



Multiagency and Multisectoral Rapid Need Assessment in

Raya Kobo, Raya Alamata, Raya Azebo, Chercher, Wajirat and Ofla Woredas of North Wollo and South Tigray Zones



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Abbreviations

AWD	Acute Water Born Disease
DRMC	Disaster Risk Management commission
FGD	Focus group discussion
HH	Household
IDP	Internally displaced people
KII	Key Informant Interview
NFI	Non-food Items
SEA	Sexual Exploitation and Abuse
WASH	Water Sanitation and Hygiene
CLTS	Community Led Total Sanitation Model
PSNP	<i>Productive Safety Net Program</i>
HRD	Humanitarian Response Document
PSEA	Protection of sexual exploitation and abuse
SEA	Sexual exploitation and abuse
NGO	Nongovernmental organization
GBV	Gender based violence
HTP	harmful traditional practices
LNGO	Local non-government organization
CoC	code of conduct

1. Summary

2020 was ascribed as a record year of disasters by the local communities in the locations covered by this assessment; Raya Kobo, Raya Alamata, Raya Azebo, Raya Chercher, Wajirat and Ofla woredas in North Wollo and South Tigray. The multiple, complex and frequent hazards have proved relentless; COVID 19, Desert Locusts and conflict have exhausted the coping capacity and challenged the resilience of the local communities.

The Tigray conflict erupted at the backdrop of the devastating impact of COVID- 19 and locust infestation crisis. To make the matter worse, the conflict erupted in the middle of the harvest season, effectively halting attempts to gather the remains of already depleted crops. The longer-term effects of, which will impact communities for years to come.

Since there was already an influx of IDPs from the 2017 ethnic conflicts around the country, the region experienced in hosting IDP, but on this occasion, the numbers of incoming families have doubled and, in some cases, trebled, according to reports from the local Woreda authorities responsible for registering such movement. Thus, these two zones are under protracted and complex crisis that have rocked the livelihood base of the communities and put their lives into a very precarious situation.

Although, there are no official records that showing death due to COVID 19; the social distancing, movement restriction and market blockage has impacted the communities, (especially the lower income groups) through raising transport cost and price hike of goods and services in the market. This has hampered the financial and physical access of the local communities to the markets.

The woredas assessed in this report were among the main woredas hardest hit by the desert locust infestation, which damaged on average 50% of the last Meher harvest (2020).

The conflict was the most disastrous of all the hazards that crushed their livelihood base and put lives at greatest risk as it resulted in complete or partial loss of their household assets including food, seed reserves and livestock through widespread looting and or being caught up on fire in the midst of fighting. A number of people have been reported to have been killed in all the woredas assessed though it is difficult to ascertain the numbers, since so many people fled and haven't returned to their homes, with little information available as to whether they are alive or dead as a result of the conflict.

The hazards have affected the communities in the woredas disproportionately based on their locational proximity to the hazard, resilience capacity, the intensity and magnitude of the hazards in each locality. In all the woredas assessed, the conflicts have caused looting of public and private properties, destruction of shelters, markets and schools, high transport cost, power interruption, collapsed government structure and services; which indeed have complicated the humanitarian situation on top of the impact caused by COVID-19 and desert locust infestation. The local communities have already started exercising negative coping mechanism such as selling of and remaining productive assets, migrating to the urban centers or crossing borders in search of support.

In most woredas of South Tigray, there is no public service functioning except the health services, which is semi-function in some of the woredas. In these woredas reproductive health services are not available for women who need the service. Since there was no electricity due to the conflict, in most the woredas the communities are suffering from the lack of household electric power, grinding mill, water supply system that are operated with electricity. Thus, the communities are forced to use unprotected water sources without any treatment, traveling long distances to get fetch water, which indeed has created extra workloads for girls and women to meet their family needs, aggravating the already appalling conditions of unpaid care work. Women and children are the primary victims of the crises followed by elderly and people living with disabilities.

There is no platform set to coordinate response either in the woredas or in the zones. At this point, it seems that the local Military Command Post is stepping in to try and coordinate the government food assistance response with blanket targeting approach. Therefore, the assessment team recommends paramount importance should be given for setting a response coordination platform led by government and supported by the UN at the earliest opportunity to encourage a comprehensive and coordinated response from implementing partners.

In almost all woredas of Tigray, schools have been closed since the COVID 19 outbreak. However, 8th grade students resumed school has stooped due to the conflict. School facilities and infrastructures are looted and destroyed due to the conflict. Teachers fled away to safety have not returned yet and their salaries for the last 3 months not paid. Thus, the school facilities need major rehabilitation work and provision of supplies.

Priority Needs

Women, children and the elderly are identified as the most conflict affected and vulnerable groups. Whereas the urgent needs identified in order of priority according to age and gender.

However, the overall priority needs reported are;

1. Peace and security
2. Food assistance
3. Health Service (mainly reproductive health)
4. Shelter and NFI's including WASH NFI's
5. Livelihoods restoration
6. Water supply
7. Education

Thus, all in all triangulation of the information collected through FGDs, KIIs plus transect walk portrays an average of 75% of the communities (~ 446,867 people) residing in the South Tigray region were affected at different degrees.

Advocacy Agendas

- **Right to food:** Serious shortage of food at household level due to the crisis. People got to be supported to increase their access to food unless starvation will follow soon.
- **Right to public services.** Notably banking, and health and education, and others such as legal institutions like courts and police, access to transportation and fair price. Both the IDPs and host communities should get standard health and education services. Banking services should be restored fully urgently to enable people access cash to meet their basic needs.
- **Government led coordination unit of the response:** It is an urgent priority and should be in place in Northern Wollo and South Tigray corridor at the earliest to coordinate the responses of the different humanitarian actors.
- **Payment of Government Employees:** Lobby government to pay salary of government workers in South Tigray, since they have not been paid for the last 3 months. Without payment, it will be challenging to encourage a return to normality, or even positive cooperation at the Woreda/Zonal level, as staff need to provide for their families.
- **Right to safety and Protection:** affected men, women, boys and girls including people with special needs require immediate protection and safety supports for quick recovery and be secured

2. Background

Tigray, Amhara and Afar regions have been the epicenter of many natural and manmade hazards in the country over the last few decades. However, 2020, the worst ever, being affected with frequent, repeated and complex, high scale and severe hazards, which left millions of households suffering severe stresses. The latest large-scale humanitarian crisis started in these three regions with COVID-19, followed by Desert Locust Infestation and conflict, which has literally crushed the coping capacity of the affected population and challenge their resilience or ability to recover without external assistance.

The conflict crisis in Tigray region has erupted on the backdrop of multiple hazards and at a time when the Meher crop harvest was taking place. This is the only annual harvest, so crucial for survival. As a result, many households are left with few options either to wait for any support while keeping their survival with few and minimum food intake by borrowing and begging from

neighboring communities or sell any remaining assets at a reduced rate (livestock, food and seed reserve) and flee to other areas.

This assessment originally aimed at collecting the information from South Tigray and North Wollo zone selected four woredas, namely Raya Kobo, Raya Alamata, Raya Azebo, and Ofla woredas. Later on, during the assessment Chercher and Wajirat woredas were also included in the assessment areas which are regarded as among most affected woredas in the zone.

Due to the collapse of the local administration after the conflict, the assessment was not able to get information from the concerned sectoral offices of the woredas in South Tigray about the effect of the crisis especially of the conflict. Thus, the team interviewed the available staff, who used to work for the Early Warning Disaster Risk Management in the assessed woredas and managed to get some information about the situation and desert locust impact before the crisis. It wasn't possible to access Wajirat woreda early warning expert due to security issues limiting access to the Woreda capital.

