Refugees International

# TIGRAY HUMANITARIAN SNAPSHOT

## Introduction

The outbreak of war in Northern Ethiopia since September 22/2026 threatens a return to the widespread killings, rights violations, and sexual violence witnessed during the 2020–2022 war and will exacerbate the already dire humanitarian situation. Even before this outbreak of fighting, the humanitarian situation was extremely challenging in many of Ethiopia's regions, including Tigray. Health workers reported a shortage of medical supplies; hundreds of thousands remained displaced from the 2020–2022 conflict. Many children remained out of school, and fuel, cash, and other essential items were in short supply.

In anticipation of a resumption of violence and humanitarian access blockages similar to the 2020–2022 war, Refugees International worked with local partners to survey humanitarian conditions in areas of Northern Ethiopia. The results describe conditions among households surveyed in several locations before fighting resumed.

The survey, which included more than 450 households with young children from both internally displaced (IDP) and host communities in the Tigray region in August and September 2026, found many families going hungry, high rates of malnutrition among children screened, and a health system under severe strain. It provides an important baseline for the households surveyed, against which conditions since the fighting resumed can be compared.

To address the situation, the Ethiopian federal government must restore fuel and medical supplies to Tigray's health system and reopen full humanitarian access to the region. Donors should immediately resume food and nutrition pipelines. The United States should drive all three through targeted funding and sustained diplomatic pressure

# Topline Findings

- **Food security was extremely precarious even before the fighting started, and food aid was already nonexistent.** In the IDP sites, six in ten households surveyed said someone went to sleep hungry in the past month. Nearly eight in ten said adults ate less so children could eat. Most bought food on credit or borrowed food. In surveyed host communities, four in ten households said someone had gone to sleep hungry in the past month. Food assistance reached almost none of the host households surveyed and only 4 percent of IDP households. Cash assistance reached almost all displaced households, even if it is irregular, and nearly half of households surveyed in host communities.

- **A significant number of all children screened showed signs of acute malnutrition.** More than one in five children screened in the displacement sites showed signs of acute malnutrition. Arm-circumference screening found that 23 percent of children surveyed in the displacement sites were below the cut-off for acute malnutrition (GAM), including 4 percent of those surveyed who were below the cut-off for severe acute malnutrition (SAM). Screening in host communities also found high rates: 32 percent of children surveyed below 12.5 cm (GAM), including 4 percent below 11.5 cm (SAM). But the rates in host communities varied widely between areas. The highest rates were in an area chosen because malnutrition was already known to be high.

- **The health system is running on empty.** Tigray's health sector needs around 130,000 liters of fuel a month to function effectively, according to health officials interviewed. Fuel deliveries to Tigray fell sharply during 2025 and stopped entirely in January 2026, according to the region's Trade and Export Agency. Officials interviewed said that by September the health sector had received no fuel, and more than 250 ambulances could not operate.

- **IDPs and returnees receive little assistance.** Many IDPs have been unable to return home. According to Tigray's Disaster Risk Management Commission (DRMC), 1.8 million displaced people, including refugees who had fled to Sudan, have returned home, but only 35,000 received government assistance to do so. The vast majority returned on their own, without government support.

# Methodology

Local experts surveyed 452 households across four locations in Tigray between August and September 2026 (202 host community households and 250 IDP households). The two host districts were selected purposely based on the prevalence of malnutrition from previous data. One district was chosen for high malnutrition and another for low malnutrition. In each area, households were then selected by simple random sampling from a list of households with children aged 6 to 59 months; main towns were not included. The assessment employed a mixed-methods approach, combining household-level quantitative data, key informant interviews, and secondary information. Food security findings are reported as households' answers to individual survey questions, such as whether anyone went to sleep hungry, rather than as scores on composite food security scales. The figures describe the households interviewed. They should not be read as estimates for whole sites or districts, or for Tigray as a whole.

The team screened children for acute malnutrition using the global standard screening method, Mid-Upper Arm Circumference (MUAC) measurements[1] and categorized the results of MUAC under three categories:

- Severe Acute Malnutrition (SAM): MUAC < 11.5 cm
- Moderate Acute Malnutrition (MAM): 11.5 cm- < 12.5 cm
- Global Acute Malnutrition (GAM): sum of SAM and MAM

Percentages are rounded and should be read as indicative. Key informant interviews with district and regional officials, triangulated with secondary data, also informed the following findings on health, education, access, and returns.

