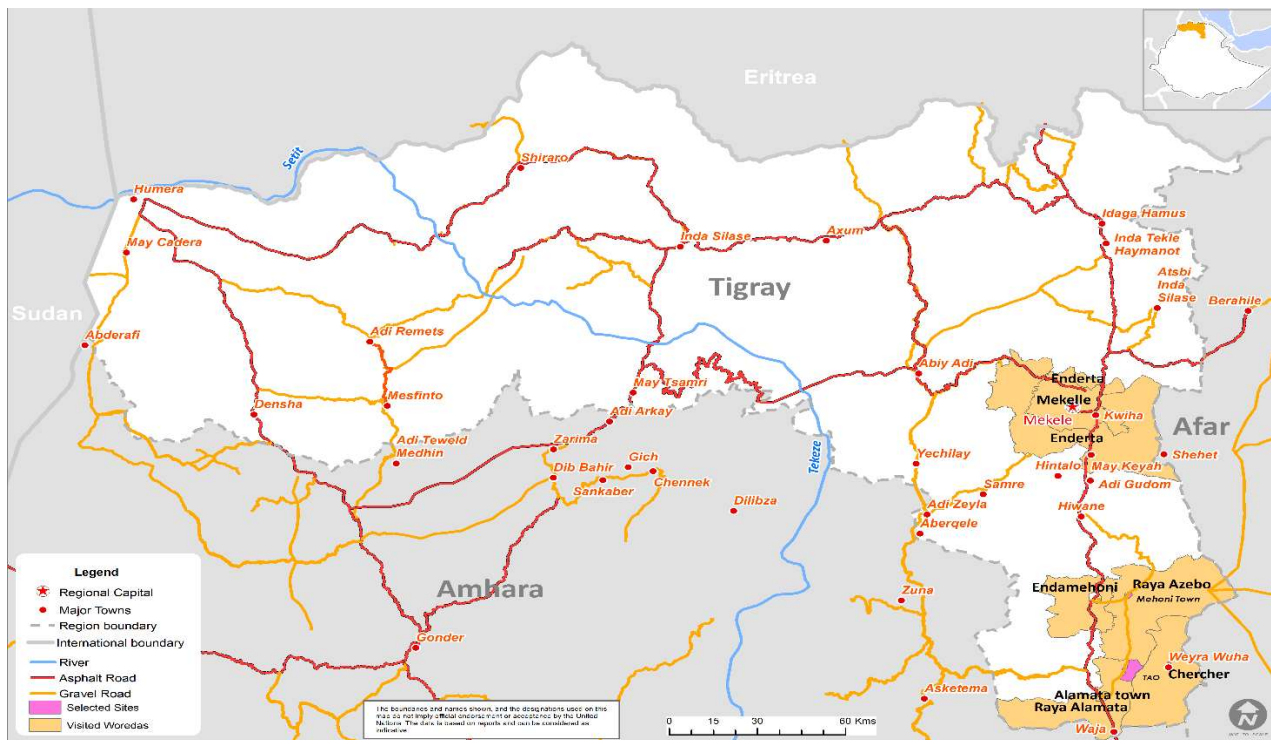


Joint Rapid Needs Assessment Mission (Alamata, Mehoni, Mekelle, and Enderta) 20 to 28 December 2020

Background

Due to the current crisis in Tigray region, humanitarian and rehabilitation needs have increased in the region and surrounding areas of Afar and Amhara. There are reported impacts of the crisis on communities, including stock out of critical commodities and supplies, displacement, and lack of access to essential basic services. The humanitarian community in Ethiopia stands ready to support the Government in addressing the population's critical needs.



