

1. OVERVIEW

The living conditions of IDPs in Tigray and their access to services have been negative since the start of the conflict. The blockade on the region has worsened their situation. Insecurity and tensions in border areas with Afar, Amhara, and Eritrea continue to lead to displacements, while IDPs from Western Zone remain in protracted displacement in North Western zone.

IDPs, returnees, and host communities all depend on aid, as the conflict and subsequent blockade have affected their ability to access food, income, and other essential items. Despite supplies entering Tigray, the amount remains insufficient to address the existing needs of IDPs. The lack of fuel and cash, insecurity in some areas, and disruption to communication services significantly affect the humanitarian response. The food security situation for IDPs is dire, as a lack of resources means they are receiving reduced food baskets, and they are further reducing their food consumption to make supplies last.

IDPs continue to need support. As a result of not having adequate assistance for many months, many are resorting to using negative coping mechanisms. The relocation of certain members to rural areas, other collective sites, and host communities in search of food, essential services and livelihood opportunities is separating many IDP households.

About this report

Aim: this report aims to describe the situation for IDPs in Tigray, such as their living conditions, access to services, and subsequent coping mechanisms.

Methodology: this report is based on the secondary data review of public and non-public sources and key informant interviews.

Limitations: operational challenges severely affect comprehensive data collection mechanisms and analysis among responders and local authorities. Information gaps continue to exist, particularly regarding displacement figures. Access constraints in conflict-affected areas and a lack of fuel hindering access to rural areas prevent an understanding of the needs of those affected.

Key findings

- IDP movements have become increasingly fluid in Tigray, and return movements have been significant. Urban areas are relatively accessible to humanitarian responders, but rural areas remain inaccessible because of the lack of fuel. Resulting access constraints limit the understanding of the scale and pattern of these movements.
- IDPs initially integrated with host communities are moving to collective sites because of their inability to pay rent, leading to further congestion in these sites.
- Food remains the main priority for host and displaced communities in the region, and malnutrition cases are increasing in collective sites. Malnutrition as the underlying cause of diseases is also apparent.
- The magnitude of needs, combined with the partial blockade and lack of fuel and cash, have stretched available resources and capacities to support IDPs and other conflict-affected communities.
- IDPs are increasingly resorting to using negative coping mechanisms, such as family separation and further migration or relocation in search of assistance and livelihoods, as well as reducing food consumption and begging because of the lack of assistance and cash.

2. INFORMATION GAPS

- The latest comprehensive Displacement Tracking Matrix site assessment from March–April 2022 did not include Tigray because of the lack of fuel and cash in the region hampering the movement of humanitarian responders ([IOM 05/08/2022](#)). The last official figure for Tigray was 1.8 million IDPs, identified through an Emergency Site Assessment by IOM in August 2021 ([IOM 13/12/2021](#)). The number is outdated and expected to have decreased, with reduced fighting within Tigray and subsequent returns since late September 2021 ([IOM 05/08/2022, 15/04/2022, and 13/12/2021](#)).
- There is no disaggregated data to understand the specific needs of certain groups among IDPs and to respond accordingly, including by prioritising the most in need.

- Tracking IDP movements is difficult. The continued lack of fuel and cash in the region limits the understanding of the movements, while the blockade and consequent lack of resources have made IDP movements increasingly fluid across zones as they search for food and access to services, as well as attempt to return to their places of origin.
- The situation of many IDPs largely remains unclear, particularly in rural areas where access has been constrained because of the lack of fuel and the remote nature of some areas. As a result, it is difficult to establish the needs and coping mechanisms of IDPs in rural areas and how they may differ from IDPs in urban areas. IDPs in urban areas are relatively more accessible to humanitarian responders ([KII 07/06/2022 a](#)).
- The lack of communication services in Tigray further delays or prevents reporting on the situation, as, in some cases, responders collect information physically on foot or by bicycle.
- Insecurity along the border areas with Tigray and in Western Zone continues to cause new displacements, while IDPs from Western Zone remain in protracted displacement because of insecurity and access constraints ([Shelter Cluster 16/05/2022](#); [OCHA 27/05/2022](#)).

