Physicians for Human Rights

Organization for Justice and Accountability in the Horn of Africa (OJAH)

Broken Promises

Conflict-Related Sexual Violence Before and After the Cessation of Hostilities Agreement in Tigray, Ethiopia

August 2023

Acknowledgments

Contents

This report was written by anonymous researchers from The Organization for Justice and Accountability in the Horn of Africa (OJAH) who cannot be named for their own safety, with Lindsey Green, MA, Senior Program Officer – Program on Sexual Violence in Conflict Zones, Thomas McHale, SM, Deputy Director – Program on Sexual Violence in Conflict Zones, Ranit Mishori, MD, MHS, FAAFP, Senior Medical Advisor, Rose McKeon Olson, MD, MPH, Associate Physician, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, and Payal K. Shah, JD, Director – Program on Sexual Violence in Conflict Zones.

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The research team would like to recognize the strength and resilience of the survivors whose experiences and stories are reflected within this data. Furthermore, we would like to commend and acknowledge the fortitude of the health professionals in providing services despite many adversities and also documenting these violations, often at grave risk to their personal safety.

About Physicians for Human Rights

Physicians for Human Rights (PHR) uses medicine and science to document and call attention to human rights violations. PHR was founded on the idea that physicians and other health professionals possess unique skills that lend significant credibility to the investigation and documentation of human rights abuses. In response to the scourge of sexual violence, PHR launched its Program on Sexual Violence in Conflict Zones in 2011 that has worked to confront impunity for sexual violence in the Central African Republic, the Democratic Republic of Congo, Ethiopia, Iraq, Kenya, Myanmar, and Ukraine. PHR has conducted research to understand the scale and scope of conflict-related sexual violence in a variety of conflicts and contexts including in Democratic Republic of the Congo, Kenya, Myanmar, and Sierra Leone. [55–58]

About Organization for Justice and Accountability in the Horn of Africa

The Organization for Justice and Accountability in the Horn of Africa (OJAH) is an independent and impartial organization dedicated to strengthening justice and accountability mechanisms in the Horn of Africa through evidence collection and preservation. The organization is on a mission is to deter war crimes, crimes against humanity, conflict related sexual violence and other severe human rights abuses across the Greater Horn of Africa. This is pursued through conducting documentation and investigations, advancing the environment for justice and accountability, preserving and analyzing materials, and supporting international justice and accountability actors and efforts.

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Cover: A woman walks in front of a damaged house which was shelled as federal-aligned forces entered the city, in Wukro, north of Mekele, on March 1, 2021.
Photo: Eduardo Soteras/AFP/ Getty Images

Executive Summary

The conflict in Tigray, Ethiopia between the government of Ethiopia and the Tigray People's Liberation Front (TPLF), with involvement from Eritrean military forces and numerous ethno-regional militia groups, has been marked by widespread conflict-related sexual violence. Reports of conflict-related sexual violence as a significant element of the conflict surfaced both before and after the signing of the Cessation of Hostilities Agreement (CoHA) in November 2022 by the government of Ethiopia and the TPLF.[1–3] This report – prepared by a joint research team composed of professionals with medical and public health training and expertise in Ethiopia and Physicians from Human Rights (PHR) – finds that, since the start of the conflict in November 2020 until June 2023, military actors have perpetrated brutal and widespread acts of conflict-related sexual violence in Tigray and that these acts have not ceased following the signing of the CoHA.

A medical and human rights research team reviewed 305 randomly selected medical records from multiple health facilities in Tigray, Ethiopia, with the goal of documenting types and patterns of conflict-related sexual and gender-based violence perpetrated against civilians in Tigray between November 2020 through June 2023. Of the 305 records reviewed, 304 records included reports of conflict-related sexual violence, overwhelmingly affecting women and girls, with survivors of conflict-related sexual violence ranging in age from eight to 69.

Key Findings

The medical records reviewed paint a stark picture of the systematic and widespread infliction of conflict-related sexual violence by government armed forces and militias. All parties to the conflict failed to prevent and halt conflict-related sexual violence and to ensure that survivors are able to report and seek care for the devastating injuries caused by these acts.

Sexual violence was often perpetrated by groups, and at times involved captivity and use of weapons.
Analysis of this data revealed that rape[i] committed by multiple perpetrators accounted for the majority of documented acts (76%; n=233), followed by rape committed by a single perpetrator (22%; n=68). The incidents examined in this review most commonly were carried out in groups, with a median of three perpetrators. It is noteworthy that there were 10 records in which patients reported experiencing captivity during the occurrence of multiple perpetrator rape, consistent with enslavement and sexual slavery. The incidents frequently involved perpetrators who used weapons or other forms of violence concurrently with sexual-violence acts. Several accounts also described the murder of family members, including children, before, during, or after rape.

Survivors identified perpetrators as largely belonging to Eritrean or Ethiopian armed forces.
Most commonly, survivors identified perpetrators as speaking the Tigrigna[ii] language (66%), which is spoken in both Eritrea and Tigray. Survivors also largely identified perpetrators as appearing to belong to military and paramilitary groups (96%) and were previously unknown to the survivors (99%). While not all records indicated the affiliation of perpetrators, in 143 instances survivors identified at least one perpetrator as being from the Eritrean military,[iii] which reportedly operated in alignment with Ethiopian government forces during the 2020-2022 conflict period.[8] 30 percent of perpetrators were identified as speaking Amharic. In 16 instances survivors identified perpetrators as being part of the Ethiopian military. More specific data about other identifying features (e.g., color of military uniform, insignia, identifying speech patterns such as accents) was not available in these records.

Survivors have serious health needs from conflict-related sexual violence, but face delays in reporting and seeking medical care.
The medical records reflect serious physical and psychological consequences of conflict-related sexual violence, both short- and long-term, including mental health issues such as post-traumatic stress disorder (PTSD) (13%) and depression (17%), unintended pregnancy self-reported by the survivor[iv] (8%), and reproductive organ injuries and disorders (11%), including urinary incontinence, fecal incontinence, abnormal uterine bleeding, uterine prolapse, chronic pelvic pain, and fistulas. Records show that in multiple instances conflict-related sexual violence may have resulted in pregnancy (27 percent of patients tested for pregnancy at the time of examination were positive[v]) or contraction of HIV (11 percent of patients tested for HIV were positive).

The data also showed significant delays in seeking medical care. There was a median period of five months between the reported incident and survivors presenting at health facilities. Although it is unclear what caused the delays (e.g., stigma, fear for one's safety, ongoing conflict affecting transportation and access to health facilities), such delays suggest an underreporting of cases of conflict-related sexual violence.

Conflict-related sexual violence is ongoing, even following the CoHA.
The medical records reviewed showed many instances of conflict-related sexual violence occurring after the November 2022 CoHA: 169 incidents of conflict-related sexual violence occurred before the signing of the CoHA in November 2022 and 128 incidents occurred after November 2022. The scale and nature of these violations has not materially changed since the peace agreement was signed, except for the notable fact that 95 percent of conflict-related sexual violence experienced by children and adolescents under 18 years old occurred following the signing of the CoHA.

Conclusions

The scale of cases, pattern of incidents, and description of perpetrators suggest that these incidents of conflict-related sexual violence were both widespread and systematic.[9,10] The findings of this investigation are consistent with other publicly available reports[11–14] and are indicative of the use of rape and other forms of sexual violence as a tool of war against civilian populations to terrorize communities and inflict grave harms.

This data points to the high likelihood that military forces, likely associated with the Ethiopian and Eritrean governments, have caused serious violations of human rights and committed atrocity crimes such as war crimes (e.g., torture and humiliating or degrading treatment, rape and sexual violence, sexual slavery) and crimes against humanity (e.g., persecution, torture, enslavement and sexual slavery, rape) as defined in the Rome Statute of the International Criminal Court and in international jurisprudence.[15] These violations have caused survivors significant harm, leading to an urgent need for medical and psychosocial support.

It is imperative that the international community actively ensure that perpetrators of these crimes and human rights abuses are held to account, and that survivors can receive both access to justice as well as necessary medical aid and reparations to support recovery and rehabilitation. Particularly in light of the deteriorating security situation in Amhara and concerns about atrocity prevention, it is critical to send a clear message that there will be accountability for human rights abuses.[16] The research findings unequivocally indicate that there is a need for ongoing independent monitoring and documentation to ensure survivors can report the abuses they suffered, have their experiences documented, and have evidence for accountability gathered in a timely manner and properly preserved.

Recommendations

While Ethiopia is mandated to undertake a transitional justice process under the terms of the CoHA, benchmarks for monitoring have yet to be released publicly and it is unclear whether accountability will be incorporated as of the time of publication of this report. The findings of our report point to past and ongoing involvement of forces aligned with the Ethiopian government in carrying out conflict-related sexual violence. Consequently, there is significant reason to doubt the credibility of investigations, documentation, and accountability and justice processes left solely to the oversight of the national government.[17] In light of these findings, which are being published as the risk of future human rights violations is increasing due to intensifying conflict in other parts of Ethiopia, there is an urgent need for international and regional action in addition to national efforts to ensure credible monitoring, documentation, investigations, prosecutions, and justice for the grave violations committed.[18,19]

This report is being released at a time when several independent investigative mechanisms seem likely to be closed, despite evidence of ongoing violence in violation of the CoHA and international human rights and humanitarian law. Following the CoHA, there have been serious concerns about the status of the UN International Commission of Human Rights Experts on Ethiopia (ICHREE) – the Human Rights Council-mandated mechanism for investigation and documentation of human rights violations and atrocity crimes in Ethiopia. The Commission is expected to provide a summary report to the UN Human Rights Council in September 2023, but there are strong indications that ICHREE's mandate may not be renewed beyond that time, in part due to pressure from the Ethiopian government to defer to national mechanisms including the CoHA-mandated transitional justice process.[20,21] Similarly, the Commission of Inquiry (COI) established by the African Commission on Human and Peoples' Rights to investigate violations of international human rights law and international humanitarian law and identify perpetrators for purposes of pursuing justice and accountability also faced opposition by the government of Ethiopia. The COI's mandate was recently terminated, prior even to the publication of a single report of its findings and recommendations.[22,23]

Based on the data presented in this report, Physicians for Human Rights and Ethiopian partners make the following recommendations to international, regional, national, and local actors:

1. Guarantee and support impartial documentation and accountability for serious human rights violations and atrocity crimes that have occurred;
2. Ensure unfettered, continued independent and impartial monitoring of and reporting on ongoing conflict-related sexual violence, including the situation of children and adolescents;
3. Ensure a credible and benchmarked transitional justice process that meaningfully responds to the perspectives and needs of survivors of human rights violations including conflict-related sexual violence; and
4. Facilitate access to physical and mental health services and other forms of rehabilitation for all survivors of conflict-related sexual violence, without discrimination.

To realize these recommendations, we call for the following measures by specific actors:

To the Ethiopian government and federal regional authorities:

- Rigorously and immediately implement all recommendations of the UN International Commission of Human Rights Experts on Ethiopia in their reports to the UN Human Rights Council (A/HRC/51/46);
- Cooperate fully with investigations by all UN, regional, local, and international non-governmental human rights monitors, including to ensure unrestricted access to all regions of Ethiopia and protection from reprisal for their work;
- Direct the Ministry of Justice and the Ethiopian Inter-Ministerial Task Force on Accountability and Redress of Violations to suspend, investigate, and bring to justice members of Ethiopia's armed forces who have overseen or participated in violations of international human rights law and international humanitarian law, including those violations and abuses that may amount to war crimes or crimes against humanity, in accordance with international and regional standards and national law;
- Ensure that survivors of sexual violence, and communities disproportionately impacted by sexual violence, are meaningfully engaged in designing transitional justice efforts, that they can participate without risk of retaliation, and that their perspectives, safety, and needs are prioritized;
- Allow unfettered access to humanitarian aid, including medical services, without discrimination, including to members of vulnerable populations and specifically survivors of conflict-related sexual violence; and
- Ensure appropriate redress and reparations for and provide free, timely, and adequate medical, psychosocial, and legal services to all survivors of conflict-related sexual violence without discrimination, fully respecting their privacy and ensuring their protection against reprisals.

