# Unedited minutes of the 8 January 2021 meeting of the Tigray Emergency Coordination Centre<sup>1</sup>

#### 2 h

ECC meeting convened on 08 Jan 2020 with the participation of INGOs, Gov't sector bureaus, UN agencies operating in Mekelle. Updates:

#### Health:

Based on a rapid assessment, the health bureau has realized that there are 657 health workers in Mekelle, displaced from other zones. However, because they haven't received their two months plus salaries, it became hard to resume their work.

Lack of overall leadership is affecting expediting the resumption of health system. With the support of ICRC, MSF some medications have been dispatched to Axum, Adwa, Shire and Adigrate hospitals. Adwa hospital is nonfunctional; hence the supplies are delivered to Adwa Don Bosco hospital. The other hospitals, and health centers remain non-functional.

UNICEF: Health and Nutrition supplies (7 trucks of 40MT each) have been received and distribution plan has been prepared. These supplies include RUTF (4,577 Cartons), High energy + protein Biscuits (5,797 Cartons), F100 & F75 milk (384 Cartons), Vitamin A, Emergency Drug Kits (10 Kits) and Integrated Health Emergency kits (14 Kits) (renewable supplies), LLIN (5,000), masks, sanitizers, and others.

Five assessment teams are reestablished but only two of them managed to go to the field, three teams have no vehicles and no access to (West, North west, Central) zones. Information communication is not working due to total blackout.

IDPs: water chemical, and free services vouchers were prepared and started providing services:

Critical support: psychosocial support linked with Ayder-Hospital but the rest of the region is abandoned due to lack of staffing, non-functioning of health facilities though it is required urgently.

Challenge:

<sup>&</sup>lt;sup>1</sup> Tigray Emergency Coordination Centre of the UN and different Humanitarian Organizations with a presence in Tigray (MSF, Red Cross, CRS, Norwegian Church Aid etc.). The minutes document that several administrators belonging to the Transitional Government of Tigray participated in the meeting.

The minutes are published as received, without any editing.

Lack of vehicles (field car and trucks for supplies), salary issue (not paid for 2+ months, except those in Mekelle), pending payment. List has been prepared to be shared with partners thus, to look for alternatives if health professionals could get temporary assistance (DSA, top ups) to engage them in health emergency.

### WASH:

WASH cluster is convening weekly on Tuesdays and discussed and agreed to update the response plan that was prepared before Nov. 2020. Thus, damaged water sources should be included in the response plan.

Some responses: from federal government and UNICEF (water chemicals, roto (2), 1597 Jeri-cane, soap around 37,000 and body soap 40K, 240,000 tablet water chemicals, hand sanitized(33K), 1806 washing materials have been received. Distribution plan has also prepared and distribution is expected to be executed sooner.

Assessment is not conducted but, according to information from those who are coming from woredas through their way most of the health facilities are looted or destroyed and no functional.

Challenges:

Transportation is critical challenge as the water trucks and missionaries are looted and required urgent support soon as possible.

Liquid and solid wastage management get deteriorated and it requires a focal person from the municipalities and rectify.

Security issue is critical and water and sanitation professionals are unable to execute day to day activities.

Social Protection:

Protection cluster is convening its weekly meeting for the second time on Thursday. Registration of vulnerable people are undergoing and five sub-cities in Mekelle have provided a list, but two sub-cities are not yet prepared a list.

10K dignity kits are received from partners (UNICEF) and are due to be distributed. CRI from ICRC and WV has been distributed to IDPs in different schools at Mekelle. However, given to the need it only address less than 1%.

Flow of IDPs from remote areas like Wolkayt and other areas and other (all zones) to Mekelle and other major towns in Tigrai has been observed. This in turn shows, how much desperate the community are to get humanitarian access.

Shelter is becoming a challenge as well as water availability is critical and requires urgently in Mekelle and other locations.

Transportation is critically challenging as vehicles are looted and staff of the BOLSA are working on foot. Thus, if they don't get vehicles shortly, they won't able to support other zones and woredas who are also at the same or worst situation.

# All interim zone administrators except Western Tigrai are assigned, and attended in the ECC meeting. The interim administrator said that they can't go to back to his zone respective offices without food and CRI as people are starving and will be in travel if they go with empty hands.

#### Food:

Some incomplete food items (pasta and wheat flour) has reportedly dispatched to Axum, Adigrat, Wukro and Raya Azebo.

Mekelle: 18K beneficiaries that is 5K food distributed. REST: distributed to 15K beneficiaries. In total, only 30K quintals distributed for only around 100K beneficiaries in two months' time against the 4.5M people who are in dire need. Still we are not able to reach into the large majority (over 99%) of the people in need.

What is coming from Federal government is not full package i.e. wheat flour and macaroni without vegetable oil, famix, salt, pulses and sugar.

Lack of transportation, and security and those trucks send to different places have to stay for days without of loaded due to lack of viable government structures on the ground.

#### Central Zone:

Mr. Berhane Gebretsadik, Central Zone Interim Administrator, has said that the situation in the ground is dire. Food and non-food items or other livelihoods are either looted or destroyed. He also added that if urgent emergency assistance is not mobilized hundreds of thousands might starve to death.

#### Summary of his speech:

• People are dying because of starvation. In Adwa people are dying while they are sleeping. As this also the same in other woredas and zones of the region too.

• Many people are going out to the streets in the towns of Axum, and Adwa coming from the surrounding villages since their produce and household materials are vandalized, or burnet.

• All individual in Central, zone, and even everywhere in the region are equally poor, hence food distribution should target for blanket coverage.

 $\cdot$  He confirmed that he will not going back unless enough food and CRI are ready for dispatch to central zone.

## Overall reflection from partners:

• Development issue is not a priority at the emergency time and development partners are requested to switch their activities to respond to emergencies. However, they need support from the government and donors.

 $\cdot$  Mekelle is not a priority area and we have to focus on the Eastern, Central, North west West, and West and other hard to rich areas.

· Transportation contract was signed yesterday between NDRMC and transportation

agency. However, the capacity of the transporters do not match the huge needs on the ground which demands hundreds of big capacity trucks.

• Food should be delivered as soon as possible to reduce death and severe malnutrition. Mothers, and children are at dire situation that requires urgent action from the government and international community.

• Overall commitment is very low and it should be addressed by internalizing the situation and acting timely.

• Government response needs to be supplemented by humanitarian partners. Humanitarian partners call for unhindered humanitarian access to people in need.

#### Summary:

• Given to the circumstance on the ground stakeholders should switch from status quo to emergency mood and act promptly.

• Challenges: Insecurity, lack of government structure, low commitment and fear of poor accountability which affects INGOs commitment to dispatch items urgently.

• To dispatch 15 KG food ration for 4.5 Million people, more than 2000 trucks (40 MT) are required. Where are we now? What amount of food and trucks are available at hand to save the lives of these 4.5 Million people? Thus, government is urged to act fast to deliver food.

 $\cdot$  Humanitarian partners should proactively engage in distribution, and other activities by mobilizing their staff and volunteers from the community

• 20K Health Workers and other government civil servants are not getting their salary (2+ months now), except few in Mekelle. Hence, civil service structure may not be resumed in the region, making humanitarian work very difficult. Therefore, partners should be encouraged and facilitated to fill the current gaps.