



# Protection Analysis Update

May 2022

## ETHIOPIA

## Northern Ethiopia



## REPORT SUMMARY

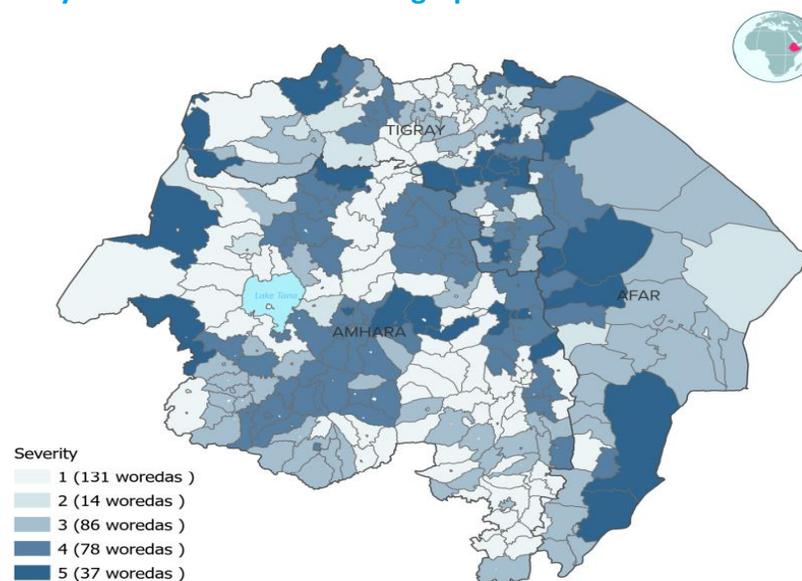
The conflict that broke out in November 2020 in the Tigray region and which has expanded into the Amhara and Afar regions since 2021, has had serious political, social, and economic impacts on the North of Ethiopia. The conflict has greatly impacted the lives of millions of people, particularly, women and girls, persons with specific protection needs, youth and minority groups.

As of December 2021, the Northern Ethiopia conflict accounted for more than 50% of the IDP population across the country, displacing more than 3 million people. As more people were forced to flee in search of safety and means of survival, their displacement has created or exacerbated protection risks and vulnerabilities among IDPs and hosting communities. There are concerns of various serious human rights violations committed against civilian populations including: unlawful killings; attacks on civilians; gender and conflict-related sexual violence; limited access to basic services; and family separation.

Across the Northern region, an estimated 11.2 million people need humanitarian assistance. Food insecurity, high malnutrition rates, the collapse of the health system and scarcity of public services have led to negative coping strategies, including begging, child labour and increased intimate partner violence.

Access constraints have changed in nature but have persisted throughout the conflict, with changing levels of armed conflict, insecurity and operational constraints. These have contributed to suspension of activities of most humanitarian organisations, with limited presence of some partners across the three regions, amidst on-going displacements and IDP returns. Humanitarian needs for the affected populations continue to be extremely high in terms of severity and scale, and the extent of protection risks.

## Severity Scale of the Covered Geographical Areas



## KEY PROTECTION FIGURES

**Attack on civilian population:** 3,994 casualties over the past 2 years.

**People in Need (Protection):** 3 million.

**People reached:** 250,000 out of 2.3 million people targeted in the sectors of CP, GBV, HLP, MA and Protection.

**Funding:** \$67.3 M required for priority protection responses. As of 30 April, protection partners have received. \$13.4 million. Funding gap is \$53.9 M (80 %).

## **Methodology**

This report has been developed through a desk review of data and reports from various sources including UNHCR Ethiopia Protection monitoring reports, Inter-agency multi-sectoral reports and a Protection Integrated Rapid Assessment report of February 2022, highlighting findings of Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) of the assessed location. Other sources are: OCHA Situation Reports, IOMDTM, HNO/HRP, WFP Countrywide Monthly Market Watch Bulletin, OHCHR-EHRC Joint Investigation Team report, Human Rights Watch and ACAPS reports. Consultations with Protection Clusters across the region was key to prioritization of the protection risks.

## **Limitations**

Operational constraints impacted data collection and conduct of humanitarian activities required for gathering information among humanitarian actors and local authorities. Verification of displacement figures is difficult given access constraints in conflict affected areas in Tigray, Amhara and Afar, fluid conflict lines and simultaneous IDP returns.

## **1. CONTEXT OVERVIEW**

### **Security and operating environment**

After withdrawal of the Ethiopian National Defense Forces ( ENDF) from Tigray in June 2021, fighting within Tigray substantially decreased, although airstrikes and drone attacks remain a major threat. Between June 2021 and March 2022, a number of airstrikes were reported, resulting in deaths and damage to property. There is still active conflict in the Western zone in Tigray and along the border areas with Eritrea. Further, insecurity along the Eastern zone border with Eritrea, has recently led to new displacements to Adigrat and Erob woredas.

Active conflict along the Afar-Abala- Mekele corridor, and other surrounding areas with Tigray, and restrictions at checkpoints continues to prevent the entry of humanitarian and commercial goods by road, severely limiting humanitarian response. All the Parties to the Conflict have been implicated in setting up road blockades delaying delivery of critical humanitarian supplies to Tigray.

On 24 March, the Government of Ethiopia declared an “indefinite humanitarian truce” with the Tigrayan authorities accepting a temporary cessation of hostilities in Afar. This was followed by withdrawal of Tigray Forces from Afar on 12 April and resumption of humanitarian convoys to Tigray on 14 April. Between 1 and 27 April, a total 142 trucks and 10 fuel tankers have entered Tigray - the first since mid-December. According to the local authorities, regular aid delivery of 100 trucks daily within “reasonable” time is required to meet current humanitarian needs. Thus, the relief supplies received so far remain far below what is needed. Airlifting of some critical relief supplies that commenced in January is on-going with limited capacity, mainly to meet food, medicines and nutritional needs. Even with this progress, limited cash and fuel in Tigray, continues to affect partners’ capacity to respond to increasing humanitarian needs and protection risks.

Despite the marked reduction in fighting in Kilbati (Zone 2) and Fanti (Zone 4), following the agreement on humanitarian truce , the access situation remains fragile with reports of looting of convoys by local communities at the end of March. The security situation remains extremely unstable with the duration and conditions of the truce remaining unclear.