To all parties to the conflict, including the governments of Ethiopia and Eritrea:

- Halt all forms of violence, including rape, enslavement and sexual slavery, and other forms of conflict-related sexual violence; protect civilians; and condemn sexual and gender-based violence, as mandated under international human rights law and humanitarian law as well as agreed to by the parties to the CoHA;
- Publicly condemn and issue orders to prevent and cease immediately all abuses, including all forms of sexual and gender-based violence, and facilitate investigation and prosecution of these abuses and justice for survivors;
- Exclude from any peace agreement the provision of amnesty or immunity for serious violations of international law; and
- Comply with the obligation of each party to a conflict to allow and facilitate the delivery of impartial humanitarian relief consignments for civilians in need of supplies essential to their survival.

To the international community:

- Actively support the renewal of the mandate of the International Commission of Human Rights Experts on Ethiopia (ICHREE);
- Ensure well-resourced, ongoing impartial, independent documentation of and public reporting on human rights and international humanitarian law violations since the onset of hostilities on November 3, 2020, including by supporting a succession plan for ICHREE should the mandate not be renewed. This includes a plan for preservation of evidence marshaled by ICHREE as well as the designation of a similarly empowered investigative mechanism;
- Promptly support the investigation of and accountability for those credibly implicated in serious rights abuses in Ethiopia under international law, including through universal jurisdiction;
- Condition non-humanitarian funding for the government of Ethiopia on its demonstrable, measurable progress in providing accountability and justice for atrocity crimes, including public acceptance of this commitment and the establishment of clear benchmarks and timelines for implementation;
- Monitor and ensure full compliance with the commitments and obligations agreed to in the CoHA;
- Ensure that domestic accountability and justice processes are only endorsed if they are impartial, transparent, non-discriminatory, inclusive of survivors of the conflict, including survivors of sexual violence, and ensure their safety and rights in engaging such processes;
- Fund and provide technical support to strengthen knowledge of the transitional justice process among survivors and build capacity among health, law enforcement, and justice sector actors to support investigations and prosecutions of conflict-related sexual violence and facilitate access to remedies and reparations for survivors of sexual violence; and
- Prioritize survivor-centered, trauma-informed care and rehabilitation for survivors of conflict-related sexual violence in humanitarian support to Ethiopia, with specialized care for children and adolescents.

To the Office of the United Nations High Commissioner for Human Rights and the Ethiopian Human Rights Commission Joint Investigation Team (JIT):

- Ensure that all parties to the conflict implement in particular recommendations #5 and #6 of the JIT's 2021 report, specifically to "[e]nd all forms of sexual violence against women and girls, men and boys, including targeting of civilians on the basis of their gender or ethnicity;" and "[i]ssue clear, public, and unequivocal instructions to all armed forces and groups, that all forms of sexual and gender-based violence (SGBV) are prohibited and punishable on the basis of direct and command responsibility, including superiors who ordered or failed to prevent or stop violations."[59]

To the African Commission on Human and People's Rights:

- Promptly reconsider the decision to terminate the mandate of the Commission of Inquiry and ensure that its mandate concludes, at least, with a report of its findings and recommendations.

i. The International Criminal Court Elements of Crimes defines rape as: "The perpetrator invaded the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body" and "the invasion was committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent."[4]

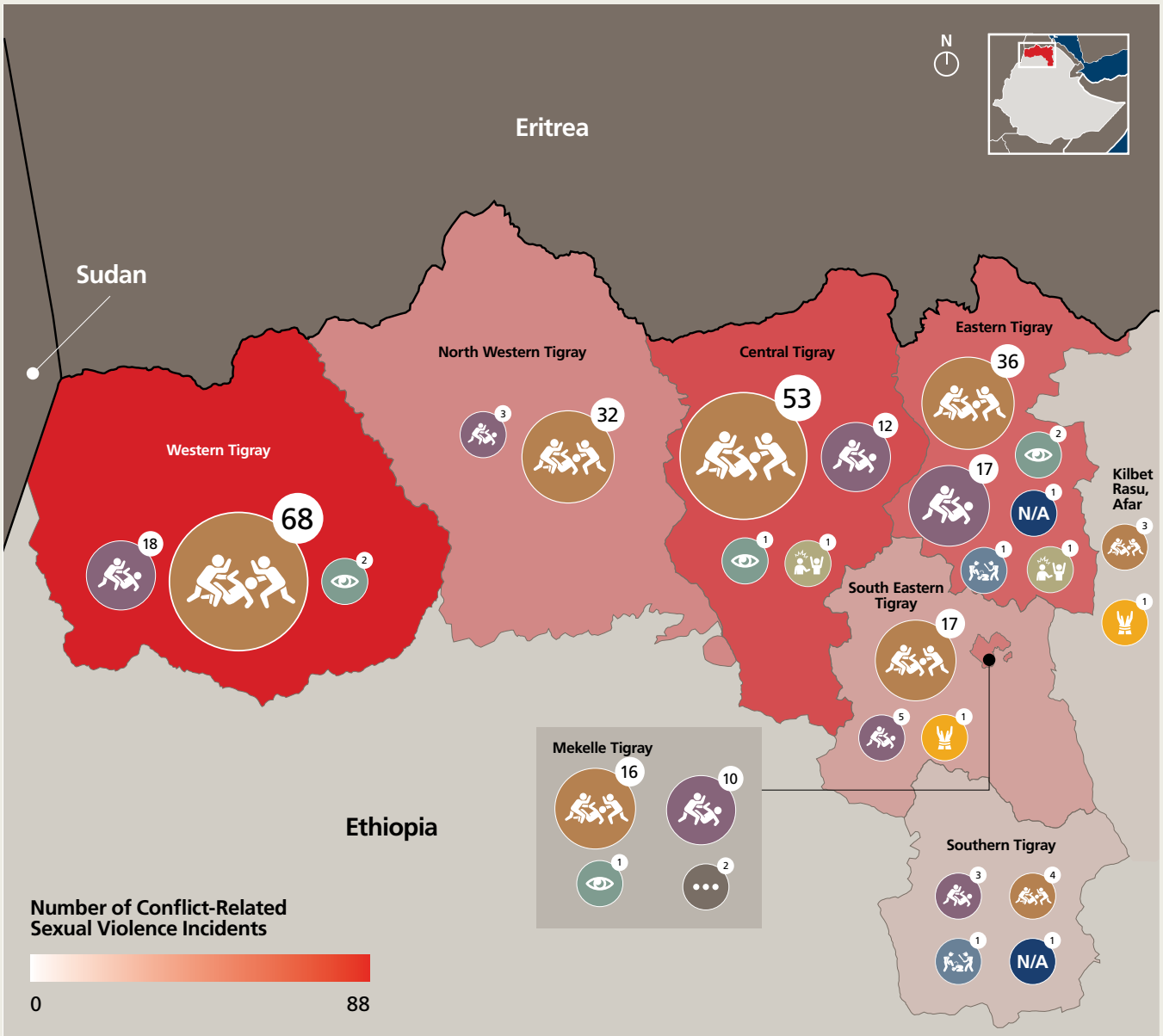
ii. Also commonly spelled "Tigrinya."

iii. Tigrigna is a language commonly spoken in Eritrea as well as in Northern Ethiopia by the Tigrinya and Tigrayan peoples.[5–7] Therefore the identification of perpetrators were members of the Eritrean military and the indication that the most commonly reported language spoken by perpetrators was Tigrigna should not be interpreted as inconsistent. Furthermore, as Amharic is the government of Ethiopia's official language there is a strong likelihood that Ethiopian military officials operating in Tigray would speak Amharic.[7]

iv. There is no indication as to whether these pregnancies resulted in a live birth.

v. This only represents patients who were tested because of a clinical indication, and therefore may represent a higher incidence due to a higher likelihood at the outset of the test being positive.

Conflict-Related Sexual Violence (CRSV) in Tigray, Ethiopia Before and After the Signing of the 'Cessation of Hostilities Agreement'



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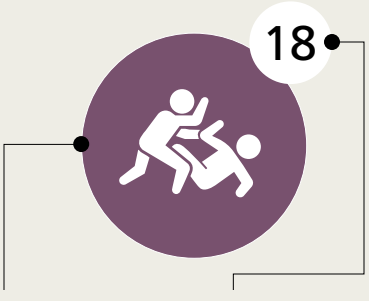


Incident Report Type

- Rape by a Single Perpetrator
- Rape by Multiple Perpetrators
- Forced Witnessing
- Sexual Violence in Captivity
- Forced Touching
- Beating
- N/A — Type of Sexual Violence Not Reported
- Other

Note

The map above depicts incidents of conflict-related sexual violence that occurred from November 2020 through June 2023, from a randomly selected sample of 304 medical records.

Background

A woman walks past a tent at the internally displaced persons (IDP) camp of Guyah, 100 kms of Semera, Afar region, Ethiopia on May 17, 2022. Photo: Michele Spatari/AFP/Getty Images

The conflict that started in Tigray, Ethiopia in early November 2020 between the government of Ethiopia and the Tigray People's Liberation Front (TPLF), with involvement from Eritrea and numerous ethno-regional militia groups, has led to a large-scale humanitarian and human rights crisis in the region. In addition to socio-economic upheaval, civilians have suffered displacement, famine, violence, and other human rights violations since the war began, including widespread conflict-related sexual violence.[12,13] Recent studies estimate that 600,000 civilians in Tigray have died, either by direct violence and killings, or indirect violence, through starvation or lack of health care.[24] The violence has not been limited to Tigray; violence and abuses have been reported in other regions of Ethiopia perpetrated by government forces, ethnic militias, and rebel groups.[11,25]

The United Nations International Commission of Human Rights Experts on Ethiopia (ICHREE) concluded in its September 2022 report that there are "reasonable grounds to believe that violations, such as extrajudicial killings, rape, sexual violence, and starvation of the civilian population as a method of warfare have been committed in Ethiopia since 3 November 2020."[11] In its report, ICHREE determined that there are "…reasonable grounds to believe that the Ethiopian National Defense Forces, Eritrean Defense Forces and Fano [ethnic armed groups] have committed widespread acts of rape and sexual violence…" and found that "Tigrayan forces have also committed acts of rape and sexual violence, albeit on a smaller scale." [11] It further concluded that some of these violations amounted to war crimes and crimes against humanity.[11]

Background

continued

Documentation of human rights abuses in Tigray by international human rights organizations and journalists consistently indicate that Tigrayan adults and children have been targeted for sexual violence.[11–13] The patterns of sexual violence emerging from survivors' accounts in these reports suggest that these violations have been part of a strategy to terrorize, degrade, and humiliate both the victims and their ethnic groups.

