



Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

FAMINE REVIEW OF THE IPC ACUTE FOOD INSECURITY ANALYSIS

CONCLUSIONS AND
RECOMMENDATIONS
FOR TIGRAY REGION,
ETHIOPIA



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1. EXECUTIVE SUMMARY

The IPC Acute Food Insecurity (AFI) analysis update for Tigray and neighbouring zones within Afar and Amhara regions was conducted in Ethiopia in May 2021. Following disagreement expressed by the Ethiopian Government regarding the IPC analysis results, the IPC Global Steering Committee activated the IPC Famine Review Committee (FRC) to conclude on the plausibility of the IPC classification, and considering newly available data, provide their perspective on the acute food insecurity situation going forward.

The FRC found that, considering the evidence available at the time of the analysis, the conclusions on the IPC AFI classification reached by the IPC Analysis Team for the current and projected periods, regarding both the severity and magnitude of the acute food insecurity situation, are plausible.

Although the evidence does not support a Famine classification, there is clear evidence to support the IPC Analysis Team's findings that roughly 400,000 people are acutely food insecure in IPC Phase 5 (Catastrophe); in addition to four million people in Crisis or Emergency (IPC AFI Phase 3 or 4) located in Tigray and neighbouring zones of Amhara and Afar regions. This clearly constitutes a tragic humanitarian catastrophe requiring ample resources, access, and high-level negotiated solutions to mitigate the political crisis driving this humanitarian emergency.

After completion of the IPC analysis, further information was made available covering the period from mid-May to mid-July. However, these data were very limited in scope, quantity and quality. Based on the overall assessment, the FRC did not propose any changes to the IPC classification.

Given recent developments on the ground, the assumptions that the country IPC Analysis Team

developed to build the projections have been significantly challenged. Due to the highly dynamic nature of this conflict-driven crisis, it is impossible to determine a 'most-likely scenario' for the near or medium-term future. This report thus describes a few possible scenarios based on a combination of risk factors. For each scenario, the FRC has estimated the likelihood of the scenario occurring and the level of risk that these developments could lead to a Famine. In conclusion, the FRC estimated a medium to high risk of Famine in three out of four scenarios described in this report, including in the short-term (July - September) in the worst-case scenario.

While this report focused on assessing the Risk of Famine in the Tigray region, the FRC recognises that the situation is also dire in the surrounding areas analysed by the IPC Analysis Team. Furthermore, any additional resources allocated to Tigray should not be diverted from resources originally planned for other parts of Ethiopia.

This report lays out a series of recommendations to policy and political decision-makers, humanitarian stakeholders and to the country IPC Technical Working Group, with a focus on preventing Famine. However, whether the specific Famine thresholds are passed or not in the future should not divert attention from the dire situation that the affected populations are currently facing and the need to act now to alleviate human suffering.

The FRC would particularly like to highlight that this crisis is clearly caused by human activities and can be prevented with effective negotiation and commitments to peaceful reconciliation. There is no pre-determination that a Famine will occur - rather it is entirely dependent on the decisions and actions of all parties concerned.



2. FAMINE REVIEW PROCESS

The IPC Acute Food Insecurity (AFI) analysis update for Tigray and neighbouring zones within Afar and Amhara regions (covering the period May - September 2021) was conducted in Ethiopia from May 18th to 26th, 2021. Following the completion of the IPC analysis, a report on the analysis findings was published as a global product on June 10th, 2021 ([see report here](#)). Simultaneously, the IPC Global Steering Committee was informed of the disagreement expressed by the Ethiopian Government, and in particular the National Disaster Risk Management Commission (NDRMC), regarding the IPC analysis results. Consequently, the IPC Global Steering Committee decided to activate an external, independent review of the IPC analysis by the Famine Review Committee (FRC). The FRC is called upon in case of a breakdown of consensus to assess the plausibility of the classifications from the country IPC Analysis Team, in situations of extreme severity. These criteria apply to the above-mentioned IPC analysis as it shows a high number of people classified in IPC AFI Phase 5 (Catastrophe) and a risk of Famine in several areas.

The FRC is composed of five independent technical experts who are globally recognised as leading technical food security, nutrition and mortality specialists.

The Famine Review supports IPC quality assurance and helps ensure the technical rigour and neutrality of the analysis. This exercise focused on: (i) Reviewing the analysis completed by the country IPC Analysis Team and concluding on the plausibility of the IPC classification for the current and projected periods, with a special focus on areas at Risk of Famine, and (ii) Reviewing the newly available data since the completion of the analysis and providing their perspective on the acute food insecurity situation going forward.

The Famine Review followed a two-step process:

- Step 1 - The Famine Review preparation was conducted by a multi-partner team led by the IPC Global Support Unit, prior to the review by the FRC. It provided technical inputs and prepared the information needed by the FRC members to conduct their review.
- Step 2 - The review by the FRC was conducted to conclude on the plausibility of IPC classification in areas at Risk of Famine.