3. ACCESS TO ESSENTIAL SERVICES FOR IDPs

4.1 Food assistance

Food remains the priority need for all communities in Tigray, including IDPs. The dire lack of food in the region is leading to increased malnutrition rates, with at least 1,900 children under five years of age having died between June 2021 and April 2022 ([OCHA 19/04/2022 and 08/06/2022](#); [The National 20/04/2022](#); [KII 07/06/2022 a](#)). IDPs have been receiving limited food assistance for months, following humanitarian organisations temporarily suspending or scaling down food distributions because of a lack of supplies, fuel, and cash ([KII 16/06/2022](#); [OCHA 11/06/2022 and 27/06/2022](#)). These constraints have worsened the already dire situation resulting from the denial of the entry of supplies into Tigray between December 2021 and April 2022. IDPs in urban areas are leaving their areas of displacement because of a lack of food, livelihoods, and assistance ([KII 31/05/2022](#); [KII 02/06/2022](#); [KII 07/06/2022 a](#)).

Since the resumption of humanitarian convoys, more than 100,000MT of food supplies have entered Tigray between 1 April and 21 June via the Semera-Abala-Mekele route, but fuel shortages continue to impede distribution to those outside Mekele ([OCHA 27/06/2022 and 11/06/2022](#); [KII 01/06/2022 c](#)). Supplies remain in Mekele because responders are unable to dispatch them to other zones ([KII 30/05/2022 b](#); [KII 07/06/2022 a](#); [KII 06/06/2022](#); [KII 01/06/2022 b](#); [OCHA 11/06/2022](#); [Shelter Cluster 16/06/2022](#)). IDPs in Mekele have indicated having easier access to aid than IDPs elsewhere because of the situation. That said, some collective sites in Mekele have also not received food assistance for months ([CCCM Cluster 20/06/2022 and 09/08/2022](#); [KII 07/06/2022 a](#); [UNFPA 05/05/2022](#)).

By mid-May 2022, IDPs in Shire town had received food assistance only once in 11 months ([IOM 13/12/2021](#); [KII 06/06/2022](#)). Food insecurity levels in this town are higher for both IDPs and host communities than in other woredas, including malnutrition rates among pregnant and lactating mothers and children under five years of age ([KII 01/06/2022 c](#); [KII 06/06/2022](#)).

Because the food stocks entering Tigray are not sufficient to assist those targeted with complete food baskets, the ones most in need are instead being prioritised with common food baskets that have reduced quantities to ensure that more households receive food aid. By the end of June, approximately 3.5 million people had been assisted with food aid under round three distribution, which started in mid-October 2021. This figure is only 56% of the 6.3 million people targeted for assistance ([Food Security Cluster 30/06/2022](#)). Urgent humanitarian assistance is required, with acute food insecurity currently estimated to be at Emergency (IPC Phase 4) at least. A minimum of Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes are expected to persist through January 2023 because of the likelihood of food access continuing to be difficult for households amid the blockade. The upcoming harvest is hoped to cushion some of the impact. It is important to note that IPC outcomes may be worse than reported, but operational challenges affect the collection of data and evidence ([FEWS NET 05/08/2022](#)).

4.2 Healthcare

The capacity of humanitarian responders and health supplies is overstretched, affecting health service delivery for IDPs ([Health Cluster 23/05/2022](#); [KII 01/06/2022 a](#); [KII 06/06/2022](#); [Protection Cluster 23/06/2022](#)). The humanitarian health response, initially focused on supporting the acute health needs of IDP and host communities in conflict hotspots, has also taken upon supporting essential health services, including

government-run facilities, as the regional Government in Tigray lacks the capacity or resources to manage health activities ([Health Cluster 23/05/2022](#)).

Access to support services for sexual and gender-based violence (SGBV) survivors is almost non-existent because of the security environment in the region, the collapse of government structures, and the disruption of social support networks. IDPs, particularly women and girls, disproportionately experience exposure to SGBV as they live in congested conditions with many strangers. Services for the clinical and psychological management of rape, post-exposure prophylaxis, and the treatment of sexually transmitted diseases are not available in some locations. Existing services are either weak or overstretched and insufficient to support the scope of needs of those affected ([Protection Cluster 23/06/2022](#)).

The lack of medicine for routine immunisation increases the risk of vaccine-preventable diseases among IDPs. Scabies and malaria cases among IDPs have increased in collective sites, particularly in Shire, from an average of 400 new scabies cases a week at the start of 2022 to over 3,000 new cases during the week of 24 March ([OCHA 31/03/2022](#)). Cases have decreased because of health and WASH interventions, but the lack of communication services in the region impedes reporting from health facilities and health posts. The situation makes it likely that disease trends in the region are significantly under-reported ([KII 01/06/2022 a](#)).