The team conducted FGDs in Raya Kobo woreda separately with women and men groups and visited Awere IDP center after doing KIIs with the woreda administration and sectoral offices; agriculture, education, women affair, DRMC, water and health. In Raya Azebo the assessment team conducted FGDs again with separate men and women groups in Mechare and Huwelti kebeles and visited the homes of affected households in Reketa village. In Alamata, the assessment relied on the KII with the woreda DRMC experts. In Raya Chercher woreda the team made KII (with DRMC team lead), FGD with separate women and men groups and with children in Irba Haka kebele, and E.Wullaga kebeles. In Wajirat woreda, the team carried out FGD with men and women groups in Tsehafti Kebele Greb-ago village.

Table 1. South Tigray disaggregated population data per woreda/town

Woreda	Population of the Woredas			Household		
	Male	Female	Total	men	Women	Total
<i>Ofla, Zata and Korem</i>	76,095	80,413	156,510	20,280	15,718	35,998
<i>Raya Alamata and Alamata Town</i>	51,882	52,945	104,827	11,529	11,765	23,294
<i>Raya Azebo and Mehoni town</i>	62,896	65,464	128,360			
<i>Chercher</i>	33,450	34,210	67,660	8,841	3,025	11,866
<i>EndaMehoni and Maichew town</i>	68,301	70,164	138,465	35,013	17,565	52,578
<i>Total</i>	292,624	303,196	595,822	75,663	48,073	123,736

3. Objectives of the Assessment

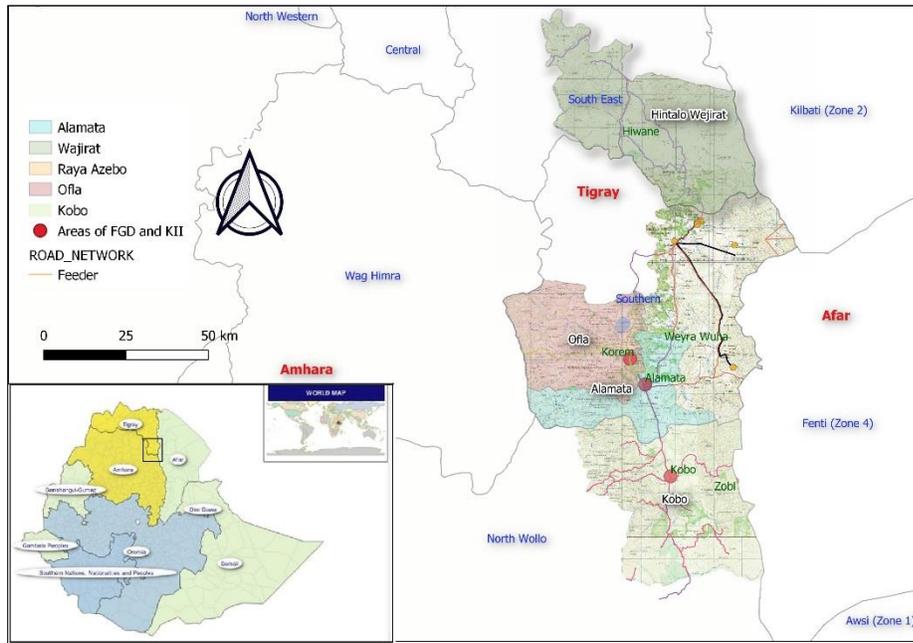
- a) Assessing the current humanitarian situation and identify response requirements and preferences¹ for IDPs as well as host community members with humanitarian support needs
- b) Understand the response capacity and preparedness of partners operating in Amhara and Tigray and to act in a complementary manner to rescue the lives and livelihoods of the communities and IDPs,
- c) To be ready for humanitarian support in line with humanitarian principles and NGOs code of conduct, and
- d) Understand current humanitarian concerns of the targeted areas in both regional states (Amhara and Tigray) and act to raise these concerns with potential benevolent donors within the country and overseas, to generate funds

¹ In line with Commitment 1.2 of the Core Humanitarian Standards

4. Methodology

4.1. Assessment area

The geographic area covered by the assessment: Raya Kobo, Raya Alamata, Raya Azebo, Raya



Chercher, Wajirat and Oflla woredas in North Wollo and South Tigray.

- KII: Meet with regional, Zonal and Woreda line bureau of the target Woredas
- FGDs with different groups of the community including men, women only

groups and children and youth groups, as well as in few FGDs there were mixed groups comprising of varied categories of community members, men and women participants.

- Observation of IDP site, households, discussions with direct and indirectly affected community groups

4.2. Composition of the team

The assessment team was composed of Oxfam, Action Aid and CARE with diverse background:

Oxfam: Humanitarian Program Manager, Gender Program Manager and Tigray Response Manager/Global WASH Expert

Action Aid: Humanitarian Program Manager, and Donor Fund Projects Compliance Coordinator

CARE: Coordination Office Head & JEOP Coordinator

4.3.Limitations

In Raya Azebo, Raya Chercher, Raya Alamata and Wajirat woredas, there are no formal government structures (offices) remaining to interview in an official capacity. However, we succeeded in meeting the former early warning and disaster risk experts in three of the woredas (not Wajerat), in which we managed to get some information about current and pre-crisis status. The team moved to each site, visited after thorough check of the security situation from the different contacts available from place of departure and arrival.

5. Key findings

5.1.Hazards & Impact

2020 was ascribed as a record year of disasters by the local communities in the locations covered by this assessment; Raya Kobo, Raya Alamata, Raya Azebo, Raya Chercher, Wajirat and Ofla woredas in North Wollo and South Tigray.

The multiple, complex and frequent hazards have proved relentless; COVID 19, Desert Locusts and conflict have exhausted the coping capacity and challenged the resilience of the local communities. The Tigray conflict erupted at the backdrop of the devastating impact of COVID-19 and locust infestation crisis. To make the matter worse, the conflict erupted in the middle of the harvest season, effectively halting attempts to gather the remains of already depleted crops. The longer-term effects of which will impact communities for years to come. Since there was already an influx of IDPs from the 2017 ethnic conflicts around the country, the region is experienced in hosting IDP, but on this occasion, the numbers of incoming families has doubled and in some cases trebled, according to information given by staff previously working for the (now non-functioning) woreda offices. The two accessible zones were already under protracted and complex crisis and the latest events have exhausted the coping capacity and resilience of the local communities.

Though there are IDPs in both North Wollo and South Tigray, the support and the attention given is much greater in Tigray with predictable food assistance program every month and livelihood restoration support including provision of land for cultivation. In Kobo woreda for instance no

IDPs have been provided with livestock restoration or land for cultivation. This was considered to be an unfortunate and negative omission which should be reconsidered by government. There are more than 10,000 IDPs distributed across North Wollo Zone with more than 2,700 individuals in Kobo. Most of the IDPS are living with the host communities in both rural and urban areas.

In both zones, the IDP are living integrated with the host communities with more than 407 IDPs in one settlement site in Kobo known as Aware. The services and support provided by government to this IDP site is very limited, which created frustration from the IDP communities. According to the IDPs no humanitarian actors have given them any kind of support and they are not doing enough to support them or assist in flagging up their needs accordingly to others whom may have capacity to assist.

COVID-19: The impact of the COVID-19 pandemic is predominately in relation to the restriction of movement of people and goods, closure of markets, disruption of supply chain and subsequent economic downturn. The impact appears to be felt most deeply in North Wollo communities, since it has significantly reduced the remittance that has been the backbone of most of the household's economy. Many of these households have survived on remittances, sent by their daughters from their work in the middle east. However, many of these young women have been forced to return back home creating the double impact of loss of remittance payments, and the increase of family members to feed with such reduced income.

Desert locust infestation: The recent Desert Locust infestation has been described globally as the worst in living memory, with suggestions that there hasn't been swarming like this for at least 75-years. The two zones assessed have been some of the worst hit in the country. On average 50% of the Meher harvest was lost to Desert Locusts. This is a massive loss, as there is only one regular or productive harvest each year in this region. All the woredas located bordering Afar region all along from Raya Chercher to Raya Azebo to Raya Kobo have totally lost their harvest, so with no produce this year, there is no food and no availability of seeds for next year's planting. Furthermore, there is a real threat that there will be more swarming, as the communities report that they frequently find the white eggs of the desert locusts in the sand of the nearby Afar Region. In Kobo woreda, the DL infestation has affected the agricultural labour market of the casual workers as well, who come from the highland areas in November and December each year to earn a wage assisting with the harvest.