Objectives of the Joint Assessment Mission

To inform rapid humanitarian response, a multi-sector Join Needs Assessment (JNA) was undertaken in Alamata, Mehoni, Mekelle, and Ederta, where the humanitarian situation and rehabilitation needs are reported to be dire. The purpose of the JNA was to better understand the humanitarian and rehabilitation needs and gaps. More specifically, the mission sought to achieve the following objectives:

- Get a better understanding of the critical humanitarian needs and gaps on the ground.
- Assess the rehabilitation needs of communities in conflict-affected areas.
- Identify protection risks to inform appropriate protection response.
- Identify possible locations that can be used as humanitarian/logistics hubs to scale up humanitarian response.
- Provide some quick lifesaving assistance during the mission (EDKs, ES/NFIs, etc.)
- Understand the coordination mechanisms and the ongoing response in visited areas.

Participants

The JNA mission consisted of the following participants.

- **Federal Government:** (Ministry of Peace, NDRMC, EPHI, Ministry of Water, Irrigation and Energy, Ministry of Women and Children and Agriculture Bureau)
- **WASH:** (UNICEF/WASH Cluster and LWF)
- **Shelter/NFI:** (IOM)
- **Protection/GBV:** (OHCHR, UNFPA, and UNICEF/CP,)
- **Food Security:** (CRS)
- **Health and Nutrition:** (WHO and ACF).
- **Education:** (UNICEF)
- **Coordination:** (OCHA)
- **Logistics:** (WFP)
- **Security & Safety:** (UNDSS)

Methodology

Interviews with key informants (KI) using the MIRA questionnaire, observations and focused group discussions (FGD) with community leaders were used to gather information and assess the situation.

Assessment Findings

General Findings

- **Displacement;** According to the KIs, all people from Besober, Ulaga, Bala, Chamaro, Hawelti and May Mekden kebeles were displaced due to the conflict. People were displaced for two to three weeks, and according to KIs, they were hosted by families and relatives in the displacement locations. Most displaced people have started returning to their villages of origin, and others are yet to return. IDPs and the affected communities lost their belongings, mainly household items, food stock, jewelry, and cash. Most of those belongings were looted or destroyed during the conflict. In Besober and May Makden, the team was able to see some houses and shops that had sustained various levels of damage and destruction. According to the regional DRMC, areas West, East, and North of Mekelle are the most affected and likely with the highest displacement numbers.

| S/N | Woreda | Total PIN of emergency food assistance | IDPs in the IDP sites | Distributed items for People who need emergency food assistance (only one round) | | Remark |
|-----|---------------------|--|-----------------------|--|--------------|---|
| | | | | Quintal Wheat | No of people | |
| 1 | Alamata town | 46,000 | - | 2,115 | 14,100 | 9,860 are displaced from other parts of the county prior to conflict. |
| 2 | Alamata rural areas | 115,000 | - | 6,885 | 45,900 | |
| 3 | Chercher | 45,000 | - | 4,050 | 27,000 | |
| 4 | Mehoni | 40,000 | - | | | |

| | | | | | | |
|----|------------------------------|----------------|--------------|---------------|----------------|------------------------------|
| 5 | Mekelle town | 0 | 7,554 | | | |
| 6 | Endarta | 500 | | | 0 | HHs in Mai Makdan keble only |
| 7 | Michew Town | 90,000 | | | 0 | |
| 8 | Alaje, Borana Selewa | 210,000 | | | 0 | |
| 9 | Korem Town and Wofla Woreda | 66,000 | | 5,400 | 36,000 | |
| 10 | Raya Azebo | 70,000 | | | 0 | |
| 11 | Benekisege | 30,000 | | | 0 | |
| 12 | Endamehony and nearby Woreda | 80,000 | | | 0 | |
| | Total sum | 792,500 | 7,554 | 18,450 | 123,000 | 9,860 |

KIs reported receiving limited humanitarian support provided by the Government in Alamata, Besober, Bala'a, and Chercher. The federal government, provided every eligible individual with 15Kgs of wheat flour, 3000 people were targeted in 15 kebeles of Alamata. Currently, only ICRC, MSF, CRS, World Vision are the only active humanitarian partners providing limited humanitarian assistance in some of the areas visited by the team. Some partners like World Vision conducted assessment mainly in the areas around Alamata. With the support of USAID, CRS has assisted the IDPs hosted at Kisanet school in Mekelle. Families and relatives hosted all displaced people except the ones in the school. In Mekelle, one of the local NGOs is providing some assistance to affected people.