Challenges with disease management, including the lack of isolation units at IDP sites and the use of expired medicine, have resulted in treatment failures ([KII 01/06/2022 d](#)). In health facilities and IDP health posts, there have been frequent reports of cases of acute respiratory tract infections, diarrhoea, malaria, and severe acute malnutrition in 2022 ([Health Cluster 23/05/2022](#); [KII 01/06/2022 b](#)). The evidence of malnutrition as an underlying cause of illness and disease among many patients is apparent ([KII 07/06/2022 a](#); [Health Cluster 23/05/2022](#)). The condition of people with chronic illnesses, such as diabetes and high blood pressure, is worsening with the lack of medicines and food and the poor living conditions at IDP sites ([KII 02/06/2022](#)).

4.3 Communication services

Internet and telecommunication services in Tigray have been disconnected since June 2021, when the federal army withdrew from Tigray ([Addis Standard 30/04/2022](#)). Constant power shortages have also affected satellite internet connections, while broadband and mobile internet connection remains off. Subsequently, people in Tigray are cut off from the rest of the world, and the information landscape remains slow and sensitive. Such disruptions affect the reporting of needs and challenge

communication between staff in different locations and humanitarians, restricting the latter's ability to respond to populations ([KII 01/06/2022 a](#)).

4.4 Education

Access to education has been disrupted for children in Tigray, as many schools have been serving as collective centres for IDPs. Even with the closure of the centres to prepare for the reopening of schools in September, the lack of cash and supplies likely means that schools lack adequate infrastructure and materials to support children's learning.

Internally displaced children are disproportionately affected when accessing education, as temporary learning centres in IDP sites are not adequately equipped and do not offer flexible forms of approaches to education. Overall security concerns also cause problems ([Protection Cluster 07/07/2022](#); [Education Cluster 17/03/2022](#)). Many IDP children drop out of school or do not enrol because of a lack of food, clothing, and education materials and a shortage of teachers. Children also often engage in negative coping mechanisms to support their family, such as through child labour or begging, contributing to the number of school dropouts ([Protection Cluster 07/07/2022](#)).

Education supplies may not be prioritised for distribution, as humanitarian responders currently lack fuel and cash for all types of humanitarian response in Tigray. The presence of responders providing educational activities in Tigray is also currently limited ([Education Cluster 07/06/2022](#)).

4. LIVING CONDITIONS OF IDPs

5.1 Housing quality

Many collective sites have been closed to prepare for the reopening of schools ([KII 15/08/2022](#)). The total number of remaining collective sites is difficult to verify ([KII 30/05/2022 a](#); [KII 02/06/2022](#)). Many IDPs living with host communities have been moving to the available collective sites because of their inability to pay rent and have limited access to food and other services ([IOM 04/10/2021](#); [Shelter Cluster 19/04/2022 and 16/05/2022](#); [KII 30/05/2022 a](#); [KII 30/05/2022 b](#); [KII 02/06/2022](#); [KII 07/06/2022 a](#)). The majority of those remaining in collective sites are mainly from Western Zone, although some IDPs from other parts of Tigray have also stayed ([KII 31/05/2022](#); [KII 02/06/2022](#); [KII 07/06/2022 a](#)).

Congestion in collective sites has been a concern since the start of the conflict in 2020. It has worsened because of continued displacements from Western Zone to

the bordering areas of Afar, Amhara, and Eritrea ([KII 30/05/2022 a; Shelter Cluster 18/01/2022 and 16/06/2022; KII 30/05/2022 b](#)). Some of the most congested sites are in Adwa, Axum, Sheraro, and Shire. These areas are reported to be mainly hosting IDPs from Western Zone, but quantitative data is lacking ([KII 01/06/2022 b; KII 02/06/2022](#)). The closure of some collective sites and relocation of IDPs in preparation for the reopening of schools and other IDPs leaving host communities to stay in the remaining sites have further increased congestion in these centres ([KII 30/05/2022 a; KII 02/06/2022](#)). The congestion has deteriorated living conditions, increased protection needs and the risk of disease outbreaks, and worsened the overall wellbeing of IDPs in the sites ([KII 30/05/2022 a; KII 02/06/2022](#)).