Notwithstanding the withdrawal of Tigray forces from Amhara region in December 2021, armed clashes continued in northern regions of Amhara in disputed woredas, causing more displacement in North wello, South Gondar and Wag Hamra, preventing humanitarian access

in the conflict-affected areas. Although no clashes have been reported across Amhara since March, instability along the Tigray-Amhara border persists and impacts humanitarian access.

### **Political and socio-economic landscape**

In December 2021, the Government established a Commission to oversee a national dialogue process, and steer healing and reconciliation. However, the impact of the national dialogue process on the operating environment in the near future remains to be seen.

Ethiopia's inflation has remained high for the past years. The September 2021 general year-on-year inflation rate and year-on-year food inflation increased by 34.8 % and 42.0% respectively, resulting in severe food access constraints. In the North, disruption of farming activities due to conflict, coupled with a below average harvests from previous seasons, have resulted in severe food insecurity. As a result, nine million people need food assistance across the three regions.<sup>1</sup> Inflationary pressures have led to a fall in the value of the ETB resulting in significant increases in the cost of living and prices of basic commodities. The prices of maize, sorghum, and wheat grain are 51%, 39% and 21% higher respectively in Tigray and Afar. Imported items such as rice and edible oil are sold at prices that are 166% and 141% higher respectively.

The massive destruction of infrastructure in the region as a result of the conflict and access constraints have further exacerbated the economic crisis. A severe lack of cash in Tigray region continues to impact humanitarian operations, market functionalities and people's livelihoods. Reports highlight increasing humanitarian needs in the three regions and the need to scale up responses, particularly in terms

of food, nutritional supplies, medical supplies, education, adequate shelter, and WASH facilities.

### **Institutional, legal and normative frameworks**

The Constitution of the Federal Republic of Ethiopia, 1995, includes a comprehensive bill of rights chapter (Chapter III) encompassing a detailed catalogue of human rights recognized under international human rights law. Further, the Constitution declares all ratified international agreements to be an integral part of Ethiopian law and requires the rights and freedoms recognized by the Constitution to be interpreted consistently with the principles of the Universal Declaration of Human Rights (UDHR) and international human rights instruments adopted by Ethiopia.

Ethiopia signed the Kampala Convention in 2009 and completed the internal process of ratification in 2019, although it has not yet deposited the instrument of ratification with the African Union as required. The country currently is in the process of developing a national legislation on IDPs in line with international and regional standards, which would be an essential step towards the implementation of the Kampala Convention.

Coordination of protection and assistance to IDPs in Ethiopia currently falls within the management of emergencies and is generally guided by the 2013 National Disaster Risk Management Policy whose objective is to establish a comprehensive and coordinated disaster risk management system, including saving lives, protecting livelihoods, and ensuring that all disaster affected people are provided with recovery and rehabilitation. The Ethiopia Disaster Risk Management Commission (EDRMC) oversees disaster risk management including humanitarian response coordination in

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<sup>1</sup> ACAPS (April 2022).

collaboration with Government line ministries, regional authorities, and national and international humanitarian organizations through National Incident Management mechanisms, including Emergency Coordination Centers (ECCs) and Incident Command Posts (ICPs).

Further to the above, during the last quarter of 2021 the Federal Government of Ethiopia set up emergency management mechanisms to coordinate humanitarian response. The additional layers of coordination resulted in major operational challenges for humanitarian partners in moving supplies to conflict affected areas. This was followed by announcements by the Federal Government of Ethiopia of new measures to facilitate humanitarian assistance in the North in January 2022.

Following institutional review of roles and responsibilities for IDPs within the Government that commenced in October 2021, the Refugee and Return Service (RRS) is envisaged to assume some responsibility in coordination of protection and assistance to IDPs; however, the scope of the role has not been determined yet. It is anticipated that this institutional reforms and legislative development will accord the country a specific framework, and adequate capacities for protection and assistance to IDPs, towards more principled and protection-focused humanitarian actions.

## **2. PRIORITY PROTECTION RISKS**

### **2.1. CURRENT THREATS TO THE POPULATION**

#### **2.1.1. Forced displacement**

As a result of fighting in the different regions, over three million civilians have been displaced internally, while over 54,000 people fled to Sudan. Over 1.8 million civilians fled their homes in Tigray, at different intervals. The Tigrayan population, in particular, was significantly affected by the forced displacement in Western Tigray.

According to OCHA reports, as of 17 February 2022, more than 1,440,000 IDPs, forced to flee from the Western zone, roughly 80% of total IDPs (1.8 million) in Tigray, were sheltering in North Western zone and are unable to return home due to insecurity. The forced displacement of ethnic Amharas from their homes by the Samri youth group with the support of the local administration in Maikadra in November 2020 was followed by widespread retaliatory forcible displacements of ethnic Tigrayans mainly in Western Tigray by Amhara Special Forces, Amhara militia, and Fano. The forced displacements were committed on a broad scale and without lawful justification.

The displacements caused by different groups in Amhara have exacerbated the existing tensions between ethnic groups in areas where they once lived together, and which is proving to be a challenge in efforts to return IDPs in safety to their previous residences. As of March 2022, there were over 329,323 new IDPs in the north of Amhara as a result of ethnic conflicts. In Afar, there are 336,582 IDPs displaced from Afar - Tigray border areas due to conflicts between the Tigray Forces and Afar Special Forces. Reports indicate that 90% of the displaced are female, children, elderly and persons with disabilities (PWDs).

Parties to the conflict failed to provide special protection to older persons and PWDs. There are reported incidents of direct attacks against older persons and PWDs, including physical assault and rape. Reports also show that PWDs as well as other vulnerable groups walked for long hours and even days to arrive in IDP sites. IDPs arrived at displacement locations traumatized, exhausted, at times, physically injured or having experienced separation from family members, loss of homes, documentation, and other belongings. Many persons with disabilities fleeing lost their assistive devices and face an on-going

disadvantage. Older persons expressed a feeling of abandonment due to the conflict.