The FRC reviewed the analysis and all evidence used by the IPC Analysis Team as well as the new evidence made available since the completion of the analysis. Additionally, the FRC conducted 15 interviews with people and organizations having direct knowledge of multiple aspects of the crisis.



3. FINDINGS

3.1. Plausibility of the IPC analysis conducted in May 2021

The Famine Review focused on the areas considered by the country IPC Analysis Team as at Risk of Famine, namely Central and North Western zones and Eastern cluster 1, to assess the plausibility of the IPC analysis findings (see IPC current and projected maps in annex 1).

The FRC found that, considering the evidence available at the time of the analysis, the conclusions on the IPC AFI classification reached by the IPC Analysis Team for the current and projected periods, regarding both the severity and magnitude of the acute food insecurity situation, are plausible. The FRC also found the assumptions built for the projected analysis as the most likely scenario to be valid, given the information available at the time of the analysis.

The FRC recognises that the evidence available has limitations, though wishes to underscore that, although the evidence did not support a Famine classification,

there was clear evidence to support the Analysis Team findings that roughly 400,000 people are acutely food insecure in IPC Phase 5 (Catastrophe). Additionally, according to the IPC Analysis Team, there are around 2.2 million people in Crisis (IPC Phase 3), and 1.8 million people in Emergency (IPC Phase 4) who are facing critical food insecurity conditions. It is important to note that these numbers do not represent the total number of people in need of food assistance, as they incorporate humanitarian food assistance planned, already funded and likely to be delivered¹. These numbers also include the food insecure populations located outside Tigray, in neighbouring areas of Amhara and Afar regions. It is worth noting that there are also food insecure populations in other areas of Ethiopia, however, these were not included in the May 2021 analysis update.

Recognising that the technical nuances and terminology used in IPC AFI classification, especially in relation to IPC Phase 5, can result in misinterpretation, it is important to note that statements of Famine occurring in Tigray are not supported by IPC findings, as no area has been classified in IPC Phase 5 (Famine).

Table 1: Key Conclusions from the FRC on IPC AFI Classifications by the country Analysis Team (May 2021)

Cluster Name	Current Period (May - June 2021)		Projected period (July - September 2021)	
	Estimation of population prevalence in IPC AFI Phase 5 (Catastrophe) by the country Analysis Team	FRC assessment of plausibility	Estimation of population prevalence in IPC AFI Phase 5 (Catastrophe) by the country Analysis Team	FRC assessment of plausibility
Central 1	10%	Plausible	10%	Plausible
Central 2	10%	Plausible	5%	Plausible
Eastern 1	5%	Plausible	10%	Plausible
North West 1	10%	Plausible	10%	Plausible
North West 2	5%	Plausible	5%	Plausible

¹ According to the OCHA Tigray Situation Report (June 23rd, 2021), about 5.2 million people are in need of food assistance. <https://reports.unocha.org/en/country/ethiopia>



3.2. Situation as of 19 July 2021

3.2.1 Additional evidence on the humanitarian situation produced

Between the time the country IPC Analysis Team conducted the IPC analysis and the FRC review occurred, further information was made available covering the period from mid-May to mid-July. This includes data on food distributions reported in May and June, additional nutrition screenings and admission data, some information on health services and on conditions in displacement sites.

Newly available information on actual food distributions show a trend very similar to the one used in the IPC analysis. The Central cluster 1 has been the most problematic area to reach, with a level of food assistance similar to the one prior to the IPC analysis. In Central cluster 2, there has been a scale-up of food assistance, though below the level planned. For the other areas under review, the scale-up of food assistance has materialised at or above planned levels. In most areas, the food assistance delivered in May and June was superior to those ongoing at the time of the analysis. In summary, it was not possible to deliver food assistance to about 25% of the targeted population in the Central Zone during May and June. In Central cluster 1, only 36-39% of the population received food assistance against 62% planned, a concerning shortage; while in Central cluster 2, 77% of the population received food assistance against 108% targeted. It is worth noting that, in some *woredas*, no food distributions have taken place, either not since the beginning of the crisis or at least not in the last three months (April - June). These include Adet, Edaga Arabi and Endabafalasy (Central cluster 1); Eagela, Hahayle, Keihetekil and Ahsha (Central cluster 2); Zana and Maekel Adiyabo (North Western cluster 1); and Wajirat and Sambre (South Eastern cluster). Some areas have received food assistance in the past, although not in June, namely, Laelay Machew (Central 1); Lelay Selemti and Lealay Koraro (North Western cluster 1); and Alamata and Korem (Southern cluster).