According to the regional authorities in Mekelle, more than **4.5** million currently require some sort of humanitarian assistance. These include people who have been affected by the current conflict and those affected by natural hazards. In Alamata and nearby areas only about **792,500** require urgent food assistance. The regional authorities estimate at least **90,000** people have been displaced as result of the conflict, out of which **7,554** people are living in collective sites in schools. Living conditions for both recently displaced people and host communities remain very critical and require an immediate support specifically in the areas of food, Shelter/NFI, Health WASH and Protection. Currently men and women are sharing rooms in some of the IDPs sites. So far, the authorities have registered about **2,996** HHs in one place and **4,558** in another, the total registered people are **7,554** HHs, amongst which they are **2,341** children. According to the local administration in Alamata, the total number of people in need for humanitarian assistance in the rural area is about **124,817** and **46,000** in the urban areas. Immediate priority needs for host and affected communities include food, shelter/NFI, health, security, and water. The regional authority is planning to relocate the IDPs currently hosted in the school in Mekelle to Adi Haki school and Elshadi rehabilitation center.

Cluster-specific Findings

- **Food Security;** In the visited areas, some shops had locally produced food commodities; however, affordability was a challenge for most households. Purchasing power has enormously dropped due to unavailability of cash, nonpayment of salary, and livelihood loss. Besides the raring of livestock, farming is a significant activity in the region. This was affected by the desert locust, rainfall shortage, and the recent conflict. The little food stock the affected communities had have either been looted, burned, or damaged.

In some kebele, like May Makden and Harena, people are unable to collect their harvest because of insecurity and fear of landmines. Food distribution was also affected by the insecurity. People have not received at least two rounds of emergency food distribution as a result of the fighting. The last round of food distribution was in July 2020. In Mehoni, the local committee provided 200Kgs of wheat flour for public sector workers in the energy, water, and health sectors. This is to motivate them to resume the services. They had also made blanket distribution for the community in the area. In 15 Kebeles of Alamata, about 3000 people from each kebele received 15kgs of wheat flour provided by the Government. CRS/USAID in partnership with REST (a local NGO) started food distribution in Mekelle. Due to high transportation costs, prices of imported food have significantly increased..

Banks are only open in Alamata, people were seen queuing in front of the bank to withdraw limited amount of cash per day. At the checkpoints, people are allowed only to travel with a maximum of 2500 ETBirr. As a result of the bank's closure, people are unable to change the old notes to new notes. Currently, old notes are still used and accepted in Mekelle and the surrounding areas. Additionally, the banks' closure also affected the PSNP program, and authorities expressed difficulty in getting cash assistance to the beneficiaries.

- **Water, Sanitation and Hygiene (WASH);** There is a significant water supply reduction in the community and institutions. According to the Water, Mineral and Energy Office experts in Raya (Alamata woreda), there are 375 water schemes which lack water treatment chemicals (chlorine is not available), four irrigation schemes have been destroyed (pump burnt), 5 schemes are destroyed due to road closure and replacement of equipment has become difficult due to price increase. They indicated that spare parts and maintenance tools were looted from the kebele offices. At the Gerjele irrigation scheme, 600 m HDPI pipes were taken, and the system is not functioning for the last two months.

In Chercher Woreda, people fetch water from unprotected springs (Weyra Wuha) and river (Sentewa River), and queuing to get the water takes a long time. There is one existing borehole (BH) with low yield. Although there is sufficient storage (reservoir), it cannot be full enough to satisfy the daily demand. Thus, a new borehole is under-construction with pump installation and pipeline connection to the reservoir. One of the problems raised as a challenge is the Chercher Town Water Service's lack of maintenance tools and computers, which had been stolen. Besides, they require pipes.

