

PROTECTION BRIEF

Ethiopia: Tigray Region

Operational Context

The conflict in Ethiopia's Tigray region precipitated a major protection crisis with an estimated two million people forced to flee their homes, thousands of civilians injured or killed and exposed to serious harm, including gender-based violence. Those who fled often did so with nothing but a few belongings, stripped of any income and means of survival other than the scarce humanitarian assistance available.



Prior to the crisis, the Tigray region, with a population of more than six million, had the highest poverty rate in the country, and some 950,000 of its people relied on aid. In a few months, the conflict has left a staggering 91 percent of the population in dire need of humanitarian assistance,¹ an increase of more than 500 percent compared to the pre-conflict period.

In this worsening crisis, the safety and wellbeing of civilians remains of grave concern. Indeed, their survival is at stake. Some 150 hunger related deaths have been recorded in Olfa district alone, and an estimated 350,000 people in the region suffer from an extreme lack of food.² Should fighting and impeded humanitarian access persist, famine is likely to occur in North Western, Central and Eastern Tigray.³ Despite these alarming developments, humanitarian operations continue to be disrupted owing to lack of fuel and the interruption of electricity, telecommunications and banking services.⁴

On 28 June 2021, the Government of Ethiopia announced a unilateral ceasefire and the Tigray People's Liberation Front (TPLF) has reportedly retaken the capital Mekelle. On 4 July 2021, the TPLF communicated its conditional acceptance of this ceasefire declaration. However, the security situation remains fragile with fighting reported around Mai Tsebri town.

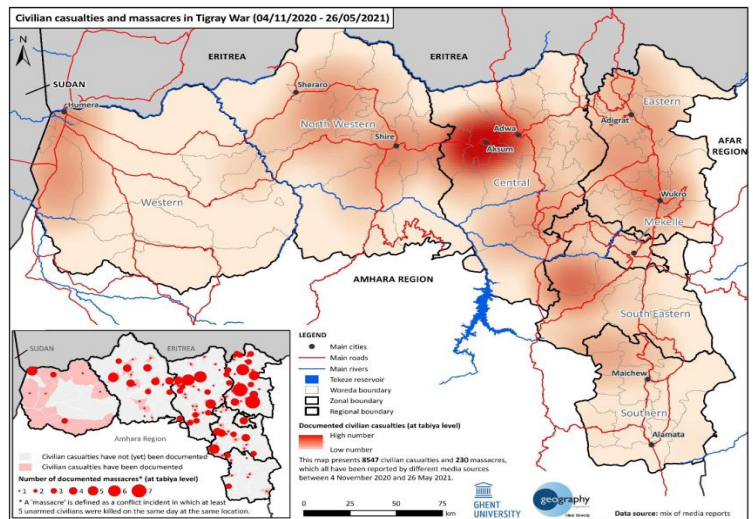
Protection Environment

The conflict in the Tigray region has been characterized by its widespread disregard for rules of international law and lack of protection of civilians leading to thousands of civilian casualties, and the displacement of an estimated two million people. Many children have been separated from their families and gender-based violence is reportedly pervasive, while the conflict's explosive remnants remain a source of risk to life and limb and continue to contaminate homes and land. Widespread looting and destruction of private and public property, including health facilities and schools, persist, severely hindering peoples' access to critical services. This protection brief will focus on protection of civilians, gender-based violence, displacement, and the protection of persons with disabilities.

1. Protection of Civilians

The conflict has taken a significant toll on civilians, with many continuing to be killed or injured in indiscriminate and targeted attacks in violation of international humanitarian law, while suffering from destruction of homes and public services, and denied access to their farms and livelihood. Explosive hazard contamination remains a concern, threatening the lives of civilians and hindering their freedom of movement. Due to these prevailing threats, millions of civilians in Tigray have no place they can call safe with attacks routinely occurring in their neighbourhoods, during their flight to safety and in displacement sites.

