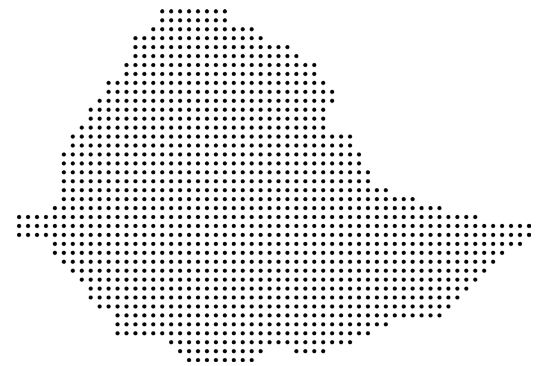


WOMEN, ADOLESCENTS, GIRLS, AND OTHER GROUPS FACING DISCRIMINATION ARE CRITICALLY UNDERSERVED IN THE TIGRAY HUMANITARIAN RESPONSE

JUNE 2021

IAWG CALLS ON THE INTERNATIONAL COMMUNITY TO ENSURE THAT THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS AND RIGHTS OF WOMEN, ADOLESCENTS, GIRLS AND OTHER GROUPS FACING DISCRIMINATION AFFECTED BY THE ONGOING VIOLENCE IN THE TIGRAY REGION OF NORTHERN ETHIOPIA ARE ADDRESSED.



Since 1995, IAWG - whose members include a diverse group of humanitarian organizations, sexual and reproductive health service providers, advocates, and UN agencies - has worked to ensure that essential, lifesaving and rights fulfilling sexual and reproductive health (SRH) services are a core element of the healthcare services provided in crisis-affected settings. As a global coalition of providers of and advocates for upholding sexual and reproductive health and rights (SRHR) in humanitarian settings, IAWG is gravely concerned for the safety, well-being, and rights of women, adolescents, girls and other groups facing discrimination impacted by the crisis in Tigray.

1

CONTEXT



In November 2020, hostilities erupted in Ethiopia's northernmost region of Tigray, home to the country's estimated seven million ethnic Tigrayans. Since November, reports on the humanitarian and human rights situation in Tigray have become increasingly dire with evidence of attacks on civilians and civilian infrastructure, including destruction and looting of health facilities and increasing cases of sexual and gender-based violence (GBV) against civilians.ⁱ Reports reveal that the number of displaced people has steadily increased in the region and confirm that an estimated two million are internally displaced peoples.ⁱⁱ In May this year, humanitarian agencies estimated that five million people in the region, or more than two-thirds of the population, were in need of emergency food supplies.ⁱⁱⁱ The UN Office of the Coordination of Humanitarian Affairs (OCHA) reported the same number of people have been without access to electricity, communications and other essential services for more than four months.^{iv} Reports of destruction of infrastructure and health care services suggested that only one in ten hospitals remain functioning, some of which are occupied by armed soldiers.^v



GENDER-BASED VIOLENCE

On March 22, 2021, multiple heads of UN agencies released a joint statement responding to reports of grave violations of international humanitarian and human rights law, including those related to sexual violence against civilians, a lack of access to services for the clinical management of rape, and a lack of accountability for perpetrators. The statement called for an immediate investigation by the UN Office of the High Commissioner for Human Rights into the conflict-related sexual violence in the region.^{VI} In April, the UN Special Representative on Sexual Violence in Conflict confirmed horrific stories of sexual violence perpetrated by armed combatants including the systematic use of rape and gang rape; holding women and girls captive for days and repeatedly assaulting them; targeting young girls and pregnant women; forcing family members to watch their mothers, daughters, wives, and sisters being brutally violated.^{VII} At least 22,500 survivors of sexual violence are estimated to be in need of care including clinical management of rape services, while only one percent of health facilities in the region have capacity to provide these services. As far back as March, only one facility in the Tigray region of Ethiopia was providing the full range of services for the clinical management of survivors of rape, and emergency contraception was only available in less than half of the facilities assessed.^{VIII, IX} In addition to being a serious human rights violation, sexual violence can also lead to increased rates of unintended pregnancy, unsafe abortion, maternal and neonatal death, miscarriage, premature labor, sexually transmitted infections (STIs) and mental health consequences for women, adolescents and girls.^X Corresponding rises of documented other forms of gender-based violence (GBV) including sex for survival, sexual exploitation and abuse (SEA) in the context of humanitarian aid, and child, early and forced marriage are also contributing to drastic increases in unmet SRH needs across the region.^{XI}

