refugees) to support the overall implementation of GBV response and prevention activities in refugee and IDP sites in Shire. Social workers have been able to identify and provide support to three cases of GBV (all females) in Adi Harush camp. The survivors were provided with confidential case management, psychosocial support and counselling, material support and referrals to appropriate medical services. In Mekelle Ayder One Stop Centre, 60 cases of GBV have been reported as of the last week of February. The survivors have received medical assistance, PSS and dignity kits. In Amhara, at the Gondar Azezo IDP site, one case of sexual violence (female) has been reported. Social workers provided the survivor with case management services, as well referrals to Gondar specialized hospital for medical treatment.

In the reporting period, partners continued to conduct awareness-raising activities on GBV risks, available GBV response services and the importance of accessing support within 72 hours for rape incidents. During home-to-home visits, 1,335 refugees (847 females, 488 males, including two women and girls with disabilities) were reached in Adi Harush and Mai Ayni refugee camps. An orientation training was provided for 72 IDPs (27 females, 45 males) on the GBV prevention and referral services at Gondar IDP site in Amhara.

Partners are coordinating on PSEA through the protection cluster in Shire and referral mechanisms have been activated. Partners have also been conducting awareness-raising sessions through mini-media and home visits on sexual exploitation and abuse, safe and accessible channels to report SEA, and available support to survivors. As a result, 960 refugees (550 females, 410 males) from Mai Ayni and Adi Harush refugee camps have been reached. In the IDP sites, social workers have also been able to raise awareness on SEA, GBV and referral mechanisms, including support needed in the first 72 hours after a GBV incident. These activities have been able to reach 143 households and 715 IDPs of all ages (506 females, 209 males).

Education

UNICEF’s priority is to support school re-opening where security allows, while setting up Temporary Learning Spaces (TLSs) for IDPs and host communities in areas where schools are damaged or occupied. UNICEF is also prioritizing the synergy between accelerated learning and psychosocial support/protection case management. In the medium term, our

strategy is to focus on rehabilitating damaged classrooms and school facilities, in addition to providing supplies for preventing the spread of COVID-19. UNICEF has signed a partnership agreement with an international NGO to address the educational needs of 2,450 children in Afar Region near the Tigray border through building the capacity of teachers as well as provision of learning and recreational materials. UNICEF's Education and Child Protection sections have developed the "BETE" integrated approach and a related guidance note to safeguard education and enhance child protection through integrated service delivery in humanitarian situations.

A UNICEF partner reported that the procurement of TLS materials for classrooms for 3,200 children is taking longer than initially planned. A new partnership agreement is under development with a partner to install 15 TLS and provide Accelerated School Readiness (ASR) and Accelerated Learning Programme (ALP) services for 3,600 out-of-school children in Tigray. Orientation on Education in Emergency (EiE) and assessment techniques has been provided to 35 enumerators drawn from REB and partners through the technical support of UNICEF and partners. Discussions were held with 45 teachers on protocols and procedures for school reopening.

With UNICEF direct financial support to Amhara regional education bureau and the provision of teaching and learning materials, 59,741 primary students (50 per cent girls) have started learning in conflict-affected *woredas* in Wolkait, Tegede, Humera, North Gondar, North Wollo and Waghimra zones.

Humanitarian Leadership, Coordination and Strategy

UNICEF Ethiopia is part of the wider UN response to the crisis in Tigray. UNICEF ECO humanitarian strategy is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan, and Clusters and programme priorities. UNICEF continues to lead the Nutrition and WASH Clusters, co-lead the Education Cluster and Child Protection AoR both at national and sub-national levels. UNICEF is the lead agency for the Rapid Response Mechanism (RRM) working in partnership with several NGOs operating in different geographical locations. Through the RRM, UNICEF is implementing water trucking, water scheme rehabilitation, sanitation, hygiene promotion, and NFI distribution depending on the identified needs and paving the way for timely response to highly vulnerable people. In addition, with the activation of a second hub in Shire, UNICEF has already deployed an international emergency coordinator and is planning to deploy a team to Shire to support the response and monitor operations. This will be supported by the deployment of teams to Mekelle for longer periods for operational response and coordination. UNICEF also takes part in the coordination mechanisms that involve the UN, NGOs, and the Government through the weekly Emergency Coordination Centre (ECC) meetings to advocate for the needs of the affected population.