A recently published community-based survey of sexual and gender-based violence (SGBV) experiences of women of reproductive age in Tigray during the conflict indicated that 43.3 percent of women had experienced some form of SGBV, with 9.7 percent of women reporting experiencing rape.[26] There are reports of girls being raped, including by multiple perpetrators, and while held in captivity for multiple days.[12] Survivors also reported children and adolescents being forced to witness sexual violence perpetrated against parents or family members.[13] Some reports have indicated that at least one-third of survivors seeking services at health facilities for survivors of sexual violence were children.[27]

The conflict has also caused immense destruction of civilian infrastructure including, but not limited to, health facilities in the region. The intentional damage inflicted upon health care facilities, medical supplies, and transportation infrastructure to support access to health care has been documented as well as the associated negative health outcomes for survivors, including physical injury.[28–31] Reporting by Médecins sans Frontières (MSF) has indicated that nearly all of the 106 health facilities assessed in Tigray in late 2021 and early 2022 were looted and more than one-third were significantly damaged. MSF found that only 14 health facilities were functioning normally, leaving people with very limited access to health services.[32] Though some survivors are able to access services at health facilities that have also been heavily impacted by the war, the destruction of the health system in Tigray may also contribute to underreporting of sexual violence as survivors may be unable or reluctant to seek care at damaged facilities. There have also been reports of health care workers not recording cases of sexual violence for fear of being targeted by the government for documenting cases.[33]

In November 2022, the Ethiopian government and the TPLF signed the "Agreement for Lasting Peace through a Permanent Cessation of Hostilities between the Government of the Federal Democratic Republic of Ethiopia and the Tigray People's Liberation Front (TPLF)," known as the Cessation of Hostilities Agreement (CoHA). The CoHA commits both sides to halting all forms of hostilities including violence, protecting civilians, and condemning sexual and gender-based violence. It also calls for the resumption of full and unfettered humanitarian access, restoration of basic services in Tigray, and "a comprehensive national transitional justice policy aimed at accountability, ascertaining the truth, redress for victims, reconciliation, and healing."[34] Notably, the CoHA does not include other parties involved in the conflict, including Eritrea, whose forces were aligned with the Ethiopian government forces but not controlled by them.[35]

Since the signing of the CoHA, ICHREE, whose mandate includes investigations into allegations of violations and abuses of international human rights law and international humanitarian law in Ethiopia committed since November 3, 2020, has faced significant pressure from the Ethiopian government to close after its report is submitted for the 54th UN Human Rights Council session in September and October 2023. Governments are increasingly moving towards normalization of relations with Ethiopia, including the European Union and the United States of America.[22] The United States recently announced that "Ethiopia is no longer engaging in a pattern of gross violations of human rights."[36] Similarly, the Commission of Inquiry, established by the African Commission on Human and Peoples' Rights to investigate violations of international human rights law and international humanitarian law and identify perpetrators for purposes of pursuing justice and accountability, also faced opposition by the government of Ethiopia; this mandate was recently terminated, prior even to the publication of a report of its findings and recommendations.[22,23] However, reports of human rights violations occurring in Tigray following the signing of the CoHA continue, including campaigns of ethnic cleansing in western Tigray and continuing cases of sexual violence committed by Eritrean forces.[2,3]

Methodology

Physicians for Human Rights (PHR) identified a need to systematically document the scale and scope of conflict-related sexual violence committed in Ethiopia since the start of hostilities in November 2020 to June 2023 to advance accountability and justice for these survivors using methodologically rigorous research methods to capture the patterns of perpetration of conflict-related sexual violence. PHR and partners organized a research team of professionals with medical and public health training and expertise in Ethiopia and conducted a systematic analysis of randomly selected, deidentified medical records of sexual violence from multiple clinical sites (clinics that treat conflict-related sexual violence) in Tigray, Ethiopia. The sample of records reviewed was pulled from thousands of medical records available at these facilities. The primary research aim was to understand the survivor, incident, and perpetrator characteristics and patterns of conflict-related sexual violence in Tigray, Ethiopia since November 2020 from medical and public health perspectives.

Due to security considerations, certain identifying information has been kept confidential in this report, including: details regarding the names of facilities where the medical records were sampled, their exact locations, the number of records at those facilities, the identity of the individuals who reviewed the charts, and the identity of clinicians who documented this clinical data.

After the medical records were deidentified, the research team conducted a retrospective review of the content and extracted the following information: patient characteristics including age and gender, time from assault, perpetrator characteristics, details related to the nature, cause, and source of the incident and/or injury, the medical consequences, and any follow-up or treatment related to the incidents (e.g., medical care for sexually transmitted infection (STI) treatment, HIV post-exposure prophylaxis, and pregnancy care).

Due to different filing systems used at the health facilities, the study team randomly selected medical records for analysis by selecting records at intervals of three until reaching the target sample size of 300, based on a percentage estimate of the total number of records available and the time available for analysis, was reached. This information was entered into a secure database using Open Data Kit (ODK).[37]

The data collection tool was based on a standardized forensic medical certificate annexed in the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict (the International Protocol).[38] Records were included for review if they were able to be deidentified and were collected from the period of November 2020 to June 2023.

The project was reviewed by and received ethical approval from three separate institutional review boards.

Findings

Overall, 305 medical records from multiple facilities in Tigray, Ethiopia were sampled and reviewed to document conflict-related sexual violence. (Table 1) These records represented patient examinations from November 2020 through and including June 2023.

Of the 305 medical records reviewed, 304 included reports of conflict-related sexual violence, overwhelmingly affecting women and girls (99.3%), with survivors ranging in age from eight to 69. The sample found one case against a 69-year-old male involving multiple acts of conflict-related sexual violence. (Table 2). The majority of survivors were adults, but 33 percent were young adults between the ages of 18-25, and 7 percent were minors (under 18).

Since the start of the conflict in November 2020 until June 2023, military actors have perpetrated brutal and widespread acts of conflict-related sexual violence in Tigray and that these acts have not ceased following the signing of the Cessation of Hostilities Agreement.

Table 1: Information on Medical Records Reviewed

Medical Records	Number
Total Number Of Medical Records Reviewed	305
Medical Records Excluded (Did Not Document Conflict-Related Sexual Violence)	1
Total Number Of Medical Records Of Conflict-Related Sexual Violence Reviewed*	304

*Note That All Tables Below Contain Analysis Of Only Medical Records Of Conflict-Related Sexual Violence

Total Number Of Medical Records Reviewed (By Year Of Examination)	Number	Percent
2020	2	1%
2021	26	9%
2022	71	23%
2023	201	66%
No Entry	4	1%

Total Number Of Medical Records Reviewed (By Year Of Incident)	Number	Percent
2020	45	15%
2021	72	24%
2022	154	50%
2023	26	9%
No Entry	7	2%

Table 2: Demographic Information

Gender of Patients	Number	Percent
Female	302	99%
Male	1	<1%
No Entry	1	<1%
Statistic	**Age**	
Median Age of Patients	28	
Lowest Age of Patients	8	
Highest Age of Patients	69	
Age of Patients by Age Group	**Number**	**Percent**
Children (0-12)	1	>1%
Adolescents (13-17)	20	7%
Young Adults (18-25)	101	33%
Adults (26 and above)	180	59%
No Entry	2	1%

Patterns of Perpetration of Conflict-Related Sexual Violence

Rapes by multiple perpetrators were the most common type of sexual violence reported (233 instances reported; 76%), followed by rape by a single perpetrator (68 instances reported; 22%). (Table 3) Notably, in 10 records the patient reported detention associated with multiple perpetrator rape.

Of the 304 cases of conflict-related sexual violence reviewed, the most common specific acts of sexual violence reported were 299 cases of penetration of female genitalia with penis (98%) and 40 cases of penetration of anus with a penis (13%). Additional specific acts of sexual violence were reported in smaller numbers and overall, 360 specific acts of sexual violence were reported in 304 patient records, indicating that many patients experienced more than one form of sexual violence in the same incident.

Perpetrators frequently used weapons during the incidents, most commonly guns (137 instances reported; 45%), sticks/batons (37 instances; 12%), and knives (23 instances; 8%). There was one (1) reported instance of a 22-year-old female who was subjected to electrical torture.

In 94 percent of the cases a condom was reportedly not used during the conflict-related sexual violence incident. This is consistent with reports of HIV transmission and associated pregnancies gleaned from this medical record review.

The medical records also included clinical and patient history notes that provide additional insight into the violence survivors faced during conflict-related sexual violence that may not have been otherwise captured in the medical records. The details of these records show that conflict-related sexual violence was not committed as an isolated act, but accompanied by other human rights violations, including captivity, beatings, sexual humiliation, and murder of family members during the assault.

Some records indicated that survivors were sometimes forced to witness the murder of family members while enduring conflict-related sexual violence. A clinician included this note describing a patient reporting that she witnessed the murder of her child during the sexual violence:

"They tied her hands and legs in front of her child and raped her then they killed her four-year-old child and repeatedly raped her."

This was not an isolated occurrence, and other records included similar clinical notes:

"Raped her and killed her daughter in front of her."

Another record included additional details about the perpetrators and the nature of the violence:

"She claimed her brother was killed by Eritrean soldiers in front of her and raped in front of the dead body."

Clinicians also documented clinical history from survivors who reported being kidnapped and confined for long periods of time. One medical record stated:

"They took [her] to [the] military camp. They stayed for nine months."

Another medical record documented a similar patient history:

"They took her to their camp and raped her for 6 months."

Beatings that were captured in the quantitative analysis were sometimes accompanied by clinical notes. One note described the violence one survivor experienced after the sexual assault:

"After [she was] raped they kicked her until she lost her consciousness."

One record set out the patient history of a survivor who was raped following surgery and experienced sexualized torture while being repeatedly raped:

"… She claimed one of them removed the catheter which was in situ and inserted his finger repeatedly to her anus while the other was [sic] frequently raped her vaginally repeatedly. Since then she complains she had difficulty on controlling feces and urine. She is known hypertensive and was on medication."

Table 3: Conflict-Related Sexual Violence Incident Typology

Reported Types Of Sexual Violence	Number	Percent
Rape By Multiple Perpetrators	233	76%
Rape By A Single Perpetrator	68	22%
Sexual Slavery Or Detention	10	3%
Forced Witnessing	7	2%
Forced Touching	2	1%
Beating	2	1%
Other	2	1%
Type Of Sexual Violence Not Reported	2	1%
Reported Specific Acts Of Sexual Violence	**Number**	**Percent**
Penetration Of Female Genitalia With Penis	299	98%
Penetration Of Anus With Penis	40	13%
Penetration Of Anus With Finger(s)	6	2%
Other	5	2%
Penetration Of Female Genitalia With Foreign Body/Bodies	2	1%
Penetration Of Anus With Foreign Body/Bodies	2	1%
Specific Acts Of Sexual Violence Not Reported	2	1%
Oral Contact With Genitalia	2	1%
Penetration Of Female Genitalia With Finger(s)	1	<1%
Use Of Force Or Weaponry During Incident	**Number**	**Percent**
Information Unavailable/Form Of Sexual Violence Not Reported	157	51%
Guns	137	45%
Stick/Baton	37	12%
Knives	23	8%
Hands	16	5%
Other	9	3%
Restraints	4	1%
Feet	2	1%
Forced Witnessing Of Other Forms Of Violence	2	1%
Electrical Torture	1	<1%
Reported Condom Usage	**Amount**	**Percent**
Yes	2	1%
No	286	94%
Unknown	16	5%

Characteristics of Perpetrators of Sexual Violence

The medical record review shows that sexual violence incidents were conducted by a median of three perpetrators, with one reported incident involving 19 perpetrators. (Table 4)

Perpetrators were most commonly identified as members of military and/or paramilitary groups (96%), Tigrigna language speaking (66%), and previously unknown to the survivor (99%). Some 30 percent of perpetrators were identified as speaking Amharic.

While more specific data about how survivors made these determinations, or about other identifying features (color of military uniform, insignia, specific accents) was not available in the majority of the records, a number of records included specific information about the perpetrators. A qualitative analysis of the notes in these records shows where there was an indicator of the affiliation of perpetrators (n=197): 73 percent of perpetrators were identified as members of the Eritrean armed forces, 10 percent as members of Amhara Special Forces, 9 percent as Fano militia members, 8 percent as members of the Ethiopian armed forces, and 1 percent as Afar Special Forces.

Table 4: Perpetrator Information

Statistic	**Number**	
Median Number Of Perpetrators Per Incident	3	
Highest Number Of Perpetrators Per Incident	19	
Lowest Number Of Perpetrators Per Incident	1	
Languages Reported As Spoken By Perpetrators	**Number**	**Percent**
Tigrigna	216	66%
Amharic	91	28%
Unknown	13	4%
Afar	4	1%
Relationship Of Perpetrator(s) To Patient	**Number**	**Percent**
Stranger	302	99%
Not Reported	2	1%
Perpetrator(s) Reported Status	**Number**	**Percent**
Military/Paramilitary	294	96%
Civilian	4	1%
Militia	4	1%
Not Reported	2	1%
Other	1	0.3%
Other Details About Perpetrators (From Qualitative Analysis Of Open Field Entries)	**Number (197)**	**Percent**
Reported That Perpetrator(s) Were Eritrean Army	143	73%
Reported That Perpetrator(s) Were Amhara Special Forces	19	10%
Reported That Perpetrator(s) Were Fano Militia	17	9%
Reported That Perpetrator(s) Were Ethiopian Army	16	8%
Reported That Perpetrator(s) Were Afar Special Forces	2	1%

Geographic Location of Sexual Violence Incidents

The vast majority (99%) of sexual violence incidents within the 304 medical records reviewed took place in the Tigray region of Ethiopia. (Table 5) The highest number of incidents were reported to have occurred in the Western zone (29%) followed by the Central zone (21%) and the Eastern zone (17%).