ACCESS TO ESSENTIAL AND LIFESAVING SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND SUPPLIES

Past humanitarian emergencies have shown that a lack of access to essential health services, including the proportionate prioritization of resources for SRH, leads to significant rises in avoidable mortality.^{XII} Denial of access to lifesaving and essential sexual and reproductive health services - including contraception, intra-partum care for labor and births, emergency obstetric and newborn care, post-abortion care, safe abortion care to the full extent of the law, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections - can lead to dramatically increased morbidity and mortality rates. This is particularly true for adolescents and girls and their babies who face increased risks associated with pregnancy and childbirth.^{XIII} Further, without access to contraceptives, including emergency contraception, unintended pregnancies and unsafe abortion will increase, contributing to further increases in maternal death and disability in humanitarian settings.^{XIV} It is estimated that more than 45,000 women in the Tigray region currently rely on access to contraceptives and 117, 846 women are currently pregnant, 13,094 who are expected to give birth in the next month, nearly 5,099 of whom will experience complications and will not be able to receive emergency obstetric care if services and supplies are not rendered accessible in the next months.^{XV} According to reports, only 17 percent of health facilities in Tigray are currently providing maternal services including ante-natal care and birth delivery.^{XVI}

IMPACT OF THE COVID-19 PANDEMIC

Due to COVID-19, the deprioritization and disruption of access to essential SRH services in humanitarian and fragile settings is already a reality, precisely at the time when women, girls and other populations facing discrimination need these services the most.^{xvii} The COVID-19 pandemic has disrupted regular supply chains and logistics networks for health care globally, causing delays at all levels in supply production and manufacturing; challenges with procurement; increased regulatory barriers impeding imports and exports; decreased availability of international and domestic transportation; and interruptions in delivery of commodities to the last mile.^{xviii} COVID-19 has negatively impacted and disrupted the availability of lifesaving SRH supplies, including the Inter-Agency Emergency Reproductive Health (IARH) Kits, that are essential to providing sexual and reproductive health services for people in crises situations. As the protracted crisis in Tigray intensifies, the COVID-19 pandemic continues to spread in Ethiopia with documented cases increasing dramatically since February 2021, with a current test positivity rate of 25 percent. Effective March 29, 2021, the Ethiopian Federal Attorney General Office, and the Ministry of Health, announced a new directive imposing stricter rules to mitigate further spread of the pandemic.^{xix} These restrictions have further impeded the ability of women, adolescents and girls to access essential and lifesaving SRH services and potentially put more women at risk of violence.

FUNDING

The global humanitarian community has allocated \$280 million to respond from the outset of the Tigray crisis yet significant funding gaps remain, particularly for services to address the unique and increasing needs of women, girls and other groups facing discrimination. The UN emergency funding released for the response in December 2020, for example, only allocated \$500,000 of the total amount to GBV programming and only \$1.5 million to SRH services.

3

CALL TO ACTION



As the UN Member States mobilize resources, it is imperative that donors prioritize the critical sexual and reproductive health needs and rights of women, adolescents, girls, and other groups facing discrimination. Humanitarian organizations must also consider utilizing unrestricted funds to prioritize sexual and gender-based violence (SGBV) wherever possible. We call on all actors to ensure unhindered access to life-saving humanitarian assistance and the protection of fundamental human rights. Decisive action and investment must be made to scale up the response to meet the fundamental rights and needs of women and girls and other groups facing discrimination in Tigray.

This includes the strengthening and scale up of the **Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations** - a set of priority interventions designed to save lives and avert preventable injuries, illness, and suffering, particularly among women, adolescents, and girls. This includes clinical, psycho-social, and other support for survivors of sexual violence, as well as unhindered access to comprehensive sexual and reproductive care.

IAWG echoes the calls from heads of UN agencies for an immediate independent investigation and information sharing around conflict-related sexual violence in the region and other abuses of civilians, particularly against women, adolescents and children, in coordination with the UN Special Representative on Sexual Violence in Conflict and in line with UN Security Council Resolutions, 1820 (2008), 1888 (2009), 1960 (2010) and 2106 (2013), 2122 (2013), 2242 (2015), and 2467 (2019).

DONORS SHOULD:

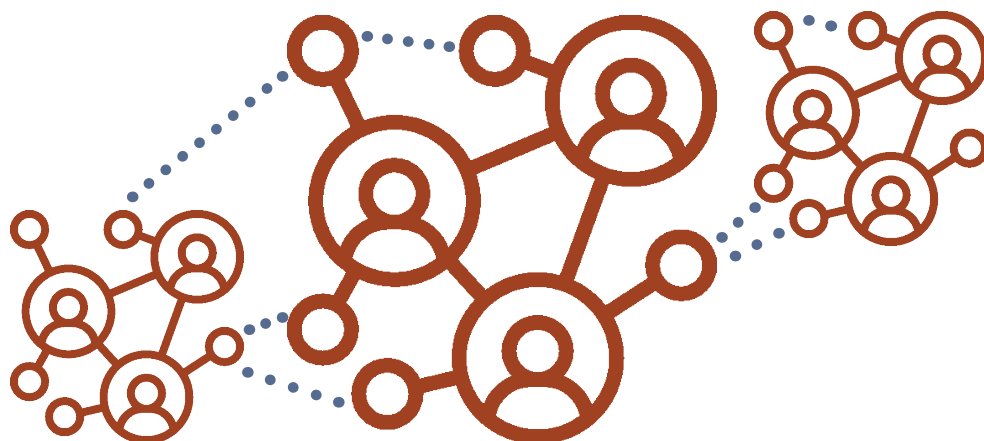
- Prioritize the urgent SRH and rights of women, girls, adolescents, and other groups facing discrimination within the upcoming Tigray Humanitarian Response Plan. This includes the strengthening and scaling up of the MISP.
- Provide adequate funding to ensure procurement, management, and distribution of all essential SRH and menstrual hygiene management commodities to those in need, including to support the procurement and distribution of Inter-Agency Emergency Reproductive Health kits.
- Support actors with capacity and experience in SRH and protection programming in humanitarian settings, and the deployment of additional capacity, to facilitate scale up of sexual and reproductive and protection service delivery, for women, girls, adolescents and other groups facing discrimination who remain disproportionately affected by the ongoing conflict.
- Increase support for the government and implementing agencies to improve quality of services and adherence to international standards and national protocols, including local staff training and capacity building, supervision, and mentoring.
- Provide funding for the provision of infection prevention and control measures and supplies, as well as Personal Protective Equipment (PPE) at health facility and community workers to ensure sexual and reproductive health and other essential services can be made safely available even as COVID-19 cases continue.
- Adequately resource local civil society organizations led by women, youth and LGBTQIA+ communities so they can take on leadership roles throughout the humanitarian-development-peace continuum.

GOVERNMENTS SHOULD:

- Ensure accountability for violations of sexual and reproductive health rights by meeting clearly established international obligations to provide non-discriminatory access to SRH services and care in all crisis situations and conflict and humanitarian settings in Ethiopia.
- Ensure that women, girls, adolescents and other groups facing discrimination affected by the Tigray crisis have unhindered access to available comprehensive SRH services including prevention, care and treatment of sexual violence of acceptable quality as defined by the MISP and inclusive of care for survivors of sexual violence. Appropriate transportation for referrals and healthcare services, including Emergency Obstetric and Newborn Care (EmONC), need to be made available 24/7.
- Ensure continued and unobstructed access to lifesaving SRH commodities to service delivery points, including the full range of short and long-acting reversible contraceptives, emergency contraception and safe abortion care to the full extent of the law.
- Ensure that justice and accountability efforts addressing sexual violence in the crisis, including reparations processes, must be rights-based, survivor-centered, inclusive, and non-discriminatory, and above all, they must avoid exacerbating the harm already done.

IMPLEMENTING AGENCIES SHOULD WORK CLOSELY WITH THE GOVERNMENT AND OTHER NATIONAL SERVICE PROVIDERS TO:

- Ensure that all essential clinical services for SRH remain available, including emergency obstetric and newborn care, in line with the MISp. This includes contraception, intrapartum care for all births, emergency obstetric and newborn care, post-abortion care, safe abortion care to the full extent of the law, clinical care for rape survivors, and prevention and treatment for HIV and other STIs. Risks of adverse outcomes from medical complications related to sexual and reproductive health outweigh the potential risks of COVID-19 transmission at health facilities.
- Immediately increase access to services for survivors of sexual violence including access to comprehensive post-rape care.
- Strengthen the capacity of service providers in implementing emergency SRH programming including the MISp, clinical management of rape, post- and safe abortion care, treatment of STIs and support continued treatment for those on ARVs, and Basic Emergency Obstetric and Newborn Care (BEmONC).
- Prioritize the procurement and logistics management of lifesaving SRH and GBV commodities to service delivery points, with a specific focus on speed and quality of health commodities.
- Immediately integrate and scale up SRH and GBV responses, providing case management and psychosocial response services.
- Invest in safe spaces for women, adolescents, girls and other groups facing discrimination which are critical to improving access to information around health and other services (psychosocial support and case management), and how to access those services.
- Ensure adolescent- and youth-friendly SRH services are available at health facilities and community distribution points. Targeted support and referrals for services to meet unique needs should be provided to the most marginalized and adolescents at increased risk.
- Ensure adequate amounts of essential SRH/menstrual hygiene management commodities at the point of service delivery through coordination and information sharing as well as procurement and distribution.



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