In Tigray, the CP/GBV AoR is providing a coordination platform in Mekelle and Shire. Co-chaired by the Bureau of Labour and Social Affairs, UNICEF and UNFPA, the AoR consolidated in March a sectoral work plan to guide partners and humanitarian efforts in the coming five months. The main areas of work include the prevention and response to SGBV and supporting survivors; providing tracing and alternative care for unaccompanied and separated children; MHPSS, awareness-raising and community engagement. Partners are also working to establish adequate mechanisms to prevent and respond to SEA.

The Education Cluster has managed to deploy a zonal education cluster coordinator in Shire from one of our active partners working on the ground in the region.

Funding Overview and Partnerships

UNICEF Ethiopia's three-month response to the Tigray crisis (December 2020 – February 2021) has been revised to extend the response to September 2021. The revision will help us scale up the response and sustain the provision of life-saving supplies and restoration of basic services for affected women, children, and other vulnerable groups in Tigray, Amhara, and Afar regions. The total target population of the revised response plan is 2,826,104 people, including 1,334,185 children. With the generous support of donors and based on the projected needs at the preparedness stage, which are currently being corroborated by assessment findings, UNICEF aims to support interventions in WASH, Health, Nutrition, Child Protection, Education and Social Protection sectors, as well as interventions related to GBV risk mitigation, PSEA, Accountability to Affected Populations (AAP), Community Engagement, Social and Behavior Change Communication (SBCC), Communication for Development (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 federal and regional governments. UNICEF is diversifying its partnerships by looking at large multisectoral programs with NGOs for the refugee and IDP response; dispatching supplies through international NGOs to hard-to-reach areas in support of its sectoral interventions; and activating a large cross-regional WASH RRM.

UNICEF Ethiopia's appeal for Tigray stands at US\$47.6 million, with a 64 per cent funding gap. With an additional US\$2.4 million in the pipeline, the estimated funding gap will be reduced to around 59 per cent. UNICEF wishes to express its sincere gratitude to the following donors for their valuable contributions; FCDO, SIDA, Korea, ECHO, OFDA, CERF and Japan. Major funding gaps in WASH are related to emergency water trucking and rehabilitation of water schemes. For the Education sector, given the damage to education infrastructure, facilities, and supplies, prolonged

closure of schools, and the urgent need to provide PSS to children, teachers, and school communities, there are plans to support Temporary Learning Spaces and advocate for school opening.

Human Interest Stories and External Media

UNICEF Ethiopia actively continues to develop and publish content on the ongoing response in Tigray. On 12 February 2021, UNICEF issued a [statement](#) on the acute needs of protection and assistance for children in Tigray. The statement was based on observations made by UNICEF staff who led the first UN mission to Shire. Michele Servadei, UNICEF Ethiopia Deputy Representative, in an interview with [BBC Tigrigna](#), stressed the importance of giving more attention to the challenges children in Tigray are facing. He mentioned the impact of school closures, limited access to health facilities and malnutrition are among the challenges facing children in the region affected by the conflict. The UNICEF chief of communication also conducted interviews with BBC Focus on Africa and Voice of America. All the latest media stories and updates on the Tigray crisis and response can be found on [UNICEF's website](#).

A [human-interest story](#) on a medical doctor who continued to provide health care services for women and children during the conflict was published on UNICEF Ethiopia website. Manuel Fontaine, UNICEF's Global Emergency Director, visited the Tigray region and the visit was captured in stories, [photos](#) and [video](#) assets. Following the visit, a [video](#) demonstrating UNICEF's humanitarian response was published on social media.