On the other hand, five water sources were destroyed in Alamata. In Besober, where the only hand pump was destroyed, the community members have resorted to getting water from riverbeds, unsafe, and distant from the community. As for Mekelle City, water services have been resumed, but the neighboring villages still lack water due to a lack of power supply to the water sources.

In Mai-Mekdin May Mekden in Enderta Woreda (Mekelle) people fetch water from May Dirba River for drinking and other domestic purposes. In Harena village in the same Enderta Woreda, the water source is not functional, and people fetch water from the river, which takes 3 hours round trip. This may lead to increased cases of water-borne diseases. Most Woredas also experienced looting of repair kits and tools for water supply infrastructure. In Hawulti Tabia in Mehoni Woreda, there is one existing borehole (BH) that stopped functioning as power went off during the conflict. There was also a problem with the pipelines, which the military repaired. People are getting water now.

In Chercher town, water vendors sell water from the river at 20 Birr per Jerrican. Others take water from unsafe sources and sell it to the community. The price of bottled water increased from 15 -18 Birrs to 25 Birr per 2-liter bottle. The cost of personal hygiene products like soap has increased since the conflict started—this has affected personal hygiene. There are communities like Chamaro of Alamata Woreda in which each household contribute to purchase fuel to run the generators. Fuel is not only expensive but also unavailable, making it unaffordable to most communities.

Congestion in schools and other institutions where IDPs are accommodated has overstretched the existing sanitation facilities. Open defecation was noted in Kisanet primary school in Mekelle town. There was also poor drainage as wastewater was seen stagnating at water points. High population in the IDP sites is a risk factor for hygiene-related infections. Lack of hygiene promotion initiatives will undoubtedly cause water-borne diseases and more Covid-19 cases; conditions in the IDP sites cannot allow adherence to the prevention measures. Poor solid waste management was also noted in IDP sites in Mekelle and other urban centers.

The conflict impacted the provision of public services in most Woredas. This affected water supply services as Water, Mineral, and Energy Offices staff fled to their homes or safer areas. The situation was compounded by the change of administration and low staff morale due to nonpayment of salary for at least the last three months.

- **Shelter/NFI:** As a result of the conflict, many houses, shops, and private stores were burned or damaged, in addition to the damage to household equipment, food supplies, clothes. Host communities are sharing the limited resources available with displaced people and affected communities. Most displaced people need NFI kits and cash assistance for house rent, dignity kits, and sanitary materials for women. There are displaced people who have not yet returned to their places of origin. In Mehoni and in addition to the newly displaced due to the recent conflict, others were displaced two years ago as a result of ethnic fighting from other regions. In Mekelle, regional authorities have registered 7,554 displaced households where the majority are currently sheltered in Kisanet elementary school, 255 HHs are in Adi Haki school, and 851 HHs in Elshadai rehabilitation

center. The later were re-located by the regional authorities. All IDPs in Mekelle were displaced from May Kadra, Shiraro Zalenbensa, Adwa, Adigrat, Shire, and the surrounding areas. IDPs confirmed receiving limited support from locals in Mekelle, which include bedding sets and clothing. The IDPs are currently living in very critical conditions, and a large number of them are sharing rooms with the opposite sex. Furthermore, IDPs remain susceptible to communicable diseases including COVID-19. According to the IDPs, Shelter/NFI remains the most critical need next to food, security, and dignity.