Newly available information on nutrition was limited to additional screenings conducted in May and June and admissions data. These do not allow estimation of the Global Acute Malnutrition (GAM) prevalence in the general population. Nutrition screening data collected in Tigray can be used neither (i) to estimate the prevalence of GAM, nor (ii) to follow the trends in GAM incidence, nor (iii) to compare GAM levels among different areas. This is because the data were collected in a variety of settings, including fixed and mobile clinics, hospitals, distribution points, and community outreach. Collection of data in each of these settings may result in various types and severity of selection bias, and the numbers of children screened also varied widely. Information on the circumstances and method of screening was missing, and screening data was not disaggregated by age, sex, or health status of the child (sick or healthy). Resulting proportions of children with low Mid-Upper Arm Circumference (MUAC) among those screened vary wildly, and time trends appear to vary rather randomly².

At the time of the IPC analysis, no information on health was shared with the IPC Analysis Team. **The newly available information on health** (HeRAMS baseline report, June 2021) shows that, as of March 2021, of 172 health facilities evaluated in Tigray, only 65 (38%) are fully or partially functioning: 18 (10%) were destroyed, and 21 (12%) were partially damaged. Four out of the five general hospitals and four of the twelve primary hospitals are functional; and only 55 of the 153 health facilities are functional. The area facing the highest level of damage to health facilities building and equipment is the Eastern zone. Functionality (full or partial) is very low in North Western (12%), Central (20%) and Eastern (22%) zones. Power is insufficient or not available for more than two thirds of the facilities. In addition, according to information from partners, of the 824 Outpatient Therapeutic Programme (OTPs) operational in September 2020, as of June 2021, only 128 (15.5%) were providing services for the treatment of Severe Acute Malnutrition.

² Recommendations on appropriate measures to allow the use of screening data for IPC analysis are included in section 5 below.



Additional information on IDP site conditions come from the Displacement Tracking Matrix (DTM) Round 6, May 2021. This latest round does not show significant changes compared to the Round 5 (April 2021) results used in the country IPC analysis. However, there is an increase in the number of internally displaced persons (IDPs), from 1.92 million in Tigray region in May compared to 1.65 million in April, with the highest concentrations in similar locations: Shire, Sheraro, Mekelle, Adwa, Axum and Adigrat. North Western zone accounts for 57% of the IDPs in Tigray (a slight decrease compared to 61% in April), Central accounts for 21% (a slight increase compared to 19% in April), Eastern 6% and Mekelle about 14% (no changes). Conditions in terms of non-food items (NFI), shelter, health and water, sanitation and hygiene (WASH) in IDP sites do not show significant changes between DTM Rounds 5 and 6. Pneumonia and diarrhoea were the diseases most frequently mentioned in IDP sites, similar to the previous round. In May, 37% of the IDP sites did not receive any food distribution, against 53% in April. North Western zone had the highest number of sites without food distributions. The majority of sites still rely on host community support for the main source of food (56% in April and 65% in May), while food distributions as the main source of food increased (4% in April against 19% in May), and begging as the main source of food decreased (12% in April against 3% in May).

The FRC concluded that the new data made available since the IPC AFI analysis was conducted in May is very limited in scope, quantity, and quality. Based on the overall assessment, the FRC did not propose any changes to the IPC classification.

3.2.2 Main changes on the ground

Between the IPC analysis conducted in May and the Famine Review, significant developments have taken place on the ground, with major consequences for the people living in Tigray.

Intensification or spread of fighting: In late June, the Tigray Defence Forces (TDF) entered the regional capital Mekelle and progressively other parts of Tigray. The Federal Government of Ethiopia withdrew its troops and unilaterally declared a two-month humanitarian ceasefire. The TDF placed conditions on the ceasefire

including the withdrawal of armed forces from Western and Southern Tigray. These events had a significant impact on security conditions. This situation is dynamic as active fighting is currently concentrated in areas of the Southern zone and in localised areas of the Western zone.

Humanitarian access: Since the end of June, humanitarian access internally within Tigray has expanded to most parts of Southern Tigray zone and North Western, Central and Eastern zones. The vast majority of *woredas* inside Tigray have now become accessible, offering potential for a scale-up of humanitarian interventions. However, the Western zone and the Northern part of *woredas* bordering Eritrea remain mostly inaccessible. In the Southern zone, there is limited access to the populations located in the *woredas* bordering the Amhara region. It is important to note that, in late June, civilian infrastructure sustained major damage, particularly roads and bridges. As a result, the only currently viable route for humanitarian supplies and commercial trade is proceeding from Djibouti through Semera, going north towards Abala and then into Mekelle. Besides the previously accessible, now unusable, routes used to access Tigray, the protocols set up for the approval of humanitarian supplies and personnel entering Tigray are a major impediment to a much needed regular and sustained access into the region. Reports of humanitarian vehicles and personnel being searched and temporarily held constitute another significant constraint to the timely delivery of humanitarian assistance. Additionally, Mekelle airport has been shut down and flights have been suspended for weeks, thereby impeding movements of humanitarian staff and supplies into Tigray.

