## Statement on Gender-Based Violence in Tigray region of Ethiopia

(New York/Geneva/Washington D.C., 22 March 2021) Amid a worsening humanitarian situation in the Tigray region of Ethiopia, reports of indiscriminate and targeted attacks against civilians, including rape and other horrific forms of sexual violence, continue to surface. This must stop.

We call on all State and non-State parties to the conflict to fulfil their obligations under international humanitarian and human rights law; ensure their forces respect and protect civilian populations, particularly women and children, from all human rights abuses; explicitly condemn all sexual violence; and take action to bring perpetrators to justice where abuses do occur.

Women and children in affected areas are reporting significant challenges in accessing health, social welfare and justice services. Facility assessments undertaken in some health facilities in the region, including Mekelle, Adigrat and Shire, show gaps in premises' security, as well as in staffing, services and supplies. Initial assessments of 106 facilities in Tigray between December 2020 and March 2021 show that nearly 70 per cent of facilities were looted, 30 per cent damaged, and only 13 per cent in Tigray were functional. Health services have also been rendered less functional by the displacement of many health-care workers, in addition to non-payment of salaries. Further health service availability assessments of over two thirds of the total 264 facilities in the region report large and widespread disruptions of services. Childhood vaccination services were observed in only 28 per cent of facilities and comprehensive nutrition services available in approximately 29 per cent of functioning facilities.

Only one facility provides the full range of services for clinical management of rape survivors, and emergency contraception is fully available in less than half of the facilities assessed. The lack of direct access to health care also creates an environment of fear accessing health care, especially for women and children, who are already facing frequent and severe security threats and displacement. Moreover, many displaced civilians are sheltering in unfinished or damaged buildings, and most collective centres do not include separate spaces or latrines for women and men, girls and boys, thus increasing risks of gender-based violence (GBV) and the spread of certain infectious diseases.

Preventing and responding to the grave human suffering resulting from this conflict will require a concerted effort at all levels.

First, it is essential that an independent investigation into conflict-related sexual violence in Tigray be initiated, with the involvement of the UN Office of the High Commissioner for Human Rights.

Humanitarian access is essential. Humanitarian staff need to be able to reach all regions of Ethiopia affected by conflict and violence. This includes major towns and rural areas in

Tigray, as well as Benishangul Gumuz, Oromia, Southern Nations, Nationalities, and Peoples (SNNP) and Amhara, and in the regions hosting thousands of internally displaced people.

When it comes to getting aid staff and supplies into Tigray, notwithstanding recent developments, much more remains to be done. If they are given the access and resources they need, aid agencies will be able to make the desperately needed prevention and response interventions that will save and transform lives, including health services and supplies, GBV case management, dignity kits, post-rape treatment, and safe spaces for women and children. Given the deep trauma many have experienced, support for mental health and psychosocial needs is also required.

It is only with a concerted and comprehensive effort, fully grounded in respect for human rights and international humanitarian law, that the humanitarian response in Tigray will match the scale of humanitarian need, especially for women and children.

## **Signatories**

Mr. Ignacio Packer, Executive Director, International Council of Voluntary Agencies (ICVA)

Mr. Samuel Worthington, Chief Executive Officer, InterAction

Mr. António Vitorino, Director General, International Organization for Migration (**IOM**)

Mr. Mark Lowcock, Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs (**OCHA**)

Ms. Michelle Bachelet, High Commissioner for Human Rights (**OHCHR**)

Mr. Achim Steiner, Administrator, United Nations Development Programme (UNDP)

Dr. Natalia Kanem, Executive Director, United Nations Population Fund (UNFPA)

Mr. Filippo Grandi, High Commissioner for Refugees (UNHCR)

Ms. Maimunah Mohammed Sharif, Executive Director, United Nations Human Settlements Programme (UN-Habitat)

Ms. Henrietta H. Fore, Executive Director, United Nations Children's Fund (UNICEF)

Ms. Cecilia Jimenez-Damary, **UN Special Rapporteur on the human rights of internally displaced persons** (IDPs)

Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization (WHO)

## **ENDS**

## For further information, please contact:

In New York, Zoe Paxton, <u>zoe.paxton@un.org</u>, + 1 917 297 1542 In Geneva, Jens Laerke, <u>laerke@un.org</u>, +41 79 472 9750