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ETHIOPIAN HUMAN
RIGHTS COMMISSION

HUMAN RIGHTS MONITORING REPORT ON TIGRAY



Photo Credit: Tibebe Hailu, Civil and Political Rights Department, EHRC

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List of Acronyms/Glossary

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DRMO	Disaster and Risk Management Office
EDF	Eritrean Defense Forces
EHRC	Ethiopian Human Rights Commission
ENDF	Ethiopian National Defense Forces
EPSA	Ethiopian Pharmaceuticals Supply Service
FDG	Focus Group Discussion
GP	General Practitioners
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICRC	International Committee of the Red Cross
ICT	Information Collection Technology
IDPs	Internally Displaced Persons
IED	Improvised Explosive Device
MHPSS	Mental Health and Psychological Support
MMUs	Mobile Medical Units
NFIs	Non-Food Items
OHCHR	Office of the High Commissioner for Human Rights
PTSD	Post Traumatic Stress Syndrome
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infections
TIRA	Tigray Interim Regional Administration
TPLF	Tigray People's Liberation Front
TRDSWG	Tigray Regional Durable Solutions Working Group
TVET	Technical and Vocational Education and Training
UDHR	Universal Declaration of Human Rights

UN	United Nations
UNHCR	United Nations Humanitarian Coordination Agency
UNICEF	United Nations International Children’s Fund
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
VBT	Vulnerable Based Target
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The conflict in Northern Ethiopia began on November 3, 2020 between the Tigray Peoples' Liberation Front (TPLF) and the Federal Government. As documented by the Ethiopian Human Rights Commission (EHRC/the Commission) and the United Nations Office of the High Commissioner for Human Rights (OHCHR) Joint Investigation Team (JIT) report, all sides involved: the Ethiopian National Defense Forces (ENDF), Eritrean Defense Forces (EDF), Tigray Forces, Amhara and Afar Special Forces and allied militia, and the Fano have committed violations of international human rights law, humanitarian law, and refugee law, which may amount to crimes against humanity and war crimes. On 2 November 2022, the TPLF and the Federal Government signed the Agreement for Lasting Peace through a Permanent Cessation of Hostilities (the Peace Agreement), ending the two-year long conflict in Northern Ethiopia.

Following the signing of the Peace Agreement, EHRC and OHCHR-EARO (East Africa Regional Office) agreed to coordinate their efforts to monitor the human rights situation in Tigray following the signing of the Peace Agreement of November 2022, in line with their respective mandates.

EHRC conducted a monitoring mission into the human rights and humanitarian situation in Tigray from July 7 to July 30, 2023. The Commission monitored five zonal administrations in the region: Central, North-Western, Southern, South-Eastern zones and Mekelle special zone.

The monitoring was further guided by the Terms of Reference agreed upon by EHRC and OHCHR-EARO in terms of sources to be used, assessment and verification process, information gathering process, ensuring confidentiality and protection of sources and information, ascertaining consent of sources, and the integration of a gender perspective throughout the monitoring process.

For factual determinations, the standard of proof used is “reasonable suspicion” which means that there are grounds for suspicion that the incident in question occurred. A higher evidentiary threshold of “reasonable grounds to believe” was applied for findings on serious allegations which could amount to grave crimes including extra-judicial killings, enforced disappearances, and forced displacement.

Both EHRC and OHCHR took appropriate measures to ensure confidentiality, privacy, interests and personal circumstances of victims and witnesses, including information concerning their age, sex, gender, and health. The informed consent of interviewees has been sought as appropriate, to use the information for the purposes of inclusion in this report.

The monitoring mission focused on selected key human rights concerns in the region

based on a desk-research prior to deployment. The thematic issues identified for monitoring include the humanitarian situation, the rights of internally displaced persons (IDPs), the right to health, the right to education, conflict related and other sexual and gender-based violence (SGBV), law enforcement and rights of detainees, arrested persons and prisoners, extra-judicial killings, torture and ill-treatment, abductions and enforced disappearances, as well as forced displacement. The Commission has recently carried out extensive monitoring on the humanitarian situation and situation of IDPs following this coordinated monitoring, the findings of which will be published separately.

This report does not purport to be an exhaustive record of all relevant human rights and humanitarian concerns and its findings are intended to highlight the most pressing human rights concerns in the region in the context of the socio-economic and political environment after the Peace Agreement.

Humanitarian Situation

The humanitarian situation in Tigray remains dire and the suspension of aid between March and November 2023 in Tigray region and between June and November 2023 nationwide by the United States Agency for International Development (USAID) and the United Nation’s World Food Programme (WFP) had further exacerbated the situation. IDPs and host communities in need received little to no humanitarian assistance, leading to increasing levels of malnutrition and hunger. Although EHRC was not able to corroborate the exact number of deaths from hunger and malnutrition, credible information provided by IDPs supports reports by Tigray Interim Regional Administration (TIRA) officials that deaths may have occurred. The humanitarian crisis disproportionately affected IDPs, older persons, children, lactating women, pregnant women, persons with disabilities, and individuals with chronic diseases.

Internally Displaced Persons

Monitoring by EHRC reveals a dire humanitarian situation among IDPs in the region. Humanitarian aid, mainly food aid and non-food items (NFIs) including shelter and health services are severely lacking or non-existent in many of the IDP sites monitored by the Commission. The aforementioned suspension of humanitarian assistance by major donors had worsened the situation. The number of hunger related deaths reported by IDPs, and local authorities has also been steadily increasing after the Peace Agreement. Efforts by the federal government and the TIRA aimed at return, resettlement, and reintegration of IDPs are limited and ineffective.

The immediate resumption and scale-up of humanitarian aid is urgently needed, coupled with improved coordination between humanitarian actors, the federal government and the TIRA to ensure effective distribution and prevention of diversion.

Right to Health

The right to health in the region remains concerning. Despite moderate progress, the regional health system is far from full recovery. Hospitals and health centers in areas monitored by EHRC required urgent reconstruction and support due to damaged facilities, and lack of medical equipment, medical supplies, and pharmaceuticals. Child and maternal mortality rates, which has been exacerbated by the humanitarian situation, requires urgent intervention by all stakeholders.

Right to Education

The regional education system has suffered extensive damage and looting due to the conflict. While commendable efforts have been made by the TIRA, the Ministry of Education, and international partners to resume education after the Peace Agreement, significant challenges remain. Concerted efforts must be made by all stakeholders to return all school age children to schools, and to create a conducive environment for learning including by improving access to educational materials and enhancing the provision of trauma counselling both to students and teachers.

Forced Displacement

Since the Peace Agreement, isolated instances of forced displacement were reported, particularly from areas still under the control of Amhara and Eritrean forces. Regional authorities have reported that in February 2024, for eg, they have registered 12,000 new IDPs arrivals from some of these areas. EHRC recommends that reports of ethnically targeted arbitrary detentions, threats, and harassment as drivers of forced displacement warrant further investigation, including by federal authorities.

Conflict Related Sexual and Gender Based Violence

Many of the victims and survivors of SGBV in the region face critical shortages of medical, psychosocial, legal, and rehabilitative services. While most of the violations were committed during the conflict, there were some new incidents reported after the Peace Agreement particularly from areas under the control of the Eritrea and Amhara Forces. The regional health system is not equipped to provide adequate care to victims. Survivors also face stigma from the community, which has led many to refrain from reporting violations and from seeking medical care. There is need for urgent intervention and support by the TIRA, the federal government, international donors, civil society, and community organizations to provide multi-sectoral support including adequate medical and psycho-social care for survivors of SGBV.

Extra-Judicial Killings

The signing of the Peace Agreement has led to the cessation of hostilities and significant improvement in the protection of civilians. However, EHRC has identified credible cases of extra-judicial killings by EDF and Amhara Forces in areas under their control after November 2022. The EHRC recommends that the reports of extra-judicial killings require serious attention by both the federal and regional governments to ensure accountability and redress for victims.

Law Enforcement and Rights of Detainees, Arrested Persons, and Prisoners

Rebuilding law enforcement institutions has been a priority for the TIRA and considerable progress has been made thus far in operationalizing these institutions. However, regional courts, justice bureaus, police and prison administrations still face serious challenges in protecting human rights and upholding the rule of law. The integration of former Tigray Forces members into the regular police and prisons services with inadequate training poses a threat to the protection of arrested persons, detainees, and prisoners. Some cases of beatings, during arrest and as punishment during detention, or cases where detainees were kept handcuffed, as well as some cases of abuse which may constitute torture, and inhuman and degrading treatment, and arbitrary and unlawful detentions are practiced by some law enforcement agencies. It is necessary to urgently build the institutional capacity of the justice and security sector institutions to expedite their full functionality and improve human rights protection.

Recommendations

The wide-ranging human rights and humanitarian issues in the region require urgent intervention by all stakeholders, including the TIRA, federal government, and international partners. Recommendations include the scaling up and/or resumption of humanitarian assistance to those in need with safeguards to ensure that aid reaches its intended recipients; life-saving interventions for children, the elderly, IDPs, and lactating women; durable solutions for IDPs; and scaling up support to the regional health, education, judicial and law enforcement sectors. A detailed list of recommendations to all stakeholders is provided in the recommendations section.