Conflict: The conflict was by far the most disastrous of all the emergencies to have happened in South Tigray in recent years. The impact on food security, livelihoods and the local economy has been almost total devastation. Communities were only just surviving before the conflict, so it created a tipping point, which will be impossible to recover from without external assistance.

The notable impact of the conflict being;

- Complete loss of their household items through looting including their food reserve from the recent meagre harvest remaining from the desert locust damage
- Livestock loss due to looting and killing in the crossfire of fighting
- Standing crops, abandoned by the fleeing population then lost to looting and being grazed upon by the livestock that had also been abandoned by the owners, while on communities were on exile
- Complete or partial destruction of houses, stores and businesses by hostile groups.
- Babies being delivered in the forests or displacement sites, so lacking proper medical support.
- Severe shortage of food and water during the exile, which resulted in severe hunger and left children with sickness and malnutrition.
- Longer term impact is likely to be an inability to plant crops next season, due to loss of seed, tools and farming assets, including livestock.
- Additional long-term impact may be;
 - deforestation, as many community members may resort to cutting down trees for charcoal production to sell at the roadside.
 - Removal of children from schools (where these are functioning)
 - Migration of young people and those able to move, to urban areas in search of casual work. This will lead to increased likelihood of exploitation, abuse and violence against the most vulnerable.

Thus, all in all triangulation of the information collected through FGDs, KIIs plus transect walk depicts an average of 75% of the communities (~ 446,867 people) residing in the South Tigray region were affected at different degrees.

5.2. WASH

5.2.1 Sources and availability of water for community use

Communities residing in most of the woredas visited by the team use water for household purposes (drinking, washing, and cooking) from sources such as rivers, handpumps (shallow boreholes), borehole (piped system), and springs. Many of the piped systems, boreholes, and handpumps are not functioning with their full capacity. Many handpumps are broken during the conflict and no one from the communities or the local authorities have been able to repair them as the water resource authorities are no longer functioning in Raya Azebo, Raya Cherchr, Ofla and Wajirat due to the conflict. Motorised boreholes are only running infrequently due to regular power interruption in many places across the visited woredas. As a result, communities are obliged to resort to using water from unprotected sources such as rivers or digging water from areas adjacent to the rivers. This is difficult and time-consuming and often falls to the female members of households, including children and the elderly. It can take 6 to 7 hours to fetch water in some places (Mechare in Raya Azebo woreda for example). This includes time required to dig the water and for the round trip. Water from these sources are obviously unsafe and causing increased instances of waterborne diseases such as diarrhoea. This is particularly worrying, as the area has seasonal outbreaks of AWD and there are limited medical facilities functioning. Coupled with the increased numbers of vulnerable people with signs of malnutrition, it is likely that any diarrhoeal disease outbreaks will have a very high mortality rate.

Multiple kebeles in Raya Alemata and Raya Azebo Woredas have piped water connections both for communal use as well as individual HH uses. However, the services are fully dependent on availability of electricity. Almost all of them have no alternative power sources such as generators or solar power. Interruption of water supply for months during the conflict and post conflict periods was attributed to these factors. Recently, limited and somewhat erratic electric power service was restored in most woredas except for Wajirat woreda. Despite electric power service restoration, water supply service in many kebeles is still not reliable because of continued power interruptions. As a result, women and girls are obliged to continue travelling long distances to look for water from unprotected sources, which puts them at risk of GBV and other personal security concerns. In Hawulti Kebele, households, who prefer to buy from local water suppliers using Bajajas (three-wheel transportation facility), are required to pay up to ETB 15 per jerri can of 20 litres, which is greatly inflated in comparison to pre-conflict prices. This shortage jeopardising the normal

personal hygiene of the community including hand washing, which every community is required to practice now in the COVID-19 era.

Chercher town and Biso Ber Kebele in Chercher woreda have their water supply systems impacted by the conflict. The piped water system in the town is functioning only 2-3 days per week due to electric power interruption for pumping. Only one public water distribution point functions and multiple household connections exist. As a result, women, girls and children travel long distance to insecure locations to collect unsafe water.

In Biso Ber Village of Chercher Woreda – a village devastated by the conflict, their only nearby handpump has been damaged and is out of service, the piped water system runs using solar system reportedly has a high calcium and magnesium content that the community members find unpalatable and problematic for preparation of food . As a result, most people prefer the river as a main water source for drinking and cooking, which is unprotected and unsafe. This poses a public health risk for the residents. The river water source is about 2 kms away and women, girls and boys usually have security and GBV concerns accessing this site. Thus, water is rationed and not safe for drinking, cooking and personal hygiene use.

Most of the households don't have jerrycans to fetch water as many houses were looted or destroyed during the conflict. Currently the people share the available jerry cans with their neighbours and relatives, again reducing the volume of water available to households and increasing the likelihood of the transmission of waterborne diseases.

In Wajirat woreda – Tsehafti kebele, there are three broken handpumps left without proper management or chlorination. Villagers share their current water source with cattle. It has been noted by some community members that in addition to the usual debris and contamination associated with water sources shared with livestock, there are also animal carcasses in the vicinity (as a result of the conflict), which is probably contaminating the source with cryptosporidium. There are recent bloody diarrheal cases among children as explained by community members in the kebele.

Many kebeles have a very low water service coverage. In Raya Kobo woreda for example 5 kebeles have only 9% coverage mainly due to long term budget shortfalls. The problem is aggravated by the recent conflict and increased burden on the capacity of the woreda and the community particularly women and girls. There are several boreholes dug by the respective woredas of Raya

Chercher and its neighbouring Alamata woreda water Resource offices with the support of regional government. However, they were not made fully functional due to the budget restrictions. Shortage of chemicals needed to treat water from unprotected sources is another issue of the woredas to treat the sources because of lack of supply of household water treatment chemicals in the local marketplace.

5.2.2 Hygiene services and Practices

Despite the availability of latrines at many households, people often practice open defecation in homesteads and bushes. Availability of latrines is nominal, and many are in poor condition or considered unsafe, uncovered and a source of contamination. There were hygiene promotion activities run by the local health extension workers and school-based hygiene clubs before the crisis, many of which were based on the Community Led Total Sanitation Model (CLTS). Now the services are interrupted all together, since health institutions are not functioning or looted and damaged during the conflict. Health extension workers are not serving with full capacity, since they have not received salaries starting from the beginning of the conflict and lack essential supplies, including PPE, equipment and drugs. Few workers are trying their best supported by the command post authorities. They were provided with wheat grain in consideration of the services they provide to the community in some woredas (Raya Azebo). This service is very limited and not reliable.

Hand washing practices

As a culture, it is a normal practice to wash hands and faces up on waking up early in the morning. It is also a norm to wash hand before and after meal. Hand washing after defecation is not practiced under normal circumstances. In some few cases, it is subject to availability of water which is not practiced after the crisis mainly because of shortage of water and unchanged behavior of community members. As most people prefer to defecate on open fields and bushes, chance of washing hands after defecation is very unlikely since water is not readily available over there. This needs continuous awareness raising and change of attitude of the community apart from availing water services.