The five woredas (districts) with the largest numbers of reported incidents in this sample were Kafta Humera (45), Gulo Mekeda (19), Shire (18), Hawzen (17), and Sheraro (17). (For full woreda level data see Annex 1 below).

Within each zone the number of incidents did not change significantly after the CoHA went into effect in November 2022. Notably, however, the number of incidents of conflict-related sexual violence reflected in the medical records almost doubled in the Central Zone from 24 before the CoHA to 41 after the CoHA's signing. In Mekelle and the Southeastern zones the number of incidents dropped significantly after November 2022 (22 to 4 and 18 to 4, respectively). (Table 10)

Analysis of the types of conflict-related sexual violence incidents by the geographic zone in which they occurred (Figure 1) showed no geographic differentiation in the types of sexual violence that occurred.

Comparing the reported language spoken by perpetrators by geographic zone (Table 6) indicated that in Western, Central, North Western, and South Eastern zones, perpetrators most frequently spoke Tigrigna. In Mekelle and the Southern zone, perpetrators most frequently spoke Amharic.

Table 5: Geographic Information Regarding Incident Perpetration

Location Where The Incident Occurred	**Number**	**Percent**
Inside Of Ethiopia	304	100%
Region Where Incident Occurred	**Number**	**Percent**
Tigray	302	99%
Afar	2	1%
Zone Where Incident Occurred	**Number**	**Percent**
Western	88	29%
Central	65	21%
Eastern	53	17%
North Western	35	11%
Mekelle	26	9%
South Eastern	22	7%
Southern	8	3%
Unknown	4	1%
Kilbet Rasu	3	1%
Most Frequently Reported Woreda (District) Where Incident Occurred	**Number**	**Percent**
Kafta Humera	45	14.8%
Gulo Mekeda	19	6.2%
Shire	18	5.9%
Hawzen	17	5.6%
Sheraro	17	5.6%

Figure 1: Conflict-Related Sexual Violence Incident Type Disaggregated By Geographic Zone

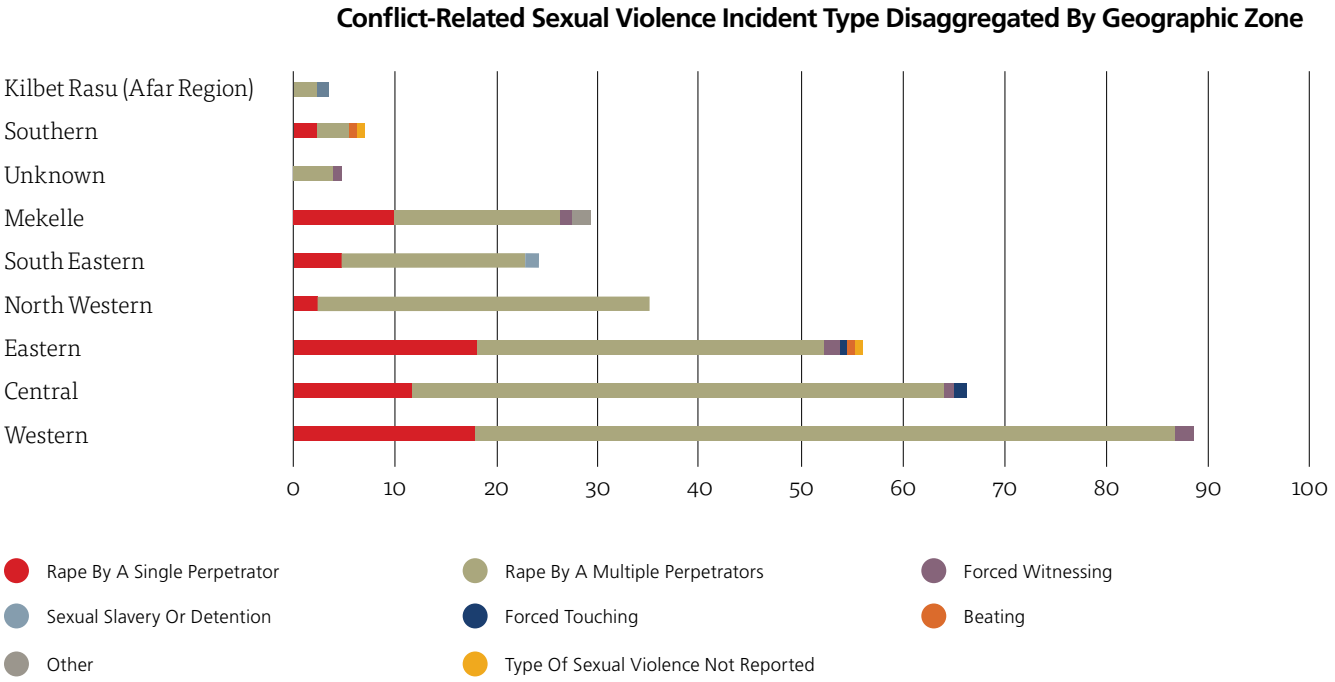


Table 6: Geographic Information Related To Reported Perpetrator Characteristics

Reported Language Spoken By Perpetrators By Geographic Zone

	Tigrigna	Amharic	Afar	Unknown
Western	66*	24	0	2
Central	47*	17	0	3
Eastern	43*	11	0	3
North Western	32*	6	0	0
Mekelle	9	16*	0	4
South Eastern	14*	10	1	0
Southern	2	6*	0	0
Unknown	2*	0	1	1
Kilbet Rasu	1	1	2*	0

* Indicates The Most Frequently Reported Language

Clinical Findings Following Reported Incidents of Conflict-Related Sexual Violence

The medical records show the serious, short- and long-term physical, and psychological consequences of conflict-related sexual violence. (Table 7) Ongoing mental health symptoms were reported, with depression affecting 17 percent, and post-traumatic stress disorder (PTSD) 13 percent. Three patients reported suicide attempts related to the incidents.

Patient records show a range of reproductive organ injuries and disorders (11%), including urinary incontinence (10 instances), fecal incontinence (4 instances), abnormal uterine bleeding (8 instances), uterine prolapse (4 instances), chronic pelvic pain (4 instances), and fistulas (3 instances). Additional physical signs and symptoms reported included 4 cases of loss of consciousness, as well as two cases of hearing loss/deafness.

Table 7: Reported Clinical Manifestations

Ano-Genito-Urinary-Reproductive System Findings	**Number**	**Percent**
Sexually Transmitted Infection (STI) Self-Reported By Survivor	26	9%
Unintended Pregnancy Self-Reported By Survivor	23	8%
Urinary Incontinence	10	3%
Abnormal Uterine Bleeding	8	3%
Fecal Incontinence	4	1%
Pelvic Organ Prolapse	4	1%
Fistula	3	1%
Chronic Pelvic Pain	3	1%
Impotence	1	<1%
Neuro-Psychiatric Signs And Symptoms	**Number**	**Percent**
Depression	51	17%
PTSD	40	13%
Other Mental Health Symptoms	24	8%
Loss Of Consciousness	4	1%
Suicide Attempts	3	1%
Hearing Loss	2	<1%
Musculo-Skeletal Signs And Symptoms	**Number**	**Percent**
Limb Fractures	4	1%
Chronic Back Pain	5	2%

Records suggest that in multiple instances conflict-related sexual violence may have resulted in pregnancy (8 percent of patients self-reported as experiencing unintended pregnancy following the incident of conflict-related sexual violence) or contraction of HIV (11 percent of patients tested for HIV were positive). (Table 7)

128 patients were tested for pregnancy during their examination, of which over a quarter (27%) were positive. These findings suggest a very high pregnancy rate; this is concordant with this cohort's experiences of multiple perpetrator rape and often violent sexual assault without condom use.[vii] Global sexual violence protocols recommend testing all females of reproductive age (15-44) for pregnancy after sexual assault; in this cohort, only 121 of 274 (44%) females of reproductive age were tested for pregnancy. It is unclear whether all women were offered testing, and if not, why not.

Table 8: Point Of Care Testing And Results

Type Of Test	Number	Percent
Tested For Pregnancy (Of 274 Patients Of Reproductive Age)	128	44%
Positive Pregnancy (Of Those Tested)	34	27%
Tested For HIV	81	27%
Hiv Positive (Of Those Tested)	9	11%
Tested For Syphilis	57	19%
Syphilis Positive (Of Those Tested)	2	3.5%

Temporal Data Related to Incidents of Conflict-Related Sexual Violence

The medical records reviewed captured incidents of conflict-related sexual violence from September 2020 through and including June 2023. Of these, 169 incidents (55%) occurred before November 2022 and 128 incidents (42%) occurred after the signing of the CoHA in November 2022 (Table 10), indicating such violations continued after the ceasefire despite a decline in the total number of incidents.

The data also revealed significant delays in seeking care and reporting incidents of conflict-related sexual violence, far beyond the recommended 72 hours after sexual assault, as shown in Table 9.

Most records reviewed were from patient visits in the first five months of 2023 but the dates of incidents recorded as part of the examination were most often from 2022 (154 incidents), followed by 2021 (73) and then 2020 (45). Figures 2 and 3 show the monthly frequency of conflict-related sexual violence incidents and examinations and the delays in presenting for care.

There are significant delays between the reported date of the incident of conflict-related sexual violence and when the examination occurred. For incidents in 2020, the median number of months between the reported incident and presenting to the health care facility was 26 months, while in 2022 and 2023 it was four and two months, respectively. When comparing the periods before and after the CoHA, there is a notable shift from a median of 16 months (pre-CoHA) to a median of three months (post-CoHA). (Table 10) Despite the reduction in the period between the incident and when the survivors sought care, these data indicate there are still significant barriers to seeking medical care after experiencing conflict-related sexual violence.

A comparison of records where reported incidents occurred before or after November 2022 (the signing of the CoHA) indicates that while the total number of cases decreased slightly, the patterns of perpetration of sexual violence, including high levels of conflict-related sexual violence reported at these health facilities, remained largely the same between these two periods and were materially unchanged by the CoHA (Table 10). There

vi. "Self-reported by survivor" indicates clinical findings that are based on reports by the survivors but were not verified by testing or other means of confirmation.
vii. This only represents patients who were tested because of a clinical indication, and therefore may represent a higher incidence due to a higher likelihood at the outset of the test being positive.

were three incidents reported to have occurred in June 2023 (when the sample data ends). Two additional points bear emphasis:

First, there was a significant spike in the incidents of conflict-related sexual violence immediately before and after the signing of the CoHA (Figure 4). Additional analysis of incident trends by month and geographic zone (Figure 5) shows that conflict-related sexual violence incidents occurred in all zones of Tigray at all periods of the conflict consistent with the overall proportion of conflict-related sexual violence incidents that occurred in each geographic zone in the overall sample (Table 5).

Second, analysis of the identity of incident perpetrators, represented by the language perpetrators were reported to have spoken, (Figure 6) reflects a similar trend seen in the analysis of language spoken by perpetrators (Table 4) with Tigrigna speaking perpetrators being most common for all months, except for January 2021 where more perpetrators were reported to speak Amharic than Tigrigna.