Since the start of the conflict, more than 8,500 civilian casualties have been reported, likely an undercount given the lack of information due to frequent communication blackouts.⁵ According to human rights organizations, civilian injuries and fatalities often occur in retaliatory attacks with such attacks reported in Adigrat, Debre Abay, Wukro⁶ and Axum towns, where over 200 civilians, including children as young as 13, were killed in targeted attacks.⁷ Civilians have also reportedly been killed during house-to-house searches, as well as in spates of random attacks, including in Grizana village and Adwa town.⁸ Indiscriminate bombings, including in populated areas, have also resulted in hundreds of civilian casualties and damage to property. In early November, indiscriminate shelling of homes, markets, hospitals and schools in Mekelle, Humera and Shire killed 83 and injured more than 300 civilians.⁹ On 22 June 2021, airstrikes hit a busy market in Togoga town killing at least 64 and injuring 180 civilians, with the injured reportedly denied access to immediate medical care by parties to the conflict.¹⁰

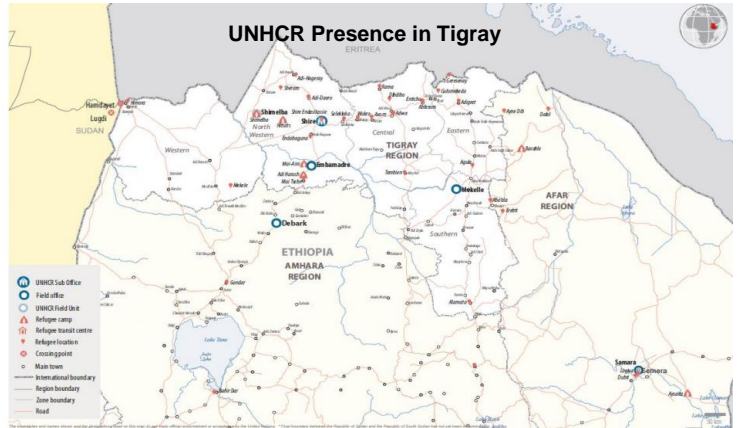


Source: Annys, S., Vanden Bempt, T., Negash, E., De Sloover, L., Nyssen, J., 2021. Tigray: atlas of the humanitarian situation. *Journal of Maps*, preprint.

Furthermore, armed forces have reportedly engaged in widespread destruction and looting of private and public property, including factories, schools, and health facilities, hindering access to vital services and livelihoods. For instance, some health facilities in rural areas were completely looted, and forced to cease operations as a result. Amid a food security crisis and hunger-related deaths, parties to the conflict are also reportedly preventing farming activities, with the UN Emergency Relief Coordinator indicating that food is being used as a weapon of war.¹¹ Warring parties have allegedly obstructed the supply of seeds to several parts of the war-stricken region, while some farmers reported being forcibly removed from their land with their farm animals slaughtered and crops looted/burnt by armed forces/groups.¹² This will likely have a deleterious impact, given that the majority of people in the Tigray region are reliant on agriculture for their livelihoods. Explosive hazard contamination of agricultural land will likely aggravate this impact and without timely humanitarian clearance efforts, can pose perpetual risks to civilians.

2. Displacement

Since the beginning of the conflict in November 2020, more than 63,000 people have fled to Sudan, and an estimated two million people have been internally displaced. Internally displaced persons (IDPs) mostly originate from parts of western Tigray. Reports indicate that many were arbitrarily displaced, being given deadlines to leave or forcibly transported to remote locations,¹³ while others fled because of conflict and insecurity. However, some were unable to flee and reach safety due to movement restrictions at checkpoints, insecurity, financial constraints, and lack of transport. Refugees hosted in the conflict-affected region have been similarly affected by the violence with their camps partially destroyed and relocated elsewhere in Ethiopia.



Protection risks for those displaced include long and dangerous journeys to reach safety, some walking hundreds of kilometres, and consequent risks during flight, including extortion at checkpoints, detention, gender-based violence, injury, and killings. Moreover, both prior to and during flight, IDPs often get separated from their families, leaving children at heightened protection risk. Family separation mostly occurs due to the sudden nature of armed attacks, and because most men remain in hiding out of fear for their lives. An estimated 5,000 displaced children in Tigray are reportedly separated from their families.¹⁴ Without the protection of their families, separated and unaccompanied remain at amplified risk of abuses, recruitment, and exploitation. Through protection monitoring, partners in the UNHCR-led Protection Cluster and the Child Protection Area of Responsibility (CP AoR), have identified at least 4,000 children with specific needs, including unaccompanied or separated children, child heads of households and others, who are currently being assisted.