- **Health and Nutrition:** Health services have been severely affected by the conflict. Looting of health facilities were reported. In addition, lack of medical supplies and staffing were mentioned as critical challenges impacting the resumption of health services. The few remaining health staff have not been paid for almost three months. Some of the health facilities have sustained full/partial destruction or damage as a result of the conflict. Currently, only a few health facilities are operational/functional, and minimal services are provided. An increase of malnutrition cases was reported and shortage of nutrition supplies is affecting the delivery of services. No health and nutrition mobile clinics are available in the areas visited. There were many reports of pregnant women delivering at home and on displacement routes and sites. Increased neonatal death has also been reported. The health facilities in Mekelle are less damaged/looted as compared to other places. The hospital in Mekelle still maintains essential health services. The hospital is one of five hospitals operating, though with some constraints. Staffing is another issue affecting the services in the areas the team visited. In Mekelle, 90% of the staff have returned to work. Nonpayment of salary and insecurity were mentioned as some of the factors affecting the health workers' full return to work. Also, lack of essential supplies like fuel and operational budget is affecting some of the services, including the ambulance services. No ambulance can move after 19:00 hrs. due to the curfew imposed. It was also reported that some ambulances were looted and were being used by the parties to the conflict. Health centers outside of Mekelle are entirely closed, mostly because some of the facilities were looted, damaged, or have been affected by the absence of staff and the insecurity. Most health staffs of Axum, Adigrat, Humera, and Dansha are in Mekelle city currently unable to return because of the security situation. Also, there are reports of death and injury of health workers.

In Adigrat, only 8-10 out of 200 staff are currently providing services, without salary for three months. According to the regional health bureau and Mekelle hospital administrators, there was disruption of routine and essential health services (MCH, trauma, vaccines-because of lack of electricity, chronic health care services, etc.). Similar situations exist in most of the towns outside of Mekelle. Also, many of the hospitals outside of Mekelle city were hit by artillery (e.g., Wukuro Hospital), and we were also looted (e.g., Ferwoine Hospital) by the parties to the conflict. According to the regional health bureau, one hospital (Fasthi Hospital) in Adigrat provides medical treatment for wounded military personnel, free health service for injured individuals and IDPs, deliveries, etc. This poses a tremendous resource challenge to an already limited resource.

In terms of medications, the stock of Ethiopia Pharmaceutical and Supply Agency (EPSA) branch in Mekelle is depleted as refill has not been done for the last 56 days. Four hospitals identify a list of drugs and oxygen needed in Mekelle city; some supplies like vitamin A, anti-rabis vaccine, suturing materials, etc., were out of stock even before the conflict. There were medications provided by ICRC and MoH in Mekelle, but it is difficult to distribute them outside of Mekelle because of insecurity and

fear of looting. A significant decrease in the routine health visits at facilities was reported, e.g., at Mekelle hospital, there was an average of 250-300 visits to the OPD before the conflict, however, this number has now decreased to up to 30 persons per day.

- **Nutrition:** Health workers spoke about the interruption of essential health and nutrition services mostly in Alamata, Raya-Azabo, and Mekelle. Shortage of supplementary supplies were said to have affected the delivery of services. In May Makden, KIs informed that parties to the conflict looted all UNICEF's nutrition supplies. Currently, the health centers have no stock to provide to the malnourished children. An insufficient quantity of PlumpyNut is available, though F75 and F100 are not available for SAM management.
- **Education;** Schools are not functional. Some were looted or sustained damage. Many teachers were displaced, or their whereabouts are unknown. Insecurity and lack of salary payment are affecting the plans to resume schooling. Lack of public transportation, security concerns, and lack of operational budgets are also bottlenecks to continue education. In some villages, school computers were looted, supplies delay before the conflict and the COVID-19 pandemic resulted in schools' closure. Tigray is the only region in Ethiopia where public schools remained closed except for grade 12 that had opened before the conflict and then closed again on 4 November 2020. All private and public schools are currently closed, and about 1.4 million children in 2450 schools are being affected. Some schools are/were occupied by the Military; this was the case of Ulaga elementary school in Besober village. Reportedly, the former special regional police had occupied the school. Also, some of the schools have been used to host displaced people. Teachers are usually from different areas; with the eruption of the conflict, some decided to return to their hometowns and villages. Besides, for schools to resume, rehabilitation of water pipelines and latrines is critical to enable a safe learning environment. In Besober a school for 600, the headmaster's office was burned, materials were looted, lost, or vandalized. In Chamaro, one wood class was burned, also, all the students' documents, computers desktops, windows, and doors got damaged. According to the woreda administrator, 20 schools were vandalized in the Alamata area only. Most of the schools are structurally intact; the challenge is the lack of schooling material and equipment and the poor or damaged water and sanitation facilities.
- **Protection** -The conflict has had an immediate and direct psychological impact on the displaced, especially on children—families have been exposed to traumatic events and emotional distress related to conflict and displacement. KIs in Besober, Walaga, Hawelti, and May Makden reported civilian casualties as a result of the conflict. In the same areas looting and destruction of properties were reported, this includes, destruction of properties, damage, and looting of houses, shops, health facilities, and schools. In Harena, KIs reported looting of Jewelry, cash, and other valuable things. They informed that the heavy fighting forced them to flee their homes. Upon their return, they found all their belongings missing or damaged including TVs, fridges, clothes, and food stock. In May Makden, locals reported looting of computers from the elementary school and critical equipment from the health center. Also, young people interviewed in May Makden mentioned being arrested/detained at the checkpoints, more specifically for those without identification cards. Also, locals stated that parties to the conflict destroyed their motorbikes, some youth were also severely beaten. KIs claimed that families are spending nights in the Bush and returning to villages during the day to avoid