5.2.3 Proposed Response

- Install water transmission, storage and distribution system in five kebeles of Raya Kobo woredas – Yaya, Workie, etc. and supply chlorine for water treatment.
- Install alternative power backup (preferably solar panels and appropriate electric pumps) for pumping of the water system in Raya Alemata woreda
- Rehabilitation and improvement of damaged water schemes in Raya Azebo, Chercher and Wajirat woredas
- Strengthen the woreda water resource offices for improved operation & management services
- Hygiene promotion and COVID 19 prevention activities in behavior and attitude change towards improved hygiene practice and use of latrine usage.
- Support the construction and refurbishment of household latrines.
- Provision of household collection and storage (looted and damaged households in Raya Chercher, Raya Azebo and Wajirat) and IDPs in Kobo.
- Rehabilitate and improve WASH facilities in health centers and schools.
- Urgent provision of medical supplies, equipment and essential drugs to health facilities
- Rehabilitate the health facilities across the kebeles in the woredas

5.3. Food Security, Livelihoods and Nutrition:

5.3.1 Food Security

Access to food is highly compromised in all the assessed woredas (Raya Kobo, Raya Alamata, Raya Azebo, Raya Chercher, and Wajerat), due to the multiple incidents endured over the last few years. (COVID-19 pandemic, desert locust infestation and conflict). These hazards have depleted the coping capacity of the local communities and challenged their resilience. COVID-19 pandemic has primarily affected the economy due to market closure and price inflation, while desert locust (DL) infestation has caused significant loss of harvesting all the woredas assessed with varying degree of impact, but it has been estimated that there was an average of 50% damage of produce. In some kebeles of all the woredas visited, total failure of harvest was realized due to the DL infestation.

The conflict was even more disastrous for the farming community, with devastating impact on food and seed reserves by the use of heavy weapons, looting, and livestock killed in the crossfire or stolen for feeding of combatants.

Food availability: Availability of food is totally compromised due to less or no domestic production due to desert locust infestation that caused 50% to 100% loss of harvest.

Food Accessibility: Access to food is highly constrained, since the communities generated less or no income in recent months due to the loss of harvest and livestock in the above incidents. Added to this, the local banks have been closed as a result of the conflict, so even getting remittances from distant families or loans from banks and other sources is unlikely. Limited food supplies have also increased the cost of basic commodities in the market. The communities are also deeply concerned for their security, so reluctant to travel any distance to market on foot, or by animal. The use of public transport is also restrictive due to the cost of transport increasing by 400 to 500%. Thus, the physical accessibility due to security concern or transport price hike has indeed exacerbated the community access to food. In particular, Wajerat woreda is the one that really suffered from physical access to the market due to price hike of transport and security concerns.

The local communities are under immense challenge to food availability and accessibility in Kobo woreda, North Wollo, especially the one that have lost their entire harvest due to the desert locust infestation. Thus, this alert immediate humanitarian assistance is paramount especially to the communities that lost their entire produce till the next harvest season in November/December 2021. Communities' interests including the authorities/experts lays with cash response, since the markets are potentially still functional (even if prices are high) and there is a local cash economy. The IDP communities should be provided as well with predictable year-round food assistance till they can generate their own food or income that supports the household food needs.

Food utilization: Cooking of food, which has direct effect on food consumption and absorption is highly compromised due to less availability of firewood and cooking utensils. As confirmed through KII, FGDs and case studies, the women as well as the men don't currently access the forest to collect firewood from the forest as they were in fear of being caught up in fighting. Their household belongings including the cooking utensils were looted, while they fled from their homes to escape from the fighting, limiting their ability to prepare and cook food.

Markets: Markets were hard hit by the conflict with looting or robbery as well as the double or triple price hike, which resulted in a serious financial accessibility issue. Physical access to the markets is highly compromised as well due to security concerns and transport price hike. In general food items and no food items prices including the services in the markets in the visited woredas have shown drastic increment after the conflict ranging from 25% to 50%. Some services like transportation increased triple or quadrable times due to the compounded effect of COVID-19 and the conflict.

Financial Service Providers: Except in Alamata town, no woredas visited have banking services, which compromised the communities' access to food as it has direct effect on the financial accessibility of markets. Even in Alamata town, banks have been providing services with withdrawal limit. Long queue is seen at the gate of most banks for cash withdrawal. Daily withdrawal is capped at 2000 ETB.

Food Security Programs: Productive Safety Net Program (PSNP) and Emergency Humanitarian Assistance were supporting the people in need before the crisis in the woredas assessed. However, these programs were completely stopped during and after the conflict. In most woredas visited the programs were in preparation of November 2020 transfer of payments. Unfortunately, there are some kebele in the woredas assessed, which didn't receive September and October 2020 transfers that further complicated the food access for this segment of the population, which have pre-existing chronic and acute food insecurity.

The assessment team has witnessed food distribution in Mehoni town for the local communities, with a food stock, which was said to belong to the PSNP and HRD beneficiaries.

5.3.2 Livelihoods

The communities in all the visited woredas are agro-pastoralists, practicing more of arable farming, while keeping some livestock; mainly cattle and shoats. Some own camels as well. The KII with the administration sectoral offices indicated seed support for the host communities is paramount, since they consumed or lost their seed reserves. Livelihood support is among the priority needs of IDPs in Kobo Woreda, which is complemented by the woreda officials and experts interviewed to sustain their own living. Livestock feed was decimated by the desert locust infestation in all the

woredas assessed that affected the livestock production in the locality. It has contributed to the insecurity as well due to migration of livestock in search of pasture and water. Vulnerable group of people of the society are mainly pregnant and lactating women, children, the elderly and most importantly the IDP communities. One of the main hazards that exerted critical challenge on the local communities is desert locust infestation, which damaged the crops at its maturing stage and pasture/browse of the livestock feed. The desert locust infested the rangelands in cyclical rounds that caused total damage in some of the kebeles in the woredas visited. To make the matter worse, the desert locust infested the sole harvest of the communities in a year, which constrained their food access for the coming 11 to 12 months, as the next harvest happens in November and December 2021. The fact that land preparation for the next harvest season commences towards end of January 2021, presents immense challenge, since the communities don't have the resources at hand especially seeds and tools. The local communities emphasized the need for peace & stability in their location is paramount to allow them work in their farmland with ease without fear and panic. Nevertheless, the local communities asserted they would like to be supported at least with seed support, since missing the next planting season would drive them to a total disaster, through predisposing them for external humanitarian assistance till the end of 2022.

The communities have lost lots of livestock assets in the conflict due to looting and killings with flying bullets. Thus, most of the communities will be without oxen to cultivate their farmland, which might reduce the cultivated land for the next harvest season that in turn jeopardize access to food in the year to come. There will be less livestock products as well such as milk and meat, which affects the nutrition of family particularly the children. The income, which they generate from sale of live animals and livestock products, is seriously hampered for having less or no livestock as a result of the impact of the conflict. To safeguard their livelihoods and ascertain the next harvest, these communities should be assisted with assorted types of seeds as per their preference and agro-climatic zone. Those community members, who are engaged on petty trade, should be supported with seed capital to enable them to restart their business and generate income to sustain their living.

5.3.3 Nutrition:

Nutrition security is highly compromised in 2020 due to the compounded complex crisis, which constrained food access and depleted future food stock. Access to nutritionally valuable food is hampered from the local markets as well for price hike due to COVID-19, Desert Locust Infestation and Conflict. Less or no harvest resulted from desert locust infestation has compromised the nutrition status of the households as well, since they consumed have had to cut back on the quantity and quality of daily meals, with many reducing consumption to just one meal a day. Noting that it is very likely that women and girls will be particularly at risk, as they are commonly the last to eat in the household, with men and boys taking food first. The fact that the livestock assets of the households were lost or minimized has a direct repercussion on the nutrition security of the family especially on children (particularly girls), since they won't get the high-quality protein diet such as milk and meat. The less income from livestock and livestock product sale due to less or no livestock compromised their financially accessibility to nutritious food available in the markets. This as a result would bring additional burden on the breastfeeding mothers, since the children will be solely dependent on breast milk, which eventually put the nutritional status of the mothers at stake. Pregnant and lactating women who desperately need access to nutritional food are also at particular risk as limited food supply will have the greatest long-term impact on their health.

