



Current Situation of Residents in Tigray Region

Brief Monitoring Report

Introduction

The Ethiopian Human Rights Commission (EHRC/the Commission) is monitoring the general human rights situation in the war affected parts of Tigray and surrounding areas, the safety and security of civilians as well as the situation internally displaced persons (IDPs). This report is a follow up to the Commission's earlier monitoring missions of December 15 to 20, 2020 and 31 December 2020 to January 5, 2021.

EHRC's latest investigative mission, focusing on Mekelle and Alamata, Mehoni and Kukufto cities in Tigray's Southern Zone, took place from January 10 to January 23, 2021 and talked to military and civilian leadership, residents, health sector workers, affected persons and internally displaced persons currently sheltered in Mekelle city.

Owing to the security situation, the Commission will continue to remotely monitor the human rights situation in parts of Tigray, especially Northern Tigray, where access has still not been made possible, and inform the public of its findings in due course. The overall extent of civilian casualty including killings in the context of the curfew enforcement are still being investigated and will form part of future reports. The ongoing security situation in the region and the still partial and slow resumption of the infrastructural and social/basic services makes it difficult to monitor and investigate the situation in all parts of the region at the desired pace and scale. The Commission will investigate reports of civilian casualty in connection with enforcement of curfew and other human rights violations and findings thereof will be included in upcoming reports. This report focuses on the key findings from the Commission's latest mission.

Local Administration, Infrastructural and Social/Basic Services

The war has left the regional governmental structures in shambles and caused physical damages to key infrastructural systems. This has led to serious gaps in provision of local administrative, safety and security as well as basic social services. Although the newly established Interim Administration is making significant strides, despite the complex challenges, there is still a long way to go in terms of ensuring the peace and security of the region and fully resuming local administrative services. The Interim Administration also deplores that in many of the region's areas water, electricity, transport, health and telecommunication supply are yet to be restored.



The Interim Administration also says that the presence of Eritrean soldiers in the North-western and Eastern Tigray, and the fact that the former Western and Southern Zones of Tigray are now under the Amhara Region's administration, adds to the challenge of fully re-establishing the regional governmental structure.

The Commission has noted that the uncertainty regarding the legal status and administrative authority in these zones has increased the residents' sense of insecurity and risk of being exposed to further conflict and injury. In Alamata, Southern Zone, for example, residents and other sources indicate that "issues of ethnic identity" remain a cause of political tension in the area.

Following the dismantlement of the previous regional administration, all the prisoners in all the 10 prisons of the region were dispersed and prisoner documentations have been destroyed. The Interim Administration explains that this has made the task of tracking major offenders nearly impossible and that it is one of the causes for the substantial increase of looting, gender-based violence and other major crimes.

The efforts to return and to fully equip the former local police force members to their function is only making very limited progress. The resources availed in terms of federal security forces do not match the security protection needs of the region. This has significantly challenged the task of law enforcement and ensuring security.

Residents say that the ongoing conflict in some areas of the regions has limited day to day movements. It has also impeded the circulation of basic goods, provision of humanitarian assistance and slowed the full resumption of humanitarian aid transport services. The security situation is also hindering the deployment of technicians to repair damaged infrastructure, as a result of which public/government structures and basic social services have also not been able to resume operations.

As at the time of release of this report, infrastructure services (water, electricity, telecommunications...) are yet to be fully restored in some parts of the region which means banking services have not fully resumed in parts of Tigray region. Some residents are, therefore, still not able to access their accounts.

Provision of humanitarian assistance

While the Interim Administration and other sources all confirm that there are regular improvements in terms of provision of humanitarian assistance to those in need, significantly more effort is still required to meet the level of humanitarian need on time. The Emergency Response Coalition set up in the region says it has been able to distribute "one month worth of food assistance to 1.5 million people". It is also currently working to reach all the people in need with at least one round of humanitarian assistance by the end of the Ethiopian month (February 2021).

The Coalition representatives expect that "Just by paying salaries of around 130,000 civil servants, who were unpaid so far, it will be possible to reduce the number of those in need of emergency assistance by an estimated 400,000 people." They have



further explained to EHRC that the plans to provide financial support to the local cooperatives will also contribute to alleviating the problem. But more coordinated work with humanitarian organisations is indispensable to address the emergency assistance needs of an estimated total of 2.3 million people, 1 million of whom already depended on humanitarian assistance before the war.