Figure 2: Monthly Frequency Of Conflict-Related Sexual Violence Incidents and Health Facility Examinations

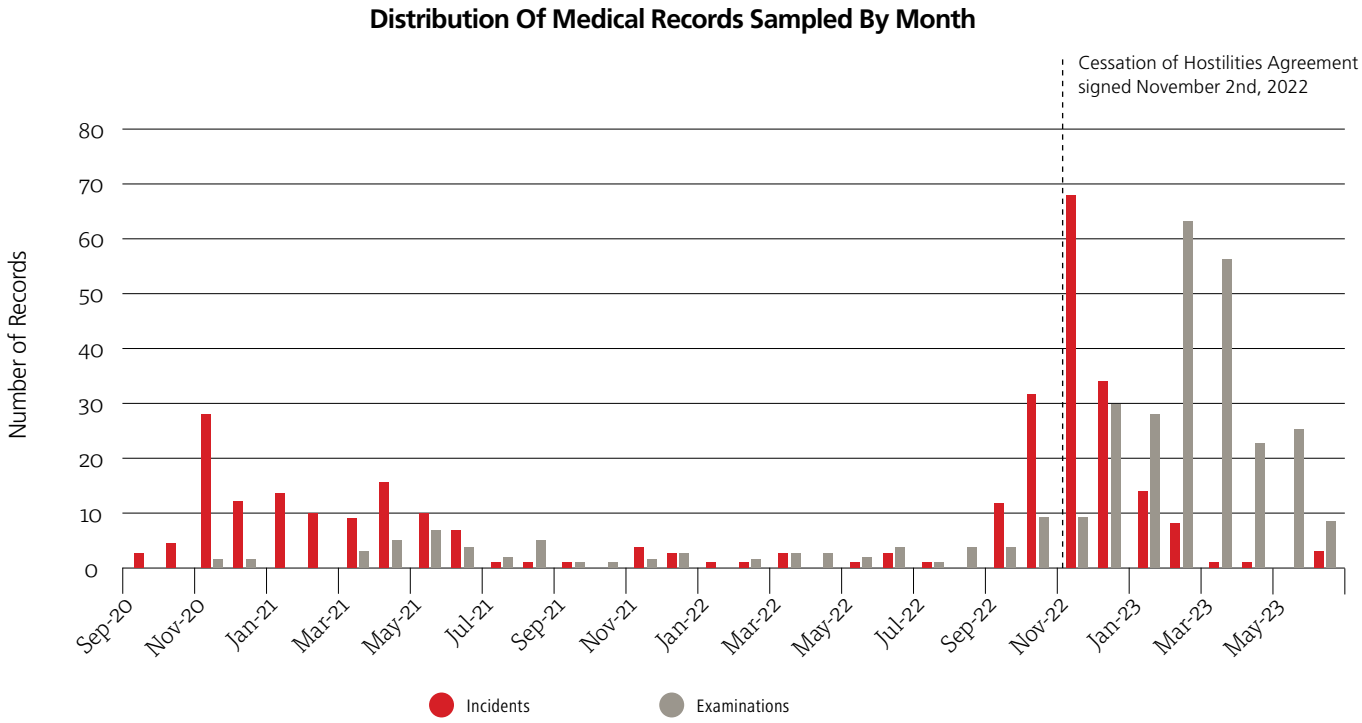


Table 9: Timeline Analysis

Time From Incident To Presentation For Care	Number	Percent
Less Than 72 Hours	2	0.7%
More Than 72 Hours	301	98.7%
Unknown	1	0.3%
Number Of Days Between Incident Date And Examination Date	**Number**	**Percent**
Less Than 60 Days	50	16%
61-180 Days	112	37%
181-365 Days	28	9%
Over 365 Days	89	29%
Unknown	25	8%
Median Number Of Months Between Incident And Examination	4 Months (Interquartile Range = 18)	
Median Number Of Months Between Incident And Examination By Year Of Incident Date	**Months**	
2020	26 Months	
2021	19 Months	
2022	4 Months	
2023	2 Months	

Figure 3: Number Of Months Between Reported Date Of Incident And Date Of Examination

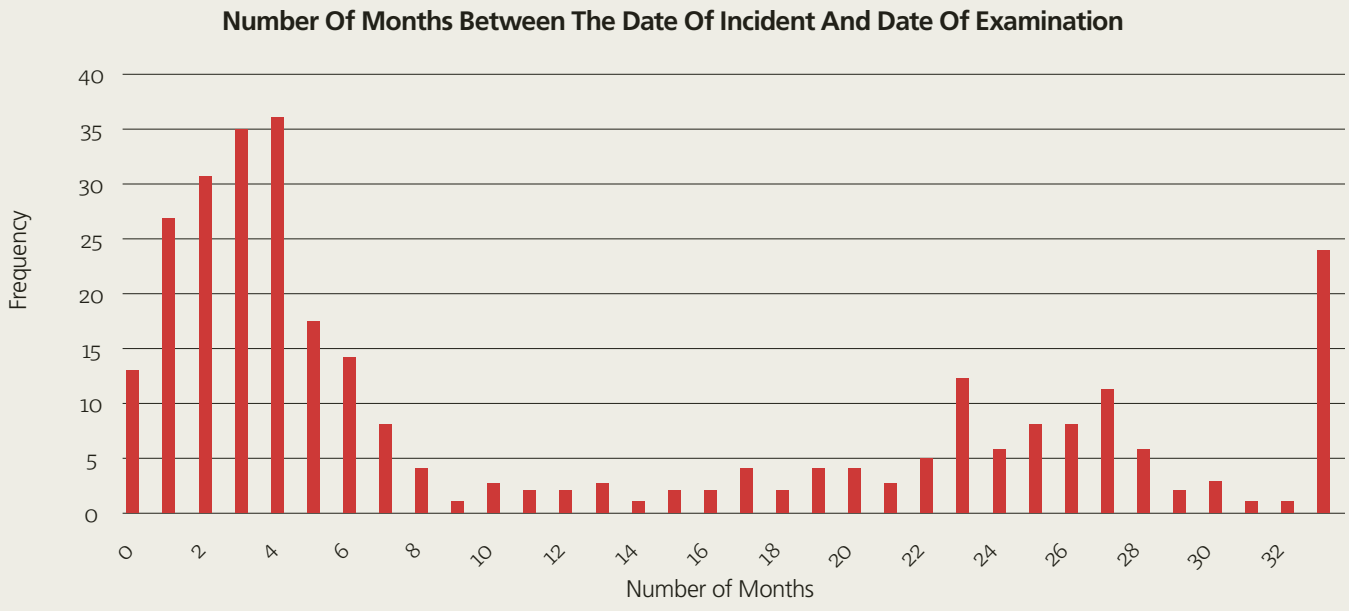


Table 10: Analysis Of Patterns, Perpetration, and Reporting Of Conflict-Related Sexual Violence Incidents Before And After November 2022

	Before Nov. 2022	After Nov. 2022
Number Of Cases (By Date Of Incident)	169 (55%)	128 (42%)
Unknown Date Of Incident	7 (2%)	
Reported Type Of Sexual Violence	**Before Nov. 2022**	**After Nov. 2022**
Rape By Multiple Perpetrators	121	112
Rape By Single Perpetrator	46	22
Forced Witnessing	2	5
Sexual Slavery	2	0
Reported Form Of Sexual Violence	**Before Nov. 2022**	**After Nov. 2022**
Penetration Of Female Genitalia With Penis	166	133
Penetration Of Anus With Penis	28	12
Penetration Of Anus With Finger(s)	3	3
Median Number Of Perpetrators	2	3
Language Spoken By Perpetrators	**Before Nov. 2022**	**After Nov. 2022**
Tigrigna	114	102
Amharic	60	31
Not Reported	6	7
Afar	4	0
Status Of Perpetrator(s)	**Before Nov. 2022**	**After Nov. 2022**
Military	164	130
Civilian	3	1
Militia	2	2
Other	1	0
Not Reported	0	2
Zone Of Tigray Where Incident Occurred	**Before Nov. 2022**	**After Nov. 2022**
Western	48	40
Eastern	31	22
Central	24	41
Mekelle	22	4
South Eastern	18	4
North Western	17	18
Southern	6	2
Kilbet Rasu	2	1
Unknown	1	3
Outside Of Tigray (Afar)	1	3
Median Number Of Months Between Incident and Examination Before/After November 2022	16	3

Figure 4: Temporal Analysis Of Reported Type Of Sexual Violence By Month Of Incident

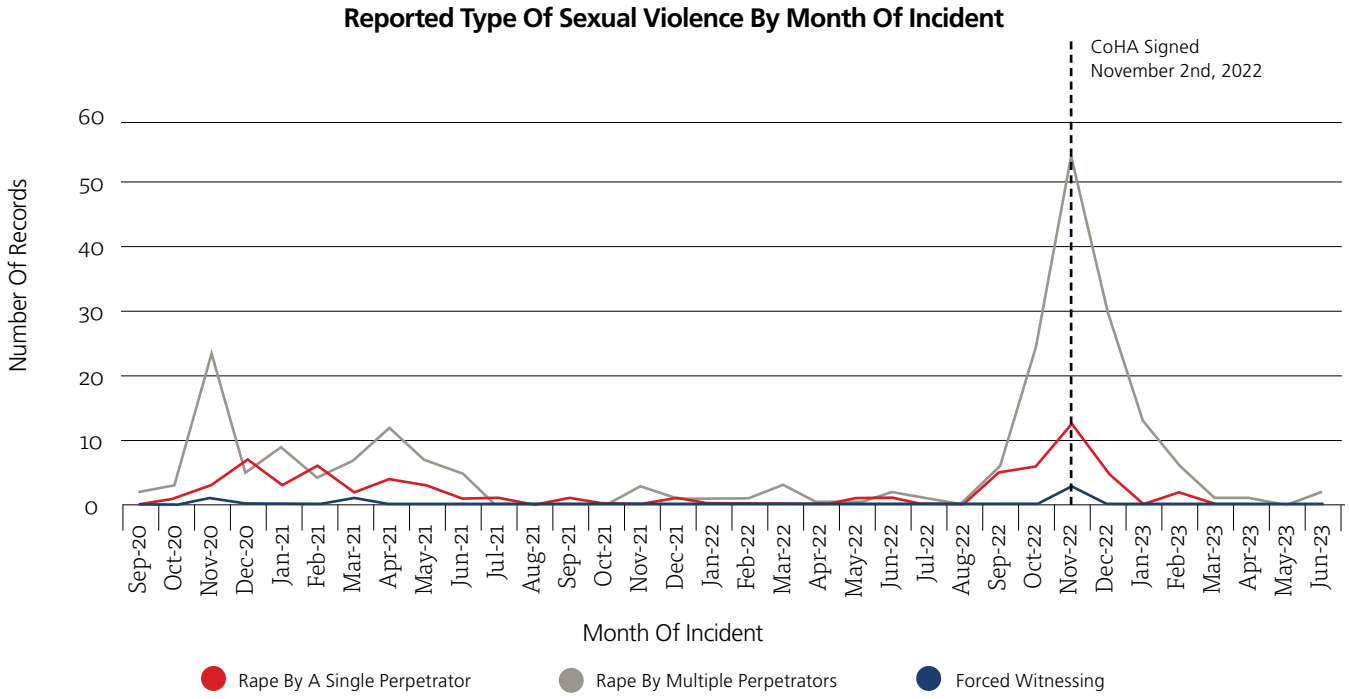


Figure 5: Number Of Incidents Reported Of Conflict-Related Sexual Violence By Month And Geographic Zone Of Incident