5.3.4 Proposed Response

- Food assistance through cash or in-kind transfer as per the context and market functionality. In all the woredas visited except in Raya Kobo, Raya Alamata, Raya Chercher, and Raya Azebo woredas except in Wajirat Woreda, cash transfer modality is feasible, since markets are functional and financial service providers (FSP) are available. However, Financial Service Providers (FSP)s remain closed till the year ends, 31st of December 2020, which presents difficulty in doing cash-based assistance (CBA) in these woredas, if the situation persists; thus, in-kind assistance should be prioritized in the initial stages, until the banks open and the market stabilises to more affordable access to food.. So, the cash transfer value should make sure to include complementary food items that the staple food baskets to stabilize the household nutrition especially of the pregnant/ lactating

women and children, and transport cost, in areas the communities use transport to access the FSP.

- Livelihood restoration: assorted seed types provision that meets the community preference and suit to the local agro-climatic zoning
- Provision of seed capital for those community members engaged on petty trade before the crisis
- Awareness raising on the reporting, prevention and control of desert locust

5.4. Gender and protection

5.4.1 Most vulnerable people

All areas targeted by the joint assessment are highly affected by the Tigray conflict, desert Locust infestation and Covid-19 pandemic. The magnitude of the conflict is devastating than the other disasters in Tigray than the bordering Amhara region while the locust disaster is immense in all areas. Since the covid-19 outbreak in March, schools were closed for prevention measures as the result, children stayed at home and provide various support for their parents for example girls engage in fetching water, collecting firewood and preparing meals and boys fetching water and keeping cattle.

In the first week of November, the normal life routines have changed for many men, women, children, elders and all people in Raya Azebo, Raya Chercher, Alamata and Wajirat woredas (in villages of Mechare, Hawelti, Wullaga and Tsehafti which are covered by the assessment mission). When the conflict intensified, these communities ran towards the nearby forests and villages to save their lives. During this time, pregnant women, breastfeeding mothers and small children were the most vulnerable people even though the conflict has affected everybody. While in the bush, they have suffered mainly from lack of food, water and shelter. The assessment team has observed malnourished children in most kebeles. A woman in Tsehafi kebele mentioned the situation as ‘we didn’t take anything with us when we ran, so we didn’t eat anything for at least three days, and we suffered from lack of food, shelter and clothes’. However, when they return to their houses, they found most of the houses were destroyed and the rest were looted. Since their return, in some kebeles civilians have died as a result of the lack of food, potable water and essential goods or services.

In most of these kebeles, women lost their belongings including jewellery, cash, clothes, electronics and all types of domestic household items. In the communities where houses were destroyed, they were totally emptied or left with next to nothing for survival. In addition, the team noted that schools, health centres, government offices and businesses have also been looted and destroyed.

In one of the women FGD in Wullaga kebele a woman was about to cry when the discussion was about access to menstrual kits. According to the women, since they have lost everything due to the crises, they have higher need of menstrual hygiene management. In general, due to the multiple hazards mainly the conflict, women and children are disproportionately impacted; particularly pregnant and breast-feeding mothers, elders, people with special needs, female headed households and IDPs are to be the most vulnerable part of the communities.

5.4.2 Protection and GBV risks

There are high protection and GBV risks mainly rape and sexual violence against women and girls as the peace and security in all areas are affected by the conflict. There are few rape cases reported in two kebeles during this conflict but there is high level of fear of rape by most women and girls targeted by this assessment. For example, at Gerjele kebele in Raya Alamata there is a reported case of female gang rape survivor who has developed post-traumatic stress disorder. Another woman said, ‘in the evenings, I stay at my relatives house’, I also have my contraceptive with me all the time because of fear of rape and unintended pregnancy’. Rape cases are very common in borders of Mecahre kebele bordering with Afar community. They said as a coping strategy women travel together and avoid any risks such as traveling at nights and far distances.

Female headed households likely to live in more risky environments, street children and sex workers in the towns like Alamata are most vulnerable groups during this conflict for various types of problems including hunger and sexual and physical violence. The military presence in urban settlements of Alamata and Kobo is very high and in the coming months, as the communities struggle to recover, there should be increased focus on protection interventions and

recognizing GBV risks because of there is likely to be increased cases of sexual assault and sexual violence against women and girls. Most of the IDPs in Kobo town are displaced people from Qelem Wolega of Oromia, Guraferda and Mizan of the South Region, and West Gonder; Quara and Metema woredas and it has been noted that the women in this IDP camp, have experienced particularly difficult and traumatic incidences, witnessing people being killed, raped and seriously threatened in the locations of origin. These people mainly women and girls are psychologically traumatized and require trauma counselling and psychosocial support.

Even if child marriage is prevalent in all Amhara areas, we have identified that in Kobo woreda, child marriage is a widespread cultural practices and girls from 12th year of age are frequently sent to the middle eastern countries in order to earn money to send to their families in the form of remittances This is high risk for the girls, who will participate in heavy labour work and are likely subject to GBV risk and SEA at this early age. The assessment team met few female returnees from the Arab states, who were forced to return to their country of origin due to the pandemic. They noted that they were particularly vulnerable to food and livelihoods insecurity and therefore, very likely to be vulnerable to SEA.

Women in Wajirat Kebele found it difficult to communicate their fears, and are believed to be particularly at risk, very traumatised, and confused. They require immediate support for food, shelter and NFIs.

5.4.3 Women's small businesses and livelihoods affected

Small businesses run by women in all areas were destroyed because of the conflict in these areas. Women living in villages of Haweliti and Mechare of Raya Azebo, Biso Ber of Churcher and Tsehafi of Wajirat used to make living and support their families through the small business they started long time ago.

- In Mechare kebele, a woman who owns small shop said “It is really a dire situation now nobody comes to my small shop due to lack of cash and small supplies. If they come to my shop many people request me for credit service, but I can't do that as I need to gain few coins to cover my daily expenses”. Another women named Werkitu aged 45 who lives in Wajirat woreda Tsehafi kebele said “It took me more than ten years to build my business but due to the sudden incidence of the conflict I lost everything, and I have to start from the scratch, however now my priority is an immediate support of food aid to survive first”.

- A female small business owner called Gityton followed ‘I have lost more than 40 buckets of soft and beverages in my small grocery which accounts around 34,000 birr but all are gone now’.
- Another woman in Churcher woreda Biso Ber kebele said she has lost her house including her new corrugated iron roof for business and have lost her small animals like goats too. She said ‘‘I am thankful I and my family are alive; but I can’t explain my emotion and the distress I experienced because of the conflict: I am confident if I am supported, I will stand strong again’’.

These women are still in fear and need support to continue their daily routines.

5.4.4 Increased workload on women and girls

The other finding is that, due to the multiple effects of the crises, the workload of women and girls are intensified. In kebeles like Biso ber, Mechare and Tsehafti, because of the electricity power cut and destruction of water points, women are required to travel for about 6 hours to fetch water from nearby rivers and if there are too many people in a queue waiting to fetch, it will take them even longer hours. As power interruption is very common, milling services are not operational and thus women are forced to go to other towns or nearby villages to get the service. A girl in one of the FGD in Chercher town said that their parents do not allow them to travel to collect firewood just as they do before, due to fear of unexploded bombs, rape, and sexual assault.

5.4.5 Women’s participation

In Raya kobo, where IDPs have stayed longer in the Camp, women’s participation is very minimal for instance there is no women representative in IDP committee, which compromise the voice of women and girls in this location. Because, women’s role in conflict prevention and peace building are often over-looked, it is key to ensure women’s participation and leadership role in all IDP committees and decision-making roles as well as peace building initiatives that are not yet in place to ensure the transformation of gender roles.