The majority of IDPs in Tigray have fled to Shire, Adwa and Adigrat,¹⁵ which continue to receive large numbers of IDPs. Displacement from rural locations is on the rise due to conflict and lack of assistance.¹⁶ In May, the number of IDP sites in Shire town reached 16, doubling from eight in February.¹⁷ Meanwhile, services are overstretched and thus unable to meet the needs of IDPs and host communities. In many cases, IDPs have fled empty-handed with their belongings looted and destroyed. Among 171 assessed IDP sites, in over 130 of them, IDPs reported the destruction of property, including houses, livestock, crops, and identity documents.¹⁸ The abrupt nature of armed attacks has also left little room for IDPs to collect their belongings. In areas of displacement, IDPs struggle to generate income. Out of 171 assessed sites, IDPs in 158 IDP sites do not have any means of income.¹⁹

Without their belongings and any sources of income, IDPs have been forced to live in extremely precarious conditions. Many of them have taken shelter in schools and churches that are often congested. In some cases, over 100 IDPs live in a single room further heightening the risk of exposure to COVID-19 and gender-based violence amongst other risks. Apart from deteriorated living conditions, IDPs in sites face safety risks, largely stemming from the heavy presence of armed actors, particularly in Shire town. Some IDPs in sites have already reported sexual assault by soldiers. According to a recent survey by UNHCR and partners, 70% expressed security concerns due to the presence of armed groups in and around sites. Restoring the humanitarian character of IDP sites as well as refugee camps must be a priority and respective efforts, such as the billboard messaging set up by UNHCR and partners, be redoubled.

Access to safety and freedom of movement for those fleeing the conflict remain a priority, which includes the need to ensure the voluntariness of any return movements. Yet, the prospect of return remains challenging for many. In an assessment conducted by UNHCR partners, IDPs expressed their concerns over premature returns citing deteriorating security conditions and loss of livelihoods in their areas of origin or habitual residence. Furthermore, in several parts of western Tigray, reports of occupation of houses of IDPs further complicates the possibility of safe and dignified return. The recent announced intention of the federal and regional Governments to implement a phased return/relocation plan for IDPs ahead of the summer rainy season could pose additional protection concerns.

3. Gender-Based Violence

Gender-based violence against women and girls has been a distinctive feature of the Tigray conflict and, as reported by the UN Emergency Relief Coordinator to the UN Security Council, is used as a weapon of war. The combination of conflict, involvement of multiple armed actors and precarious living conditions has created a high-risk environment, in which gender-based violence has occurred ‘with a level of cruelty beyond comprehension’, according to the Special Representative on Sexual Violence in Conflict,²⁰ often involving gang rape and mutilation. In the past few months, a minimum of 100 sexual violence cases have been reported daily,²¹ likely considerably less than the actual number of incidents due to underreporting. More than 30 percent of survivors’ report being threatened, which affects their ability to report and seek support,²² including due to the presence of armed forces in and around medical facilities. Fear of reprisals by perpetrators reportedly also causes hesitation to receive reports and register cases of gender-based violence²³ further deterring the reporting of such incidents.

Internally displaced and refugee women are at heightened risk of gender-based violence while fleeing and in IDP sites/refugee camps. While on the road to safety, some displaced women were reportedly abducted and gang raped for days.²⁴ As a result, women are increasingly avoiding public places, including food distribution sites, shops, workplaces, and farms, leaving their children to starve.²⁵ This could also compel women and girls to remain in unsafe locations, placing their lives in serious danger.