Since the conflict started, 40% of IDPs reside in collective centres, such as schools and other facilities that serve as temporary shelters for prolonged periods. These are often severely overcrowded, lacking adequate facilities. Access to adequate shelter is a major concern with approx. 40,000 households in Afar requiring emergency shelter and non-food-items while more than 1.7 million people in conflict-affected areas in Amhara require emergency shelters. About 60 % of the IDPs live with host communities, where scarcity of resources and limited or lack of access to essential services can often lead to tensions between the IDPs and the host communities they live among, leading to violence.

Despite on-going IDP returns in Amhara, Tigray and Afar, the humanitarian environment remains challenging. Inadequate shelter, food insecurity and deprivation of basic services, and lack of access to legal remedies to claim property rights, are all threats, likely to lead to secondary displacement and exacerbate gender inequalities.

### 2.1.2. Attack on civilian populations and other unlawful killings, and attacks on civilian infrastructure

The conflict has been characterized by widespread disregard for rules of international law and lack of protection of civilians since it began in November 2020. Incidents of extreme brutality targeting civilians, have continued to be reported in Tigray, Amhara and Afar.<sup>2</sup> There are reports of unlawful killings of civilians and destruction of civilian objects enjoying special protection under international humanitarian

law, including private houses, hospitals, health centres, schools, places of worship, and/or indiscriminate attacks against them. A total of 810 incidents of: armed attack, airstrikes and drone attacks, shelling, artillery, missile attack, sexual violence, violent demonstration, explosive landmine and mass violence, have been recorded in the Tigray, Amhara and Afar since Jan. 2020 with a total of 3994 fatalities.

Figure 1 below show incidents recorded in Tigray region. The incidents, substantially led to forced displacement in Western Tigray with effects of lack of basic necessities, including medical services and support with mental health services.

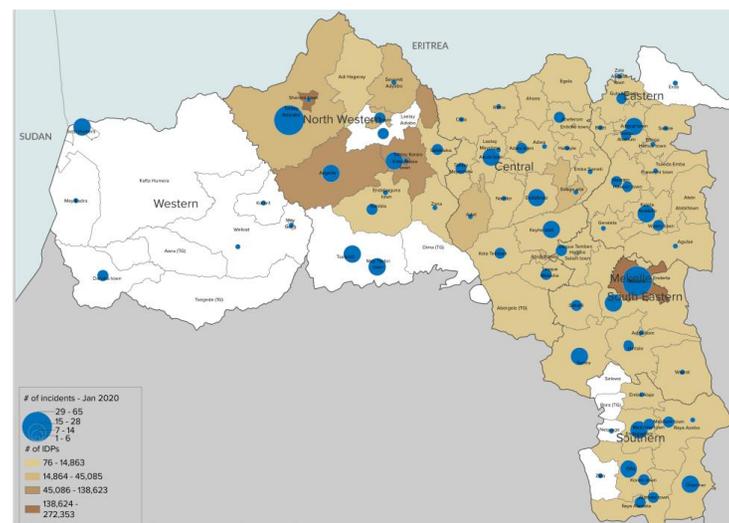
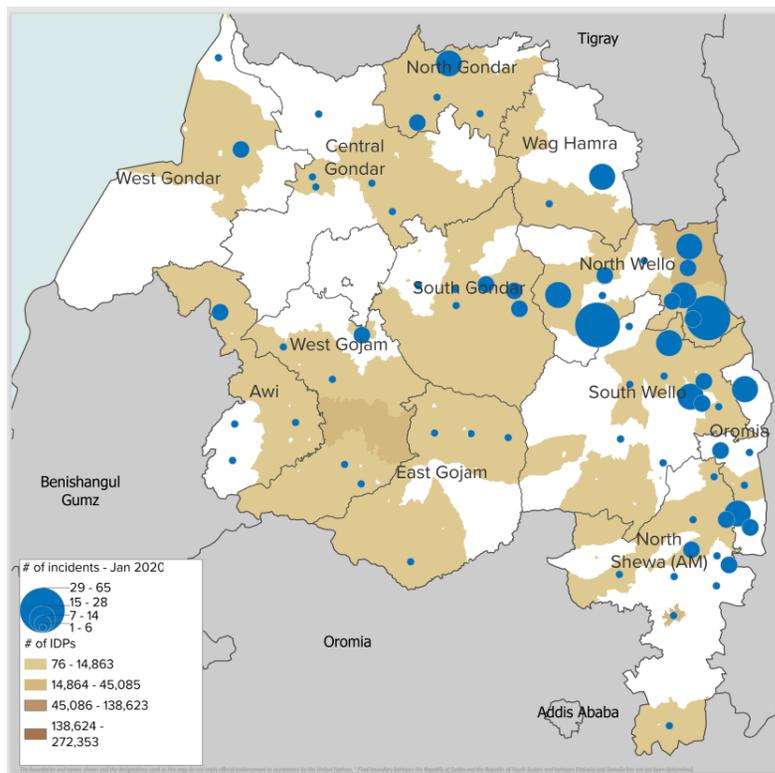


Figure 1: Incidents affecting civilian population and attacks on civilian infrastructure in Tigray region: Source: ACCLED (2022)

<sup>2</sup> United Nations Security Council (2022), Report of the Secretary General on Conflict-Related Sexual Violence p. 22, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/N2229371.pdf>.

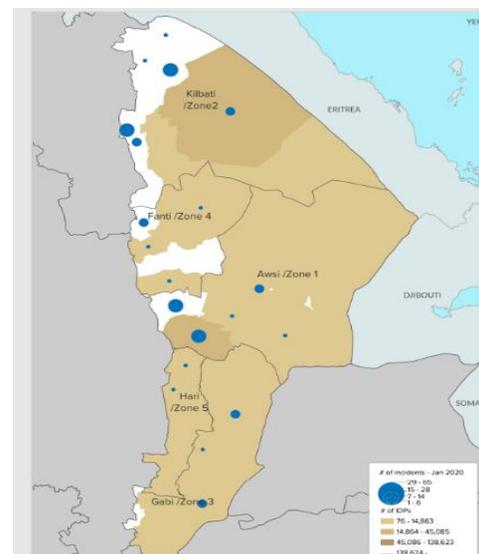
Similarly, during the brief occupation of some parts of Amhara region by the Tigrayan forces in November 2021, schools, universities and medical facilities lack essential equipment due to attacks, looting, and vandalizing of public infrastructures perpetrated by the Tigrayan forces. As a result, most of the facilities have stopped functioning, preventing civilians from accessing basic services. The incidents in Amhara region are shown in *Figure 2* below.