1 Mid-upper arm circumference (MUAC) was measured using a standardized MUAC measuring tape. The measurement was taken on the left arm, with the child's arm relaxed and hanging by the side. The midpoint between the acromion (shoulder tip) and the olecranon (elbow tip) is identified by measuring the distance between these two landmarks and marking the midpoint. For children aged 6–59 months, MUAC <11.5 cm was classified as severe acute malnutrition (SAM), MUAC ≥11.5 cm and <12.5 cm as moderate acute malnutrition (MAM), and MUAC ≥12.5 cm as normal with respect to MUAC classification. All measurements were performed by trained data collectors using standardized procedures to ensure accuracy and consistency. https://www.unicef.org/supply/mid-upper-arm-circumference-muac-measuring-tapes

# Background

Conflict in Ethiopia has reignited and is threatening the wider Horn of Africa. After weeks of fighting that began in September, Ethiopian federal forces took Mekelle. Federal authorities have since set up a caretaker administration for the region. Fighting continues in other parts of Tigray, and Eritrean forces remain in the region. Eritrea and Sudan now risk becoming a part of the conflict as well.

Even before the latest outbreak of violence, Refugees International's partners found that hunger was a major issue in Tigray, raising concerns about a return to the extreme hunger seen during the last conflict. Moreover, El Niño, a regional fuel cutoff, unpaid public sector salaries, and a single insecure supply route are compounding the crisis. UN reporting shows the same pattern. In July 2026, site management partners profiled 78 displacement sites and found that in more than half the districts assessed, no site had adequate water, shelter, health, or nutrition services. In September, WFP said insecurity was disrupting its work in Tigray, and it faced a $251 million funding gap for Ethiopia.

Children and displaced families are amongst the hardest hit. The survey and interviews also revealed that only half of health facilities have current capacity to treat the most complicated SAM cases. Interviewees noted that there had been deaths due to severe food deprivation among IDPs. With malaria at epidemic scale and no cholera kits in the region, the risk of preventable deaths is already high and rising.[2] The fighting will push that risk higher.

2 With malaria at epidemic scale and no cholera kits in the region, the risk of preventable deaths is already high and rising, "Advocacy Note to Vulnerable the International Community," September 2026 (unpublished document shared with Refugees International here).

# Findings

## Food Security

In host communities, four in ten households said someone went to sleep hungry in the past month, and almost one in four said someone went a whole day and night without eating. Almost half had cut the number of meals they ate on three or more days in the previous week, and a similar share had eaten no meat, fish, eggs or dairy. Nearly all depend on their own crops, leaving them exposed to poor rains and other shocks like El Niño. Yet more than half had not planted a crop the previous season. Almost four in ten were in debt, mostly borrowing to buy seed and food. These figures combine two host districts that were chosen deliberately, one known for high malnutrition and one with lower rates, and conditions differed widely between them.

District officials interviewed reported a lack of food assistance, understocked markets, rising prices, poor rainfall, and livestock in very poor condition due to repeated disease outbreaks. This will likely lead to smaller harvests, distressed livestock sales, and deeper debt for those already in a vulnerable situation. The survey also found that host community households lack basic services: 94 percent lack any sanitation facility, and 39 percent drink from unprotected water sources.

For IDPs, hunger was more common. Six in ten displaced households surveyed said someone had gone to sleep hungry in the past month and about one in five said someone had gone a whole day and night without eating. Diets were very limited: 94% had eaten no meat, fish, eggs, or dairy in the previous week. Nearly eight in ten said adults were eating less so children could eat. Nearly all (95%) reported receiving some cash assistance, but only 4% reported receiving food assistance. Most were also buying food on credit (78%) or borrowing food (60%).

## Nutrition

Screening found indicators of high levels of acute malnutrition among young children surveyed. In the displacement sites, 23 percent had a MUAC below 12.5 cm, the standard cut-off for acute malnutrition, and among them, 4 percent were below 11.5 cm, the cut-off for severe acute malnutrition. In host communities, 32 percent of children screened were below 12.5 cm, and among them, 4 percent were below 11.5 cm. Results differed widely between the two host areas. The highest rates were in the area chosen because earlier assessments had found high malnutrition. These numbers point to a level of need that warrants immediate screening, treatment, and a full nutrition survey.