1. Introduction

1. The Ethiopian Human Rights Commission is an independent federal state body established as per the Federal Constitution and reporting to House of People’s Representatives, in accordance with Proclamation No. 210/2000 (as amended by Proclamation No. 1224/2020), as a national human rights institution with the mandate for promotion and protection of human rights.
2. The OHCHR is mandated by the UN General Assembly Resolution 48/141 to promote and protect the enjoyment and full realization, by all people, of all human rights. The Charter of the United Nations, the Universal Declaration of Human Rights, and international human rights laws and treaties established those rights.
3. Following the signing of the Peace Agreement on 2 November 2022 between the federal government and the TPLF, EHRC and OHCHR-EARO agreed to coordinate their efforts to monitor the post Peace Agreement human rights situation in Tigray in line with their respective mandates. The coordinated monitoring mission aims to monitor and report on human rights and humanitarian law issues after the signing of the Peace Agreement on 2 November 2022. However, both institutions agreed that the monitoring missions may document any other serious allegations of human rights violations, violations of humanitarian law, or refugee law violation that may be encountered outside the monitoring mission period and are outside the scope of this report.
4. The objectives of the mission are to:
 - i. Identify the current areas of concern in the human rights situation in the region and draw attention to the issues for appropriate response.
 - ii. Identify and document concerning development related to violations or abuses of international human rights and humanitarian law for further action particularly accountability by the Government of Ethiopia.
 - iii. Deter and prevent violations and abuses of human rights and international humanitarian law (where applicable).
 - iv. Contribute towards the implementation of the Cessation of Hostilities Agreement from a human rights perspective; and
 - v. To keep Government and other partners updated of human rights developments.
5. The following thematic issues were identified for monitoring and included in the joint terms of reference of the Institutions, following desk research undertaken by both institutions:
 - i. Humanitarian situation
 - ii. Situation of IDPs
 - iii. Right to health
 - iv. Right to education
 - v. Forced displacement

- vi. Extrajudicial killings
 - vii. Torture and ill-treatment
 - viii. Abductions and enforced disappearances
 - ix. Conflict related SGBV
 - x. Arbitrary and unlawful detention and conditions of detention
6. EHRC forwarded its findings to the federal government and the TIRA in November 2023 with a request for response to the draft report and a list of issues. Consultations were also organised in Tigray region with various stakeholders on the basis of the draft report on specific thematic issues.
 7. EHRC monitored Central Zone (Axum, Adwa, Inticho and Rama), North-Western Zone (Shire, Sheraro, Addi-Hageray), Southern Zone (Maichew, Endamehoni, Selawa-Bora, Mehoni (Raya-Azebo), Addi Shihu, Ambalaje), South-Eastern zone (Hintalo, Addi Gudom and Seharti-Gijet) and Mekelle special zone from July 12 to 30 July 2023.

2. Methodology and Standard of Proof

8. The monitoring mission was guided by the Terms of Reference agreed upon by the EHRC and OHCHR in terms of sources to be used, assessment and verification process, information gathering process, ensuring confidentiality and protection of sources and information, ascertaining consent of sources, and the integration of a gender perspective throughout the monitoring process.
9. For factual determinations, the standard of proof used is “reasonable suspicion” which means that there are grounds for suspicion that the incident in question occurred. Cases were deemed as corroborated where they are based on at least one source of first-hand (primary) information which is assessed as credible and was independently corroborated by at least one other independent and reliable source. A higher evidentiary threshold of “reasonable grounds to believe” was applied for findings on serious allegations which could amount to grave crimes such as extra-judicial killings, enforced disappearances, and forced displacement which requires that cases should be based on at least one source of first-hand (primary) information which is assessed as credible and was independently corroborated by at least two other independent and reliable sources.
10. Both EHRC and OHCHR took appropriate measures to ensure confidentiality, privacy, interests and personal circumstances of victims and witnesses, including information concerning their age, sex, gender, and health. The informed consent of interviewees has been sought as appropriate, to use the information for the purposes of inclusion in this report. The principles and standards of do no harm, independence, impartiality, transparency, objectivity, confidentiality, credibility, integrity, professionalism, and consistency are guiding principles for the Institutions human rights work, including the monitoring work on Tigray.

11. Interviews and focus group discussions (FDGs) were conducted with the TIRA officials and public servants, residents, IDPs and representatives of humanitarian agencies to collect information on the current human rights and humanitarian situation. Documentary and photographic information were also collected in addition to information collected through field observation.

3. Background

12. The conflict in Northern Ethiopia began on 3 November 2020 between the TPLF and the Federal Government. All sides involved: ENDF, EDF, Tigray Forces, Amhara, and Afar regional forces and the Fano have committed violations of international humanitarian law, grave human rights violations with some of these potentially amounting to crimes against humanity and war crimes including attack on civilians and civilian objects, extra-judicial and summary executions, torture, rape, pillage, looting and forced displacement.
13. In September 2022, the AU announced an invitation to both sides to peace talks in Pretoria, South Africa. Both sides accepted and the peace negotiations began on 25 October 2022. On 2 November 2022, both sides announced that an agreement had been reached for a permanent cessation of hostilities. The Agreement included key commitments on human rights including the protection of civilians, and the disarmament, demobilization, and reintegration of Tigray combatants. The federal government committed to restore basic essential services to Tigray and to provide unhindered humanitarian access.
14. Since the signing of the Agreement, humanitarian agencies have reported improved access to the region with the cooperation of the federal government. Basic services such as electricity, telecoms, commercial flights, and banking also resumed since December 2022 and January 2023. As per the Agreement, an Interim Regional Administration was also established in Tigray with the recognition of the federal government in March 2023. The administration is composed of 27 cabinet members.
15. Disputed areas such as Western Tigray formerly under Tigray regional state administration (the area which is also referred to as Welkait Tegede Setit-Humera Zone by the Amhara regional state), Southern Tigray formerly under Tigray regional state administration (the area which is also referred to as Raya Alamata Woreda and Alamata City Administration by the Amhara regional state) as well as parts of Northeastern Tigray remain under the control of either the Amhara or Federal forces and the Eritrean Forces respectively, and human rights and humanitarian concerns continue to be reported. IDPs continue to arrive from parts of the region outside the control of the TIRA, while in areas under the control of the TIRA, reports indicate looting and misappropriation of much needed humanitarian aid. Additionally, the health and educational system were

generally not operational. The restoration of law and order and the protection of the rights of persons in detention and prisoners were also paramount concerns in the region.

4. Legal Framework

I. Domestic Law

16. The 1995 Constitution of Ethiopia 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, and international human rights instruments and treaties ratified by Ethiopia.¹
17. The 2004 Criminal Code includes standard criminal provisions prohibiting crimes such as homicide, bodily injury, illegal restraint, abduction, political abduction, enslavement, rape and other sexual offences, robbery, looting, and damage to property.²
18. Article 270 of the Criminal Code prohibits war crimes committed against a civilian population including killings; torture and inhuman treatment; wilful reduction to starvation or destitution; compulsory movement or dispersion of a population; rape and forced prostitution; taking of hostages; the imposition of collective punishment and destruction of property. Further, the provision proscribes the attack, displacement or disappearing of stateless persons or refugees. The Refugees Proclamation No. 1110/2019 providing for the rights and protection needs of refugees in Ethiopia also specifically prohibits forced repatriation of refugees to a country where they may be subject to persecution.³

II. International and African Regional Human Rights Law

19. Ethiopia is a State party to seven of the nine core global human rights treaties: the Convention on the Elimination of All Forms of Racial Discrimination (CERD); Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); Convention on the Rights of the Child (CRC) and its Optional Protocol on the Involvement of Children in Armed Conflict (OP-CRC-AC), and Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (OP-

¹ FDRE Constitution, Art. 13(2).

² Some crimes under the 2004 Criminal Code are punishable with a more serious penalty when committed against children or women such as the crime of abduction (Articles 586 to 589). In the case of rape against children (Articles 626 and 627), the penalty increases as the age of the victim decreases. The victims of some crimes such as harmful traditional practices (Articles 561 and 562) are usually women and children only.

³ Refugees Proclamation No. 1110/2019, art. 11.

CRC-SC); International Covenant on Civil and Political Rights (ICCPR); International Covenant on Economic, Social and Cultural Rights (ICESCR); Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT); and Convention on the Rights of Persons with Disabilities (CRPD). In addition, Ethiopia is a State Party to the following African regional human rights treaties: the African Charter on Human and Peoples' Rights (African Charter); African Charter on the Rights and Welfare of the Child (ACRWC); Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol); Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa; and African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (the Kampala Convention). Ethiopia is also bound by relevant rules of international human rights law that form part of customary international law.

20. As a state party to the above-mentioned treaties, Ethiopia is obliged to respect, protect, and fulfil the human rights of all persons within its territory and subject to its jurisdiction, without discrimination. This includes duties to investigate and bring to justice perpetrators of violations, as well as the obligation to ensure a prompt, adequate and effective remedy to those whose rights have been violated, including the provision of reparations and guarantees of non-recurrence. International human rights law applies both in peace and in times of armed conflict.

III. International Humanitarian Law

21. International humanitarian law regulates the conduct of parties to an armed conflict, whether international or non-international. Among other things, it protects and guarantees the humane treatment of persons who are not, or no longer, directly participating in hostilities and regulates the means and methods of warfare with the aim of restricting the use of armed force “to the amount necessary to achieve the aim of the conflict, which – independently of the causes fought for – can only be to weaken the military potential of the enemy.”⁴ In situations of armed conflict, all parties to the conflict are bound by the applicable rules of international humanitarian law.
22. International humanitarian law draws distinction between “international” and “non-international” armed conflicts. International armed conflicts occur between two or more States through their respective armed forces or other actors acting on behalf of the States, while non-international armed conflicts take place between a State and one or more non-state armed groups, or between such groups only, within the territory of the State concerned. Treaty law governing non-

⁴ M Sassoli, AA Bouvier AA and A Quintin(eds), *How Does Law Protect in War?* (3rd edn, Geneva: ICRC, 2011), Vol I, Pt 1, at 1.

international armed conflicts primarily consists of Common Article 3 and Additional Protocol II to the Geneva Conventions.

