On March 1, USAID activated a DART to coordinate USG response efforts to the Tigray crisis. USAID also stood up a Washington, D.C.-based RMT to support the DART.

GoE-imposed access restrictions and insecurity continue to constrain humanitarian operations across Tigray, as well as efforts to assess needs and verify distributed assistance.

As humanitarian need in Tigray continues to increase, many populations remain unable to access basic services in the region. No more than 30 percent of the region's health facilities are functioning, and health care services across the region remain severely impaired.

Through the CRS-led, USAID/BHA-supported JEOP, REST had reached more than 517,000 people in Tigray with emergency food assistance as of February 16.
KEY DEVELOPMENTS

USAID Activates DART for Tigray to Coordinate USG Response

On March 1, USAID activated a Disaster Assistance Response Team (DART) to lead the USG humanitarian response to the crisis in Tigray. The DART is assessing the situation in Tigray, identifying priority needs for the scale-up of relief efforts, and working with partners to provide urgently-needed assistance to conflict-affected populations across the region. To support the DART, USAID also activated a Response Management Team (RMT) based in Washington, D.C. While the USAID Mission in Ethiopia’s capital of Addis Ababa had previously been working on the USG response to the Tigray crisis, the DART and RMT will increase response capabilities in close coordination with USAID staff in Ethiopia, as well as local governments, implementing partners, and USG interagency colleagues.

Humanitarian Access Challenges Persist Across Tigray

The severity of humanitarian need continues to rise in Tigray, as security conditions in the region remain unstable following nearly four months of fighting between the Tigray People’s Liberation Front (TPLF), the Ethiopian National Defense Force (ENDF), and other armed group elements, according to the UN. Though UN agencies and non-governmental organizations (NGOs)—including USG humanitarian and development partners—are conducting limited response activities in Tigray, Government of Ethiopia (GoE)-imposed restrictions on access, ongoing insecurity, and communications and electricity shutdowns continue to disrupt relief operations and impede delivery of assistance to conflict-affected populations.

The GoE National Disaster Risk Management Commission claims to have provided humanitarian assistance to 2.7 million people in Tigray as of February 19; however, humanitarian actors—who have been unable to monitor GoE distributions—believe this figure may be elevated. Relief actors note that it is impossible to verify whether relief commodities reach intended beneficiaries, as a result of GoE-imposed access impediments and the region’s challenging operating environment, with insecurity and service disruptions continuing to constrain relief efforts and hinder needs assessments. Furthermore, as of late February, at least nine of Tigray’s 36 woredas—or districts—had yet to receive any form of assistance since the conflict began. The international community continues to advocate the GoE to provide unhindered access to Tigray, with U.S. Secretary of State Antony Blinken denouncing protection violations and calling for the unfettered delivery of assistance in a press release issued on February 28.

Health Services Severely Disrupted Across Tigray

Health services remain severely disrupted across Tigray, with no more than 30 percent of the region’s health facilities functioning, as of mid-February, according to the Tigray Regional Health Bureau (RHB). Additionally, only 16 percent of operational health facilities—all located in the region’s capital city of Mekele or southern Tigray—are offering routine vaccination services, while only 22 percent are offering maternal healthcare services, the UN reports. Early warning and other disease surveillance systems have also been dismantled in most parts of Tigray, increasing the risk of disease outbreaks in conflict-affected communities, where many populations continue to lack access to safe drinking water and other basic services. In addition, many health facilities remain occupied by military actors, with the ENDF’s continued occupation of Abiy Adi Hospital—which is located in Tigray’s Eastern Zone and serves up to 500,000 people—severely restricting access to health care services in Abiy Adi town and surrounding areas, the UN reports. Furthermore, most health workers operating in Tigray have not been paid in more than three months and remain unable to access cash due to bank closures and daily cash withdrawal limits in areas where banking services have resumed, increasing humanitarian needs in affected households, according to the RHB.
Refugee Arrivals Into Sudan Continue As Border Tensions Rise

As a result of the conflict in Tigray, more than 61,300 people had fled Ethiopia into neighboring areas of Sudan as of February 25, according to the Office of the UN High Commissioner for Refugees (UNHCR). While nearly 41,200 refugees had been relocated to Sudan’s Um Rakuba refugee camp and Tunaydbah settlement by late February, more than 20,000 people remain near crossing points along the Ethiopia–Sudan border. Meanwhile, rising tensions between Ethiopia and Sudan over the disputed al Fashaga territory—located near Tigray—present a risk to the continued protection of civilians in nearby refugee camps, the UN reports.

Protection Concerns Mount Amid Reports of GBV Violations

Continued reports of grave protection violations across Tigray, including widespread incidents of gender-based violence (GBV), continue to generate serious concern among relief actors. From November 28 to 29, Eritrean Defense Forces personnel perpetuated a series of human rights violations—including mass shelling and extrajudicial killing—in Axum town, according to a recent Amnesty International report. Meanwhile, the Ethiopia Human Rights Commission had recorded 108 cases of rape in Mekele and Eastern Zone’s Adigrat and Wukro towns as of early February; relief actors note that rates of GBV are likely far higher than recorded by health authorities due to persistent barriers to accurate reporting, including a lack of legal and health services, fear of stigmatization, and risk of further harm. Furthermore, many internally displaced persons (IDPs) are sheltering in unfinished or damaged buildings, many of which do not include separate spaces or latrines for women and men, exacerbating the risk of GBV, the UN reports.