Humanitarian interventions: Due to the constraints described above, the inflow of humanitarian supplies into Tigray since the ceasefire has been extremely limited and slow in arriving. By mid-July, only one humanitarian convoy had been able to enter Tigray in the previous 20 days, bringing about 5% of the food needed to meet the monthly target. Just to meet food assistance targets, a similar convoy would need to enter Tigray daily. This implies that only a small part of the required humanitarian supplies (including not only food assistance, but also WASH, health, nutrition, NFI, and shelter supplies or commodities) are getting into Tigray.



Thanks to stock prepositioning inside Tigray before the ceasefire, humanitarian stakeholders could take advantage of the significantly increased access inside the Tigray region. However, shortages of fuel, cash for daily operations and interruption of communications or electricity have slowed down or stopped programme implementation on the ground. Fuel is critical for the distribution of humanitarian assistance and essential service delivery. Fuel is also essential, for electricity produced through generators and shortages can affect water access from boreholes, wells or other non-piped sources. Furthermore, the banking system remains non-operational and there is currently a major shortage of cash in the region, impeding humanitarian agencies from paying local staff and daily workers. The phone and internet network have been suspended, with a direct impact on humanitarian coordination and posing a threat to the safety of humanitarian staff. While no blockade of Tigray has been formally announced, the current situation represents severe constraints on food and other forms of humanitarian assistance with dire consequences on civilians and conflict affected populations. If sustained, it would make humanitarian support to the population impossible, despite improvements in access internally within Tigray.

Displacement: Since late June, additional large-scale displacements have not been observed and movements from rural to urban centres in the area have stabilised. However, influxes from the Western zone to North Western were observed, as well as from areas of active fighting in the Southern zone towards stabilised areas nearby. Due to the uncertainty over the conflict's evolution, concerns that humanitarian assistance will not reach rural areas and given the level of destruction of health and water services, as well as infrastructure, returns have been minimal. Consequently, large populations remain displaced and unable to access normal livelihood activities.

Agriculture planting season: Due to the disruption of access to fields during the peak of the planting season, the lack of agricultural inputs, the loss of draught animals, significant displacement and the presence of unexploded ordnance in agricultural areas, it is estimated that only a minor part of the population has actually engaged in farming activities. Despite a late start of the rainy season, even if agricultural inputs

could be immediately distributed at scale, the window of opportunity for planting maize, sorghum, barley, wheat, millet and teff has already passed. Only a couple of additional weeks for planting oats could be exploited should the inputs be distributed effectively according to needs. Therefore, not only is the current agriculture season mostly lost, there are also high risks for the following agriculture (*Belg*) season in February – May (applicable mainly to Southern Tigray). Consequently, food from own production will likely remain drastically below normal levels even after the next *Meher* harvest period (October - January). See seasonal calendar in annex 2.

Commercial banks, private sector and market functionality through formal and informal networks:

The banking system is currently not operational, resulting in a major shortage of cash for the population and curtailing people's access to savings or remittances, thereby drastically cutting their purchasing power. In the latest weeks, markets have been reportedly understocked. There is limited information on market functionality and the extent to which commercial trucks are or will be able to supply markets with food and other essential commodities. Consequently, people's ability to access food and other necessities via market channels is likely to remain severely constrained.

Health and WASH: The health and WASH system have been seriously degraded and disrupted in terms of infrastructure, availability of supplies, human resources and fuel to run daily activities. Essential medicines including those to treat malaria and diarrhoea may be running out and would need to be replenished as soon as possible. There is extensive damage and contamination of water supplies with significant barriers in establishing adequate sanitation and hygiene in urban areas and IDP sites. Localised measles outbreaks could be possible among populations or in areas where routine vaccinations did not reach acceptable rates prior to the conflict. Cholera and malaria remain a clear threat due to mass displacement and concentration within high density IDP sites with limited WASH facilities. The risk of a serious disease outbreak will be further exacerbated if there is a rise in malnutrition. An increase in disease may in turn lead to a further increase in malnutrition, and mortality. Even in the absence of an outbreak, the lack of essential medicines may lead to increased mortality.