23. Article 3 common to the Geneva Conventions (applicable to conflicts not of an international character) and Additional Protocol II are applicable to the Tigray conflict. These instruments contain protections applicable to civilians and other persons not taking a direct part in hostilities. Common Article 3 binds all parties to the conflict to respect, as a minimum, that persons taking no direct part in hostilities as well as those placed *hors de combat*, shall be treated humanely, without any adverse distinction.⁵ In the conduct of hostilities parties to conflicts are enjoined, at all times, to adhere to the principles of distinction, proportionality and precautions in attack.⁶
24. States must apply fully the relevant norms of international humanitarian law and international human rights law to women and girls and take special measures to protect women and girls from gender-based violence during armed conflict.

IV. International Criminal Law

25. International criminal law governs situations in which individuals can be held individually criminally responsible for gross violations and abuses of international human rights law and serious violations of international humanitarian law which constitute crimes under international law. States have the primary obligation to ensure accountability for these crimes. Thus, States must take appropriate measures to ensure that those suspected of having committed crimes under international law are prosecuted and, if found responsible, duly punished. Core international crimes encompass war crimes, crimes against humanity, and genocide.⁷

⁵ Common Article 3 prohibits violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture, taking of hostages, outrages upon personal dignity as well as the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court, respecting the generally accepted principles of fair trial and due process.

⁶ ICRC, Database on Customary International Humanitarian Law (CIHL), Rules 1-24.

⁷ See Rome Statute of the International Criminal Court (ICC), Articles 6,7 and 8.

5. Analysis of Findings

5.1. Humanitarian Situation⁸

Introduction

26. The humanitarian situation in the region remains dire and requires urgent intervention. The scaling up of humanitarian assistance and its coordinated, efficient distribution to those in need is urgently needed to save lives. Groups in situations of vulnerability including children, pregnant women and lactating mothers, persons with disabilities, HIV positive persons and persons with other chronic illness and trauma are disproportionately affected by the acute shortage of humanitarian aid and medical treatment. The humanitarian situation has particularly worsened following the suspension of humanitarian assistance by major donors and deaths attributed to hunger and malnutrition have been reported in several locations monitored by EHRC.

Key Positive Developments

27. Following the signing of the Peace Agreement, significant improvement in overall security in areas under the control of the TIRA has contributed to improved humanitarian access.
28. The establishment of the TIRA and subsequent establishment of its structures at the zonal and woreda levels with a mandate to coordinate humanitarian assistance has also been useful in facilitating distribution of humanitarian assistance to local levels.
29. Improved, albeit limited, humanitarian assistance has been provided by the government and humanitarian partners since the signing of the Peace Agreement. The USAID and the WFP suspended food assistance to Tigray in March 2023 and nationwide in June 2023. In November 2023, both organizations announced the resumption of food assistance nationwide, including in Tigray, following a thorough review of operations. Women, children, older persons, and families of those with chronic illnesses had been given priority in the distribution of food items and NFI. During its field monitoring, EHRC observed that the World Health Organization (WHO) provided medical service to residents including IDPs. Local administrators were also conducting a Vulnerable Based Target (VBT) assessment for humanitarian assistance based on the preconditions that had been put in place by USAID.

⁸ EHRC monitored the humanitarian situation in North-Western, Southern, South-Eastern zones and Mekelle city. The Commission visited Axum, Adwa, Inticho and Rama Woredas in the Central Zone from July 19 to 28, 2023; Shire and Sheraro in the North-Western Zone; Mekelle city, Kola Tembien Wereda in Central Zone from July 7 to 18, 2023; and Maichew, Endamehoni, Selawa-Bora, Mehoni, Addi Shihu and Ambalaje woredas in the Southern Zone and Hintalo, Adi Gudom and Seharti-Gijet woredas in South-Eastern Zone from 19 to 30 July 2023.

30. In Shire, EHRC observed that humanitarian agencies provided an array of lifesaving health related services to those affected by the conflict and its aftermath. These include vital nutrition, health, GBV, mental health and psychosocial support (MHPSS), and water, sanitation, and hygiene (WASH) services to IDP sites. They also provide a range of services through mobile medical units (MMUs) in the region, including outpatient consultations, nutrition screening, perinatal consultations, family planning services, health education, maternal health and psychosocial services (MHPSS) and screening for malnutrition. They also delivered clean water via trucks daily in Shire and Sheraro, as well as hand pumps to increase the availability of potable water in the region.

Main Areas of Concern

31. Information provided by the regional Disaster and Risk Management Office (DRMO) indicates that more than 6.5 million people require humanitarian aid, representing 84% of the overall population. Large areas of the region in the North, West and South remain inaccessible for humanitarian partners.
32. WFP and USAID had suspended food aid in the Tigray region in March 2023, due to allegations of diversion of food aid. Assistance to refugees resumed in July 2023 and assistance to those in need across Ethiopia resumed in November 2023.⁹ Information obtained from the interim administration's Social Affairs and Rehabilitation Bureau indicated that the suspension had exacerbated the dire humanitarian situation, leading to starvation and death. The Bureau also reported that malnourishment and hunger are the leading causes of death among children and the elderly respectively.
33. During the period where aid had been suspended by the major humanitarian partners, limited humanitarian assistance continued to be provided through government partnership with non-governmental organizations. Such assistance included supplementary food assistance to children under the age of five, pregnant and lactating women in Mekelle. Humanitarian assistance, encompassing essentials such as food items, NFI, medical services, medicines, water, sanitation, hygiene, shelter, and psychosocial support, has been notably limited since the Peace Agreement until the time of monitoring. This was primarily attributed to inadequate support from the federal government and the suspension of humanitarian aid by some international donors.
34. Despite the urgent needs during the monitoring period, the EHRC found that there were several areas in the region that had not received any meaningful humanitarian assistance for months. For example, some areas in Central Zone had

⁹ See EHRC press release “EHRC welcomes USAID’s and WFP’s decision to resume food assistance across Ethiopia” 17 November 2023, available at <https://ehrc.org/ehrc-welcomes-usaids-and-wfps-decision-to-resume-food-assistance-across-ethiopia/>.

not received any assistance since January 2023 except for a limited distribution of wheat by the TIRA to IDPs in Axum.

35. Four IDP sites visited in Southern and South-Eastern zones reported that they had only received humanitarian assistance once. IDPs had largely been dependent on host communities for assistance. However, host communities themselves were in a situation where they also required urgent humanitarian assistance and were no longer capable of supporting the large number of IDPs. Information obtained from the zonal administrators revealed increase in the number of hunger and malnutrition related deaths in Hintalo Woreda of the South-Eastern Zone. The destruction of health facilities coupled with severe lack of medical equipment and supplies also made it challenging for the health services to provide lifesaving medical care for malnourished patients including children. The Southern Zone administration also noted that only two rounds of humanitarian assistance had been provided since the conflict began and only 58% of those in need received humanitarian assistance. The situation was made worse in several areas by the lack of agricultural productivity due to lack of fertilizers. For example, Hintalo woreda in the South-Eastern Zone reported that it received only 10% of its pre-war fertilizer needs in the previous Ethiopian budget year.
36. In locations where limited humanitarian assistance was provided, the Commission found that most vulnerable sections of society including children, persons with disabilities, older persons, persons living with HIV/AIDS, pregnant and lactating women often do not receive adequate support tailored to their specific needs.

Conclusion

37. EHRC found that the humanitarian situation in Tigray remains dire and the suspension of aid at the time of monitoring by the major humanitarian aid providers had further exacerbated the situation. IDPs and host communities received little to no humanitarian assistance leading to increasing levels of malnutrition and hunger. Although EHRC was not able to corroborate the exact number of deaths from hunger and malnutrition, credible information provided by IDPs supports reports by the TIRA officials that deaths may have occurred. The grave humanitarian situation disproportionately affected IDPs, children, lactating women, pregnant women, persons with disabilities, older persons, and individuals with chronic diseases.

5.2. Internally Displaced Persons¹⁰

Introduction

38. IDPs in Tigray continue to face a multitude of challenges including inadequate or lack of humanitarian aid, overcrowded and unsanitary conditions in sites, and lack of medical treatment. During the monitoring period, malnutrition, hunger, and deaths which may have resulted from preventable or treatable diseases have been reported in most IDP sites monitored by the Commission. Efforts by the federal government and the TIRA aimed at providing durable solutions including return, resettlement and reintegration were also highly inadequate.

Key Positive Developments

39. Following the Peace Agreement, new incidents of mass displacements have not been reported.
40. 26,000 IDPs from Mekelle and 11 other IDP sites were voluntarily returned to areas currently under the TIRA control with financial support from UNHCR. However, at the time of monitoring, the programme has been discontinued due to lack of funding.
41. Based on the preconditions set by USAID for the resumption of humanitarian assistance, EHRC observed that VBT assessments for humanitarian assistance were carried out in Axum, Adwa, Inticho, and Rama within the Central zone.
42. Beginning in November 2022, the WHO and Save the Children, provided technical expertise and material aid to marginalized populations and individuals in need of aid in some areas. The assistance included educational provisions for internally displaced children facilitated by Save the Children, as well as medical services delivered by the WHO.
43. Despite the suspension of humanitarian assistance by major donors at the time of monitoring, limited aid continued to be provided intermittently to some IDP sites in areas monitored by the Commission. For example, the Commission observed the distribution of wheat by the TIRA to IDPs sheltered at the Axum Preparatory School.
44. Following the Peace Agreement, a Tigray Region Durable Solutions Working Group (TRDSWG) comprised of international donors, government bodies, and other stakeholders, was established to work on durable solutions.