*Figure 2: Incidents affecting civilian population and attacks on civilian infrastructure in Amhara region: Source: ACCLED (2022)*

The incidents recorded by ACCLED are corroborated by reports of humanitarian actors indicating that from 22 June 2021 to date, airstrikes and drone attacks in Tigray and Afar regions have resulted in over 1,070 civilian casualties, among them 387 deaths. According to humanitarian reports, 57 children (15%) are among those killed and 80 children (12%) are among the wounded in Tigray and Afar as a result of drone attacks and airstrikes. This situation was exacerbated by limited access to medical facilities caused by the damage and looting of health facilities in the two regions as well as limited medical supplies.

Among the reported incidents by humanitarian actors, is the killing or injury of over 244 civilians by airstrikes in Tigray in June 2021, while 12 civilian casualties were recorded in July. It is reported that the month of October 2021 saw an increase in the number of airstrikes and drone attacks in Tigray with a total of 10 incidents, resulting in 64 deaths or injuries. December 2021 saw a significant increase in civilian casualties, with 250 civilian deaths and injuries reported in Tigray. During this period, two deadly incidents occurred in Alamata area, leading to death or injury of 153 civilians, 49 of them being children.



*Figure 3: Incidents affecting civilian population and attacks on civilian infrastructure in Afar region: Source: ACCLED (2022)*

The highest number of incidents was reported in January 2022, during which period 19 airstrikes and drone attacks led to more than 454 civilian casualties in Afar and Tigray (183 deaths and 271 injuries). Of the said, was the deadly attack on Dedebit IDP site in Tigray that resulted in 59 deaths, 139 injuries and 44 critical injuries, and the airstrike in Mai Aini refugee camp that resulted in the death of three refugees and injury of four others. During the month of January 2022, on-going clashes at Abala in Afar region resulted in over 62 deaths or injuries among IDPs reported to be travelling in public transport. The total number of incidents in Afar region as recorded by ACCLED is shown in *Figure 3* above.

Looting and destruction of objects indispensable to the survival of the civilian population, including crops, foodstuffs, and livestock contributed to lack of critical life-saving support, particularly in Tigray. Following the attacks, unexploded ordinance poses a high risk of killings and maiming of civilians including children, and many roads and buildings are unsafe for civilian use and aid delivery.

### **2.1.3. Denial of life-saving and basic services**

The war resulted in damage to infrastructure, impacting delivery of life-saving services. Access to critical services such as healthcare, portable water, adequate shelter and sanitation, has been significantly curtailed by looting and damage to public infrastructure. Security measures imposed in the conflict affected areas, active conflict and lack of functional local administrative bodies for coordination have had serious implications on the population's access to basic services and to humanitarian assistance, causing many relief organisations to reduce or suspend life-saving operations.

In Afar, access to health services and education is assessed as bad or very bad at 100% by key informants. Access to water and sanitation is at 97% and 99% inaccessibility respectively. Access to food is bad or very bad according to 92% of key informants.<sup>3</sup> An estimated 3.9 million people in Tigray need access to healthcare and 10 million in Amhara.<sup>4</sup> Looting and destruction of health facilities in all parts of northern region, by parties to the conflict, and the lack of supplies and equipment has resulted in virtual collapse of healthcare services, with a direct impact on the right to health of the civilian population. Despite efforts by humanitarian organisations to track water every day, more than 3.5 million people in Tigray need access to safe drinking water<sup>5</sup>. Access to education, has been impacted across the region for approx. 150,000 children in Afar, 1.8 million in Amhara, and 160,000 in Tigray, due to schools being closed, damaged and/or destroyed by conflict, or schools being used to host IDPs as well as lack of scholastic material.

Reports reveal that over 9 million people are in need of food assistance in the three regions.<sup>6</sup> In Tigray, key informants reported food and health services as top needs of IDPs and returnees. Due to food insecurity situation and highly constrained humanitarian access, humanitarian response has not been able to meet populations' growing needs, especially in terms of food exacerbating levels of poverty and hunger. In most IDP centers in Tigray there has not been food distribution for prolonged period and deaths caused by starvation have been reported by protection partners and health centres. Humanitarian food assistance needs of 79.4% of populations has not been met, in April 2022. For example, an inter-agency assessment at the end of March in Eastern zone, identified that IDPs from Erob residing in their communities and others in Adigrat are in

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<sup>3</sup> UNHCR (Jan 2022), Ethiopia Protection Monitoring Report for Afar region.

<sup>4</sup> OCHA (April 2022).

<sup>5</sup> OCHA (2021).

<sup>6</sup> ACAPS (April 2022).

urgent need of food assistance.<sup>7</sup> Over 27,000 IDPs in Adigrat have not received food assistance for nine months.<sup>8</sup> 32% of reported deaths in Erob zone are due to lack of access to health services or hunger.

Tigray region recorded severe malnutrition increase of 266% in December, depicting a deteriorating humanitarian situation. Particularly, the nutritional needs of persons with special needs, women, teenage girls, children under the age of five and the elderly among the IDPs, have not been met. Reports from health facilities and IDP sites shows that significant number of mothers and children have suffered from life-threatening malnutrition to the extent of death. The estimated number of children with severe acute malnutrition estimation increased from 56,000 in 2021 to 115,829 in 2022 in Tigray, with similar trends observed in Amhara and Afar regions. Lack of food is forcing IDPs to resort to negative coping mechanisms which further exposes them to protection risks. There are reports of increased begging in major towns, particularly among IDPs due to exhaustion of coping mechanisms.

The encampment policy imposed on Tigrayans IDPs in Afar and Amhara, creates consequences for their lives, health and well-being, in particular with regards to access to critical services including food, water and referrals to primary health care. Also, lack of proper personal identification documents prevents IDPs from travelling past checkpoints and to move freely or find work.