4. FUTURE OUTLOOK

4.1. Preamble

The future outlook is of grave concern and highly unpredictable, given the dynamic nature of the conflict. While there are many unknowns at this point in time, a number of factors are already clear and will contribute to the Risk of Famine in the coming months:

1. Large portions of the population are already displaced and estimated to be relying heavily on humanitarian assistance for survival.
2. The agricultural season, which would normally be in a planting stage between late May and early July (see annex 2), has largely been missed due to: lack of access to fields, insecurity, destruction and lack of seeds and agricultural inputs, loss of draught animals, and ongoing conflict, which draw from the agricultural labour pool. This will likely limit the harvest of this year's crop to a fraction of the expected normal agricultural harvests, which would normally increase food supply around September - November from the main *Meher* rains. The next potential harvest would be from the minor *Belg* rainy season in May, mostly concentrated in the Southern zone, which would mean the next opportunity for a main harvest would not be until September 2022.
3. Despite the declared ceasefire, conflict is ongoing and there remains a very limited ability to bring goods and services into Tigray, for both humanitarian assistance and market-based activities. The conflict is disrupting normal market channels for the private sector to use formal and informal means to import food and other essential goods. This, combined with the unreliability of humanitarian assistance due to logistical and financial constraints, will be major determining factors as to whether or not actual Famine occurs in the coming months leading up to December 2021.
4. Disrupted or worsened supply of basic services (health, nutrition and WASH) leaves the population at high risk of disease outbreaks.

Therefore, adhering to the IPC protocols, the FRC concludes that due to the unpredictability of the conflict, although it cannot be stated that a Famine classification is the 'most-likely scenario', there is certainly a Risk of Famine. Depending on what transpires with the evolution of the conflict, along with market and humanitarian access, in the coming weeks, this statement should be periodically reviewed by IPC analysts.

The FRC would like to highlight the very large number of people and households that are experiencing IPC AFI Phase 5 (Catastrophe), Phase 4 (Emergency) and Phase 3 (Crisis) conditions, requiring immediate and large-scale humanitarian assistance. Whether or not a Famine classification is determined in the future is, to some extent, beside the point, given the already evident extreme human suffering and humanitarian needs. While this report focused on the Risk of Famine in the Tigray region, including also reference to the Western zone, it is recognised that the situation is dire also in the surrounding areas analysed by the IPC Analysis Team.

The FRC would particularly like to highlight that this crisis is clearly caused by human decisions and human actions and can be prevented with effective negotiation and commitments to peaceful reconciliation. There is no pre-determination that an area-based famine will occur - rather it is entirely dependent on the decisions and actions of all parties concerned, in particular regarding access to food stocks, medicines, agricultural inputs and other commercial goods.

4.2. Possible scenarios

Given recent developments on the ground, the assumptions that the country IPC Analysis Team developed to build the projections have been significantly challenged since the IPC analysis was conducted last May. Due to the highly dynamic nature of this conflict driven crisis, it is impossible to determine a 'most-likely scenario' for the near or medium-term future. The FRC has made an attempt to describe a few scenarios based on a combination of risk factors. For each scenario and timeframe, the FRC has estimated the likelihood of the scenario occurring and the level of risk that these developments could lead to a Famine.



The scenarios are specifically driven by the following key risk factors:

- Intensity of conflict
- Humanitarian supply lines, access and level of operations
- Private sector and informal supply lines and availability of commercial goods (food, essential medicines and other supplies) as well as services

Additional factors to monitor for famine risk include:

- Constraints to agriculture and livelihoods
- Disease outbreaks

The table below outlines a number of scenarios. The best

case scenario (scenario 1 below) is achievable if the right decisions are made by all stakeholders immediately. The other scenarios involve an increasing risk of Famine but are all preventable, depending on the will of the relevant stakeholders to avert further human suffering.

The Risk of Famine and other unfavourable outcomes hinge on access (i) within Tigray, which is impacted by the intensity of conflict, and (ii) from outside into Tigray, which depends on the level of inflow of goods and the restoration of services within Tigray.

The FRC estimated a medium to high risk of Famine in three out of four scenarios described below, including in the short-term (July - September) in the worst-case scenario (scenario 4).