¹⁰ EHRC monitored the situation of IDPs in North-Western, Southern, South-Eastern zones and Mekelle City. The Commission monitored IDP sites in Adwa, Axum, Inticho and Rama between 19 to 28 July 2023; Shire, Addi Daero, Addi Hageray and Sheraro between 11 to 17 July 2023; Mekelle City, Kola Tembein Woreda between 7 to 19 July; and Maichew, Endamehoni, Salawa-Bora, Mehoni (Raya-Azebo), Addi Shehu and Ambalaje woredas in Southern Zone and Hintalo, Adi Gudom, Seharti-Gijet woredas in South-Eastern Zone between 19 to 30 July 2023.

45. IDPs in sites monitored by EHRC reported that overall security of IDPs including those residing within the community has significantly improved since the signing of the Peace Agreement.
46. There are no restrictions on freedom of movement of IDPs within areas under the control of the TIRA and IDPs are free to move outside of sites. Overall, IDPs also have good relations with host communities and most IDPs have reported that they rely on host communities for food and other types of assistance. No major site security concerns were raised.
47. Encouraging efforts are being made to ensure that internally displaced children are enrolled in schools in some areas. For example, in Abi Addi, 1,522 IDP students have been enrolled.

Main Areas of Concern

48. Registration of IDPs is conducted in all areas accessible to the TIRA. However, there are still some gaps in terms of ensuring that all IDPs are registered and issued with ID cards. For example, EHRC observed that several IDPs from Southern Zone sheltered at Hayelom Araya Secondary School have not been registered and issued ID cards.
49. Provision of humanitarian assistance continues to be the most pressing concern for IDPs. During the monitoring period, the situation was exacerbated by the suspension of humanitarian assistance by major donors, although it has since been resumed. As part of the effort to address concerns about diversion and theft of humanitarian assistance, the TIRA informed EHRC that it conducted an investigation and arrested 185 suspects at the time of the monitoring. It noted that it cooperated with humanitarian partners to ensure urgent resumption of humanitarian aid.
50. At the time of monitoring, several IDP sites had received very limited or no humanitarian assistance since January 2023. For example, IDPs sheltered at Fenkil Primary School in Southern Tigray only received a one-time assistance of 15 kg wheat flour, 3 kgs of peas and half a litre of cooking oil per household from the WFP in January 2023. Similarly, Hibret IDP Camp that hosts 5,922 households in Shire only received a one-time assistance of 10 kgs of wheat per person in January 2023. The aid provided was insufficient for all in need in the camps and left 147 households without support. At the time of monitoring, these households were yet to receive any assistance. Several other sites across Tigray had also not received any humanitarian assistance from the federal government or international humanitarian agencies since January 2023.
51. According to information from the TIRA, – an estimated 1000 persons may have died since the signing of the Peace Agreement from hunger related causes. In its monitoring of IDP sites and interviews with IDPs and site coordinators, the Commission observed that IDPs continue to suffer from severe food shortages, hunger, and malnutrition. For example, site coordinators and IDP representatives

at the Abi Addi TVET IDP shelter site said that 78 hunger related deaths of mostly women and children had occurred between the date of the Peace Agreement and July 2023 when this monitoring was conducted. 36 hunger related deaths were also reported by IDPs in Hibret IDP Camp in Shire while 8 hunger and illness related deaths were reported by IDPs sheltered at Fenkil School in Mehoni Town of Southern Tigray Zone. In Abi Addi IDP camp, IDPs informed the Commission that 970 children aged 1 to 5 had been diagnosed with acute malnutrition and are on the verge of death. IDPs reported that 36 persons have died in the camp from hunger between September 2022 and July 2023. EHRC has not independently verified these hunger related deaths but it collected credible evidences that hunger related deaths may have occurred which underscores the need for an enhanced and timely humanitarian assistance.

52. NFIs were also in severe shortage in most of the sites monitored by EHRC. Most IDP shelter sites are located in schools and IDPs stay in overcrowded small rooms facing shortages of NFIs such as clothing, mattresses, and blankets. This has forced IDPs to use the school's classroom blackboards, chairs, lumber, and mats as bedding. For example, IDPs sheltered at Fenkil Primary School in Mehoni Town never received mattresses and clothing support, while IDPs sheltered at Alem Primary School reported having received a onetime support of clothing adequate for 175 persons despite the population of IDPs being 4,000.
53. Health services for IDPs are also lacking and deaths which may have resulted from preventable or treatable diseases were widely reported in sites monitored by EHRC. Clinics inside IDP sites have little to no laboratory equipment and pharmaceuticals and, as health facilities in the region have suffered extensive damage during the conflict, IDPs requiring medical assistance outside the IDP sites were unable to get adequate medical care and there were long waiting periods to get medical treatment. For example, a temporary medical clinic in Mekelle Seba Kare IDPs Camp has no laboratory facility or medicine and refers patients to Ayder Hospital where patients need to wait up to a month to be treated. In Abi Addi camp, IDPs diagnosed with diabetes reported that they wait for months to access medication because they cannot afford to purchase it from private pharmacies. In addition to basic medical services, IDPs face challenges in obtaining mental health treatment and psycho-social support.
54. The widespread use of schools as IDP shelter sites was a serious challenge in efforts by the TIRA to resume education. For example, at Alem Primary School in Southern Zone had to resume education with students using classrooms during the day, and IDPs sleeping in the same classrooms at night. Two other schools occupied by IDPs in Mehoni Town have been unable to resume education.
55. In addition to the lack of humanitarian assistance in IDPs sites which has forced many IDPs to move out and live in host communities, some IDPs sites have also been closed to repurpose camp sites. For example, in November 2022, 'China Camp' and Guya Secondary School site in Kola Tembien Woreda, Guya Kebele

with 1008 households were closed to accommodate Tigrayan forces, and IDPs shifted to living in host communities.

56. The most vulnerable groups of IDPs including pregnant and lactating women, children, persons with disabilities, and the elderly have been disproportionately affected by the lack of adequate humanitarian assistance and, often, even when assistance is provided, do not receive support adapted to their specific needs. The lack of special provisions including nutritional food for children, pregnant women and lactating women has led to medical complications and malnutrition. In sites monitored by EHRC, several deaths of women and children have been reported as a result of acute malnutrition, hunger and lack of medical treatment. The provision of sanitary pads for women is also extremely low compared to the need.
57. The lack of humanitarian assistance has also impacted persons living with HIV/AIDS. For example, EHRC spoke with an HIV positive displaced person who stated that on several occasions, he had to take his medication on an empty stomach because he did not have food.
58. The return, resettlement, and reintegration of IDPs as part of durable solutions has seen little to no progress following the Peace Agreement, particularly for IDPs displaced from areas not controlled by the TIRA. The absence of initiatives aimed at durable solutions has had significant psychological impact on IDPs. IDPs from areas currently under the control of the Amhara forces in Southern Tigray expressed frustration at the absence of progress on returning them to their homes. One IDP told the Commission:

"We were first told by the interim administration that we would be able to return in April 2023. They later told us this would not happen. Again, on May 11th, they told us to pack our things and prepare for return but then said the "forces" in control of our hometowns have refused to leave."

Conclusion

59. Monitoring by EHRC revealed a dire humanitarian situation among IDPs in the region. Humanitarian aid, mainly food aid, and NFIs including shelter and health services were severely lacking or non-existent in many of the IDP sites monitored. The suspension of humanitarian assistance by major donors during the monitoring period had led to an escalation of the crisis. The number of hunger related deaths reported by IDPs, and local authorities had also been increasing after the Peace Agreement. Efforts by the federal government and the TIRA aimed at return, resettlement, and reintegration of IDPs and durable solutions were also highly inadequate.
60. The immediate resumption and scale-up of humanitarian aid is needed through improved coordination between humanitarian actors, the federal government, and the TIRA. The federal government and TIRA should also make concerted efforts aimed at the return, resettlement, and reintegration of IDPs.

5.3. The Right to Health¹¹

Introduction

61. Despite encouraging developments after the Peace Agreement, the regional health system continued to suffer from damaged facilities and looted equipment that, in most locations, were yet to be rebuilt, repaired, and replaced, as well as shortage of life-saving medication and lack of adequate health professionals.

Key Positive Developments

62. In areas which were under the control of the TIRA, significant improvement was observed in the overall security after the Peace Agreement which allowed efforts aimed at restoring the regional health system. Several health care professionals returned to work, and most health centres were operational albeit with very limited capacity and significant shortage of professionals, medical equipment, pharmaceuticals, and other necessities. Rehabilitation of health centres which suffered damage and looting during the war had also started in some areas such as Hintalo Woreda in the South-Eastern Zone with the support of development partners. Enhanced security also allowed patients to access medical centres.
63. The Peace Agreement also allowed the resumption of formal relations between the Ministry of Health, Tigray Health Bureau, and humanitarian partners and aid agencies. This has resulted in encouraging improvements in the supply of medicine, medical equipment and reconstruction and operationalization of health facilities. The supply of medicine to the region by governmental and non-governmental organizations improved despite some interruptions. For example, the supply of medicine to Enda Mehoni Woreda increased from 5% during the conflict to 30% at the time of this monitoring. Vaccination campaigns were conducted for several deadly childhood diseases, as well as COVID-19 and Human Papilloma Virus (HPV) which reduced exposure to epidemics.
64. Many health care professionals have returned to work and monthly salaries are being paid since December 2022.