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

In response to acute food needs across Tigray, USAID/BHA is supporting the Catholic Relief Services (CRS)-led Joint Emergency Operations Program (JEOP) consortium of NGOs to provide emergency food assistance—including commodities such as U.S.-sourced cereals, pulses, and vegetable oil—to vulnerable people in the region. Through JEOP, the Relief Society of Tigray (REST) had reached more than 517,000 people with emergency two-month food rations in Mekele and Adigrat, Shire, and Wukro towns, as well as other woredas in central and southeastern Tigray, as of February 16. CRS has also dispatched emergency food commodities sufficient to support approximately 840,000 people—56 percent of the 1.5 million people included in JEOP’s planned caseload—for two months to distribution sites across the region, most recently enabling REST to initiate distributions in and around Hawzen woreda. USAID/BHA is also supporting the UN World Food Program (WFP) and other JEOP sub-partners to launch expanded food operations in Tigray.

HEALTH

USAID/BHA and U.S. Department of State Bureau of Populations, Refugees, and Migration (State/PRM) partners are conducting humanitarian health programs in Tigray as access and security conditions allow. State/PRM partner the International Committee of the Red Cross has distributed
essential medicines and other medical supplies to conflict-affected individuals in Mekele, as well as to IDPs and health facilities elsewhere in Tigray and in neighboring areas of Amhara Region. State/PRM also supports UNHCR to provide health assistance to refugees in Tigray. The UN agency recently established an operational hub in Amhara’s Debark town to support health services in Tigray’s Adi Harush and Mai Aini refugee camps, and has provided health assistance to more than 8,500 IDPs in Shire.

**NUTRITION**

In response to nutrition needs in Tigray, USAID/BHA partner the UN Children’s Fund (UNICEF) is distributing nutrition commodities—including high energy biscuits and ready-to-use therapeutic foods—to conflict-affected populations.

**PROTECTION**

In response to protection needs resulting from the conflict in Tigray, USAID/BHA supports the International Rescue Committee (IRC) and UNICEF, which conduct programs as humanitarian access restrictions and security conditions permit. For example, IRC is distributing dignity kits and providing GBV case management services to IDPs in Shire, where legal structures to address cases are nonfunctional. Further, IRC is expanding its protection services in the town with USAID/BHA support, including by establishing GBV and child protection referral pathways with service providers and disseminating information on sexual exploitation and available protection services to 1,600 IDPs sheltering in the town. In addition, State/PRM supports UNHCR to provide protection and other multi-sector assistance to refugees in Adi Harush and Mai Aini, as well as IDPs across Tigray.

**SHELTER AND SETTLEMENTS**

USAID/BHA supports the provision of shelter and settlements assistance to conflict-affected populations in Tigray—as well as Amhara and Benishangul-Gumuz regions—through the International Organization for Migration Rapid Response Fund (RRF), as well as the Ethiopian Red Cross Society. In western Tigray’s Humera town, CRS is distributing relief commodity kits to IDPs sheltering in the host community through the RRF. State/PRM supports UNHCR to provide shelter assistance to refugees in Tigray. For example, UNHCR is working with the GoE Administration for Refugee and Returnee Affairs (ARRA) to rapidly expand shelter at Aid Harush and Mai Aini camps and working to identify additional shelter solutions to host relocated refugees.

**WASH**

USAID/BHA and State/PRM fund the provision of critical water, sanitation, and hygiene (WASH) assistance throughout Tigray. USG humanitarian partners are distributing relief commodities—including WASH supplies—to conflict-affected and displaced populations, as well as delivering equipment
to support the rehabilitation of WASH infrastructure damaged by the conflict. USAID/BHA-supported water trucking services are assisting up to 94,000 people in Eastern Zone, while IRC has initiated water trucking services in and around Shire. Meanwhile, through the USAID/BHA-supported, UNICEF-led Rapid Response Mechanism (RRM), CRS had reached more than 140,000 individuals across Central, Eastern, and Western zones with emergency water services, including reaching approximately 48,000 individuals with fuel to support pumping water and an estimated 92,000 people with water trucking, as of late February. In addition, through the RRM, CRS had reached an estimated 28,000 people with hygiene promotion campaigns.

**CONTEXT IN BRIEF**

- Following weeks of escalating tensions between regional and federal authorities, clashes erupted between the TPLF and the ENDF in several locations across Tigray on November 4. Though the GoE declared victory against the TPLF on November 28, security conditions remain volatile across Tigray, with active conflict continuing to endanger populations in affected areas. Insecurity and its effects on livelihoods, markets, and the availability of services have generated and exacerbated humanitarian needs among local populations in the region, endangering and displacing populations within Tigray, into other regions of Ethiopia, and into adjacent areas of eastern Sudan.

- On November 17, 2020, U.S. Ambassador Michael A. Raynor reissued a disaster declaration for Ethiopia for FY 2021 due to the continued humanitarian needs resulting from the complex emergency—including the conflict in Tigray—and the impact of ongoing climate, conflict, food insecurity, and health shocks on vulnerable populations. Separately, on October 16, 2020, Ambassador Raynor reissued a disaster declaration for Ethiopia due to the sustained widespread impacts of desert locust infestations in the country.

- On March 1, 2021, USAID activated a DART to lead USG humanitarian response efforts to the crisis in Tigray. USAID also stood up a Washington, D.C.-based RMT to support the DART.

**PUBLIC DONATION INFORMATION**

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at *interaction.org*.

- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.

- More information can be found at:
  - USAID Center for International Disaster Information: *cidi.org*
Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at usaid.gov/humanitarian-assistance/where-we-work