In addition, lack of access to basic services such as electricity, communications, and banking services was seriously undermined as a direct result of the actions of the parties to the conflict or indirectly as

a result of failures to take measures to mitigate the impact of the conflict on civilian services and infrastructure. The consequences have significantly impacted the population's lives and livelihood. The vulnerability of the populations is further heightened particularly for the at-risk groups.

Women and girls face multiple protection risks related to lack of material needs leading to negative coping mechanisms. Particularly alarming are the reported instances of early marriage and school drop outs, both among girls and boys, as coping mechanisms that are sometimes or more commonly resorted to in Afar, Amhara and Tigray.

#### **2.1.4. Gender and conflict-related sexual violence, and sexual exploitation and abuse**

Incidents of conflict-related sexual violence have been reported since the start of the conflict implicating all parties to the conflict.<sup>9</sup> Female IDPs who fled due to the conflict in Western zone allege a range of GBV concerns, including gang-rape by armed actors.<sup>10</sup> However, due to humanitarian access challenges, insecurity and lack of services to address GBV, information documented does not capture the full scale and magnitude of the violations. As access improves, reports of GBV incidents among civilian populations, continue to emerge. For example, a rapid assessment conducted by SWAN (Save the Children, World Vision, Action Against Hunger and Norwegian Refugee Council) consortium in January 2022 in North Shewa, and North and South Wollo zones of Amhara region reveals that 566 women and children, mainly girls were raped during the conflict, while data collected by the

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<sup>7</sup> OCHA (April 2022).

<sup>8</sup> OCHA (April 2022).

<sup>9</sup> United Nations Security Council (2022) Report of the Secretary General on Conflict-Related Sexual Violence p. 22, available at:

<https://reliefweb.int/sites/reliefweb.int/files/resources/N2229371.pdf>.

<sup>10</sup> OCHA (Nov. 2021), Multisectoral Rapid Assessment in NW zone of Tigray p.4

Bureau of Women, Children and Social Affairs (BoWCSA) so far indicates 1328 GBV survivors in the region, 1254 women and 113 children, who reported the incidents to the one stop centres and various health facilities.

Women and girls are also exposed to GBV when fleeing the conflict, and in some instances when fetching water from rivers due to disruption of running water. Where humanitarian responses are unable to reach due to insecurity, the prevalence of GBV risks is high. This is the case with some kebeles in Zequala (Wag Hamra), North-Kobo, and in Addi Arekay (North Gondar) as well as highly militarized woredas in Eastern zone of Tigray.

Equally, the United Nations and the Ethiopian Human Rights Commission conducted a joint investigation covering the period from November 2020 to June 2021, with the subsequent report acknowledged by the Government of Ethiopia. The report documented different various acts of sexual and gender-based violence including: physical violence and assault; attempted rape; rape including gang rape; and, intentional transmission of HIV, committed by all parties to the conflict, in particular against women and girls, for their perceived, alleged or actual association with parties to the conflict.<sup>11</sup>

Further, the Special Representative of the Secretary-General (SRSG) on Sexual Violence in Conflict expressed concerns over serious

allegations of sexual violence in Tigray, Amhara and Afar,<sup>12</sup> following reports and evidence of an increase in GBV incidents since the conflict started. 57% of key informants in assessed site in Tigray reported the community to be less safe for women and girls since the crisis occurred. Some key informants reported rapes perpetrated by armed groups and intimate partner violence including rape as the main safety and security issue for adult women and girls.<sup>13</sup>

Reports indicate an increase in demand for services to address GBV. Yet availability of the services remains limited due to insecurity and other factors such as lack of supplies. For example, displaced women and girls have been unable to access services in Western Tigray, where few humanitarian actors operate.<sup>14</sup> Reports indicate that women and girls are exposed to unwanted pregnancy, and some are infected with sexually transmitted diseases, including HIV. Therefore, lack of access to quality specialized lifesaving GBV services, such as the Clinical Management of Rape (CMR), caring for child survivors, psycho-social support (PSS), GBV case management and referral mechanism compounds the effects of GBV on survivors. According to humanitarian reports<sup>15</sup> only a minority of survivors can access Post Exposure Prophylaxis (PEP ) kits and Sexually Transmitted Infections (STI) treatments, and even fewer have access to psychological support, due to a general lack of services, lack of awareness, fear of stigma and weak and /or non-existent referral systems. With the support of humanitarian partners, six one stop centers and three

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<sup>11</sup> OHCHR-EHRC (2021), Report on Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/OHCHR-EHRC-Tigray-Report.pdf>.

<sup>12</sup> United Nations (Dec. 2021), Statement of SRSG, available at: <https://www.un.org/sexualviolenceinconflict/press-release/ united-nations-special-representative-of-the-secretary-general-on-sexual-violence-in-conflict-and-chair-of-un-action-network-ms-pramila-patten-urges-the-government-of-ethiopia-to-promptly-sign-onto/>.

<sup>13</sup> Protection Cluster (Feb.2022), Integrated Rapid Assessment in Tigray.

<sup>14</sup> OHCHR-EHRC (2021), Joint Investigation Report, as above.

<sup>15</sup> OCHA (2022), Humanitarian Needs Overview.

rehabilitation safe houses were opened in Tigray, two in Afar and three in Amhara. However, humanitarian actors are still struggling to provide necessary services to address GBV response needs. The existing one-stop-centers remain limited, and are only available in main towns and cities. They are under equipped or unable to provide services due to the severe damages to health facilities and lack of supplies and frontline service providers.

Moreover, several reports point to an urgent need to address the gaps in services available to survivors of GBV. Services needed include Clinical Management of Rape (CMR), caring for child survivors, GBV Case Management, Mental Health, and Psychosocial Support (MHPSS), sexual reproductive health, and treatment of traumatic fistula as well as support for depression, anxiety, and post-traumatic stress. Information from the one stop centers in Tigray indicated that majority of survivors sought services late, often while pregnant and seeking safe abortion or other sexual and reproductive health services.