insecurity. Also, Besober, KIs spoke about the presence of some separated and unaccompanied children.

People's livelihoods have been affected by insecurity. KIs also expressed serious concerns about landmines and UXOs. Some of the farms and areas used by pastoralists for livestock grazing are likely mined. In Ulaga, two children reportedly lost their lives due to landmines. In Mehoni, 12 women were also killed on crossfire, and one was wounded. KIs in Harena, said women are walking for at least three hours a day to fetch water from the nearest water spring. In May Makden, allegations of SGBV cases were reported.

Recommendations and next steps

| Government and humanitarian partners | <ul style="list-style-type: none"> • Immediate deployment of assessment teams to carry out a rapid and in-depth sectoral assessment in areas where the team did not reach. • Immediate scale-up of humanitarian response including blanket distribution of food, Shelter/NFI, provision of fuel for the health facilities and water points, cash assistance, protection, critical medical and nutrition supplies, and rehabilitation of health facilities and schools. • Work with the Government to ensure unhindered humanitarian access to the hard to reach areas. • Scale-up of humanitarian presence to support the coordination of humanitarian response in the Tigray region. There is an urgent need to re-establish robust coordination based in Mekelle to work with the regional Government to coordinate and facilitate humanitarian response. • Ensure support is provided for data collection by local authorities regarding displacement situation in hard-to-reach Kebeles, including disaggregated data by age, sex, disability, etc., for better targeting of support and resources. • Encourage humanitarian partners with ongoing activities to resume work in all affected areas. |
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| Food security and market | <ul style="list-style-type: none"> • Provision of emergency food (wheat, YSP, and Veg. oil) assistance to the conflict-affected people, including IDPs and the host community. • Provision of food and cash as blanket targeting for all the villages and kebeles at least for three rounds. • Encourage the Government to resume the delivery of the subsidized commodities in the affected areas. Also, cooperation is required between the Government to stabilize the market. In-kind and cash assistance is critical to help affected people to cope with the increase in commodities price. Also, supporting the community in finding alternative markets for their livestock is paramount in enabling them to provide for their living. • Provision of cash for transportation is necessary for kebeles, and villages remotely located from the commodity distribution center; since cash is in shortage. • Prioritize pregnant and lactating women (PLW) during in-kind and cash distribution at the food distribution center. • Organize the food and cash distribution from 8:00–17:00 hrs and arrange a compliant committee for all distribution centers. • Include women in the targeting committee to ensure the registration of women on food and cash assistance. |