The Emergency Response Coalition also says that efforts are underway to store at least 6 months' worth of humanitarian assistance in 88 decentralised distribution centres which are being set up. However, they also state there are shortages, in the current aid package, of non-food items, women's sanitary supplies and nutritious baby/child meals.

Several pointers also indicate that the health care facilities and services in the areas which the Commission has not been able to access, and in particular in Central, North-western and Northern Zones of Tigray are still not operational.

Health infrastructure and services

An assessment carried out by the regional health bureau shows that the region's health facilities sustained physical damage and/or were looted including looting of ambulances and some health professionals are believed to have lost their lives in the context of the conflict.

Some people seeking medical help are believed to have died because there were no ambulances to give them emergency medical aid or take them to hospitals. The health service workers who wished to return to their jobs have not been able to communicate with the bureau because of the disruption to telecom services. According to the health sector workers the Commission talked to, there are encouraging signs since mid-January 2021, as more and more workers are reporting to the health bureau to return to their duties.

The health bureau has also informed the Commission that the health centres in Western, Eastern and Central Tigray are not currently under the Interim Administration. Competing administrative ownership claims has led to uncertainties regarding management questions such as budget sources to pay employee salaries and procure medical provisions.

The Commission's visits and additional information from the bureau also confirm that the health facilities in Mekelle and Adi Gudem are in a relatively better situation. On the other hand, information obtained from the Regional health bureau shows that the ongoing security situation, including in the surrounding areas, has made it difficult to ensure that the health facilities in Adwa, Axum and Shire resume their operations. It also indicates that the health professionals are either themselves in need of emergency humanitarian assistance or that others are themselves internally displaced, or that they are in difficulty because they have not received their salaries or accessed their bank accounts. Some humanitarian assistance has been provided to a certain number of health professions as far as circumstances permitted but parts of the region remain inaccessible as at the time of this report.



The Regional health bureau also says that it has been able to reach only about 20% of its workforce as of first week of February 2021. The assessment mentioned earlier also shows that not more than 30% of the health facilities are operational as of the writing of this report. Although more efforts are underway in this regard, it will make the task of ensuring that health facilities resume their services if the over 90 Woreda administrations in the more than 7 zones of the region do not establish communication with the Interim Administration soon. The continued disruption to health services might further aggravate the problems of health service provision.

Even before the war, tension between the federal and former regional government had led to budgetary suspension and hence medical supply shortages. Medical supplies and equipment, including expensive drugs stored in cooling systems have been spoiled for lack of electricity. Other medical supplies have been looted or taken, including by TPLF fighters. Children outside Mekelle and Adigrat are, as a result, not receiving critical compulsory early age vaccinations. Hospitals also reported that deaths occurred due to shortage of insulin and of an alarming lack of medication for chronic illnesses. Although ARV drug scarcity in Mekelle has been addressed to a certain extent, the lives of HIV patients in other parts of the region may be at risk because of the drug shortage.

Some amount of drug supplies was sent to a number of areas, including Adwa, Axum and Shire but it is currently difficult to evaluate the current needs and use of the supplies sent so far. The epidemiological early warning structures and the systems that were in place to measure medical supply needs are also dismantled. The Regional health bureau fears that, coupled with the lack of clean water and electricity supply, the situation might lead to an epidemic outbreak in these areas and a higher risk of a malaria outbreak in the more arid ones.

Gender-based violence

The war and the dismantling of the regional administration have led to a rise in gender-based violence in the region. Information obtained from health professionals and the regional health bureau indicates that 52 instances of rape in Mekelle, 22 in Adigrat, 7 in Wukro and 27 in Ayder (a total of 108) have been reported to health facilities over the past two months alone.

Local structures such as police and health facilities where victims of sexual violence would normally turn to report such crimes are no longer in place. Hence, there is a possibility that the actual number of cases might be higher and more widespread than the reported cases. Health sector workers also explain that the regional state of emergency has prevented affected persons from getting medical help during the night as curfews are imposed from 6:00 PM.

Children and other civilian casualty as a result of the war

When the Commission visited Ayder Hospital's in-patient wing for children, 16 of the 20 children being treated for trauma had sustained injuries as a result of the war. Some of the hospitalized children have lost their body parts including an arm, or a leg or an



eye or suffered other bodily injuries. The Regional health bureau also confirms that “the fact that health facilities in rural areas of the region haven’t resumed services and the limited transportation services to cities with operational health facilities has caused loss of lives and grave bodily injuries as people who need urgent medical attention are not able to access hospital services.”