Table 2: Possible scenarios

	Scenario	Time frame	Likelihood of scenario	Risk of Famine
1	<p>Intensity of conflict: Wide scale conflict ceases or is very localised in Western and Southern zones, Northern strip bordering Eritrea and/or in Southern Tigray zones bordering Amhara;</p> <p>Humanitarian supply lines, access and level of operations: Unfettered humanitarian access and uninterrupted influx of sufficient humanitarian supplies;</p> <p>Private sector and informal supply lines and availability of commercial goods and services: Full restoration of communication services and infrastructure, electricity functioning or fuel available for it, reopening of banks and cash available, resumption of commercial supply chains and functioning of basic services.</p>	Near term (July-Sept)	Low	Very low
		Medium term (Oct-Dec)	Low	Very low
2	<p>Intensity of conflict: Continuation of conflict or some escalation of the conflict in the Western zone, Southern zone and/or along the Northern border;</p> <p>Humanitarian supply lines, access and level of operations: Moderate humanitarian access within and into Tigray and reduced or intermittent influx of humanitarian supplies;</p> <p>Private sector and informal supply lines and availability of commercial goods and services: Irregular and intermittent communication services and electricity with limited fuel available, irregular bank service or low availability of cash, irregular commercial supply chains, and irregular functioning of basic services.</p>	Near term (July-Sept)	High	Low
		Medium term (Oct-Dec)	High	Medium
3	<p>Intensity of conflict: Cessation of ceasefire and resumption of widespread conflict in all or most of the Tigray region;</p> <p>Humanitarian supply lines, access and level of operations: Low humanitarian access within and into Tigray and sporadic and insufficient influx of humanitarian supplies;</p> <p>Private sector and informal supply lines and availability of commercial goods and services: Partial and sporadic communication services and intermittent electricity with insufficient fuel available; sporadic bank service or poor availability of cash; sporadic functioning of commercial supply chains and of basic services.</p>	Near term (July-Sept)	High	Low to medium
		Medium term (Oct-Dec)	High	High
4	<p>Intensity of conflict: Conflict escalation, spreading outside Tigray region;</p> <p>Humanitarian supply lines, access and level of operations: No access within and into Tigray and no influx of humanitarian supplies;</p> <p>Private sector and informal supply lines and availability of commercial goods and services: Extremely limited communication services, banks closed, no cash available, no commercial supply chain, no basic services.</p>	Near term (July-Sept)	Medium	Medium to high
		Medium term (Oct-Dec)	Medium	High



5. RECOMMENDATIONS

The recommendations from the FRC focus on preventing Famine. The FRC recognises that there are many other interventions required in order to alleviate the multi-faceted suffering of affected populations.

Recommendations to Policy and Political Decision Makers

1. Take all necessary measures to halt the violence and protect civilians from ongoing and future conflict, insecurity and threats of violence.
2. Take all necessary steps to uphold international humanitarian law and prevent any further attacks on humanitarian personnel.
3. Ensure unfettered access for humanitarian organizations to all populations and overall respect for the humanitarian space, so that the human rights of the people can be fulfilled. This includes regular and frequent access to set up humanitarian assistance pipelines into Tigray and prepositioning of stocks; ensuring uninterrupted delivery of services and that people have access to the services and assistance available.
4. Ensure that regular supply chains are re-established, including the restoration of damaged infrastructure and the opening of multiple supply chain routes.
5. Ensure safe, unhindered mobility for people to carry out their livelihood activities and to access markets and basic services.
6. Facilitate the flow of basic commodities into and within Tigray and ensure full restoration of all essential services, including health, WASH, electricity, communications, banking and availability of cash and fuel.
7. Ensure that additional resources allocated to Tigray are not diverted from resources originally planned for other parts of Ethiopia, in line with the “Do No Harm” principle.

Recommendations to Humanitarian Stakeholders

Operations

1. Scale up humanitarian assistance to address the food security, health, nutrition and WASH needs of populations in Tigray, and throughout Ethiopia, in IPC AFI Phase 3 (Crisis) or above (not only those in IPC AFI Phase 5 - Catastrophe).
2. Mitigating the risks associated with disease outbreaks depends on the implementation of public health measures including WASH, shelter, health service provision as well as food assistance. One of the high priority health interventions is the provision of vaccination services for children. A number of organizations have been active in efforts to improve routine EPI (Expanded Programme on Immunisation) and run campaigns. Efforts should continue to improve immunisation coverage to combat the possibility of epidemic outbreaks, especially in the crowded conditions found in IDP sites, conduct hygiene campaigns and distribute Oral Rehydration Salts/zinc.
3. Rapidly refurbish the water supply systems in urban and rural areas and ensure that water quality standards are observed during water trucking operations.
4. Take all necessary measures to support the recovery of livelihood activities, including support to agricultural production, livestock restoration, agriculture extension services and animal vaccination.
5. Scale up humanitarian protection activities in Tigray.



Data collection and monitoring

1. Along with the priority of humanitarian response, opportunities should be seized for population representative assessments (surveys) of food security, nutrition, mortality and health outcomes across Tigray. This will allow for more accurate assessment of the severity of the current situation and also provide an invaluable baseline for assessing changes in the situation as it develops. It is also recommended to include questions on vaccination coverage in forthcoming nutrition surveys and assessments.
2. To make nutrition screening data usable in the future it would be critical to: (i) provide information on the screening setting and methods used for data collection, and (ii) disaggregate numbers screened by age and sex. Guidance and data collection templates are available through the Nutrition cluster in-country. Optimally, exhaustive door to door community screenings should be conducted. Collecting actual MUAC values for each child rather than only tallying numbers of children would ascertain some parameters of data quality, and therefore increase confidence in the usability of these data.
3. Optimise cross-sector coordination for data collection, data sharing and analysis under safe conditions.
4. Ensure regular and frequent monitoring of the local context, food security, health and nutrition situation, including access to basic services and household caring practices. Special attention should be given to previously inaccessible rural areas and population groups that may be particularly vulnerable, such as pregnant and lactating women, the elderly, and

prisoners of war. Risk factors to monitor should include: functionality of private sector markets and basic services through formal and informal networks, remittance flows, functionality of financial and telecommunications systems along with regional political dynamics, particularly with neighbouring countries.