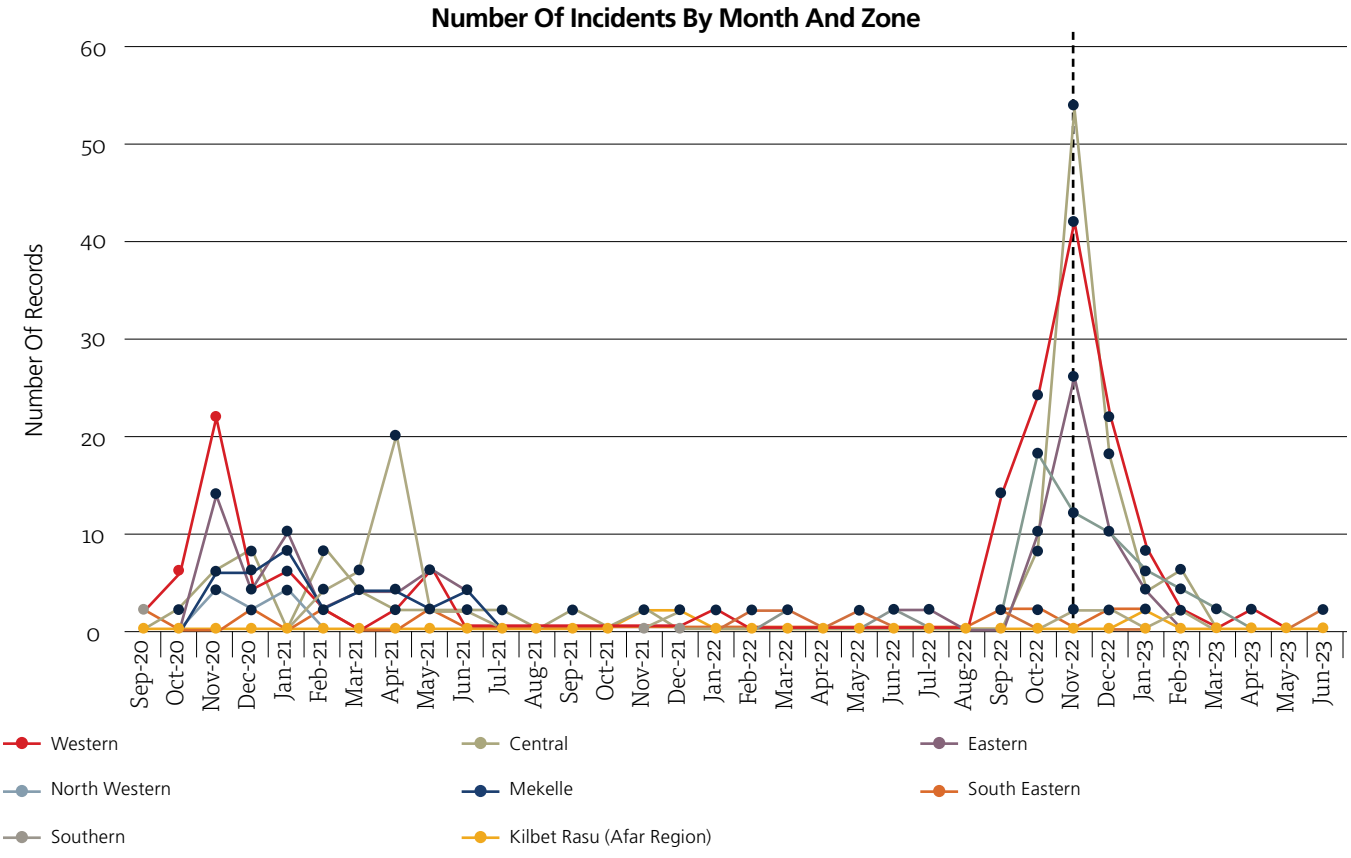
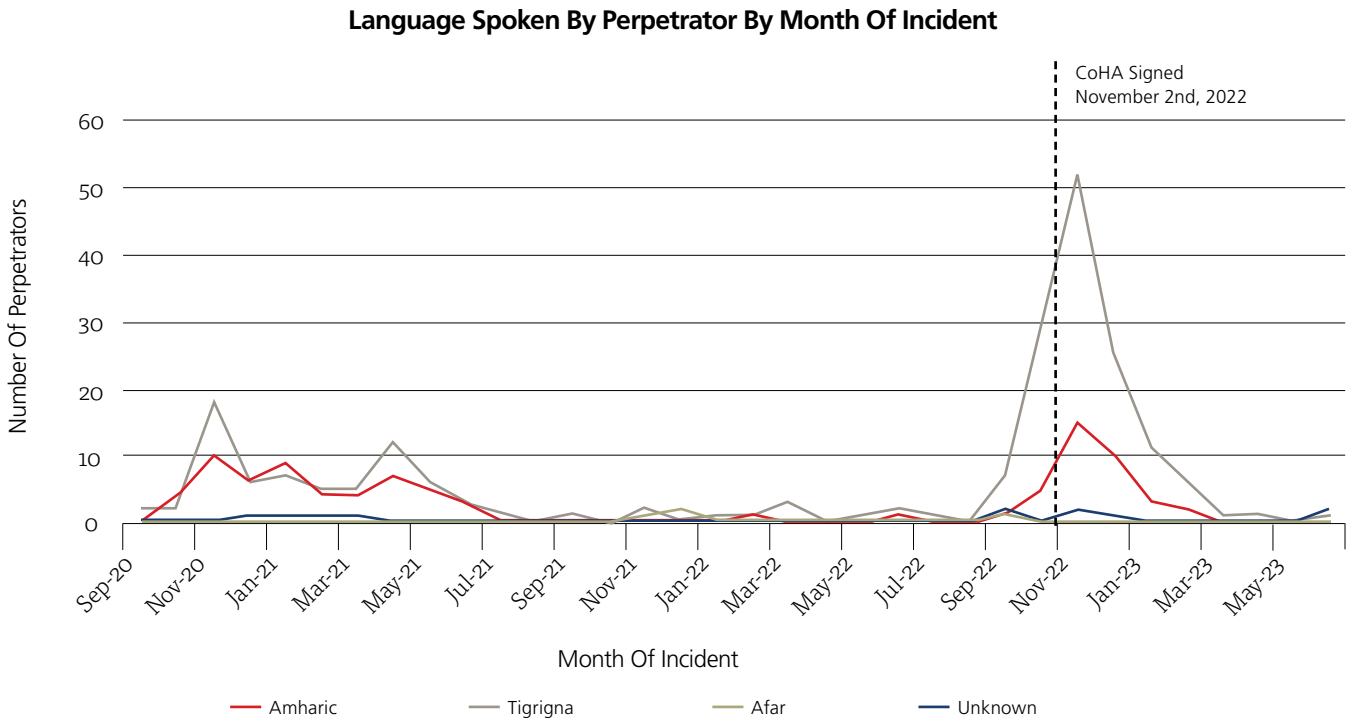


Figure 6: Reported Language Spoken By Perpetrator(S) By Month Of Incident



Conflict-Related Sexual Violence Incidents Affecting Children and Adolescents

7 percent of all reviewed cases (n= 21) involved minors under the age of 18. These cases ranged from age eight to 17, with 95% of these cases (n=20) in adolescents between the ages of 13 to 17. The sample only showed conflict-related sexual violence against female children or adolescents. 95 percent (n=20) of the incidents against children and adolescents in the sample occurred after November 2022.

The brutal patterns of conflict-related sexual violence observed in the overall sample were also seen in this sub-sample, including rape by multiple perpetrators (57%), single perpetrator rape (38%), sexual slavery (5%), and beatings (5%). 95 percent (n=20) of children/adolescents who experienced conflict-related sexual violence reported penile penetration of the genitalia and one child also reported anal penetration. Survivors reported that perpetrators wielded guns (26%), sticks or batons (9%), or restraints (4%) during the assaults. The assaults were committed by military (95%) or militia (5%) members who spoke Tigrigna (41%), Amharic (50%), or Afar (5%). Nine percent of records did not document the language spoken by the perpetrators. The incidents reported in these records occurred in the Afar (n=1) and Tigray (n=20) regions of Ethiopia.

The records also documented some of the significant effects conflict-related sexual violence had on survivors who are minors, including unintended pregnancy (n=1), urinary incontinence (n=1), and fistula (n=1). No child or adolescent survivors who were tested were found to be positive for HIV or syphilis. Psychological impacts were also documented, including depression (14%, n=3) and post-traumatic stress disorder (18%, n=4).

Table 11: Child And Adolescent-Specific Findings

	N (Under 18 Years)	% (Total Sample)
Total Patients Under The Age Of 18 Years	21	7%
Age Of Patient	**N (Under 18 Years)**	**% (Under 18 Years)**
Birth To 12 Years Old	1	5%
13 To 17 Years Old	20	95%
Gender	**N (Under 18 Years)**	**% (Under 18 Years)**
Female	22	100%
Time From Incident To Presentation For Care (Count)	**N (Under 18 Years)**	**% (Under 18 Years)**
<72 Hours	0	0%
>72 Hours	21	100%
Number Of Incidents	**N (Under 18 Years)**	**% (Under 18 Years)**
Before November 2022	1	5%
After November 2022	20	95%
Days From Incident To Examination	**N (Under 18 Years)**	**% (Under 18 Years)**
Less than 60 days (2 months)	4	19%
61 To 180 Days (+2 To 6 Months)	8	38%
181 to 365 days (+6 months to 1 year)	1	5%
Over 365 Days (More Than 1 Year)	8	38%
Sexual Violence Incident Information	Total Number Of Incidents (N=21)	
Reported Type Of Sexual Violence	**N (Under 18 Years)**	**% (Under 18 Years)**
Multiple Perpetrator Rape	12	57%
Single Perpetrator Rape	8	38%
Sexual Slavery	1	5%
Beating	1	5%

Table 11: Child And Adolescent-Specific Findings

Reported Form Of Sexual Violence *(Numbers Do Not Add Up To 100 As There Were More Incidents Than Children)	**N (Under 18 Years)**	**% (Total Sample)**
Penetration Of Female Genitalia With Penis	20	95%
Penetration Of Anus With Penis	1	5%
Unknown	1	5%
Use Of Force During Incident?	**N (Under 18 Years)**	**% (Under 18 Years)**
Unknown	14	64%
Guns	6	27%
Stick/baton	2	9%
Restraints	1	5%
Was A Condom Used?	**N (Under 18 Years)**	**% (Under 18 Years)**
Yes	0	0%
No	19	91%
Unknown	2	9%

Perpetrator Information		
Number Of Perpetrators		
Median	2	
Max	3	
Min	1	
Reported Form Of Sexual Violence *Numbers Do Not Add To 100% As One Record Reported That Perpetrators Spoke Both Tigrigna And Amharic		
Tigrigna	9	41%
Amharic	11	50%
Afar	1	5%
Unknown	2	9%
Relationship Of Perpetrator(s) To Patient	**N (Under 18 Years)**	**% (Under 18 Years)**
Stranger	21	100%
Perpetrator(s) Status	**N (Under 18 Years)**	**% (Under 18 Years)**
Military	21	95%
Militia	1	5%

Table 11: Child And Adolescent-Specific Findings

Geographic Information About Incidents		
Location Where The Injury Occurred		
Inside Of Ethiopia	21 (100%)	
Region Where Injury Occurred		
Afar	1	
Tigray	20	
Zone Where Injury Occurred		
Afar	1	
Central Tigray	10	
Eastern Tigray	4	
Mekelle	1	
North Western Tigray	2	
South Tigray	1	
Western Tigray	1	
Reported Clinical Manifestations		
Ano-Genito-Urinary-Reproductive System Findings		
Unintended Pregnancy	1	
Urinary Incontinence	1	
Fistula	1	
Neuro-Psychiatric Signs And Symptoms	**N (Under 18 Years)**	**% (Under 18 Years)**
Depression	3	14%
Ptsd	4	18%
Point-Of-Care Testing		
Tested For Pregnancy	12	55%
Tested For Hiv	10	46%
Tested For Syphilis	4	18%
Positive Pregnancy (Of Those Tested)	3	14%
Hiv Positive (Of Those Tested)	0	0%
Syphilis Positive (Of Those Tested)	0	0%

Analysis

The data provide medical documentation of 304 cases of conflict-related sexual violence perpetrated during the recent conflict in Tigray, Ethiopia, and surrounding regions, corroborating multiple reports by journalists, human rights organizations, and international investigative bodies.[11,12,27,33,39]

Patterns, Victims, and Types of Incidents

The incidents recorded and reported were particularly brutal, with repeated documentation of rape and sexual assaults by multiple perpetrators in more than 230 cases (78%), targeting civilians ranging in age from eight to 69 years. Among the 304 documented cases, 7 percent (or 21 individuals) were perpetrated against individuals under the age of 18 years old.

The overwhelming majority of victims in this sample were women and girls, though one sexual assault involved multiple perpetrator rape of an elderly man. Acts of sexual violence have been reported against men and boys in the context of this conflict, though such cases were largely absent from our dataset.[33,40,41] This is not surprising considering the difficulty for men to come forward due to stigma, cultural stereotypes, and social taboos, and should not serve as an indication that men and boys have not been affected. Additionally, based on the type of health facilities from which these records were drawn, it is likely that cases involving male and child survivors are less likely to be reported in these spaces as these survivors may seek care elsewhere, or not seek care at all.

Sexual and gender-based violence acts in this sample consisted primarily of rape via acts of penetration of reproductive organs (vagina, anus). However, other acts of violence were reported, including forced witnessing, sexual slavery, forced touching, beatings, electrical torture, use of restraints, and the use of force and weaponry. There were high rates of HIV positivity among those tested and extremely low rates of condom use, which raises concerns about forced transmission of HIV. Similarly, lack of condom use, reports of detention, and high rates of pregnancy among those tested also indicate possible acts of forced pregnancy that merit further investigation. All of these acts are consistent with the well-known spectrum and forms of conflict-related sexual violence as documented in this and previous conflicts, as well as enumerated in The Hague Principles on Sexual Violence.[42]

Physical and Mental Health Consequences

Given the significant delays in seeking medical care, this report captured many of the known and common long-term consequences of conflict-related sexual violence. There is a greater representation of long-term consequences, and likely underrepresentation of short-term consequences.