The conflict has also led to disruptions of GBV response mechanisms, institutions and support structures. The Government has initiated trials to prosecute cases of sexual violence, following the Joint Investigation report, in order to complement efforts to provide redress to survivors of sexual and gender-based violence and ensure accountability. However, this effort may be hindered as the judicial system in Tigray has not been functioning since the beginning of the conflict, creating a gap in legal response for many survivors seeking legal redress. The safety and security services offered by the police have not been functioning since the conflict started, heightening the risk for women and girls. Reports show that GBV survivors' referrals

to the informal justice system are commonly unsuccessful, due to discrimination against female survivors.

Factors contributing to GBV against women and girls during displacement include overcrowding in IDP sites, due to lack of adequate shelter and inability to meet basic needs. For example, a gender analysis in Tigray by IRC found that due to women's lack of access to food and sources of cash to meet basic needs, female IDPs particularly, single female headed households- are involved in survival sex as a coping mechanism, with reports of increased risks of domestic violence.

#### **2.1.5. Forced family and child separation**

The conflict has resulted in large-scale displacements, increasing risks of family separation and high incidences of unaccompanied and separated children. Children represent 57% of the population displaced by conflict, insecurity, and natural hazards in most regions of Ethiopia. In Tigray, an estimated 792,316 children are displaced, out of 1,814,284 people,<sup>16</sup> further degrading the child protection environment which was already weak. In Amhara, the displaced population increased from 350,827 in 2021 to 1,515,248, with 34% of the population being children. Likewise, it is estimated that children make up more than half of the displaced population in Afar.

In Tigray, an estimated 846,000 children (94%) are living in IDPs sites without access to comprehensive child protection services. Reports indicate that around 62% of the children live in areas where protection services are not available. Currently, only 29% of targeted woredas in Tigray region have been reached with comprehensive child protection services. In 45% of villages, no education facility is available. For the villages without education facilities, 25% are more

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<sup>16</sup> OCHA (2022) Humanitarian Response Overview.

than 3 km away, and nine percent are more than 6 km away from the village, with increased risks related to long travel distances to schools.

Thousands of children are separated from their families as a result of the conflict presenting a critical threat to their protection and well-being. According to global information, separation greatly enhances existing trauma and stress. Key informants (21%) in the assessed site in Tigray reported separation to be the top protection risk to children. Other protection threats are mental health and psychological distress (20%), lack of access to education (16%), child labour (15%) and physical and emotional maltreatment (13%).<sup>17</sup> Over 9,330 unaccompanied and separated children living in IDP sites and host communities have been identified as of March 2022 in Tigray.<sup>18</sup> The heavy caseload of UASC in the very nascent alternate care system in Tigray has resulted in a tendency of the government to resort to non-family based residential care for large numbers of UASC. Besides, government and child protection actors require greater technical support in case management, mental health and psychosocial support as well as institutional capacity building in order to meet the needs and demands of an overwhelming yet growing caseload. However, restricted access to fuel and communication networks has reduced partners' capacity to reach and regularly monitor the care, safety and living situation of separated children and whether their basic needs are being met; and negatively impacted family re-unification efforts.

Key informants in assessed site in Tigray region<sup>19</sup> reported that children are exposed to protection risks including: child labor (52%), hazardous forms of child labour(30%) and greater risk of transactional sex (4%) for adolescent girls. Unaccompanied and separated children constitute one of the most vulnerable groups in IDP settings. Global

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<sup>17</sup> Protection Cluster (Feb.2022), Integrated Rapid Assessment Report Tigray.

<sup>18</sup> UNICEF(2022), Advocacy Brief on UASC in Tigray region.

reports indicate that separated children or children living with caregivers are exceptionally vulnerable to sexual abuse, violence, child trafficking, exploitation and neglect. 10% of respondents reported a change in caregivers attitude by paying less attention to children's needs. It was noted that caregivers are stressed due to lack of food (24%), lost livelihood (16%), effects of the conflict (15%), not being able to return home (15%) and being separated from their communities(13%), thus affecting their capacity to give attention to the children under their care. In Debre Berhan, Amhara region, there were some 304 unaccompanied and separated children residing in 12 IDP sites, under kinship and foster families. A multi-sectoral report of 7 April, shows that in Afar many children were separated from their families during flight resulting in significant number of unaccompanied and separated children living in kinship arrangements.<sup>20</sup>

There is need to enhance the family and caregiving environment through provision of material support, parenting classes and psychosocial support for families besides strengthening child protection programming through expanding actors to the host community.

#### **2.1.6. Abduction, kidnapping, forced disappearance and arbitrary or unlawful arrest and/or detention**

There is credible evidence to the effect that all parties to the conflict engaged in arbitrary detentions, abductions, and enforced

<sup>19</sup> Protection Cluster (Feb.2022), Integrated Rapid Assessment Report, above.

<sup>20</sup> OCHA (2022), Joint multi-sectoral Assessment Report.

disappearances<sup>21</sup>. Although available data<sup>22</sup> between 2020 – March 2022, records 11 abduction and forced disappearances and 16 arbitrary or unlawful arrest and/or detention incidents, there are extensive reports of human rights violations implicating all parties to the conflict.<sup>23</sup> The ENDF, EDF, Fano (affiliated to the Amhara militia), TSF and affiliated militia, and the Samri (local Tigrayan youth group), are all implicated of committing unlawful killings.<sup>24</sup>

Reports indicate that in Tigray and other parts of Ethiopia, individuals were arrested by the ENDF and the federal police for perceived affiliation with the TPLF and kept incommunicado for long periods without formal charges or legal proceedings. Likewise, at the beginning of the conflict, Tigray forces detained civilians mostly of Amhara origin, for perceived support to the federal government. Many were released or managed to escape, some were killed, and others disappeared.

A multi-sectoral assessment carried out in NW Tigray in November 2021 revealed that Amhara forces were rounding up and expelling Tigrayans from Western zone, on ground of their ethnicity. IDPs who participated in Focus Group Discussions reported that they were detained for several months under harsh conditions. The IDPs reported a mass detention campaign in Western zone that led to simultaneous detention, violence and killings of male and female aged between 15-50 in several area of West Tigray.<sup>25</sup> Many of the assessed families were separated from family members after

detention, while some were forced to leave their children in detention facilities, and were living in anxiety.