Main Areas of Concern

65. As a result of the war, the region's health infrastructure has suffered extensive damages and looting. For example, TIRA informed the Commission that in North-Western Zone, 8 primary hospitals and 60 health centres are fully damaged

¹¹ EHRC monitored the right to health in the North-Western, Central, Southern, South-Eastern zones and Mekelle city. The Commission visited health facilities in Adwa, Axum, Rama and Inticho from 19 to 29 July 2023; Shire, Central Adiyabo, Tahtay Adiyabo, Sheraro, Mekelle City and Kola Tembien Woreda of the Central Zone from 7 to 18 July 2023; as well as Maichew, Endamehoni, Salawa-Bora, Mehoni (Raya-Azebo), Addi Shehu and Ambalaje woredas in Southern zone and Hintalo, Adi Gudom, Seharti-Gijet woredas in South-Eastern Zone between 19 to 30 July 2023.

with a further 30 health centres sustaining partial damages. Efforts at maintaining and re-equipping these facilities are inadequate compared to the magnitude of the damage. Those that have resumed service had inadequate medical professionals and equipment, medication and were only able to provide limited services to the community. Beyond the damage to health facilities, damage to local electric and water infrastructure presented a challenge in service delivery in several medical facilities across the region.

66. The devastation suffered by the health system has disproportionately affected women, children, persons with disabilities, older persons, and other vulnerable groups in society. The lack of fully functional facilities, personnel, and resources posed a substantial barrier to delivering effective and inclusive healthcare services. As a result, TIRA officials and health professionals informed the Commission that maternal and infant mortality rates have increased. EHRC observed lack of wheelchairs, ambulances for pregnant women, and inadequate vaccines for infants across several healthcare centres.
67. Malnutrition is a serious public health concern in the region. For example, EHRC learned that the death of two children may have resulted from malnutrition in Guya Kebele of Kola Tembien Woreda between the Peace Agreement in November 2022 and July 2023. The Commission also observed malnourished children receiving treatment at Abi Addi Health Centre and Ayder Hospital in Mekelle.
68. Incubators for newborns, and food and nutritional supplements for pregnant women and children were also limited. The absence of vaccinations over the past three years led to the resurgence of several illnesses and resulted in preventable deaths. While some SGBV survivors do receive treatment at Ayder, Mekelle and other hospitals, victims of sexual violence often continue to face lack of medical and psychosocial support services across the region.
69. The regional health system lost most of its ambulances in connection with the conflict and misuse by regional institutions. At the time of monitoring, the Tigray Health Bureau stated that only 87 ambulances were operational at the time of monitoring. This challenge was also repeatedly mentioned by health professionals who spoke to the Commission. For example, the Southern Zone Health Bureau noted that it had more than 30 ambulances prior to the conflict, but that it had only 12 ambulances at the time of the monitoring, half of which are inoperable or inaccessible either due to maintenance issues or use by other TIRA agencies outside the health sector.
70. The shortage of medicine in health centres was another concern. All pharmacies in health centres monitored by EHRC provided limited services to patients. Surgical equipment and medicine which should have been available in health centres were only available in privately owned pharmacies. For instance, in Mekelle Hospital, cotton wool, syringes and gloves were unavailable. Health officials and professionals in North-Western Zone reported several deaths over the four months preceding the monitoring mission due to lack of medication for

diabetes, hypertension, and asthma. Even though the Ethiopian Pharmaceuticals Supply Service (EPSA) had started supplying medication for patients with HIV and tuberculosis, health centres reported absence of medicine and vaccines for rabies, depression, epilepsy, and snake bites which are common in the North-Western Zone area. Information obtained from health professionals indicated that the lack of medication and lifesaving nutritional supplies also led to the deaths of children. For example, since February 2023, it is reported that 6 children in Dengolat and 7 children in Mehoni may have died as a result of malnutrition and hunger in Dengolat Health Centre and at Mehoni Primary Hospital respectively.

71. Another challenge to the region's health care system was the increase in the turnover of health care professionals. Healthcare system administrators reported that while several staff returned to work following the Peace Agreement, there was a sharp increase in staff turnover as many left for other parts of the country in search of better work and living conditions. For example, Abi Addi Hospital had 21 general practitioners (GP), 4 specialties, over 100 nurses, and 15 pharmacists before the war. At the time of monitoring, only 5 general practitioners, 4 specialties, 8 pharmacists, and 50 nurses were on duty. Ayder Referral Hospital was also experiencing similar challenges. The Head of the Hospital expressed that several experts resigned or simply relocated following the Peace Agreement.
72. Budget constraints were also a challenge to the health sector. Administrators at Ayder Referral Hospital told the Commission that the hospital had not yet received budget except for the payment of salaries. As a result, it was not possible to make various types of compensatory payments to staff members unlike the pre-conflict period, and the hospital did not have petty cash or capital budget.
73. The Regional Health Bureau also informed the Commission that the Ministry of Health and the Ministry of Finance, as of the time of the monitoring, had yet to release funds secured from international partners for the support of the regional health system. In addition to the various challenges posed by the budget constraint, Mekelle and Abi Addi hospitals were unable to serve meals to in-patients.

Conclusion

74. The situation of health in the region remains concerning. Despite moderate progress following the Peace Agreement, the regional health system had not recovered from the effects of the conflict. Hospitals and health centres in areas monitored by EHRC required urgent reconstruction of damaged facilities, as well as provision of medical equipment, medical supplies, and pharmaceuticals. Reducing child and maternal mortality rates exacerbated by the humanitarian crisis requires urgent intervention both by the federal and regional government as well as all stakeholders.

5.4. Right to Education¹²

Introduction

75. The regional educational system sustained extensive damage and looting during the conflict. Even though the TIRA, Ministry of Education, and international partners made commendable efforts to resume education after the Peace Agreement, significant obstacles remain which requires concerted intervention by all stakeholders to send all children back to schools, and to create a conducive environment for learning, including by improving access to educational material and providing trauma counselling to both students and teachers.

Key Positive Developments

76. Following the Peace Agreement, education in the Tigray region resumed in May 2023. The Regional Education Bureau stated that schools were cleared of mines and Improvised Explosive Device (IEDs) prior to the start of school.
77. The Regional Education Bureau applied an accelerated teaching method to compensate for classes missed in the last three years through an approach known as 2-4-4 strategy by dividing one year into four periods to teach two years of education in one year. Such strategies are common in post-conflict communities and promote access to education in an accelerated timeframe for students who missed their studies due to conflict and crisis.
78. At the time of monitoring governmental and non-governmental organizations were actively supporting the resumption of education. EHRC observed that several national and international organizations including were providing school materials to several schools through the Regional Education Bureau. One organization also funded the maintenance of damaged classrooms and other infrastructure at Dengolat Primary School and donated tables, chairs, and black boards.
79. The Commission also observed school feeding programs running in Chamo and Guya elementary schools in Kola Tembien Woreda with funding from WFP and humanitarian support.
80. According to information received from TIRA, salaries were paid to all government employees, including those in the education sector since December 2022.

¹² EHRC monitored the right to education in the North-Western, Central, Southern, South-Eastern zones and Mekelle City. The Commission visited Adwa, Axum, Rama and Inticho from 19-29 July 2023; Shire, Central Adiyabo, Tahtay Adiyabo, Sheraro, Mekelle City and Kola Tembien woreda of the Central Zone from 7-18 July 2023; as well as Maichew, Endamehoni, Salawa-Bora, Mehoni (Raya-Azebo), Addi Shehu and Ambalaje woredas in Southern Zone and Hintalo, Adi Gudom, Seharti-Gijet woredas in South Eastern Zone between 19-30 July 2023.

Main Areas of Concern

81. According to information obtained from the Regional Education Bureau, nearly 400 schools in the Western, Southern, and North-Western zones of the region remained inaccessible as the areas were not under the control of the TIRA. Of a total of 368 schools in Southern Tigray, classes resumed only in 174 schools in those parts of the Zone under the control of the TIRA. EHRC received information that in parts of Southern Zone under the control of Amhara forces, school had resumed since December 2022. However, the Commission is unable to confirm if education has resumed in 99 schools in Western Tigray as well as some schools in Irob Woreda.
82. In areas under TIRA control, extensive damage to school infrastructure and the lack of adequate educational supplies have challenged the full and effective resumption of education. EHRC monitored schools in Abi Addi town and Guya Kebele of Kolla Tembien Woreda, where looted or destroyed ICT equipment, libraries, laboratories, and office material await repairs and replacement.
83. Dropout rates at schools pose a challenge to education in the region. The Regional Education Bureau stated that a significant number of students are dropping out of school after registration. Abi Addi Town Education Bureau stated that nearly 2000 students dropped out before finishing the academic semester mainly for economic reasons as students' families were unable to feed their children. Teachers in Southern Tigray who spoke to EHRC stated that some students passed out in classrooms from hunger while others were forced to drop out. The conflict also led to a rise in children with disabilities who require reasonable accommodation measures to be able to return to school. The situation was even more concerning in IDPs shelter sites where only very few students were pursuing their education due to lack of humanitarian assistance. One school administrator interviewed by the Commission said:

'The government should have done a lot of work before ordering us to reopen schools. There is no enabling environment to start education. We are only attempting to keep them in school because it is better that students spend their day at school than elsewhere.'

84. The continued use of some of the educational facilities to shelter IDPs is also a challenge. For example, one elementary school and a technical college in Abi Addi, Addi Haki High School and Addi Hawis Elementary School in Mekelle as well as Alem and Fenkil primary schools, Hayelom Araya Secondary School and Maichew Polytechnic College in Southern Tigray Zone were hosting IDPs at the time of monitoring and were therefore unable to resume their regular school operation. Alem Primary School had resumed education with school children using classrooms during the day and IDPs sleeping in the same classrooms at night.