Given the situation, a 16m² space meant to accommodate four or five people has to host more than 15 people, which is way below the Sphere minimum standard of 3.5m² per person ([KII 01/06/2022 b; KII 07/06/2022 a; Sphere 06/11/2018](#)). Congestion has also led some IDPs to live in open air with emergency tarpaulins, outside collective centres where there is still access to assistance. Some tarpaulins distributed last year have gotten worn down and need replacing, while emergency shelters in Sabacare 4 IDP site in Mekele and in IDP sites in Shire, including Hitsats, are in need of repair after being damaged by heavy rains ([KII 30/05/2022 a; OCHA 11/06/2022; Shelter Cluster 16/06/2022](#)). Because of the limited resources available to support shelter repairs, the construction of new shelters has been put on hold and resources diverted to repair damaged shelters. As a result, some new IDPs have yet to receive shelter support ([KII 30/05/2022 a; KII 02/06/2022; KII 01/06/2022 b; Shelter Cluster 19/04/2022](#)).

The blockade on Tigray since June 2021 has limited the availability of commercial commodities in the market, affected market functionality, and increased inflation. As a result, market prices for poles used in shelter construction have increased by over 100%, where the price of a pole that used to cost approximately ETB 60–80 has increased to about ETB 340. Procuring shelter materials in the local market is difficult given the current limits on cash allowed for airlifting and operations in Tigray. The shelters that do get constructed end up being less durable ([KII 30/05/2022 a; KII 02/06/2022; OCHA 11/06/2022 and 17/06/2022](#)).

5.2 Water, sanitation, and hygiene

More than 50% of the 17,080 water points across Tigray (excluding Western zone) are non-functional, which is estimated to affect access to safe drinking water for over 3.5 million people ([OCHA 11/06/2022](#)). The lack of access to sustainable water sources

after the destruction of water facilities during conflict has created a dependence on water-trucking services, which requires fuel for effective distribution ([WASH Cluster 25/02/2022](#)). The fuel shortage has affected water-trucking services, and, as a result, some service providers have suspended activities or scaled down their operations ([KII 01/06/2022 c; KII 02/06/2022; KII 06/06/2022](#)). In Mai Tsebri, for example, of the 75,000 people relying on water-trucking services, including IDPs, host communities, and refugees, only about 4,000 are receiving potable water ([KII 01/06/2022 c](#)). It is unclear how the remaining 71,000 IDPs are accessing water. The quality of sanitation facilities, such as latrines, is also below Sphere standards, and open defecation is common ([KII 01/06/2022 b; KII 02/06/2022](#)). The risk of waterborne diseases, such as cholera and diarrhoea, remains high as IDPs likely use contaminated water sources to access water.

Maintaining hygiene is challenging for IDPs, not only because of limited access to water but also given their inability to afford basic hygiene items, such as soap. Soap distribution through humanitarian organisations is limited ([KII 02/06/2022; KII 01/06/2022 d](#)). WASH and shelter supplies entering Tigray account for only 14% of what is needed to address existing needs ([OCHA 17/06/2022; KII 01/06/2022 b](#)).

5.3 Security

Inadequate shelters and congested living conditions in collective sites expose displaced people, particularly women and girls, to SGBV. The lack of privacy, adequate lighting, and security is a safety concern ([KII 07/06/2022 a; KII 02/06/2022; KII 01/06/2022 b; IOM 13/12/2021](#)). Some cases of rape have been reported, and many women and girls have become victims of sexual violence during the months of conflict. The extent is likely much greater than what is reported because of social stigmas, fear of retaliation, and the conservative culture of Ethiopian society ([KII 02/06/2022; Protection Cluster 23/06/2022; UNFPA 07/07/2022](#)).

In Tigray, there are over 9,000 unaccompanied and separated children (UASC) ([OCHA 11/06/2022](#)). Services for family tracing and reunification and specific care for them are needed. They are at risk of abuse, neglect, violence, and exploitation. Some of the children have become the heads of their households and have difficulty accessing food aid and services because they do not have beneficiary cards in their names. As a result, they may be denied assistance by caregivers ([OCHA 11/06/2022; Protection Cluster 23/06/2022](#)).

The lack of services tailored for children with disabilities in collective sites also impedes access to basic services, such as WASH facilities.