The trendlines were already headed in the wrong direction before the most recent outbreak of war. UNICEF reported 47,622 children admitted for severe malnutrition treatment in Tigray in 2025, up 40 percent from 2024, partly because screening expanded. Its 2026 appeal cited acute malnutrition above the 15 percent emergency threshold in Tigray surveys.

Despite the need, the field research found that only half of health facilities in the four areas assessed were able to treat complicated severe acute malnutrition.[3] Interviewees noted that support for these cases, including supplementary feeding, was limited because of inconsistent supplies of Ready to Use Supplementary Foods (RUSF) and Super Cereal Plus, or Corn Soy Blend Plus Plus (CSB++), a lack of fuel to move these supplies, and weak coordination with local health actors.

3 Complicated severe acute malnutrition refers to a child that may also have a range of symptoms, including poor appetite, intractable vomiting, convulsions, lethargy, unconsciousness, high fever, pneumonia, lower respiratory tract infection, dehydration, persistent diarrhea, severe anemia, hypoglycemia, hypothermia, severe skin lesions, or eye signs of vitamin A deficiency. For more, see https://www.ncbi.nlm.nih.gov/books/NBK154454/.

# Health

Tigray's health system has faced shortages since the end of the 2020-2022 conflict, and the survey and interviews indicate conditions are worsening. It is facing a critical operational emergency, with essential services and outbreak-response capacity under severe strain. More than 89 percent of health facilities remain partially damaged from the previous conflict. Fuel supplies to the region fell from 12–15 million liters a month to about 850,000 during 2025 and stopped entirely in January 2026, according to the region's Trade and Export Agency.[4] Health officials interviewed said that by the time of the survey, the health sector was receiving none of the 130,000 liters a month it needs to run ambulances and the generators that keep medicines cold. More than 250 ambulances and 740 outreach vehicles were grounded, and cold chains were at risk.. This grounded more than 250 ambulances and 740 outreach vehicles and put generators and cold chains at risk.

The consequences of a crippled health system are striking. According to a Health Bureau survey in 2024–2025, malaria peaked at 369,312 confirmed cases, with 70 percent of the region's population at risk.  Health officials interviewed said essential-medicine availability had fallen to 45 percent of the essential medicines list, and that the region had no cholera kits. Nor are there any cholera kits. Making circumstances worse, federal salary transfers stopped in early 2026, and health officials interviewed said nearly all health workers went unpaid in August/2026.

The household survey data tell a similar story. In the host area chosen for its high malnutrition, nearly six in ten households had someone seriously ill in the previous three months. Almost half of the households in this same area said a child had been treated for malnutrition in the past six months. Across host communities, most households surveyed have no toilet. In mid-October, OCHA reported that many hospitals had reopened and supplies were arriving again, but that fighting, looting and fuel shortages were still disrupting health services.

# Education

The survey found that about 14 percent of schools in Tigray are closed. Many of the schools in the four IDP locations surveyed still house IDPs who fled during the 2020–2022 conflict. Indeed, many IDPs are unable to find shelter beyond schools. Although meant to provide temporary shelter, these schools cannot provide safe, adequate housing. As Refugees International reported in past years, they are crowded, unsanitary, and unsafe. They also need to reopen for students, some of whom have been without formal education for several years.

Interviews with regional education officials found that Tigray's teaching workforce faces an estimated 30 percent shortfall. Teachers went unpaid for up to 17 months during the 2020–2022 war. Although salaries have since resumed, payments have been irregular since early 2026, and teachers had again gone unpaid for about four months by the time of the survey. Education officials in three assessed districts reported that schools had only about one-eighth of the desks and 3 of the 97 libraries they require. Only about 40 percent of school water points were working. They also reported that about 6 percent of enrolled primary students in these districts dropped- out in the 2025/26 school year, citing drought, migration, mining, and disease as the main causes of prolonged absence. These reports point to an education system under considerable pressure, with gaps in infrastructure, teachers, WASH facilities, learning materials and financial resources affecting both access to education and its quality.