85. Regional authorities informed the Commission that there was a significant shortage of teachers and students reporting back to schools in comparison to pre-conflict numbers. Of a total of more than 230,000 students before the conflict in Southern Tigray Zone, only 70,000 returned to schools at the time of monitoring while only 3,152 of 7,351 teachers reported back to work. Administrators of the South-Eastern Zone reported a similar situation. The main causes cited by school administrators include displacement of teachers and students, loss of bread winners during the war necessitating students to work, as well as extensive trauma suffered due to the conflict.
86. The regional school system also reported shortage of textbooks and teaching material. TIRA education officials also noted that the federal government had not yet sent the newly published learning materials to the region. EHRC also observed that Kola Tembien Woreda Guya Kebele High School and Abi Addi primary and secondary schools did not have adequate student textbooks and teaching materials.
87. Security concerns, particularly in locations close to areas under the control of Eritrean forces reportedly prevented children from going to school. TIRA officials in Rama Woreda stated that insecurity and apprehensions about possible attacks have resulted in low student attendance.
88. Psychosocial support, refresher courses, and trauma recovery schemes had not been provided to teachers, and students who suffered trauma as a result of the conflict. School administrators told the Commission that there were several teachers and students who were unable to return to school because they suffered Post Traumatic Stress Syndrome (PTSD). Interviewees and the leadership at the regional, woreda and school levels stressed the need for refresher courses for teachers and psychosocial support both for students and teachers.

Conclusion

89. The regional education system has suffered extensive damage and looting as a result of the conflict. While commendable efforts have been made to resume education after the Peace Agreement by the TIRA, Ministry of Education, and international partners, significant challenges remain that require urgent attention from all relevant institutions and stakeholders to return students to schools, to create a conducive environment for learning including by improving access to educational material, and provision of trauma counselling both to students and teachers.

5.5. Forced Displacement¹³

Introduction

90. The Commission found that reports of mass forced displacement have significantly decreased after the Peace Agreement. However, isolated instances continue to be reported particularly from areas under the control of Amhara forces and the EDF. Regional authorities have reported that in February 2024 for eg, they have registered 12,000 new IDPs arrivals from some of these areas. Further investigation into reports of ethnically targeted arbitrary detentions, threats, and harassment in areas outside the control of the interim administration is required including by federal authorities.

Key Positive Developments

91. At the time of monitoring, TIRA authorities in South-Eastern and Central zones reported no new incidents of mass displacement after the signing of the Peace Agreement.

Main Areas of Concern

92. Some cases of forced displacement continue to be reported particularly from North-Western, Western and Southern zones of the region currently under the control of Amhara and Eritrean forces.
93. Isolated incidents of attacks, looting, and enforced disappearances of ethnic Tigrayan civilians continue to be reported mainly in Alamata and Korem woredas of the Southern Zone and Kafta-Humera, Tsegede, Welkait of the Western Zone by Amhara forces. Further investigation by EHRC into these reports is required. Families and individuals fleeing such reported attacks have arrived in IDP shelter sites in areas under the control of the TIRA after the signing of the Peace Agreement.
94. Following the Peace Agreement, some IDPs had returned to their residences which were still under the control of Amhara forces. For example, in January 2023, a few IDPs who decided to return to Southern Tigray were again displaced after experiencing what they described as ‘arbitrary detention, threats, and harassment’ by the local authorities.
95. IDPs and TIRA officials interviewed by the Commission during the monitoring period indicated that residents of the six woreda administrations currently under the control of Amhara forces continue to face arbitrary detentions and ethnically targeted harassment. For example, in July 2023, 75 residents of Korem Woreda were reportedly arrested by authorities for travelling into TIRA controlled

¹³ EHRC monitored reports of forced displacement after the signing of Peace Agreement, particularly from areas outside the control of the TIRA through interviews with IDPs in North-Western, Southern, South-Eastern zones and Mekelle City.

Maichew Town to procure fertilizers and seeds. Similarly, IDPs interviewed by the Commission stated that 76 women of ethnic Tigrayan origin were detained for 15 days in Alamata Town. Such ethnic based harassment and detention reportedly forced several civilians into displacement in Maichew and Mehoni towns. IDPs in Alem Primary School told the Commission that 36 persons had been displaced to Maichew from Korem Woreda including three families who had arrived in Maichew fleeing reported harassment based on allegations that they had ‘passed information [to TIRA]’.

96. The Commission also spoke with three victims of forced displacement who had initially been displaced in October 2022, but opted to voluntarily return in January 2023. However, they were forced to flee again after suffering arbitrary detention, threats, and harassment. One of them, a 45-year-old person with a disability, told the Commission:

“I went back on 17 January 2023. The next morning, the local kebele administrator came to my home with police officers and accused me of calling for the withdrawal of the Amhara, supporting the ‘junta’ and providing food to the Tigray Forces. I was detained for a month without appearing before a court. When I was released on the 18th of February, I left my wife and three children behind and fled back to Maichew’.

97. During the monitoring period, EHRC also received reports of flyers being distributed in Alamata warning ethnic Tigrayan residents to ‘urgently leave or face the consequences. Although the Commission was unable to travel to Alamata, it spoke with IDPs from Alamata who had fled recently and maintained contact with family members. The Commission confirmed that flyers with a similar message had in fact been distributed by unknown people on the night of July 27, 2023. The Commission found that two days later, town administrators called a meeting of Tigrayan residents and informed them that the flyers did not come from the administration and that he did not know who was responsible. One resident of Alamata was confirmed to have fled to a nearby IDPs centre after the flyers were distributed.
98. The Commission’s monitoring in North-Western Zone also revealed that isolated incidents of forced displacement continue to occur. IDPs from Mai Tsebri town in Western Tigray told the Commission that continued harassment, and arbitrary detention targeting ethnic Tigrayans continued to drive forced displacement. Similarly, North-Western Zone officials informed the Commission that looting, detention, kidnapping, and even allegations of killings by Eritrean forces against residents of Tahtay and Central Adiyabo as well as surrounding areas forced some residents into displacement. The Commission was not able to verify these allegations.
99. EHRC also carried out monitoring work in Rama town which was under Eritrean control for up to 6 months after the Peace Agreement (May 2023) and did not find cases of forced displacement.

Conclusion:

100. Isolated instances of forced displacement continue to be reported particularly from areas under the control of Amhara and Eritrean forces. Except for a few isolated incidents the Commission has not been able to verify the other allegations due to lack of physical access to the locations and corroborating evidences. However, reports of ethnically targeted arbitrary detentions, threats and harassment which reportedly drive forced displacement warrant further investigation including by federal authorities.

5.6. Conflict Related and Other Sexual and Gender Based Violence¹⁴

Introduction

101. Most of the recorded cases of SGBV in the region occurred before the Peace Agreement. However, some cases of SGBV were reported by victims arriving from areas under the control of EDF and Amhara forces. Many of the survivors faced critical shortages of medical, psychosocial, legal and rehabilitative services. Survivors also faced stigma from the community which led many to refrain from reporting violations and from seeking medical care.

Key Positive Developments

102. Since November 2022, non-governmental actors have been providing assistance to hospitals and directly to survivors of SGBV. The cessation of hostilities has allowed many survivors to safely access medical and psychosocial care in cities like Mekelle and Shire. Humanitarian organizations have also started collaborating with women's associations in the region to raise awareness on SGBV.

103. The number of one-stop centres for survivors of SGBV has increased from five in 2021 to seven at the time of this monitoring. Two of the one-stop centres are in Mekelle while the remaining five are in different zones. Regionally, at the time of the monitoring, there were only two victim's safe houses in Mekelle and Adigrat. The number of SGBV survivors registering and obtaining services at these centres has increased. Services being provided by these centres have also shown relative improvement in quality.

¹⁴ EHRC monitored conflict related and other sexual and gender-based violence SGBV in Tigray in North-Western, Central, Southern, South-Eastern zones and Mekelle City. The Commission visited health centres and interviewed IDPs, residents and TIRA officials in Adwa, Axum, Rama and Inticho from 19-29 July 2023; Shire, Central Adiyabo, Tahtay Adiyabo, Sheraro, Mekelle City and Kola Tembien Woreda in the Central Zone from 7-18 July 2023; as well as Maichew, Endamehoni, Salawa-Bora, Mehoni (Raya-Azebo), Addi Shehu and Ambalaje woredas in Southern Zone and Hintalo, Adi Gudom, Seharti-Gijet woredas in South Eastern Zone between 19-30 July 2023.