5. Ensure reliable, updated and consolidated figures on delivered and planned humanitarian assistance, particularly food assistance, and data on the supply and utilisation of health, nutrition and WASH services.

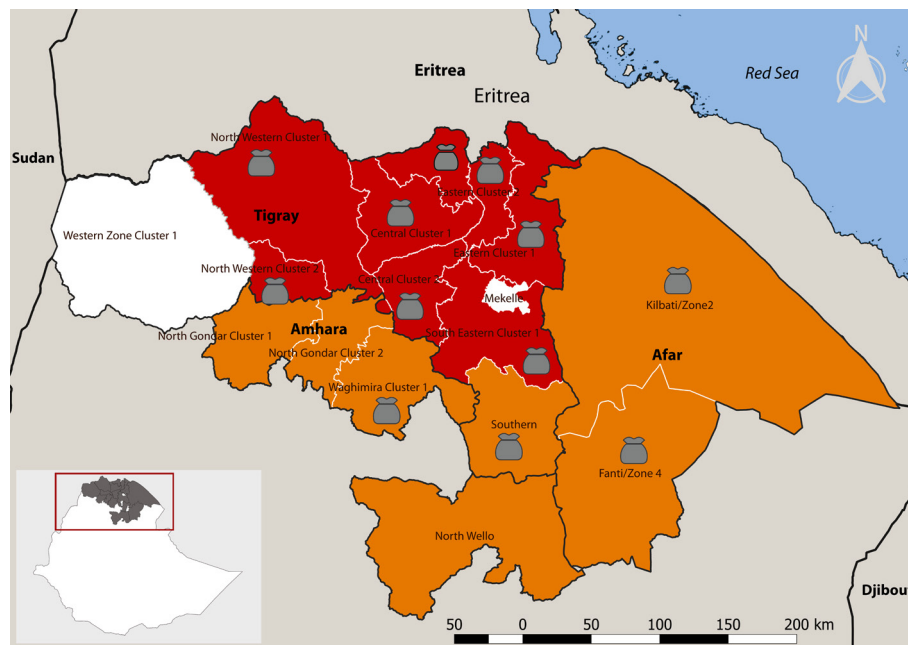
Recommendations to the Ethiopia IPC Technical Working Group

1. Conduct a new IPC analysis for Tigray and neighbouring zones of Afar and Amhara within two months, based on new data collected, including on the outcomes of the agricultural season.
2. Ensure regular, frequent (weekly) and vigilant monitoring of the assumptions factored into the projection and scenario analysis and update IPC analyses in real time as needed.
3. Deepen the analysis of: (i) the resilience of populations in Tigray - identify alternative sources of food and the caloric contribution of food intake outside of humanitarian food assistance - and (ii) access to private health and WASH services.
4. Should the country IPC Technical Working Group not be in a position to conduct a new IPC analysis, a multi-partner team of IPC analysts should be established and prepared to conduct regular updates of the IPC analysis.



Annex 1: IPC Classification Maps (May 2021)

Current Situation Map (May - June 2021)



Key for the Map

IPC Acute Food Insecurity Phase Classification

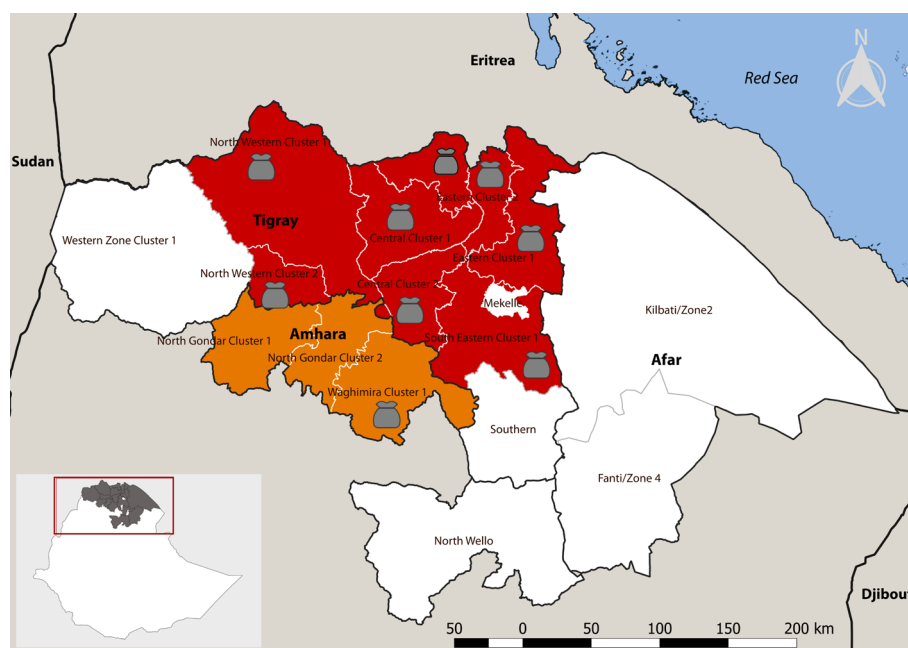
(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
 - 2 - Stressed
 - 3 - Crisis
 - 4 - Emergency
 - 5 - Famine
 - Areas with inadequate evidence
 - Areas not analysed
- Area receives significant humanitarian food assistance**
(accounted for in Phase classification)
- > 25% of households meet 25-50% of caloric needs through assistance
 - > 25% of households meet > 50% of caloric needs through assistance
- Evidence Level**
** Medium