12-year-old young child Mehari Fitsum was herding cattle in his native Temben when an explosion injured his leg. “Mehari was tending to the cattle when a group of his young children friends started playing with an undetonated explosive they found on the ground. It exploded on them. Two of the children died on the spot and three of them, including Mehari, were injured. At first, we thought Mehari only suffered mild injury, so we took our time to take him to hospital. When we realised it was more serious, the nearest hospital in Abi Gedi is being used for ‘military purposes’ and there was no transportation to Mekelle. We had to walk all the way here; but our son lost his leg because it was difficult to get to hospital fast enough” recounts with sadness Mehari’s father.

Information obtained by Ayder Hospital also shows that one of the causes for the children’s injuries are land mines or hand grenades left lying on the ground. Another father of one of the hospitalised children says that “his son had stepped on a land mine while walking on the main road and lost an eye and a leg.” Residents of rural towns also told EHRC that “when the war was at its peak, they had to take shelter inside caves” and that, when they returned, they found that explosives were buried on some streets off main roads in particular. Residents and health professionals say that the problem of land mines is more frequent in rural areas.

Three children aged 3,5 and 7 were also being treated at the hospital and describe that their house in Hawzen was hit by a projectile explosive and killed all the people in the house and injured the three of them. Their father has been missing since then.

Following news of the capture of Sebhat Nega, on January 8, 2021, security forces based in the surrounding area fired their guns in what seemed like a celebration. It caused some disarray among residents who did not know the cause of the gunfire. A 4-year-old boy was hit on the head by a stray bullet as a result and died in hospital after four days in intensive care unit.

The Commission is still investigating the full extent of civilian casualty including killings for “allegedly contravening the curfew hours” and the findings in this regard will be included in upcoming reports.

Refugees and Internally Displaced Persons

EHRC has learned that two of the four Eritrean refugee camps in Tigray region, namely Shimelba and Hetsats camps, have been destroyed and the refugees inside the two camps have been dispersed.



According to information obtained by the Commission, there were about 8,500 Eritrean refugees in the Shimelba refugee camp before the war and approximately 5,000 were dispersed to the towns of Shiraro and Shire while the remaining 3,500 reportedly went back to Eritrea either voluntarily or involuntarily. Similarly, there are reports that 8000 of the approximately 13,000 Eritrean refugees sheltered in Hitsats refugee camp were dispersed in the towns of Shire and Shiraro unable to access shelter and other basic services. While it is established that about 3000 of the refugees in Shimelba and Hitsats refugee camps have arrived at Mai Aini refugee camp, the Commission, so far, could not verify claims that an unconfirmed number of refugees have been returned to Eritrea voluntarily or taken there by force by Eritrean troops.

There are between 26,000 and 28,000 Eritrean refugees sheltered in Mai Aini and Adi Harush refugee camps. The refugees are presently receiving food and other basic services.

The Commission has visited eight schools in Mekelle city which have currently been turned into temporary shelters for internally displaced persons (IDPs). The Commission has learned that the provision of basic services in these IDP shelters is inadequate. IDPs have told the Commission about shortage of safe drinking water and food in these IDP centers. The situation in the two temporary shelters described below illustrate the problems.

A. Kisanet School

Most of the IDPs sheltered in Kisanet school were residents of Humera and Wolkait before their displacement and came to Mekelle city on foot. Of the 510 IDPs in the school at the time of the EHRC visit, 270 are women and 71 are children between the ages of 1 and 12. There are at least six unaccompanied children in the shelter.

The IDPs, from Humera and Wolkait, transited through the towns of Adabai and Rawian on their way to Mekelle. Most of the IDPs reported that they left their homes following "shelling of the Humera town by heavy artillery" and stayed at Adabai and Rawina hoping they would "return back to their homes as soon as the war ended." They eventually "chose to come to Mekelle instead of going back to Humera". Many of them report suffering from pain in the leg area from the long journey.

An IDP told EHRC that "they reported their arrival to the police a few days after their arrival in Mekelle, and the town's businessmen secured permission for them to be sheltered at the school." It is further reported that "residents of Mekelle have been providing assistance to the IDPs for more than a month but that, currently, they are receiving some assistance from various aid agencies and the government."