5.4.6 Proposed Response under Gender and Protection

Priority needs of women and girls in all areas are; food, shelter, NFI (including clothes and shoes, hygiene and sanitation materials, sleeping mats, dignity kits) access to health mainly reproductive health services for women and adolescent girls. Hence the following are key proposed recommendations to the response specific to women and girls:

- Urgent intervention of food aid to almost all kebeles covered by the assessment
- Provision of shelter and NFIs (dignity kits for menstrual hygiene management, bedding items, cloth and cooking materials) to Biso Ber, Churcher, and Wajirat areas.
- Implement GBV prevention and mitigation strategies to reduce the risk of GBV.
- Psychological counselling offered to all people (particularly women and children) in the targeted areas affected by the conflict
- Health access including reproductive health services in all areas
- Provision of temporary healthcare facilities (particularly reproductive health) whilst existing facilities are repaired and refurbished.
- Establish temporary schools, whilst repairing and refurbishing existing schools, to assist in re-establishing education as a psychosocial/normalising effort for the recovery of children. The added benefit being the reducing the burden of child-care on women and young girls.
- Influencing intervention on improving the precarious conditions of the most affected and vulnerable groups of the community, women and children

5.5. Health Service

There are no health services in the conflict affected areas of the Southern Tigray Zone. Regular health service activities such as Maternal and Child Health (Contraceptive supplies, Immunization services), treatment of endemic diseases (malaria), supply of essential drugs for chronic illnesses including HIV/AIDS patients and tuberculosis and the like are interrupted all together. Almost all the health institutions are looted and damaged.

As a result, women are affected due to lack of access to health services including reproductive health services. Women are highly concerned that they are at risk of getting pregnant and having additional children to care for because of lack of family planning services.

During the assessment, the majority of health centres were not functioning and the few that were open lacked critical and essential supplies. There is no pre- and post-natal treatment for the pregnant women, to get reproductive health (RH) services, the women must travel long distance with expensive transport cost on bumpy roads through horse, cart or three-wheel taxis (Bajaj) to big towns. Some women are reported to give birth in the bush others at home without professional support. Women who were raped or attacked during the time of the attacks, also have no access to trauma and rape services.

A woman in Mechare Kebele in one of the FGD said “*We expect lots of new babies next year even though we are happy for that, but we have nothing to provide*”. To make their situation worse, due to absence of functional legal services; such as the courts and police, women who used to get financial child support from their ex-husbands are now in a very bad condition as they are unable to get support to force their ex-husbands to pay.

5.5.1 Proposed response to restore health service

- Provide medical supplies as immediate response and restore the supply chain of the medical supplies that existed prior to the conflict
- Assist in the provision of temporary health care facilities whilst repairs and renovation of existing healthcare centres is carried out.
- Lobby government to pay the salary for government workers including health professionals and provide more incentive for health staff equivalent to their effort in the health facilities.

5.6.Shelter

During the armed conflict, multiple houses were burned down across woredas of South Tigray region. As the community ran to save their lives leaving their houses and properties behind, household items and livestock were burned along with their homes. Many of the remaining houses were looted and destroyed by the militias and armed combatants. Currently multiple households

either hosted by their relatives or renting space they can ill afford. Shelter is one of the key priority needs raised by the affected community. Affected families in Chercher, Wajirat and Alemata woredas desperately require emergency shelter support (including provision of NFI) and assistance in early recovery.

5.6.1 Proposed Response for Shelter

- Support targeted families with damaged houses to rebuild/repair their homes
- Provision of NFI's such as bedding mattress, blanket, clothes, cooking sets, water storage containers etc.

5.7. Education

The armed conflict had resulted in a massive destruction of schooling materials, equipment and the school infrastructure at large. All the schools visited were looted and infrastructure was damaged or destroyed right across the South Tigray Region. Schools which were already closed due to COVID-19, are now damaged or destroyed by this conflict.

5.7.1 Proposed Response for Education

- Renovation or reconstruction of the schools, along with repairs to their facilities and infrastructure.
- Replenish the materials & equipment destroyed or looted during the conflict

6. Partnership and Coordination

Due to the conflict, the existing government structure in South Tigray has totally collapsed and offices looted. Though, in some of the woredas visited a new administration was appointed, it has been realized, they are not yet functioning effectively. There is no platform set to coordinate response either in the woredas or zones. It is only the command post that is stretching its responsibility as much as possible to coordinate the government food assistance response with blanket targeting approach. Therefore, the assessment team recommends paramount importance

should be given for setting a response coordination platform led by government with support from the UN at the earliest opportunity to coordinate and direct the emergency response of implementing partners.

Partnership with INGOs and LNGOs is key in this response to meet the huge and versatile needs of the communities through multidisciplinary and integrated approaches. Thus, consortium and cluster approaches are highly recommended, which might even improve and expediate access to funding for the response. Working with LNGOs is recommended for smooth entry and community engagement and sustainable impact besides fulfilling the global commitments; Grand Bargain and Charter for Change. The assessment team has noted that there are number of existing NGOs in the woredas assessed; mainly engaged in development programs, but probably with capacity and willingness to expand to emergency response, given adequate support and guidance. Thus, re-orientation of focus and programs to work in humanitarian and resilience programming is paramount considering the prevailing humanitarian need.

Response Strategy

Considering the magnitude and severity of crisis brought about by the multiple back to back hazards, the team recommends a phased approach in the response strategy to start with the geographies most affected in relative terms and accessible, (in accordance with security protocols) for immediate humanitarian assistance. Thus, the response will expand accordingly to other geographies subject to funding and humanitarian access.

The team recommends the initial response focus in Raya Chercher woreda and Raya Azebo woreda in South Tigray, since they are the most affected by multiple hazards and there are huge and versatile needs that requires immediate response.

As humanitarian access improves, this should expand to cover Wajerat woreda, since the need is equivalent, but as yet, too insecure for safe access. .

Subject to funding the second line response should include other woredas in North Wollo; in particular Kobo woreda, but this should be reviewed on a regular basis and amended in accordance with the needs identified.

7. Risk identification – List of risks

Risk Mitigation Methods

Risk Analysis	Risk mitigation
Safeguarding (SEA)	<ul style="list-style-type: none"> - Intensive orientation on CoC, AAP and PSEA - Training on safeguarding - Deploy safeguarding focal person
Impartiality in beneficiary targeting	<ul style="list-style-type: none"> - Training on targeting guidelines and the participatory approach to selection criteria. - Validation and verification of beneficiary list with the community - Women leadership in beneficiary targeting, selection and distribution
Security – staff	<ul style="list-style-type: none"> - Extensive and regular security monitoring and assessment, close coordination with INGO/NGO, ECC and UN security focal point, develop and follow standard operation procedure
Lack of transport of supplies to the area	<ul style="list-style-type: none"> - Coordinate with logistics cluster
Fueling the fight - in terms of safe programming and ‘Do no harm’	<ul style="list-style-type: none"> - Avoid the risk by monitoring a comprehensive feedback and RCCE network.
Duplication of effort and resource – in terms of lack of partners mapping	<ul style="list-style-type: none"> - Stakeholder mapping - Establish with the gov’t coordination mechanism with support from the UN - Regular meeting on coordination of response. - Attend Cluster meetings and report the 4Ws
High expectation of the community	<ul style="list-style-type: none"> - Open communication with the community representatives and key informants - Accountability and transparency

Risk Analysis	Risk mitigation
	<ul style="list-style-type: none"> - Participatory design of programmes
Ineffectiveness of the new local government structure	<ul style="list-style-type: none"> - Advocacy for infrastructure support and capacity building.
Coordination – government/disputes	<ul style="list-style-type: none"> - Advocacy
Shortage of funding	<ul style="list-style-type: none"> - Raising funding by producing comprehensive assessment reports - Form multi agency consortiums, so as to encourage quality coordinated response. - Diversification of funding sources
Communication/internet/phone	<ul style="list-style-type: none"> - Alternative backup communication in place
Lack of local partners/NGOs	<ul style="list-style-type: none"> - Encourage local NGOs to participate - Support local partners with capacity building, funding and guidance.
COVID 19 – New wave	<ul style="list-style-type: none"> - Preparedness and response plan in place – Crisis modifier - Ensure that key staff have access to rapid testing kits, PPE and medical support - Provide support to local healthcare providers to engage with effective RCCE
Locust infestation	<ul style="list-style-type: none"> - Preparedness and response plan in place - Crisis modifier - Work with UNFAO to identify and track Desert Locust populations and assist with spraying as required.
Local Market non functionality	<ul style="list-style-type: none"> - Modify/adopt the transfer modality - Engage with women livelihoods groups to support small businesses.