Map Source: Ethiopia IPC Analysis Team, May 2021

Disclaimer: The information shown on this map does not imply that the IPC officially recognises or endorses physical and political boundaries.

Projected Situation Map (July - September 2021)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
 - 2 - Stressed
 - 3 - Crisis
 - 4 - Emergency
 - 5 - Famine
 - Areas with inadequate evidence
 - Areas not analysed
- Area receives significant humanitarian food assistance**
(accounted for in Phase classification)
- > 25% of households meet 25-50% of caloric needs through assistance
 - > 25% of households meet > 50% of caloric needs through assistance
- Evidence Level**
** Medium

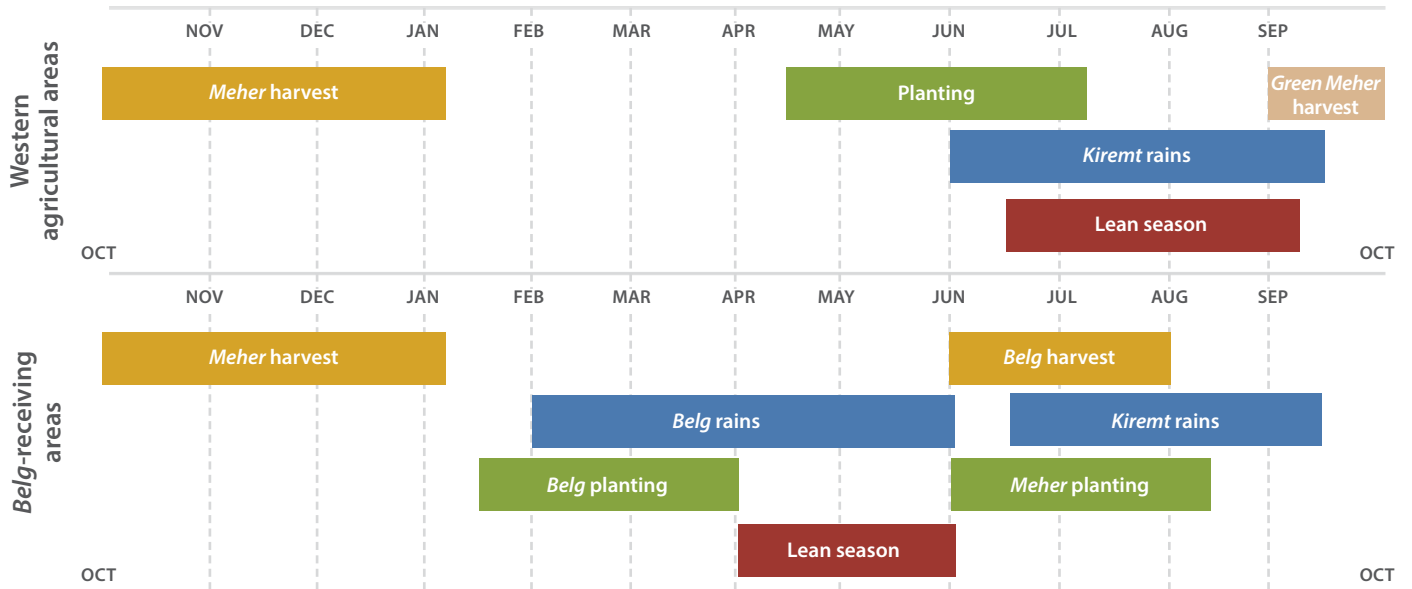
Map Source: Ethiopia IPC Analysis Team, May 2021

Disclaimer: The information shown on this map does not imply that the IPC officially recognises or endorses physical and political boundaries.



Annex 2: Seasonal Calendar

Most of Tigray is located in the Western agricultural area - only the extreme southern part is located in the *Belg*-receiving areas.



(Source: FEWS NET Ethiopia Seasonal Calendar, December 2013)

Annex 3: Timeline