Highlights from digital media:

- [Virtual meeting between UNICEF Global Emergency Director Manuel Fontaine and UN Ambassador for Ethiopia Taye Atske Selassieon Tigray response](#)
- [Meeting of UNICEF Global Emergency Director Manuel Fontaine with Minister of Women, Children and Youth, Filsan Abdullahi Ahmed.](#)
- [Humanitarian Response in Tigray](#)

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

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Summary of Programme Results

Sector	Target	UNICEF and IPs Response
		Total results
Nutrition		
Number of children aged 6-59 months with SAM admitted for treatment	15,000	6,535
Number of children aged 6-59 months receiving Vitamin A supplement every 6 months	521,000	664
Number of pregnant women receiving iron and folic acid supplementation	89,000	
Number of primary caregivers of children 0-23 months receiving IYCF counselling	200,000	192,070
Health		
Number of children and women accessing primary healthcare in UNICEF supported facilities	284,800	26,064
Number of people with access to health care facilities stocked with emergency drugs and supplies for three months	346,800	10,207
Number of children under 15 years vaccinated against measles	100,800	- ⁴
Number of people affected by cholera accessing life-saving curative interventions	4,800	-
WASH		
Number of people reached with critical WASH supplies (including hygiene items, NFI and household water treatment chemicals) and services	750,000	124,786
Number of people reached with key messages on hygiene practices	650,000	254,680
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene. Principally through durable, long lasting infrastructural investments	700,000	425,547
Number of people accessing appropriately designed and managed latrines	180,000	65,000
Child Protection		
Number of children and caregivers accessing mental health and psychosocial support	35,000	361
Number of unaccompanied and separated children accessing family-based care or a suitable alternative	2,000	521
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	220,000	2,074
Number of women and girls who receive dignity kits and material support	35,000	8,951
Number of GBV survivors provided with case management services	2,500	64
Number of community Service Workers recruited and assigned	200	162
Number of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19	3,000	-
Education		
Number of children accessing formal or non-formal education and/or skills development training including early learning	150,000	59,741
Number of children receiving learning materials	20,800	-
Number of schools implementing safe school reopening and operation protocols (in line with MoE and MoH Covid-9 prevention protocols)	600	-
PSEA		
Number of people reached through UNICEF supported awareness-raising activities and community mobilization interventions on PSEA	112,000	2,130
Number of people with access to safe channels to report sexual exploitation and abuse	92,000	667
GBViE		
Number of girls, boys, women and men benefitting from awareness activities to promote access to services to respond to incidents of GBV (e.g. how, where and why for to access service GBV)	288,000	-

⁴ Measles campaign is planned in April 2021 to reach more approx. 108,000 children U 2 years of age

Communication for Development (C4D)		
Number of people reached through messaging on access to services	1,338,010	2,689
Social Protection		
Number of households receiving cash transfers	49,500	-

Annex B

Funding Status*

Sector	Requirements	Total Funds Available	Funding gap	
			\$	%
Nutrition	3,845,450	3,444,253	401,197	10%
Health	3,417,000	3,351,495	65,505	2%
Wash	19,354,080	4,943,219	14,410,861	74%
Child Protection	4,677,240	1,641,344	3,035,896	58%
Social Policy	2,833,323	1,065,174	1,768,149	62%
Education	10,360,440	1,666,712	8,693,728	84%
PSEA	61,819	-	61,819	100%
GBViE	22,896	-	22,896	100%
C4D	768,281	129,600	638,681	83%
Monitoring / operational cross-cutting costs	2,342,473	725,880	1,616,593	69%
Total	47,683,002	16,967,677	30,715,325	64%

* Please note that this table does not consider the funding in pipeline of US\$ \$2,450,732 which would reduce the funding gap to 59%, as depicted in the pie chart on page 1.