Gender-based violence in Tigray has reportedly involved brutal gang rapes, and torture.²⁶ Reports are horrific according to medical professionals, and have reportedly involved and traumatized family members.²⁷ In the face of increasing incidents, survivors, particularly those in remote areas grapple with limited access to medical facilities and protection services including counselling and access to safe houses. The limited access to medical treatment is in part attributed to the widespread looting of health facilities, which forced some in rural areas to completely close. Recurring road closure, insecurity, fear of stigma and lack of awareness of the importance of getting treatment within 72 hours have also been contributing factors²⁸ with some reportedly contracting sexually transmitted disease including HIV/AIDS.²⁹ UNHCR, as lead of the Protection Cluster, is working with the GBV AOR in prevention and response efforts, and is operationally identifying and responding to cases through partners, including for survivors arriving at IDP sites. Between January and June, more than 156,000 people have also been provided with critical GBV services including dignity kits, psychosocial services, and referrals to essential services.

4. Protection of Persons with Disabilities

In the Tigray conflict, persons with disabilities (PWDs) continue to be disproportionately impacted. Due to the sudden nature of attacks, many of them have been left behind, separated from their families or caregivers, and face unique challenges in IDP sites. In April 2021, an assessment conducted by a UNHCR partner across 15 IDP sites in Shire town identified 4,179 individuals with different types of disabilities, including physical, mental, and intellectual impairments. The assessment has found that PWDs in these IDP sites live in deplorable conditions, grappling with lack of access to latrines, assistive devices, as well as protection and humanitarian assistance.

“I am ashamed when people look at me”

A PWD in an IDP site in Shire town expressing his challenge with open defecation due to inaccessible latrine.

Due to the disruption caused by the conflict, most of them have stopped their medical treatments, resulting in the deterioration of their conditions, with the risk of permanent disability or even death. The limited access to health care is further compounded by lack of money and long distances to reach health facilities, rendering it particularly difficult for PWDs without family members or caregivers to support them. Moreover, inaccessible latrines remain a major challenge for most PWDs, forcing them to defecate in the open. Those, who suffer from incontinence, struggle to keep their hygiene, often resulting in isolation and discrimination.

Despite facing multi-layered challenges, PWDs are often the last to access protection services and receive humanitarian assistance mostly due to lack of information and limited mobility. Some have reported not receiving any humanitarian assistance, while others reported that their food ration was stolen, as they have no caregivers. UNHCR through its partner RADO continues to provide assistive devices, psychosocial support and conducts awareness raising initiatives to help promote the inclusion of PWDs.

Protection Advocacy Priorities

Better protecting civilians:

- Adherence to international human rights and humanitarian law, particularly to the principles of distinction, precaution, and proportionality, to ensure the protection of civilians from the effects of the conflict.
- Efforts to maintain and restore the civilian and humanitarian character of IDP sites as well as refugee camps, including by ensuring the absence of armed forces/groups from within and around these sites, need to be redoubled.

Preventing, protecting against and resolving displacement:

- Adherence to international law is critical to avoid conditions that lead to arbitrary internal displacement, to ensure the protection of IDPs while in displacement and upon return or in search of another durable solution. The domestication of the African Union Kampala Convention on the Assistance and Protection of IDPs is an important step in this direction.
- Parties to the conflict are urged to allow unhindered access to humanitarian actors and access to safety for those fleeing conflict. In particular, barriers to freedom of movement, including the ability to flee

towards safety, need to be urgently removed, while at the same time the voluntariness of returns needs to be ensured. It is recalled that return, and any other durable solution, can only become sustainable, if it is grounded in voluntariness.

On the prevention of and response to GBV:

- All stakeholders are called upon to support and advocate for the implementation of Security Council Resolution No. 1325 aimed at ensuring the protection of women and girls from sexual and gender-based violence.
- Existing barriers to the reporting of GBV incidents need to be removed, access to a holistic response for GBV survivors strengthened and respective gaps urgently addressed. Awareness of the importance of an immediate response within the initial 72hrs window needs to be increased within the communities.

Including persons with disabilities in the response:

- Humanitarian actors are strongly urged to promote age, gender, and diversity considerations in their programming, including the specific needs of persons with disabilities. Humanitarian assistance should be provided in a manner accessible to all. Particular efforts are required to identify and reach persons with disabilities, as well as others, who are otherwise unable to access protection services and humanitarian assistance.

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