Risk Analysis	Risk mitigation
	<ul style="list-style-type: none"> - Advocate for FSPs to reopen and increase cash services.
Inflation	<ul style="list-style-type: none"> - Cash and market feasibility study - Change/adjust transfer value – Major modification - Modify the project with justification
Functionality of financial institution	<ul style="list-style-type: none"> - Plan for nearby financial institution - Escort - agree with the beneficiaries on the way forward
Aid diversion	<ul style="list-style-type: none"> - Ensure strong monitoring control mechanism - Transparency and accountability mechanism - Acceptance by the community

8. Conclusion

Back to back hazards; COVID-19 pandemic, desert locust infestation and conflict, have exhausted the coping capacity and devastated the resilience of the local communities. COVID-19 impact was massively felt on the local economy due to market closure, while the desert locust decimated access to food till the next harvest season for 11 to 12 months due to its huge effect on the only annual harvest of the communities. Conflict was devastating of all due to its huge and widespread impact on the lives, assets, infrastructure and livelihoods of the communities that presents at risk the food, livelihood and nutrition security of the local communities.

Shelter and Non-Food Items (NFI)

In Churcher and Wajirat woredas multiple houses were burned down due to conflict. Many more are severely looted, and belongings destroyed in Alemata and Raya Azebo Woredas. Many people have lost their livestock animals, either due to the loss of animal feed crops, the necessary sale (at very poor rates) in haste or killing/theft of livestock in the midst of fighting. Many communities

across the woredas are left with nothing to shelter or clothe their families. The problem has exposed communities especially women and girls to massive security and protection risks. Shelter is one of the top priorities need in all woredas. The communities need rapid support in rebuilding or maintaining their shelters and the provision of basic but crucial items such as clothes, bedding mattress, blanket, cooking materials, jerry cans etc ... which were either looted, burned down or damaged due to the conflict.

Gender and Protection

The multiple hazards have highly impacted the lives and livelihoods of people and most people become highly vulnerable and have various needs. The most vulnerable people on this assessment are women (mainly female headed households, pregnant and breastfeeding), children, elders, youth and people with special needs. The prioritised needs identified by most of the affected women interviewed are food, NFIs, shelter and health (including reproductive health services). Since the crises have disproportionate impacts on women, men, boys and girls, the response needs to be well-coordinated and able to respond to the specific needs of the population in accordance to their gender and vulnerabilities.

In addition, the crises have directly affected the livelihoods of the community including women who were running small businesses. Due to the conflict the power supply is no longer working, or is intermittent, leading to women and girls having to walk long distances (in many cases for over 6-hours) to collect water from unsafe sources. In addition, this loss of power has impact on local milling services, meaning that women and girls are also having to travel long distances to get their remaining grain milled. In both cases, the women and girls report that they feel particularly vulnerable to lack of protection, attack and harassment. Ensuring the safety and security of the affected people has a paramount importance for peaceful settlement of the community this include reducing the GBV and protection risks of women and girls.

Food Security, Livelihood and Nutrition

Access to food is highly compromised due to the complex and protracted crisis prevailing both in North Wollo and South Tigray zones attributed to the back to back hazards; COVID-19, Desert Locust Infestation and Conflict that hit hard their livelihood base. Food availability at the household level as well as in the markets are highly compromised due to production decline for desert locust infestation. Price hike and closure of the financial service providers such as banks

and microfinance challenged the financial accessibility. Physical accessibility is compromised as well due to high transport cost to the markets as well as the security concerns on the way to markets.

Due to less availability of food, price hike of food commodities at the market presents a risk to nutrition security of the local communities. Less or no livestock after the conflict reduced the income of the livestock from livestock sale to buy nutritious food from the market as well the availability of best quality protein such as milk and meat. Thus, it can be concluded the nutrition security of the communities is at stake.

The local community livelihood security is at stake due to lack of livelihood inputs notably seeds for the next planting season, especially among the communities that lost their entire harvest due to desert locust infestation. The fact that most of the communities lost their livestock will jeopardize the farming activity in the next planting season, since they traditionally cultivate their farmland with the use of oxen and other plough animals. This loss is also likely to impact the future cultivation and subsequent productivity.

WASH

The conflict was so devastating in Raya Chercher, Wajirat, and Raya Azebo woredas that many people have lost their lives apart from the damage it inflicted on institutions, and individual properties including houses and household belongings of residents. Damage and interruption of community water supply service is putting women and girls at high risk. The problem has exposed communities to use unsafe water sources and increased vulnerability of women and girls as they travel long distances to fetch water coupled with increased risk of water borne diseases including diarrhea. Lack of safe water supply has jeopardized basic hygiene practices. Available sanitation facilities are either not safe to use or not used by the communities.

Promotion of good hygiene practices in the middle of this crisis is also proving to be a huge gap, due to the lack of community health services. This is particularly worrying as communities are more vulnerable to hygiene related diseases, such as AWD in their current domestic circumstance. Rehabilitation and restoration of this fundamental service and provision of water collection and storage materials is vital for the health of the communities as a whole.

Equally, as virtually all health institutions are looted and damaged, they are not functioning all together. There is high concern of women in childbearing age that interruption of family planning services will result in overwhelming numbers of unwanted pregnancies. Rehabilitation of health facilities, mobilization of health staff, and urgent supply of essential drugs are among the paramount response needs of the community.

Health

Because of the crisis, almost all health institutions in all woredas are damaged, looted and totally lacking in essential equipment and materials. As a result, health services that were already strained by the COVID-19 crisis, have not functioned, or are only able to provide very limited services since the outbreak of hostilities. There is high demand of health services including maternal and child health provisions (reproductive health and counselling services) to reduce maternal and child mortality. Similarly, people who have pre-existing health conditions and children with diarrhoea problem require immediate health service and follow up. There is also a need for rehabilitating the damage and strengthening health centres including urgent supply of essential drugs are among the paramount response needs of the community.

Many members of the communities, and in particular the IDPs who fled Tigray, have experienced severe trauma and are in grave need of urgent psychosocial support, to aid their long-term mental health and potential for recovery.

Education

Schools are among the most public infrastructure most affected by the the armed conflict with huge destruction of schooling materials, equipment and the school infrastructure at large. All the schools visited were looted and infrastructure was damaged or destroyed in the South Tigray Region. Before the conflict schools which were already closed almost for a year due to COVID-19. Most teachers fled away to safety have not returned yet and their salaries for the last 3 months were not paid. Thus, the school facilities need major rehabilitation work and provision of supplies including paying of salaries of teachers.

9. Priority Response

Women, children and the elderly are identified as the most affected group of people due to the conflict. Whereas the urgent needs in terms of priority varies with age group and among women and men and context. However, the overall priority is in the order;

1. Peace and security
2. Food assistance
3. Health Service (mainly reproductive health)
4. Shelter and NFI's including WASH NFI's
5. Livelihoods restoration
6. Water supply
7. Education

Details of the priority needs are listed;

- Food assistance through cash or in-kind transfer as per the context and market functionality.
- Livelihood restoration: assorted seed types provision that meets the community preference and suits the local agro-climatic zoning ²
- Awareness raising on the prevention and control of desert locust
- Provision of seed capital for those community members engaged on small scale trade before the crisis
- Provision of medical supplies, equipment and essential drugs to health facilities
- Install or rehabilitate water sourcing, storage and distribution systems.
- Install alternative sustainable power backup for pumping of the water system
- Provision of WASH NFI's water collection and storage goods for households in need.
- Hygiene Promotion for improved sanitation and handwashing practices
- Provision of shelter and NFIs ³(dignity kits for menstrual hygiene management, bedding items, clothing and cooking materials)
- Reduce the risk of GBV by implementing GBV awareness, prevention and mitigation strategies
- Psychological counselling for all people mainly women and children in the targeted areas affected by the conflict (IDPs and those directly affected by the conflict)
- Strengthening Health system to create access including reproductive health services in all areas
- Rehabilitate the schools and provide school materials
- Provide support to repair the damaged houses

² Many parts of the area have extreme differences in altitude and temperatures, so seeds and supplies need to be selected accordingly.