The consequences include mental health conditions such as PTSD (13%) and depression (17%) and impacts on the reproductive system which included urinary incontinence, fecal incontinence, abnormal uterine bleeding, uterine prolapse, chronic pelvic pain, impotence, and fistulas. These physical and mental health findings are consistent with the violent, multiple perpetrator sexual violence represented within the medical records sampled.

Our records suggest that in multiple instances conflict-related sexual violence resulted in pregnancy (27 percent of patients tested were positive) or contraction of HIV (11 percent of patients tested for HIV were positive), although these rates may be somewhat inflated as clinicians may have had a higher probability of ordering these tests for patients based on clinical presentation (i.e. signs or symptoms indicating pregnancy or HIV). While global guidelines on post-sexual assault care call for universal HIV and pregnancy testing of all women of reproductive age, these tests were not done (or reported) for all eligible victims in the sample. This was likely due to a severe shortage of medical and testing supplies in Tigray as a result of the conflict.[29] It is difficult to define true rates given that not all patients were tested, but the results suggest potentially very high rates of conflict-related sexual violence-related pregnancy and HIV infection, compared to previously published reports and local HIV prevalence rates.[43]

The high number of patients testing positive for pregnancy is consistent with the data within the records, indicating that the majority of specific acts were penetration of female genitalia with a penis where condoms were not used, and that the vast majority of patients presented late for care, when emergency contraception is no longer indicated or effective.[vii]

Pregnancies, especially unintended or unwanted pregnancies, have profound impacts on the lives of women, physically, psychologically, financially, and socially.[45] The toll of unwanted pregnancies borne out of conflict-related rape is enormous on women, families, entire communities, and the children themselves.[46,47] Children born due to war-time rapes are often seen as being associated with parties to the conflict, face social stigma and revictimization, and often struggle to be recognized as legitimate victims of the conflict in their own right which can limit their access to reparations and remedy.[46]

The review of clinical notes and patient histories included in the medical records provided additional information about abuses and traumatic acts that often occurred at the same time as sexual assault, with beatings, forced witnessing of the murder of family members, and sexualized torture occurring along with conflict-related sexual violence. These findings point to the need for long-term follow-up care and supportive services for survivors who experienced complex sexual violence accompanied by other violent acts, including physical, psychological, and rehabilitative care.

vii. The WHO recommends EC "for use within 5 days" but notes it is more "effective the sooner they are used." [44]

Perpetrators

The data also provide strong evidence of military involvement in carrying out these abuses. Based on the records, 96 percent of perpetrators were identified by survivors as members of the military, 66 percent were identified as Tigrigna speaking and 28 percent as speaking Amharic. There were 143 instances where the medical record noted that the perpetrator was reported as being from Eritrea, or in some cases Eritrean military, though how the survivors reached those conclusions is not specified within the records.

Tigrigna is a language commonly spoken in Eritrea as well as in Northern Ethiopia.[5–7] Therefore the identification by survivors of many instances where perpetrators were members of the Eritrean military, and the indication that the most commonly reported language spoken by perpetrators was Tigrigna, should not be interpreted as inconsistent. Furthermore, as Amharic is the government of Ethiopia's official language there is a strong likelihood that Ethiopian military officials operating in Tigray would speak Amharic.[7] While specific information on perpetration of these crimes was not available in all records, our analysis of available data show that most (73%) of the cases analyzed were identified by survivors as being perpetrated by members of the Eritrean military, followed by Amhara Special Forces (10%), Fano Militia (9%), Ethiopian military (8%), and Afar Special Forces (1%).

These patterns of perpetration are supported by the geographic distribution of incidents within woredas (districts). Incidents of conflict-related sexual violence were most common in Kafta Humera (45) followed by Gulo Mekeda (19), Shire (18), Hawzen (17), and Sheraro (17). The woredas of Kafta Humera, Gulo Mekeda, and Sheraro are all areas that were occupied by Eritrean and Amhara forces during the conflict and are still under occupation by these forces.[48,49] This data corroborates the purported identities of perpetrators noted in other sections of the medical records.

While specific data on uniforms or insignia worn by perpetrators was not available in the medical records, it is important to note that national and regional forces wear somewhat similar uniforms and may not be clearly identifiable to civilians, particularly given the involvement of several armed forces within the conflict.

The identification within the medical records of many perpetrators from Eritrea is notable as Eritrean forces were reported to be operating in alignment with the Ethiopian government forces during the November 2020-November 2022 period.

The data is consistent with determinations made by ICHREE, the United States Department of State, and numerous media and human rights sources that have identified the Ethiopian National Defense Forces (ENDF), Eritrean Defense Forces (EDF), Tigray People's Liberation Front (TPLF) forces, and Amhara forces as perpetrators of crimes as part of the conflict in Ethiopia.[11,12,14]

Timeline

The CoHA was signed on November 2, 2022, between the Ethiopian government and Tigrayan regional authorities. This agreement called for a ceasefire, disarmament, and a return to law and order.[1]

The medical records reviewed covered the period prior to and following the CoHA. The analysis reveals that cases of conflict-related sexual violence continued despite the ceasefire. Patterns of perpetration were largely similar across the forms and types of sexual violence, the characteristics of perpetrators, and the location of incidents.

There was a notable change in the length of time between the date of incident and date of examination at the health facility, which dropped from a median of 16 months before the CoHA to 3 months after the CoHA.

The temporal trends in conflict-related sexual violence perpetration (Figure 4 and Figure 5) and delays observed in care-seeking (Figure 2) are consistent with the conflict dynamics in Tigray between November 2020 and November 2022.[35] From November 2020 through August 2021, reports described two rounds of active hostilities and atrocities committed against civilians and the occupation of areas of Tigray by different armed groups (Eritrean Army, Ethiopian Army, Amhara Special Forces, and Fano Militia). These factors would have likely impacted survivors' access to health facilities and the ability of those facilities to provide care (e.g., safety, supply chain disruption due to hostilities). Despite the fact that there was no major, active conflict occurring in the region from August 2021 until late 2022, the region was under a severe blockade which prevented the movement of both humanitarian aid and other supplies.[29,50] It is likely the survivors would also not have been able to access care due to ongoing disruption of access and services. A third round of intense conflict occurred from late August 2022 through the beginning of November 2022 when the CoHA was signed. While some areas of Tigray saw improvements in access after the signing of the CoHA, there are other parts of the region that continue to be occupied, experiencing both ongoing violations and restrictions on humanitarian support and access.

While significant delays persist in seeking care or reporting violations, it is possible that security and transportation improvements have allowed survivors to more easily access medical care and have had an impact on overall health care-seeking behavior. Furthermore, the reduction in total reported incidents since January 2023 may not indicate an overall reduction in the number of conflict-related sexual violence incidents occurring given delays in reporting reflected throughout this sample. There is a possibility that the decrease in the number of reports since January 2023 may be because survivors have not yet presented at health facilities for care and their cases have not yet been documented. While these delays in reporting make it difficult to fully understand trends of conflict-related sexual violence within the post CoHA period, the three incidents in the sample from June 2023 reflect continuing conflict-related sexual violence more than six months after the CoHA.

Conflict-Related Sexual Violence Perpetrated against Children and Adolescents

Children and adolescents, even as young as eight years old, were also targeted and experienced the same brutal patterns of conflict-related sexual violence affecting adults in Tigray, including rape by multiple perpetrators, sexual slavery, and use of force. The vast majority (95%) of cases of conflict-related sexual violence against children and adolescents in this research sample occurred after November 2022, which points to ongoing conflict-related sexual violence and violations despite the CoHA. Children and adolescents in this sample reported numerous long-term consequences including depression, post-traumatic stress disorder, unwanted pregnancy, fistula, and urinary incontinence, indicating a need for complex care now and in the future. These data underscore the need for accessible, high-quality, acceptable, and developmentally appropriate services for children and adolescents to help them heal and recover physically and psychologically from these violations.

Delay in Accessing Care and Reporting

The data shows significant delays in accessing care. The fact that 98 percent of incidents were reported to a health care facility more than 72 hours after the incident had occurred is particularly important. The first 72 hours after a sexual assault incident represents a critical window for the administration of medical treatments such as emergency contraception and post-exposure prophylaxis to prevent HIV.[ix]

The data also included information pertaining to the interval of time from the conflict-related sexual violence incident to when the survivors visited health facilities for 92 percent of cases. Of those cases, 37 percent of incidents were reported within 61 to 180 days (2 to 6 months) and 29 percent were reported more than one year (365 days) after the incident. There are multiple and well-documented potential explanations for these findings: 1) The difficulty of accessing health facilities and decreased availability of health services due to safety concerns and conflict conditions, health infrastructure breakdowns due to the ongoing conflict including attacks on health care facilities, the presence of roadblocks or checkpoints, reduction of transport services due to the conflict and blockade, and/or interruptions of SV-survivor services; 2) Physical or mental health consequences became an issue survivors could no longer handle themselves; and 3) Stigma, shame, and taboo are well-known factors that play a role in survivors not seeking care and delaying reporting.

Importantly, each of these factors, or a combination thereof, likely contributed to the identified delays in our sample. We can infer from these data that this is an underreporting of cases, particularly for survivors who experienced conflict-related sexual violence in 2020 and 2021, and likely these data within the medical records represent only a small proportion of the total number of conflict-related sexual violence incidents experienced within this population. It is also likely that many of the short-term consequences were not captured in this report.

Such delays not only impede survivors' access to medical or mental health care and to psychosocial support, but also to legal and forensic services, and ultimately, to justice and accountability.

Summary

In summary, the scale of cases, pattern of incidents, and description of perpetrators suggest that conflict-related sexual violence was both widespread and systematic.[9,52] Consistent with ICHREE's earlier determination that parties to the conflict have committed serious violations and abuses of international human rights law and humanitarian law, there are reasonable grounds to believe that the acts reported herein likely constitute war crimes and crimes against humanity.[15,53]

ix. This also represents the window during which biological samples, such as semen and blood, can be obtained for forensic purposes or DNA analysis (in areas where this technology is available and accessible). While DNA analysis is not a required element of a comprehensive medical documentation of sexual violence, its presence can help with local prosecution of SV as a common crime. [51]

Limitations

The findings of this investigation, collected from hundreds of medical records in health clinics in the conflict-affected area, testify to conflict-related sexual violence occurring across a breadth of geographic areas in a strikingly similar pattern.

Despite the robust methodology and consistent results, our investigation has several limitations. The main aim of the study was not to count all recorded cases of conflict-related sexual violence or determine a prevalence rate of conflict-related sexual violence – this is not feasible with this methodology. As a result, the cases reported here represent only a small portion of all actual cases of conflict-related sexual violence.

Moreover, we focused on records from medical facilities, but since many survivors do not seek care at all or do so for only the most severe and persistent symptoms, it is highly likely that many cases were missed. Some survivor sub-groups such as minors and men are known to be less likely to seek care than women, which might explain the preponderance of women and girls in our sample.

Likewise, our project only reviewed medical records from a limited number of facilities, and in specific geographical areas within Tigray, which do not represent all locations or all facilities where survivors are likely to seek care. In addition, it is possible that due to infrastructure barriers in this resource-limited context, many medical records may have been missed or lost and were thus unavailable for review. Finally, there are likely people who did not survive the sexual assault or associated violence, which would prevent their assaults from being documented in this medical record review of survivors' files.

Though our data comes from medical evaluations by trained and experienced clinicians, survivors often reported experiences of conflict-related sexual violence to health professionals weeks or months after the incidents occurred. This can be subject to recall bias, with possible memory loss over time. The likely impact of the potential bias, considering the nature of the incidents and common psychological coping mechanisms, is likely that of undercounting of incidents, acts, and level of brutality.