There are also credible reports of arbitrary or unlawful arrest and detention, abduction, forced disappearance and kidnapping, and other abuses committed by authorities against ethnic Tigrayans in Ethiopia's capital, Addis Ababa.<sup>26</sup> Some IDPs from Western Tigray lost their Kebele ID cards during detention or had deliberately destroyed them to avoid being identified as Tigrayans in Western zone since the conflict started. These actions continue to restrict Tigrayans' freedom of movement, while enforced disappearances are making the forcibly disappeared more vulnerable to torture, extrajudicial execution, and other abuses.

## 2.2. EFFECTS ON POPULATION

- i. **The attacks on civilians resulted in loss of life, injury and mental trauma**, for survivors of airstrikes and drone attacks and their families. This also increased distress to survivors' families and local communities due to loss of shelter and livelihoods, as well as increased exposure to violence and exploitation, for women and children.
- ii. **The separation of children from families and communities** exacerbates psychological distress especially for unaccompanied and separated children. Unaddressed, psychosocial distress in

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<sup>21</sup> OHCR-EHRC (2021), Joint Investigation Team Report.

<sup>22</sup> The Armed Conflict Location & Event Data Project (ACLED)(2022), available at: <https://acleddata.com/data-export-tool/>

<sup>23</sup> United Nations Security Council (2022), Report of the Secretary General on Conflict-Related Sexual Violence p. 22, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/N2229371.pdf>.

<sup>24</sup>OHCR-EHRC (2021) , Joint Investigation Report.

<sup>25</sup> OCHA ( Nov. 2021 ), Multi-sectoral Rapid Assessment in NW zone Tigray.

<sup>26</sup> Human Rights Watch(2021), Ethiopia, Ethnic Tigrayans Forcibly Disappeared, available at: [Ethiopia: Ethnic Tigrayans Forcibly Disappeared | Human Rights Watch \(hrw.org\)](https://www.hrw.org/report/2021/11/16/ethiopia-ethnic-tigrayans-forcibly-disappeared).

children can in turn lead to harmful coping mechanisms, including self-isolation, self-harm, and thoughts of suicide.

- iii. **Trends in gender and conflict-related sexual violence**, including early marriage, partner violence and survival sex reported indicate that women and girls are disproportionately affected by the conflict, raising both physical and psychosocial harm, as well as health issues.
- iv. **Freedom of movement decreased** for fear of attacks, arrests and detention. In Amhara and Afar region, encampment and movement restrictions apply especially to Tigrayan IDPs. The failure of government authorities to issue identification cards to IDPs also creates fear of arrest and detention.
- v. **Protection monitoring and assessment highlight barriers to accessing services**, due to lack of proper registration and identification cards, with severe negative impacts to persons with chronic illnesses, children and pregnant women, thus increasing protection risks.

## 2.3. EXISTING CAPACITIES TO ADDRESS PROTECTION RISKS

### 2.3.1. Expansion of protection services and newly accessible areas

The coverage of child protection and SGBV services remain low in all regions, due to security reasons and other reasons such as lack of cash and fuel, that limit partner presence in some areas. However, improved access since December 2021 in parts of Amhara, Tigray and Afar, allows for resumption of humanitarian assistance in previous hard to reach areas. This provides opportunities to expand protection services and scale up critical SGBV and child protection services. Increasing the number of one-stop-centers should also enhance

accessibility to services for survivors. The provision of multi-purpose cash assistance will enable IDPs to meet basic needs.

### 2.3.2. Capacities of government institutions and local actors

A great opportunity is the existence of the regional government institutions for protection services, including the Bureau for Women, Children and Social Affairs in the three regions, and local actors whose functioning can be supported through capacity building.

### 2.3.3. Community-based protection

Community-based protection structures continue to play an important role in information sharing on available services and access to the services. To support survivors of GBV, community members mostly escort survivors to counsellors and health centers and comfort them within their community. Some IDPs seem to be able to organize recreational and/or educational activities for children. Some of the skills IDPs in the assessed site in Tigray possess are: teaching (32%), organizing collective activities for children (19%), teaching children with learning difficulties (17%), supporting distressed children (14%) and keeping children safe (10%). Community members also volunteer to take care of unaccompanied and separated children. In this case, increasing women and girls' safe spaces and community centers would result in better access to provision of services.

### 3. RESPONSE

#### 3.1. Operation context including access issues

##### 3.1.1. Humanitarian access

Figure 4 below shows the spread of security incidents over the past affecting civilian populations, including humanitarian staff and operations over the past two year.

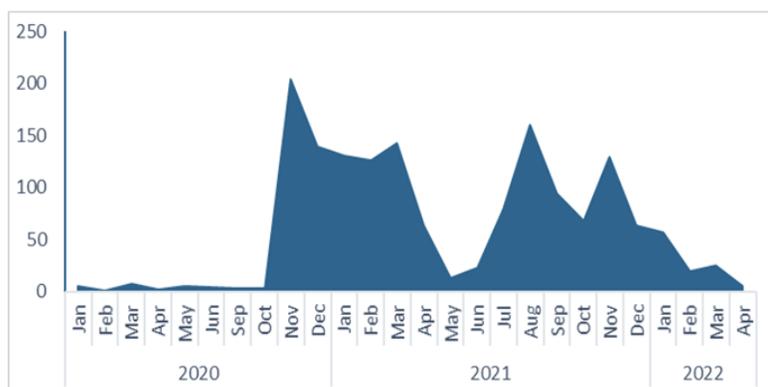


Figure 4: Incidents affecting civilian population and attacks on civilian infrastructure by incident month. Source: ACCLED (2022)

##### 3.1.2. Operational constraints

Humanitarian partners continue to do their utmost to implement activities despite operational constraints. Across Tigray, limited cash and lack of banking services and telecommunications remain major operating constraints impeding the ability of humanitarian organisations to deliver aid in a timely manner. Once the supplies reach Tigray, fuel shortage impacts the distributions.