The IDPs also stated that they left without even carrying their identification cards (IDs). This has restricted their movement to and from the shelters as it is expected to carry ID cards in the city and law enforcement officials do random identification card



checks. The IDPs have therefore asked to be provided with IDP identification papers on the basis of other documentation in their possession or witnesses.

IDPs also told the Commission that they do not feel safe in the shelters because they are unguarded. They say that some individuals, under influence of alcohol or wanting to rob them, have tried forcing their way into the shelters.

Although the IDPs have set up their own representative committees and assigned responsibilities to coordinate required support, they report they do not have information yet on mechanisms to coordinate with the government authorities.

Most of the IDPs have received mattresses, 30 kilograms of flour and two months' worth of cooking oil and other household items from various organizations and individuals.

The regional health bureau has distributed "medical cards" allowing them to get free service in local health centres. But IDPs report that there were not enough medical cards for everyone. They told the Commission of a diarrhea outbreak in the shelter since last Christmas which has worsened due to lack of clean drinking water. They also say they do not have the means to buy medication that health centers cannot provide for free. They explain that the school has a water tanker but with dirty water and they have to rely on the support of the neighborhood residents who supplied them with clean tap water. But the tap water supply is not regular and the IDPs often have to resort to drinking the non-potable water from the tanker.

Women IDPs in the shelter have not received adequate sanitary items. There are 40 people on average sleeping in one room. The IDPs report rooms are assigned on a voluntary basis and that "as far as possible, relatives or people who know each other stay together in a commonly shared room." They say they fear for their safety because the rooms do not have locks.

The IDPs also say they have not been able to connect with their families who have been displaced to Shire and other towns or fled to Sudan. They have told the Commission that they have sought the help of International Red Cross Society (ICRC) to relocate their lost family members.

Although some of the IDPs have said they want to return to their place of residence, others, particularly those from Western Tigray, would like guarantees that no harm will come to them if they return. The latter also say they have learned through their relatives still in Humera and surrounding areas that their homes, cattle, and crops and harvests have all been looted or occupied by other people. A few have said they do not wish to see their destroyed homes ever again.



B. IDPs Sheltered at Ethio-China School

The Ethio-China school became a temporary shelter for IDPs in mid-January 2021. Most of the displaced persons here are from Central Zone. The IDP Committee coordinating aid efforts for IDPs at the school is divided into six coordinating groups named Temben, Weri Lehe, Adwa, Mereb Lehe, Ahferom, and Axum.

Most of the IDPs were displaced some time into the war and the ensuing damage. They say that they came to Mekelle because they had nowhere else to go and that their journey was difficult. Many of IDPs are traumatized and recount with sadness of losing loved ones to the war.

"We are not sure there is anyone who knows about our situation. It feels like no one is looking for us. It feels like no government body has taken responsibility for IDPs. We have no dignity here; only the local residents are showing us any respect", laments an IDP.

The monitoring team has noted that IDPs at the center have received some assistance from the government and other institutions. The IDPs here have also been provided with a "medical card" for free medical care. There is a shortage of potable water here too. Many of the IDPs in this temporary shelter told EHRC that they did not want to return to their former homes until the security situation in the areas improves.

The Commission also noted that pregnant women, infants, and nursing mothers were not provided with adequate specialized assistance in any of the camps visited.

Recommendations

- While EHRC has observed encouraging efforts in improving humanitarian aid in areas of Tigray it has visited, the scale of the humanitarian need still requires much more coordinated effort to expand the humanitarian assistance. Federal, regional and military leadership therefore need to facilitate access into all areas of Tigray for government and international humanitarian organizations to provide assistance and to deploy humanitarian workers without administrative hurdles,
- A task force needs to be set up in order to coordinate the civilian and military operations and to speed up and coordinate the humanitarian assistance provision,
- Efforts to reestablish justice and law enforcement institutions in the region are not taking place at the required pace. The law enforcement and justice sector bodies need to be put in place urgently and appropriately equipped to guarantee the security of the civilian population,



- Gender based violence and attacks on children requires the government's urgent attention to ensure that perpetrators are brought to justice and to ensure that victims receive the appropriate support and assistance,
- Unhindered access needs to be facilitated for national and international media to report on the situation in the region and
- A comprehensive and context specific rebuilding and rehabilitation programme needs to be designed and implemented urgently.