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|-----------------------------|---|
| | <ul style="list-style-type: none"> • Improve collaboration between the national and regional Government and humanitarian partners to support emergency assistance. |
| Education | <ul style="list-style-type: none"> • Provision of school and learning materials kits for IDPs, host, and local community children and PPEs for schools. • The Federal Government should work with the interim regional authority in resolving issues related to staff salary and operational budget. • All schools should only be used for schooling purposes, including schools that host IDPs. • In-depth education technical needs assessment to be carried out to identify the immediate and long-term needs in the education sector. The Government should encourage all technical education staff to resume work to enable better delivery of education services. • Restoration of water supply and prioritization of school feeding program to enable school reopening and incentivize HHs to send children to school, as well as provision of additional tutorial classes to female students. • Education, MHPSS, and Child Protection actors to coordinate on supporting children who have been exposed to conflict and violence to return to learning by providing mental health and psychosocial support services and referrals. |
| Protection | <ul style="list-style-type: none"> • Protection to support the restoration of protection services in the areas affected by the conflict. • Provision of mental health and psychosocial support for vulnerable groups of IDPs and children • Provision of support and reunification of separated and unaccompanied children and protecting vulnerable children. • Assessment and clearance of landmines in areas suspected to be contaminated by landmines, this in addition to Mine Risk Education. • Conduct SGBV risk assessments and establish strong referral services |
| Water and Sanitation | <ul style="list-style-type: none"> • Provision of fuel to run generators for immediate resumption of water supply in schemes where power is cut until the electricity is fully restored. • Improved water supply to schools where IDPs are accommodated as well as in Health facilities. • Water trucking for emergency water supply in IDP sites and affected institutions. • Repair of damaged water infrastructures (pipelines, hand pumps, and other water sources) • Purchase, repair, and maintenance kits and tools for water infrastructure. • Construction of improved and gender-friendly sanitation facilities, especially latrines in IDP sites. • Hygiene promotion in IDP sites and the host community. • WASH NFI kits (jerricans, buckets, washing basins) and dignity kits. • Replacement of burned pumps for irrigation activities. • Resumption of public service structure in Water Bureaus to ensure uninterrupted service delivery. • Undertake detailed assessment to ascertain the exact number of people in need of emergency water supply to plan resource allocation properly. • Hygiene kits such as soaps (both laundry and body soaps) are required. • Establish a solid waste management system in IDP sites and major urban centers. • Water treatment chemicals in areas where people use river water and unprotected springs as the source for drinking water. • Resumption of Covid-19 preventative measures (WASH components). |
| Health and Nutrition | <ul style="list-style-type: none"> • Local authorities and humanitarian partners to urgently resume health and nutrition mobile services in all assessed woredas, provide essential drugs and nutrition supplies and work on fixing the supply pipeline • Strengthening Health centers at the woreda centers is needed to improve the health services and address problems resulting from the current conflict, specifically the issues of |

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| | <p>referral system and challenges with maternal health and address the ambulance services affected by the shortage of fuel and curfew.</p> <ul style="list-style-type: none"> • Local authorities to urgently rehabilitate damaged and looted health facilities and furnish them with the required materials • Local authorities to ensure payment of health workers salaries, also ensure their safety and security. • Regional Health Bureau to assess, gather and compile health related data. • The Ministry of Health, EPHI, and humanitarian partners urgently provide critical medical supplies, enhance the ambulance service, and strengthen sectoral collaboration between relevant government entities. • The Ministry of Health to work with RHB toward ensuring the delivery of essential health services such as immunization, chronic health care and establish stabilization centers for SAM cases. |
| Shelter/NFI | <ul style="list-style-type: none"> • Provision of Emergency Shelter and NFI kits to IDPs that settled in the communal centers. • Non-food items to IDPs in the host communities and to those settled with relatives and families. • Partitions and rehabilitation for IDPs that temporarily settled in the collective centers • Cash for rent for IDPs that settled with the host communities. • Conduct detailed Shelter assessment to identify needs in coordination with local authorities and humanitarian partners. Priority will be for those affected population living with the host communities. • Encourage local authorities to identify displaced people in hard-to-reach areas and start registering all recently displaced IDPs. • Each woredas to register IDPs in coordination with humanitarian agencies for immediate assistance. |