4 Tigray Regional Health Bureau, "Advocacy Note to the International Community," September 2026.

# Internal Displacement

Displaced families face some of the harshest conditions. In the IDP sites surveyed, 97 percent of households live in temporary shelter, and 80 percent have no electricity. At two sites, every household drew drinking water from an unprotected source. IDP families emphasized that what little cash assistance they may have received was far from sufficient to survive.  Most relied on buying food on credit or borrowing food and some sent a family member to beg.

As noted above, 4 percent of children in IDP households surveyed showed signs of severe malnutrition. In addition, there have been credible reports of deaths from food deprivation and a rabies outbreak (50 cases). Since fighting resumed, FEWS NET has warned that conditions could deteriorate further in conflict-affected areas, and the UN reports new displacement across central, northwestern and eastern Tigray.

According to Tigray's Disaster Risk Management Commission (DRMC), 1.8 million displaced people, including refugees who had fled to Sudan, have returned home, but only 35,000 received government assistance to do so.  As a result, returning IDPs are straining already-depleted services and struggling to rebuild damaged homes.

# Headline Figures[5]

| Indicator | Value |
|---|---|
| Households where someone went to sleep hungry in the past month (host / IDP) | 41% / 59% |
| Households where someone went a whole day and night without eating (host / IDP) | 24% / 20% |
| Households reporting receiving food aid (host / IDP) | Less than 1% / 4% |
| Children screened with MUAC below 12.5 cm (host / IDP) | 32% / 23% |
| Children screened with MUAC below 11.5 cm (host / IDP) | 4% / 4% |
| Facilities treating complicated SAM | 50% |
| Health sector fuel: needed vs received | 130,000 L/month vs 0 |
| Ambulances grounded | >250 |
| Malaria cases, recent peak | 369,312 |
| Antimalarial stock remaining | ~2 weeks |
| Schools closed / teacher gap | ~14% / ~30% |
| Primary dropout, three assessed districts | ~6% |
| IDPs returned/assisted on return | ~1.8 million / ~35,000 |
| Humanitarian corridors functional | 1 of 4 |

5 These figures are compiled from a combination of sources, including the household surveys, interviews, and secondary documents, including publicly available publications from the Tigray Regional Health Bureau (see above).

# Recommendations

## To the U.S. Administration:

- Use diplomatic leverage to end the fighting and to press Addis to lift the fuel blockade, restore salary transfers, and reopen corridors.
- Restore the nutrition and food pipelines. Fund the Ready-to-Use Supplementary Food, RUSF, and food assistance pipelines that have broken. Prioritize host community and IDP sites where children are severely malnourished.
- Pre-position antimalarials, cholera kits, and essential medicines with UNICEF and WHO so they can move as soon as fuel and access allow.
- Fund an independent, representative nutrition and mortality survey in the worst-affected displacement sites and host communities as soon as it is safe.

## To the U.S. Congress:

- Press the State Department to ensure sufficient humanitarian funding for aid organizations in Tigray that reaches rural communities, IDPs, returnees, and host communities, not only urban centers.
- Press the State Department and the Government of Ethiopia to ensure that U.S. health investments in Ethiopia reach Tigray. The United States is Ethiopia's largest bilateral health partner, through a five-year, $1.466 billion health MOU and U.S. contributions to the Global Fund, Gavi, and UNICEF programs in the country.
- Require a regular State Department report for Ethiopia in the FY27 State-Foreign Operations bill on humanitarian needs and access in Tigray, Amhara, Afar, and Oromia; on attacks affecting civilians, including drone strikes; and on damage to health facilities, schools, and water systems. Since the UN's independent investigative commission on Ethiopia closed in 2023, no international body has systematically monitored the situation, even as drone strikes and fighting have continued beyond Tigray.

## To the Government of Ethiopia:

- Lift restrictions on fuel deliveries to Tigray, prioritizing fuel for sectors that need it most, including the health sector. Allow at least the 130,000 liters a month the health sector needs, so ambulances, generators, and cold chains can run.
- Let medical supplies in. Clear antimalarials, cholera kits, and essential medicines for delivery before current stocks run out.
- Resume salary transfers. Restore federal transfers so Tigray's health workers and teachers are paid.
- Reopen humanitarian access. Reopen the three closed corridors, guarantee safe passage on the one still operating, and protect civilians and aid workers.