#### 3.2. Population reached by protection partners

As of February 2022, 32 protection partners are responding to the protection needs of over 3 million people in need in north Ethiopia. Approximately 250,000 people were reached in January and February 2022. 79% of persons reached are from Tigray and mainly in major towns of Axum, Maichew, Adwa and Mekelle, hosted in IDP sites. 80% of protection services were GBV prevention and risk mitigation, awareness raising and MHPSS.

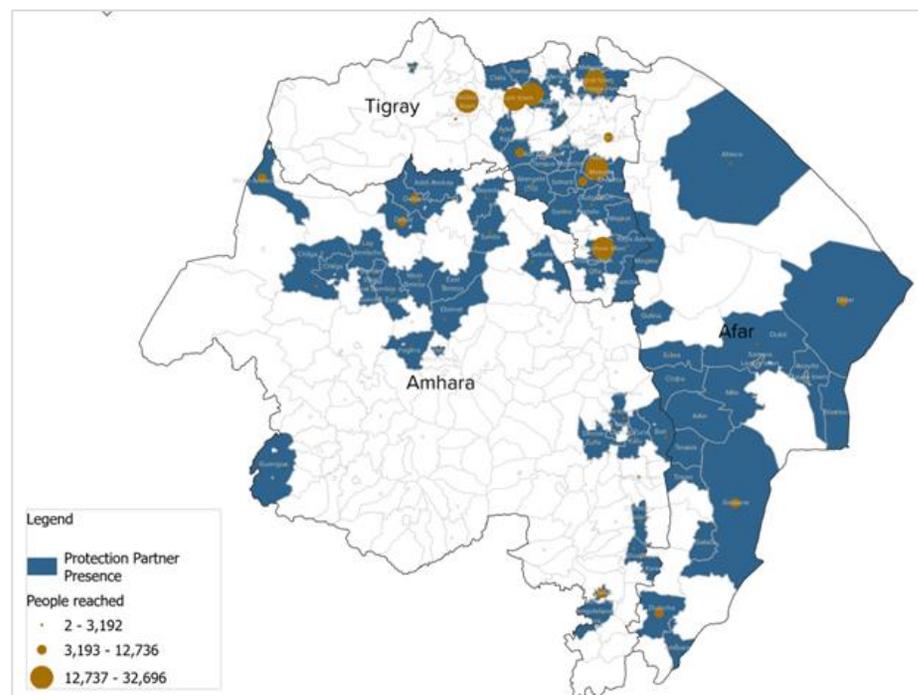


Figure 5: Protection Cluster coverage and people reached. Source: 5Ws (Jan - Feb 2022)

## 4. RECOMMENDED ACTIONS

### To Donors and Member States

1. **Strengthen** protection monitoring, vulnerability screening, case management and referral, and victim assistance by increasing funding allocation to Protection partners implementing the activities.
2. **Strengthen** access to protection and equitable multi-sectoral services delivery through increased funding for humanitarian organisations providing services to affected populations to mitigate protection risks by ensuring:
  - Improved service provision, including food assistance, better access to health, education, nutrition, and water and sanitation, to meet the existing needs and to reduce and mitigate protection risks.
  - Prioritized consistent, multi-year funding for child protection interventions, focusing on scaling up interventions targeting the large caseload of UASC, and other children at risk.
  - Longer-term flexible and multi-year funding dedicated for GBV coordination programming to increase number of GBV partners responding in the regions in view of the increased and widespread GBV risks.
  - Flexible funding processes to provide funding mechanisms capable of supporting complementary activities in view of the volatility of the assessed risks.
  - Adequate funding for community-based protection structures and responders at local levels.
3. **Strengthen** protection of civilian populations to avert loss of lives and mental trauma for affected populations through:

- Support to establishment of civil-military coordination mechanisms to minimize risks to civilian populations, as well as to civilian infrastructure, which is critical to the delivery of humanitarian aid.
- Advancing solutions to displacement across the nexus to improve on social cohesion and conflict prevention.

4. **Support** scaling up projects for livelihoods for resilience building through available funding mechanisms where these are available.

### To HCT and Humanitarian Partners

1. **Enhance engagement** in advocacy with Parties to the Conflict on improved operating environment through removal of restrictions to better facilitate humanitarian aid in the North, and on humanitarian access to provide life-saving support.
2. **Increase** the advocacy concerning protection of civilians, including the need for precautionary measures to prevent civilian casualties and attacks on civilian infrastructure, preserving their civilian nature and avoiding placing any military assets nearby IDP and refugee sites.
3. **Ensure** the centrality of protection across all sectors in the humanitarian response through mainstreaming and integrating protection in other sectors in order to mitigate the effects of the crisis on populations.
4. **Ensure** addressing of the urgent gaps in services available to survivors of GBV, persons with disabilities, and separated and other children at risk, by expanding services delivery.

5. **Increase** multi-purpose cash distribution where possible to contribute to sectoral outcomes in protection, health, WASH, shelter, food security, nutrition, and education, and overall reduction of protection risks.
6. **Build capacities** of humanitarian partners to identify potentially at-risk individuals and to provide multi-sectoral responses to increased protection risks by:
  - Investing in capacity building and training for front-line responders, including providing them with psychosocial support to avert secondary trauma.
  - Support flexible funding for community-led initiatives and local partners to reach populations in remote locations.
7. **Advocate** for Mine Action access to conduct threat assessment and explosive ordnance risk education for at-risk populations, in light of increased movement of people in the region and IDP returns.
8. **Ensure** available services and assistance are not arbitrarily denied on the ground of lack of documentation and are available to at-risk groups.
9. **Mainstream** Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP) in all aspects of the humanitarian response, ensuring all humanitarian actors are accountable for their actions and uphold the highest standards of conduct.
10. **Continue** monitoring, documenting and addressing cases of serious human rights violations and their effect on the most vulnerable persons and groups.

11. **Ensure** integration and mainstreaming of GBV within other sectoral interventions informed by robust sectoral GBV and Gender analysis.
12. **Advocate** for investment in livelihood interventions for women and girls to address negative coping mechanisms such as survival sex, child marriages, and to ease re-integration of GBV survivors.

### To the Parties to the Conflict

1. **Adhere** to obligations under international law to facilitate safe and unhindered humanitarian access, and ensure protection of civilians and civilian infrastructure.