Main Areas of Concern

104. EHRC faced challenges in obtaining reliable disaggregated data regarding conflict related and other SGBV due to the reluctance of regional and zonal authorities to share disaggregated information including the total count of survivors and to grant access to survivors for interviews and visitation of medical facilities such as one-stop service centres. Some regional and zonal level agencies of the TIRA, however, did provide information including disaggregated data.
105. Most of the recorded cases of SGBV in the region occurred before the Peace Agreement. However, cases of SGBV including rape of women and girls were reported by survivors arriving from areas under the control of EDF and Amhara Forces. North-Western zone officials also informed the Commission that after the Peace Agreement, new cases were reported by survivors arriving from Sheraro, Asgede, Tsimbla, and Mayhasen. Suhul Referral Hospital's one-stop centre and the North-Western Zone Women's Affairs Bureau reported that the number of survivors visiting health centres increased from 894 between November 2020 and August 2022 to 929 since September 2022 (2015 E.C.). Local officials further informed the Commission that of the total number of SGBV survivors who accessed medical and psychosocial services within the zonal administration over the past three years, 180 of them were children, 441 were pregnant, 422 had abortions, and 422 tested positive for HIV and other Sexually Transmitted Infections (STIs). These reports and figures could not be independently verified by the Commission because it was not granted access to victims or witnesses nor allowed to visit one-stop centres.
106. The Commission was informed that the identification of SGBV survivors is facilitated through a referral system involving the women's and social affairs sectors. Medical staff and TIRA officials interviewed by EHRC stated that the reporting mechanism employed by the one-stop centres is both secure and confidential.
107. Medical and psychosocial care provided to survivors through hospitals and one-stop centres was overstretched. Key challenges include lack of trained medical and psycho-social professionals, and acute shortage of medical and pharmaceutical supplies. Budget constraints also prevent medical centres from providing food, water, shelter, clothing, and sanitary kits to survivors. The lack of medical equipment also created challenges in the proper diagnosis and treatment of STIs. There was also a prevalent shortage of shelters and recovery centres for victims of SGBV. Survivors with chronic illnesses who were referred to other hospitals for operations were forced to wait long periods. At the time of monitoring, the support provided to these one-stop centres by the TIRA and the federal government was inadequate or, as in the case of the centre in Shire, non-existent.
108. According to information obtained from the Women's Association of Tigray, the majority of SGBV survivors in the region have no access to one-stop centres and

victim's safe houses. Survivors were forced to travel to nearby towns for treatment, but most of them were not able to access the services due to financial constraints or lack of awareness about the existence of the services particularly women living in rural areas.

109. Stigma and discrimination against survivors of SGBV was prevalent within the community especially in IDP sites. IDPs interviewed by the Commission have reported incidents where husbands divorce their wives after learning that they had been sexually assaulted during the conflict. Furthermore, in rural areas, survivors face stigma and discrimination from their communities, often blamed for their attack. This has resulted in a situation where survivors refrain from reporting their attack and seeking medical treatment.

Conclusion

110. Full access to adequate medical, psychosocial, legal, and rehabilitative services remains out of reach for many of the SGBV victims and survivors. While most of the violations were committed during the conflict, there were new incidents being reported after the Peace Agreement particularly from areas under the control of EDF and Amhara forces. At the time of monitoring, the regional health system was not equipped to provide adequate care to victims as many health centres were looted and destroyed during the conflict and did not have sufficient basic medical supplies, health care professionals, and other supplies. Survivors also faced stigma from the community which has led many to refrain from reporting violations and from seeking support. There is need for urgent intervention and support by the TIRA, the federal government, and international actors to enable the healthcare system to provide adequate support for survivors of SGBV.

5.7. Unlawful and Extra-judicial killings¹⁵

Introduction

111. EHRC interviewed recently displaced IDPs and TIRA authorities on reports of extra-judicial killings of civilians in areas which are not under the control of TIRA.
112. The signing of the Peace Agreement led to the cessation of hostilities resulting in a significant improvement in the protection of civilians including decrease in reports of unlawful and extra-judicial killings; particularly in areas currently under the control of the TIRA.

¹⁵ The Commission collected information from IDPs and local administrators in the five zonal administrations particularly in Adwa, Axum, Rama, Inticho Shire, Central Adiyabo, Tahtay Adiyabo, Sheraro, Mekelle city, Kola Tembien Maichew, Endamehoni, Salawa-Bora, Mehoni (Raya-Azebo), Addi Shehu and Ambalaje Hintalo, Adi Gudom, Seharti-Gijet woredas in South-Eastern Zone between 7-30 July 2023.

Key Positive Developments

113. Residents and the TIRA officials interviewed by EHRC note that reports of unlawful and extra-judicial killings have significantly decreased after the Peace Agreement.

Main Areas of Concern:

114. EHRC has confirmed that at least two instances of extra-judicial killings have been committed against ethnic Tigrayans in Mai Tsebri and its environs under the control of Amhara forces. On July 9, 2023, two persons who had been displaced from Humera (one male and one female) were killed, in Laelay Tselemti woreda of North-Western Zone Addi Daebat. Another 40-year-old IDP from Western Tigray was also killed at a location called Mai Teklit Gediba.

115. Following reports received during the monitoring mission, EHRC carried out a separate human rights investigation into the allegations of killings, physical injuries, and looting by Eritrean forces in Mariam Sheweto. EHRC found that a week before the Peace Agreement, on 25 October 2022, as the peace talks were starting between the Federal Government and the TPLF in Pretoria, South Africa, the EDF took control of Mariam Shewito, Soloda, Selam Endabagerima and Gendebta Kebeles of Adwa Woreda in Central Zone of Tigray, and committed extrajudicial killings, SGBV as well as pillage and looting. This incident falls outside the scope of this monitoring report, but EHRC has extensively documented the Mariam Shewito incident.

Conclusion

116. The signing of the Peace Agreement led to the cessation of hostilities and a significant improvement in the protection of civilians. However, EHRC has found that isolated cases of extra-judicial killings have been committed by Amhara forces in a few areas of the region under their control after November 2022. These and other reports of extra-judicial killings require serious attention by both the federal and regional governments to ensure accountability and redress for victims.

5.8. Law Enforcement and Rights of Detained, Arrested and Convicted Persons¹⁶

Introduction

117. Encouraging results have been achieved in the re-operationalization of both prisons and police services. However, damage and looting of police stations and prisons in the region as well as shortage of human resources continues to be a challenge to full functionality. In several of the police stations and prisons monitored, the Commission found that there were cases of inhuman and degrading treatment, arbitrary and unlawful detentions. Some cases of beatings, during arrest and as punishment during detention, or cases where detainees were kept handcuffed, as well as some cases of abuse which may constitute torture, and inhuman and degrading treatment, and arbitrary and unlawful detentions are practiced by some law enforcement agencies. Basic services and supplies such as food, water, and medical treatment were also inadequate.

Key Positive Developments

118. In all areas monitored by EHRC, the local police force resumed operations and many police officers had returned to work. Efforts were also underway to address human resource limitations by recruiting former combatants into the police force following a one-month training program. Police stations and community policing centres were also operationalized.
119. The TIRA has earmarked some budget for police stations since December 2022. The allocated budget and contributions from other executive organs of the TIRA facilitated the procurement of a limited number of computers and other office equipment. Salaries of police officers were also paid since December 2022.
120. In most police stations monitored, the Commission noted that regular records of detainees were maintained. Female detainees were kept separately from male detainees and most police detention centres permit visitation seven days a week.
121. At the time of monitoring, the provision of food to detainees in police custody was highly irregular. However, some police stations provided meals to detainees through budget allocations from the TIRA and/or contributions from the community.
122. Eight of the ten prisons in the region had resumed operation after the Peace Agreement while two prisons were outside areas currently accessible to the TIRA. The interim administration had allocated a small budget for prisons. Most prison staff had also resumed work and salaries had been paid since December 2022.

¹⁶ EHRC monitored the resumption and human rights compliance of police and prison services in the North-Western, Central, Southern, South-Eastern and Mekelle cities of the Tigray Region from 7 to 30 July 2023. Information was collected through interviews with police and prisons officials, detainees, arrested and convicted persons and through field observations by visiting police detention centres and prisons.

123. Some prisons monitored resumed the provision of thrice daily meals to prisoners. For example, at the time of the monitoring, Mekelle Prison had been providing 8 loaves of bread for each inmate per day. The TIRA had allocated a daily budget of 53.45 birr per day per inmate since June 2023. In addition, families of inmates were allowed to provide food for prisoners without restriction.
124. In relation to the conditions of the infrastructure and facilities of prisons, a damage assessment of all prisons in the region was conducted and the findings were disseminated to the relevant governmental organizations including the Federal Prison Administration and other non-governmental organizations.
125. Institutions such as EHRC, ICRC, and prosecutors from the regional justice bureau were granted access to visit prisons. Visits by family members was also allowed.
126. Some prisons had also operationalized their clinics. For example, at the time of monitoring, the Maichew Prison had three nurses, four health officers and one pharmacist. The clinic, however, provided limited medical service to prisoners.

Main Areas of Concern

Full Resumption of Police Services

127. Despite the return of many former police officers to work following the cessation of hostilities, several zonal police departments noted that they still lacked the necessary human resources to fully resume their crime prevention and investigation mandates. To compensate for the lack of trained police officers, former Tigray forces combatants were recruited into the police force. However, the total number of police officers in deployment remained inadequate at the time of monitoring.
128. Most police stations had insufficient basic equipment and supplies to resume full functionality. Several police stations monitored by the Commission had been looted during the conflict and did not have tables, chairs, and other office equipment.