³ Items to be in accordance with those listed as Emergency Shelter NFIs and Shelter NFIs by the Ethiopia Shelter Cluster

- Improving the precarious conditions of the most affected and vulnerable groups of the community women and children through influencing local and national government and service providers.

ANNEXES

Annex 1: Risk Analysis

Likelihood		Low	Medium	High
	low	Lack of transport of supplies to the area	- Functionality of financial institution	
	Medium	- Inflation	- Coordination – government/disputes - Communication/internet/phone -	- Impartiality in beneficiary targeting - Security – staff - Ineffectiveness of the new local government structure - Shortage of funding - COVID 19 – New wave - Market functionality - Functionality of financial institution
	High		- Safeguarding (SEA) - Duplication of effort and resource – in terms of lack of partners mapping - High expectation of the community - Lack of local partners/NGOs - Locust infestation	- Fueling the fight - in terms of safe programming
Severity/consequence				

Case Story 1: W/o Sendaye Berhe



Sendaye Berhe is 45 years old, while her husband, Tesfaye Meresa is 53 years old. Tesfaye is a farmer and he was at church during the interview. They have four children's (two boys and two girls). Their livelihood is based mainly on farming from one-hectare (4 Timad) of land. Sendaye is illiterate but Tesfaye has church education and in his spare time he serves the church located near his house.

This year they had cultivated half hectare Teff and half hectare Sorghum, however, they got nothing from their Teff which was totally damaged/lost to desert locusts. They did however, manage to harvest four quintals of sorghum after they return home following their exile due to the conflict. While they were away though, everything was burnt including household utensils, food commodities, clothes and other personal items.

As their house is located in the middle of the area of fighting the family and their neighbors fled into the forests in fear for their lives. They then endured 2-weeks without shelter or food whilst hiding in the forest. When returned back, they faced the harsh reality that their home and all their assets have been destroyed. They are now sheltering temporarily with a neighbor. Sendaye also discussed how she previously engaged in small scale income generation by selling wood in the local market in Mehoni town. Their children are not going to school, since it closed last year because of the COVID-19 outbreak. Now it is unlikely to reopen for some time because it was destroyed in the conflict.

Regardless of the challenges Sendaye said "If there is peace, we can survive, but with difficulty." Priority needs of Sendaye's family are peace and security, shelter & NFIs and food in descending order.

Case study 2: Ato Abreha Misgun

Many residents of Raya Azebo woreda were negatively affected by the recent fighting. One of the victims of the war fought between the federal government troops and TPLF was Ato Abreha Misgun. He explains what happened to him.

‘My name is Abreha Misgun. I am 59 years old. I live in a village called Reketa in Raya Azebo woreda, Hawulti kebele. I am the head of 7 family members (5 male and 2 female).

The village was unprecedently overwhelmed by the outbreak of hostilities on the 18 of November. Shelling by heavy weapons were traded between the two parties. This continued for four consecutive days in the village. Many houses were hit by the weapons. 17 villagers are known to have been killed during the exchanges of firing, but there are number still missing and/or unaccounted for. Crops were burnt down in some places. I (Abreha) lost a pile of sorghum crop that was freshly cut and collected on one place in the middle of field for transportation. The place is called Adikrosh SHEME and it was cultivated on half hectares of land. The total loss from this damage is estimated to be 15 quintals. It would have fed the family for at least ten months. It is an unfortunate moment and sad for my family. Above all, we, the villagers are mourning for the people who lost their lives. Although, there were rumors that war is about to break out, we did not expect it to happen this way. The fighting was so intense and heavy that I never see in my life. It was a sad moment.’ He concluded.



Ato Abreha squatting at the spot of his burnt crop (left) and the same person depicting aftermath of the war (burnt crop residue quite on the site), right.

Case 3: W/o Almaz Ezegi

“It really pains to end up without any resource”



Almaz Ezegi, 55, is just among the many, who struggles for lives to sustain her family with petty trade in surrounding markets namely Yalo (Afar Region), Bala and Chercher Markets (Tigray region), Mehoni Woreda. This mother of 9 children lives in Wullaga kebele, Meso Bere village, Tigray region, Mehoni Woreda with the 2 kids of her eldest daughter, (a divorcee), and a niece, is the breadwinner of the household. Unfortunately, she lost her four children 10 years back just in one year due to Malaria. Almaz is an HIV/Aids Patient, thus she has been taking daily retroviral drugs for 9 years, since diagnosis.. Now, she is the head of the household, as her husband has passed away of sickness two years back.

She exclaimed this year is a different year with back to back disastrous hazards; COVID-19 Pandemic, Desert Locust and Conflict, which have left her family literally without anything.

COVID-19 blocked markets for more than 3 months with travel restrictions, which presented immense difficulty for her as a small trader. She was doing her business within small market created by government within their village with meagre commodities that she brought in from Bala and Chercher markets.

Desert locust depleted her harvest, leaving her with only one sack of Sorghum as compared to around 6 sacks in normal year from the quarter of hectare land she farms.

Conflict – When the fighting started, Almaz and her family fled the area and didn't return for a month. On return, she found that the bombing by fighting factions resulted in total damage of her house and loss of household goods, including some food reserves and 38,000 ETB, (her sole business capital)The fighting also meant that she was unable to access her HIV/AIDS Antiretrovirals, so has grave concerns as to her long term health.

Having the consent of the community leaders, she with her eldest daughter and two grandchildren her son and niece and two other families, are living together in an abandoned house. Basically, she attested, they are renting the house for three families and have agreed that they will compensate the owner when she returns. Thankfully, she has managed to get her antiviral drugs from a health facility in Yalo woreda, Afar region.

Now, she literally doesn't have anything to depend on as food source except the one sack of Sorghum, which she managed to harvest after the exile, so she is totally dependent on external assistance. She is heavily reliant on meagre assistance she is getting from the community, whom by themselves don't have much capacity, since conflict also depleted their resources. One week back, she received support from government one bag of wheat, but she doesn't know if this is a one-off distribution, or if it will happen again. Almaz explained that though the three markets, which she does her business are functional now, she couldn't do any business due to lack of capital for stock.

Her family priority needs for the moment are; 1) food including supplementary food for the children 2) Household Items and clothes 3) Rebuilding of her damaged house 4) Startup capital to restart her business 5) Cash support to meet household essentials including other food items, which she won't receive from as food aid and house rent.

Almaz at the end asserted the entire community is severely affected by multiple hazards this year, so external assistance is paramount; unless, we are going to starve to death, since there is little or no access to food or cash to help rebuild their livelihoods.

Case story 4: Bizunesh



Bizunesh is a mother of 4 and she lives in Rekata kebele of Raya Azebo woreda. She used to make local drinks for a living, and she has a small portion of farmland which she has rented from a local farmer. Compared to others she used to have good living conditions in the kebele. In normal times she gets at least 10 quintals of sorghum and grains but due to the desert locust infestation she has lost around half of the production. The remaining crops were destroyed by the conflict so now she is in desperate condition and need of urgent support.

She said, 'When the conflict started, I ran to the bush and then to other villages with my four children but when we return after a week my house was looted and my valuable items like mobile, cash and clothes including household materials were gone'. She stresses 'if peace is secured, we will be fine'.

Her son, who is 17, is very stressed about the conflict and is afraid of being forced to join the military. Bizunesh added, "I saw a woman giving birth in the forest while we were there and other women traveling to another place looking for health service for childbirth.