5. COPING MECHANISMS AMONG IDPs IN TIGRAY

IDPs have resorted to using various coping mechanisms because of the lack of assistance. While some IDPs have initially been able to engage in small businesses and daily labour for survival, the lack of livelihood opportunities and cash and the downturn in commercial activity because of the blockade have caused some to resort to using negative coping mechanisms ([KII 01/06/2022](#); [KII 02/06/2022](#); [KII 06/06/2022](#); [Protection Cluster 23/06/2022](#)).

No commercial supplies have entered Tigray since July 2021. Without banking services or cash, many host communities dependent on business transactions, particularly in major towns, have had to deplete their reserves and assets. Many people previously supporting IDPs have exhausted their capacities and are also in need of assistance ([KII 31/05/2022](#); [KII 06/06/2022](#); [KII 07/06/2022 a](#)). IDPs in rural areas remain inaccessible because of the lack of fuel, making it difficult to establish how different their coping mechanisms may be from IDPs in urban areas.

Migration and relocation: there are reports of IDPs moving out of Tigray, including to Amhara, because of a lack of food. As at late March, these IDPs included about 58,000 IDPs in North Wello zone ([FEWS NET 04/2022](#)). The downturn in economic activity has also reduced the demand for labour, making it difficult for those surviving on wages from daily labour to find work. IDPs in Shire town are moving to rural areas because host communities in urban areas are unable to support them. It remains unclear whether there is better access to support from host communities in rural areas ([KII 06/06/2022](#)).

Begging: the amount of street begging has increased in towns, including among children under five years of age. Begging for food and cash assistance is a common means of obtaining food among many IDPs ([KII 07/06/2022 a](#); [KII 06/06/2022](#); [FEWS NET 04/2022](#)). There are reports of UASC living and working in the streets in Mekele to meet their basic needs. Provisions for residential support exist for large numbers of UASC, but there is a lack of technical and institutional capacity to adequately address needs ([Protection Cluster 23/06/2022](#)).

Survival sex: cases of survival sex because of a lack of food and cash have been recorded mostly among female IDPs, particularly from single-women-headed households ([Protection Cluster 23/06/2022](#); [KII 02/06/2022](#); [KII 06/06/2022](#)). Because survivors

of sexual violence are often isolated from society and face stigma or rejection from families, they are also more likely to engage in survival sex for their basic needs ([UNFPA 07/07/2022](#)).

Early marriage: there are reports of adolescent girls coming from households unable to provide them food, security, and other essential support engaging in early marriages as a coping mechanism ([KII 01/06/2022 b](#); [KII 06/06/2022](#); [KII 07/06/2022 a](#); [Protection Cluster 23/06/2022](#)). In Tigray, contributing factors include the prolonged closure of schools, economic stresses, limited access to services, and the general inadequacy of shelters ([Protection Cluster 23/06/2022](#)).

Change in food consumption: IDPs are reducing food portions and the frequency of meals because of the shortage of food items in the local markets. Food assistance from humanitarian responders is also limited ([KII 07/06/2022 a](#)). Other IDPs eat wild plants to survive ([OCHA 17/06/2022](#)). A lack of nutrient diversity and inadequate food can lead to malnutrition and other health issues.

Family separation: generally, across all collective sites in Tigray, members of the same household are separating. Some are returning to their places of origin, moving to live with host communities, or remaining in collective sites to try to access food and other forms of assistance and search for livelihood opportunities. The elderly, those with young children, and people with disabilities tend to remain in collective sites ([KII 31/05/2022](#); [KII 07/06/2022 b](#)). Because of poor shelter conditions in these areas, however, some of them tend to move to host communities in the evening and back to collective sites during the day. They also relocate during the rainy season ([KII 02/06/2022](#)). Donations from hosts have also been the most common source of food for many IDPs, but some host communities are no longer able to support them given the lack of access to food and services. As a result, some IDPs remain in collective sites despite the lack of food ([KII 31/05/2022](#); [KII 07/06/2022 a](#)).

Selling NFIs and medication to buy food: there are reports of IDPs selling material support, such as ESNFI from humanitarian responders, to buy food ([KII 07/06/2022 a](#)). Most patients reporting at Suhul hospital for consultations request food before medication, and those admitted at Shire hospital and other health centres sell their medications to buy food ([KII 06/06/2022](#); [KII 01/06/2022 c](#)).