The high rates of HIV positivity and pregnancy represent cases among those tested, not the entire cohort. In the absence of pre- and post-incident testing, we cannot be certain if the cases were caused by acts of conflict-related sexual violence. Additionally, this could represent selection bias due to the selection of specific individuals for testing due to the selection of a sub-group of patients, presenting specific signs and symptoms of HIV infection and/or pregnancy (e.g., high Positive Predictive value of the tests). There is a need for further studies and assessment to investigate both pregnancy rates related to conflict-related sexual violence and HIV transmission within this population, given high rates of HIV within the tested patient population (11%) when compared to previously published reports from the general Ethiopian population for women (around 4%).[54]

Finally, PHR has chosen to omit certain details from the publication of this report to maintain confidentiality and to protect the safety and security of those involved in the study. Data that have not been published include information about the location of study sites, the name of facilities where the authors sampled the records, details about those who reviewed the records, or the total number of records available at these sites.

Conclusion and Recommendations

Our data unequivocally shows that sexual violence in Tigray has been – and continues to be – inflicted on civilian populations in a manner that intimidates and terrorizes communities, resulting in great suffering and harm. The patterns of perpetration, nature of the acts of sexual violence, and type of harms, taken together, indicate that the population in Tigray has been exposed to widespread and systematic conflict-related sexual violence.

These findings, which are consistent with other publicly available reports, point to the high likelihood that military forces, likely associated with the Ethiopian and Eritrean governments, have carried out grave violations of human rights and perpetrated atrocity crimes such as war crimes (e.g., torture and humiliating or degrading treatment; rape and sexual violence, sexual slavery) and crimes against humanity (e.g., persecution, torture, enslavement and sexual slavery, rape).

In particular, the authors noted the brutal nature of human rights violations involving children. This study documented 22 cases of conflict-related sexual violence committed against minors under the age of 18, including multiple perpetrator rape. Analysis of the clinical notes of adult survivors also showed multiple instances of children being killed during the sexual assault of a mother. These findings demonstrate a need for child-friendly services for minor survivors to heal from this violence and for additional investigation and documentation of conflict-related sexual violence against children during this conflict.

Importantly, the medical records and clinician notes analyzed for this report likely represent only a fraction of many more cases of conflict-related sexual violence that have gone underreported due to difficulty accessing care, ongoing violence, documentation barriers, and issues of stigma, among other factors known to contribute to underreporting.

Alarmingly, despite the stated commitment by the government of Ethiopia and the Tigray People's Liberation Front (TPLF) in the CoHA to halt sexual violence, our data confirms that conflict-related sexual violence has continued since the signing of the peace agreement in November 2022 and that the scale and patterns of these human rights violations have not materially changed. In particular, the clinical data we analyzed underscore that significant portions of conflict-related sexual violence have occurred at the hands of Ethiopian government forces, which raises serious concerns about the credibility of a national mechanism and process operated solely by the state authorities to provide accountability and meaningful justice to survivors.

The findings unequivocally indicate that there is a need for ongoing independent, impartial monitoring and documentation to ensure survivors can still officially report the abuses they suffered, have their experiences documented, and have evidence for accountability gathered and properly preserved. Due both to barriers to reporting as well as the persistence of conflict-related sexual violence, survivors have been continuing to come forward for more than seven months after the CoHA to report both past instances of sexual violence as well as new incidents. Additionally, these findings raise concerns about the impact of ongoing impunity for the crimes committed in Tigray and how this may fuel continued abuses in other parts of Ethiopia, especially with reports of ongoing violations in Western Tigray and conflicts arising in the Amhara region.[16,18,19]

The international crimes and grave human rights violations outlined here, and their ongoing nature, make it imperative that international justice mechanisms and authorities actively intervene to ensure that perpetrators of these crimes are held to account, and that survivors can receive both justice and access to necessary reparations to support recovery and rehabilitation. In particular, to avoid foreclosing a path to accountability for survivors of conflict-related sexual violence – who are often navigating significant barriers to report the serious violations and harm they have experienced – ongoing independent, impartial documentation of past violations as well as monitoring of the current situation will be vital.

Equally essential, the serious physical and mental health harms resulting from conflict-related sexual violence documented in this report also point to the critical need to ensure that survivors have access to humanitarian aid, including sexual and reproductive health services and mental health care. The destruction of the health system during the conflict in Tigray has further exacerbated the barriers survivors face reporting sexual violence and seeking care.

The limitations of the data outlined above also speak to the critical need for additional research to further understand the patterns and perpetrators of conflict-related sexual violence in Tigray and Ethiopia more broadly, as well as the specific short and long-term health impacts on survivors. Additionally, a deeper review of how these data can be viewed through the lens of violations of international criminal law, international humanitarian law, and international human rights law is needed to ensure robust understanding of these violations.

Finally, as the Ethiopian government embarks on the transitional justice process committed to in the CoHA, the findings of our report underscore both the need for healing for survivors and, simultaneously, real concerns about the ability of this process to achieve justice and reconciliation as sexual violence persists in Tigray. There must be meaningful incorporations of the needs and perspectives of survivors and communities affected by sexual violence, without discrimination, in designing reparation schemes and other transitional justice actions.

Based on the data presented in this report, Physicians for Human Rights and The Organization for Justice and Accountability in the Horn of Africa make the following recommendations to international, regional, national, and local actors:

1. Guarantee and support impartial documentation and accountability for serious human rights violations and atrocity crimes that have occurred;
2. Ensure unfettered, continued independent and impartial monitoring of and reporting on ongoing conflict-related sexual violence, including the situation of children and adolescents;
3. Ensure a credible and benchmarked transitional justice process that meaningfully responds to the perspectives and needs of survivors of human rights violations including conflict-related sexual violence; and
4. Facilitate access to physical and mental health services and other forms of rehabilitation for all survivors of conflict-related sexual violence, without discrimination.

To realize these recommendations, we call for the following measures by specific actors:

To the Ethiopian government and federal regional authorities:

- Rigorously and immediately implement all recommendations of the UN International Commission of Human Rights Experts on Ethiopia in their reports to the UN Human Rights Council (A/HRC/51/46);
- Cooperate fully with investigations by all UN, regional, local, and international non-governmental human rights monitors, including to ensure unrestricted access to all regions of Ethiopia and protection from reprisal for their work;
- Direct the Ministry of Justice and the Ethiopian Inter-Ministerial Task Force on Accountability and Redress of Violations to suspend, investigate, and bring to justice members of Ethiopia's armed forces who have overseen or participated in violations of international human rights law and international humanitarian law, including those violations and abuses that may amount to war crimes or crimes against humanity, in accordance with international and regional standards and national law;
- Ensure that survivors of sexual violence, and communities disproportionately impacted by sexual violence, are meaningfully engaged in designing transitional justice efforts, that they can participate without risk of retaliation, and that their perspectives, safety, and needs are prioritized;
- Allow unfettered access to humanitarian aid, including medical services, without discrimination, including to members of vulnerable populations and specifically survivors of conflict-related sexual violence; and
- Ensure appropriate redress and reparations for and provide free, timely, and adequate medical, psychosocial, and legal services to all survivors of conflict-related sexual violence without discrimination, fully respecting their privacy and ensuring their protection against reprisals.

To all parties to the conflict, including the governments of Ethiopia and Eritrea:

- Halt all forms of violence, including rape, enslavement and sexual slavery, and other forms of conflict-related sexual violence; protect civilians; and condemn sexual and gender-based violence, as mandated under international human rights law and humanitarian law as well as agreed to by the parties to the CoHA;
- Publicly condemn and issue orders to prevent and cease immediately all abuses, including all forms of sexual and gender-based violence, and facilitate investigation and prosecution of these abuses and justice for survivors;
- Exclude from any peace agreement the provision of amnesty or immunity for serious violations of international law; and
- Comply with the obligation of each party to a conflict to allow and facilitate the delivery of impartial humanitarian relief consignments for civilians in need of supplies essential to their survival.

To the international community:

- Actively support the renewal of the mandate of the International Commission of Human Rights Experts on Ethiopia (ICHREE);
- Ensure well-resourced, ongoing impartial, independent documentation of and public reporting on human rights and international humanitarian law violations since the onset of hostilities on November 3, 2020, including by supporting a succession plan for ICHREE should the mandate not be renewed. This includes a plan for preservation of evidence marshaled by ICHREE as well as the designation of a similarly empowered investigative mechanism;
- Promptly support the investigation of and accountability for those credibly implicated in serious rights abuses in Ethiopia under international law, including through universal jurisdiction;
- Condition non-humanitarian funding for the government of Ethiopia on its demonstrable, measurable progress in providing accountability and justice for atrocity crimes, including public acceptance of this commitment and the establishment of clear benchmarks and timelines for implementation;
- Monitor and ensure full compliance with the commitments and obligations agreed to in the CoHA;
- Ensure that domestic accountability and justice processes are only endorsed if they are impartial, transparent, non-discriminatory, inclusive of survivors of the conflict, including survivors of sexual violence, and ensure their safety and rights in engaging such processes;
- Fund and provide technical support to strengthen knowledge of the transitional justice process among survivors and build capacity among health, law enforcement, and justice sector actors to support investigations and prosecutions of conflict-related sexual violence and facilitate access to remedies and reparations for survivors of sexual violence; and
- Prioritize survivor- centered, trauma-informed care and rehabilitation for survivors of conflict-related sexual violence in humanitarian support to Ethiopia, with specialized care for children and adolescents.

To the Office of the United Nations High Commissioner for Human Rights and the Ethiopian Human Rights Commission Joint Investigation Team (JIT):

- Ensure that all parties to the conflict implement in particular recommendations #5 and #6 of the JIT's 2021 report, specifically to "[e]nd all forms of sexual violence against women and girls, men and boys, including targeting of civilians on the basis of their gender or ethnicity;" and "[i]ssue clear, public, and unequivocal instructions to all armed forces and groups, that all forms of sexual and gender-based violence (SGBV) are prohibited and punishable on the basis of direct and command responsibility, including superiors who ordered or failed to prevent or stop violations."

To the African Commission on Human and People's Rights:

- Promptly reconsider the decision to terminate the mandate of the Commission of Inquiry and ensure that its mandate concludes, at least, with a report of its findings and recommendations.

Annex 1: Woreda Level Data Regarding Incident Perpetration

Table 6.2: Geographic Information Regarding Incident Perpetration

Woreda Where Incident Occurred	Number	Percent
Kafta Humera	45	14.8%
Gulo Mekeda	19	6.2%
Shire	18	5.9%
Hawzen	17	5.6%
Sheraro	17	5.6%
Edaga Arbi	13	4.3%
Adwa	12	3.9%
Hawelti	9	3.0%
Woreda Unknown	9	3.0%
Setit Humera	8	2.6%
Tahtay Adiyabo	8	2.6%
Emba Seneyti	7	2.3%
Saharti	7	2.3%
Axum	6	2.0%
May Kadra	6	2.0%
Semen	6	2.0%
Samre	5	1.6%
Abi Adi	4	1.3%
Enderta	4	1.3%
Kelete Awellalo	4	1.3%
Laelay Adiyabo	4	1.3%
Alamata	3	1.0%
Ganta Afeshum	3	1.0%
Hadenet	3	1.0%
Tsegede	3	1.0%
Zala Anbesa	3	1.0%
Abala	2	0.7%
Bora	2	0.7%
Debub	2	0.7%
Dogua Temben	2	0.7%
Hintalo Wajrat	2	0.7%
Tahtay Maychew	2	0.7%
Tsimbila	2	0.7%
Wajirat	2	0.7%
Wukro	2	0.7%
Tahtay Koraro	2	0.7%
Adet	1	0.3%
Adi Daero	1	0.3%
Adiha	1	0.3%
Arena	1	0.3%

Annex

Table 6.2: Geographic Information Regarding Incident Perpetration continued

Woreda Where Incident Occurred, *continued*	**Number**	**Percent**
Edaga Hamus	1	0.3%
Endabaguna	1	0.3%
Endafelasi	1	0.3%
Endamehoni	1	0.3%
Erob	1	0.3%
Industry	1	0.3%
Koneba	1	0.3%
Korem	1	0.3%
May Gaba	1	0.3%
Mekhoni	1	0.3%
Rama	1	0.3%
Saesie	1	0.3%
Syemti Adyabo	1	0.3%
Welkayt	1	0.3%
Welkayte	1	0.3%
Zana	1	0.3%
Aheferom	0	0.0%
Asgede	0	0.0%
Kolla Temben	0	0.0%

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