The Rights of Detained and Arrested Persons

129. Some cases of beatings, during arrest and as punishment during detention, or cases where detainees were kept handcuffed, as well as some cases of abuse which may constitute torture, and inhuman and degrading treatment, and arbitrary and unlawful detentions are practiced by some law enforcement agencies. Some detainees were handcuffed for extended periods of time as a means of preventing escape or as punishment for offences during custody. For example, one detainee in police custody in Mehoni Woreda Police Station in Southern Tigray Zone had been handcuffed continuously 24 hours a day for two months and had festering wounds on his wrists as a result. Police commanders denied that torture and inhuman treatment is committed by officers and where such instances were

- reported, police could not provide any information about actions taken such as investigations, and examples of officers held accountable for such violations.
130. Despite the resumption of courts and prosecution services in several zonal administrations, arrest without court warrant and failure to produce suspects before courts within 48 hours of arrest were commonplace. For example, in Southern Zone, the Commission found that some detainees had not appeared before a court for up to three months after their arrest despite nearby courts being in service. Another detainee told the Commission that he was only questioned by the police after two weeks and brought before a court twenty days after his arrest.
 131. The closure of courts and justice bureaus in other locations also posed challenges to the protection of detainees' rights in locations such as Inticho in the North-Western zone. In Seharti-Gijet Woreda Police Station of the South-Eastern Zone, the Commission found one detainee who had been arrested in May 2021 for "collaborating with the enemy" under a wartime regional state of emergency command post regulation and was still in remand for more than two years.
 132. Most of the police detention centres monitored were overcrowded and unsanitary. For example, in Shire, up to 42 detainees were kept in a small 3x4 meters cell, while in Sheraro, Tahtay Adiyabo, Addi Daero and Addi Hageray police stations, comparably sized cells housed up to 17 detainees. The lack of adequate police force to secure detention centres was also cited by the police as a reason to restrict movement outside cells, as in the case of prisoners in Mehoni Police Station, detainees were only allowed three 30 minutes breaks out of their cells daily and were forced to spend more than 22 hours a day locked inside overcrowded and inadequately ventilated cells. Detention centres also lacked basic provisions such as mattresses forcing detainees to sleep on bare floors, pieces of clothing, and mats.
 133. At the time of monitoring in July 2023, while most police stations did maintain records of each person in their custody, this was not the case for all police detention centres such as Shire Police Station.
 134. The provision of food and water to detainees was also inconsistent across police stations monitored in July 2023. Detainees in Maichew, Hintalo and Gijet police stations received two meals a day while those in Mehoni Police Station did not receive any food from the detention centre and relied on food provided by family members.

Prisons

Resumption of Operations

135. Most prisons in the region were damaged and looted during the war. Damage assessment conducted by the Regional Prisons Commission placed the cost of damages and looting at 458 million Birr. Prisons monitored by the Commission did not have basic office equipment such as desks and chairs for administrative staff. In the Mekelle Prison, the Commission observed that most of the prison's vehicles, equipment, and machinery used for vocational training were destroyed or looted and have yet to be replaced or maintained. The prison's elementary and high schools were out of service because the necessary material was damaged. The vocational training centre and primary school within Adwa Prison were also not operational due to looting and destruction of chairs, tables, machinery, transformers, and classrooms.

Prisoners' Rights

136. Damage and looting sustained by the region's prisons has significantly impacted the provision of basic services to prisoners. None of the prisons monitored by the Commission were provided adequate bedding, mattresses, and blankets as a result of which prisoners had to sleep on bare floors or mats.
137. At the time of monitoring, overcrowding was also a major concern in all prisons. Prisoners informed the Commission that due to overcrowded cells and inadequate ventilation; they were at high risk of contracting communicable diseases. In Maichew Prison, only three of the available rooms were used to house prisoners because the prison administration claimed not to have adequate staff to secure all cells. This led to more than 90 prisoners being kept in one cell.
138. The provision of food and water to prisoners was inconsistent. For example, Shire Prison did not provide any food and water to prisoners, depending instead on donations and support from the local community to feed prisoners. The prison administration stated that it hoped to receive the allocated budget of 54.33 Birr per prisoner starting from July 2023 after which it would be able to start providing food and water to prisoners. In a follow-up, EHRC confirmed that the budget was released to the Prison Administration. In Maichew, the prison provided three meals a day to prisoners albeit of poor quality and nutritional value. Prisoners told EHRC that they were unable to buy their own food as there is no cafeteria within the premises of the prison. All prisons monitored permitted the provision of meals by family members to prisoners. None of the prisons monitored provided special meals to prisoners with special dietary needs based on medical or religious grounds.
139. Some cases of beatings, during arrest and as punishment during detention, or cases where detainees were kept handcuffed, as well as some cases of abuse which may constitute torture, and inhuman and degrading treatment, and arbitrary and

unlawful detentions were reported in all prisons monitored except Shire. Prisoners informed the Commission that since the prisons were staffed mostly by former Tigrayan combatants who lack appropriate police training including on human rights and treatment of prisoners, detainees were often subjected to beatings, ill treatment and handcuffing for extended periods of time as a form of punishment.

140. The provision of medical care to prisoners was also highly inadequate or non-existent as the prisons monitored by EHRC provided only the most basic medical care through clinics within the prison facilities. Prison clinics lacked health care professionals, medical equipment, and pharmaceuticals. Prisoners requiring medical care outside the prison grounds were permitted to obtain medical care at their own expense and were provided escorts to health centres. However, at the time of monitoring, inmates in Mekelle Prison informed the Commission that they were not permitted medical treatment outside the prison and that three prisoners died from illnesses in the prison since November 2022. Prisoners requiring medical treatment outside Maichew Prison were required to cover the travel cost of their prison escort and pay for their own treatment and prescriptions.
141. Prisoners charged with or convicted under the wartime regional state of emergency laws in Mekelle, some of whom were arrested after the Peace Agreement told to the Commission that they face discrimination such as denial of medical care and communication with their family members. The regional state of emergency laws do not comply with international human rights standards, the Ethiopian Constitution, and the Criminal Code of Ethiopia as they violate due process rights and impose unjustifiably long sentences. At the time of monitoring, prisoners convicted under these state of emergency laws for ‘collaborating with Eritrean forces’ in Shire have also been denied pardons issued by the TIRA while those convicted for collaboration with the federal government and ENDF were released.
142. Notwithstanding the restrictions placed on those convicted under wartime laws, prisons in Mekelle, Adwa, and Shire allowed visitations seven days a week. However, at the time of monitoring prisoners were not permitted to make phone calls. In all prisons monitored, male and female prisoners were kept separately. However, juveniles and adults as well as convicted prisoners and pre-trial detainees were not separated. In Mekelle and Adwa prisons, prisoners with communicable diseases were not kept separately from the general prison population. Female prisoners were not provided sanitary pads and reasonable accommodation measures were not provided for prisoners with psychosocial disabilities.

Conclusion

143. A consultation on the findings relating to places of detention was conducted in November 2023 with relevant prison and police station authorities of the region. Developments between the period of July and November 2023 do not form part of this report and will be part instead of the Commission’s regular monitoring work. Rebuilding the law enforcement agencies of the region has been a priority for the TIRA and considerable progress has been made so far in operationalizing these institutions. However, regional courts, justice bureaus, police and prisons administrations still face major challenges in protecting human rights and upholding the rule of law. The recruitment of former Tigray forces combatants into the regular police and prisons services with inadequate training also poses a threat to protection of the rights of detainees and arrested and convicted persons. Rebuilding the institutional capacities of the justice and security sector institutions of the TIRA requires urgent attention by the federal government and other relevant stakeholders to expedite their full functionality and to improve human rights protection.

6. Recommendations

The monitoring mission to Tigray has highlighted that the protection of human rights and the alleviation of the humanitarian crisis in the region requires urgent and coordinated intervention by all stakeholders including the TIRA, the Federal Government and international partners. Below are recommendations to address identified concerns:

A. Tigray Interim Regional Administration and the Federal Government:

1. Scale up humanitarian assistance and improve coordination among the two levels of government and with international humanitarian partners for effective distribution;
2. Strengthen measures and put in place systems to ensure that humanitarian assistance reaches only intended recipients, prevent, and hold to account the diversion and theft of humanitarian assistance;
3. Support coping mechanisms to ensure sustainable availability of essential supplies by facilitating local production, extension services, and restoration of security to limit long-term dependence on humanitarian assistance;
4. Redouble efforts, in collaboration with international partners, to facilitate the full functionality of all healthcare facilities in the region by mobilizing additional financial and technical support through reconstruction, maintenance, supply of medical and logistical equipment, pharmaceuticals and professionals;

5. Prioritize the supply of life-saving medication including for malnutrition in children, health care for pregnant and lactating women, essential medication for serious illnesses such as HIV, tuberculosis, diabetes, and cancer;
6. Facilitate the work of community networks, local women's organisations, civil society, humanitarian institutions, and other actors involved in providing multisectoral services to survivors of SGBV;
7. Ensure the full resumption of education at all levels. Mobilize resources and enhance coordination with international partners to rebuild and maintain schools and supply of educational materials;
8. Expand school feeding initiatives for increased enrolment and sustained attendance in schools;
9. Facilitate durable solutions such as return, resettlement, and reintegration of IDPs;
10. Prioritize the provision of psychosocial support and trauma healing including to survivors of SGBV.
11. Ensure that all IDPs have received appropriate basic civil documents such as personal identification cards to facilitate their rights to freedom of movement, work, and access to humanitarian assistance as well as social services;
12. Expedite the full resumption of policing and prison services including through the allocation of additional resources for the adequate training of new officers before deployment; and
13. Conduct prompt, comprehensive, and effective investigations into reports of torture and inhumane treatment in places of detention, and instances of unlawful and arbitrary detention.

B. Federal Government and the Amhara Regional State:

1. Facilitate urgent access to Western, Southern and parts of North-Western Tigray region for humanitarian organizations and human rights bodies including the EHRC and OHCHR and facilitate their unimpeded operation; and
2. Conduct prompt, comprehensive, and effective investigations into reports of forced displacement, extra-judicial killings, SGBV, and unlawful and arbitrary detentions.

C. International community, including the UN and Ethiopia's bilateral and multilateral partners:

1. Enhance cooperation with the TIRA and the federal government to mobilise and scale up humanitarian aid to meet the urgent needs of IDPs and vulnerable groups, and to prevent the diversion and theft of aid;
2. Enhance assistance to government efforts to address and redress SGBV such as the equitable provision of multi-sectoral SGBV services for survivors including IDPs in the region;

3. Mobilize and scale up assistance to the regional health sector through the reconstruction and maintenance of damaged facilities, and the maintenance and supply of medical and logistical equipment and pharmaceuticals; and
4. Mobilize and scale up assistance to the regional education sector through reconstruction and maintenance of damaged facilities, maintenance and supply of education material, and resumption of school feeding initiatives.