



GENDER-BASED VIOLENCE IN ETHIOPIA CRISIS OVERVIEW REPORT

August 2022

Based on Review of Secondary Data from January 2021 to February 2022



Credit: UNFPA/Paula Seijo

**Better Data
Better Decisions
Better Outcomes**

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Disclaimer: This report is the result of a secondary data review approach that cross-analyzes numerous cited information sources, including the GBV cluster report and 5W dashboard report. iMMAP did not conduct primary data collection for the sake of this report. Therefore, the views and opinions expressed do not necessarily reflect the views of iMMAP and iMMAP cannot be held liable for any of the issues discussed in this report. The boundaries, names, and designations used on this map do not imply endorsement or acceptance by iMMAP.

INTRODUCTION

Gender-based violence (GBV) commonly increases during emergencies, including armed conflict, economic crisis, or disease outbreaks. It occurs in a context of unequal gender dynamics, which hinder women's and girls' development, health, livelihood, and physical and mental well-being. This report seeks to provide an overview of GBV in Ethiopia and help humanitarian partners make informed decisions. Specifically, it aims to inform partners and interested parties about the current nationwide GBV situation, map GBV service provision and inform on available service centers for GBV survivors.

ABOUT THE PROJECT

iMMAP is an international not-for-profit organization that provides information management services to humanitarian and development organizations, enabling partners to make informed decisions to support high quality targeted assistance to the world's most vulnerable populations. iMMAP conducted this crisis overview to identify the main instigating factors and effects of GBV in Ethiopia, to inform humanitarian actors operating in the country for the right decision and intervention approach. iMMAP also disseminates a survey to humanitarian partners in Ethiopia, to assess their satisfaction with each published report, identify areas for improvement, and prioritize the topic of subsequent reports. [Please answer the two questions satisfaction survey linked to this report.](#) Your participation helps ensure that our products are continuously relevant and responsive to your needs. You can view some of our past reports by clicking the links below:

- November 2021: [Protection in the Afar and Amhara regions](#)
- January 2022: [Nutrition in the Afar and Amhara regions](#)
- March 2022: [Humanitarian needs and response in the Benishangul Gumuz region](#)
- June 2022: [IDPs in drought-affected regions in Ethiopia](#)

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SCOPE AND METHODOLOGY

This GBV crisis overview report looks at the situation across the country, with a focus on northern Ethiopia. The summary does not cover all GBV types or incidents across the country due to limitations in data availability, quality or access.

The report used the dataset for the period January 2021 and February 2022. It employed qualitative and quantitative data analysis methods and cross-analyses of published and unpublished documents. The sources of this information include reporting from humanitarian agencies, government institutions, media, and human rights advocates. Data was collected from the Bureau of Women and Social Affairs, the national GBV AOR 5W matrix, 2022 HRP, monthly GBV AOR updates and reports, GBV AOR performance monitoring dashboards, and a literature review between January 2021 to February 2022. Secondary sources were also used to review the national GBV risks, including news, reports, research findings, publications, and cluster minutes. By providing all the essential information and permitting access to the GBV AOR 5W report data, the GBV AOR, and in particular the AOR Coordinator, considerably supported the production of this report. To ensure the report quality and its pertinence to the AOR members, the AOR Coordinator carefully reviewed the report and provided technical feedback.

DEFINITIONS OF TERMS

- "Honor killings": murder of a woman or girl by male family members, who justify their actions by claiming that the victim has brought dishonor upon the family name or prestige ([Pada Her](#), 01/23/2020).
- Mass rape: incident where multiple survivors/victims experienced sexual violence in the same location at the same time ([Insecurity Insight](#), 01/28/2022).
- Gang rape: incident where a single survivor or victim was attacked by multiple perpetrators ([Insecurity Insight](#), 01/28/2022).
- Survivor: individual who has experienced sexual violence ([Insecurity Insight](#), 01/28/2022).
- Sexual violence: sexual act, attempt to obtain a sexual act or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting ([New Zealand Family Violence Clearinghouse](#), 09/2012).
- Psychological violence: intentional conduct that seriously impairs another person's psychological integrity through coercion or threats ([European Institute for Gender Equality](#), 08/2022).
- Intimate partner violence: violence that occurs between people in sexual or romantic relationships ([CDC](#), 10/09/2021).

ACRONYMS

AOR	Areas of Responsibility
DHS	Demographic Health Survey
EDHS	Ethiopian Demographic and Health Survey
EHF	Ethiopian Humanitarian Fund
EHRC	Ethiopian Human Rights Commission
GBV	Gender-Based Violence
HNO	Humanitarian Need Overview
HRP	Humanitarian Response Plan
IDPS	Internally Displaced Persons
MHPSS	Mental Health and Psychosocial Support
PIN	People in Need
PSEA	Protection from Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
OHCHR	United Nations Office of the United Nations High Commissioner for Human Rights

Key Humanitarian Data



Lifetime prevalence of intimate partner violence in Ethiopia is 28%



Metema woreda of the Amhara region and the Afar region are main routes of human trafficking to the Middle East



Child combatants from the Tigray region were observed in conflict



Median age of first marriage is 15.7 in the Amhara region, 16.6 in the Afar region, and 16.6 in the Tigray region.



45% of girls in the Amhara region are married before 14



Prevalence of female genital mutilation (FGM) is 91% in the Afar region, 62% in the Amhara region, and 24% in the Tigray region



In Afar region, 245 schools are closed and 53 thousand children are forced out of schools



Over 9 million people in northern Ethiopia need food assistance

EXECUTIVE SUMMARY

This crisis overview analyzes the GBV situation in Ethiopia, with an emphasis on northern Ethiopia, categories of GBV risk and response, and persons affected by GBV. According to reports by implementing partners and human rights advocates, complex humanitarian crises have exacerbated GBV in Ethiopia. Due to limitations in data access, particularly from public sources (health, law enforcement, and gender issue mandated agencies), the report lacks comprehensive data that would better shed light on GBV. The orthograph above illustrates key humanitarian data in Ethiopia, including prevalent types of GBV, such as intimate partner violence, early marriage under the minimum legal requirements, female genital mutilation.

REPORT LIMITATIONS

While respondents have observed an increase in GBV incidents since conflict started in the northern and other regions of Ethiopia in 2020, there is limited reliable data ([GBV AOR Global Protection Cluster](#), 13/03/2021). This is related to data privacy and sensitivity, the absence of proper documentation and data management system, inadequate information management systems in some public sectors, and cut-off communication services in some conflict-affected areas. Observers consider that most incidents are unreported, so the numbers provided in this report underestimate the scope of the problem and should not be interpreted as absolute. Thus, the overview relies on limited available sources and does not analyze all forms of GBV risks across the country, but may instead serve to illustrate key trends or concerns for ongoing assessment and response ([PHE](#), 06/10/2020). Moreover, some secondary sources may be affected by bias. iMMAP prioritizes more credible sources available, while considering diverse actors and perspectives. Finally, iMMAP intends to analyze data impartially to inform humanitarian decision-making on the basis of need alone, free from any adverse discrimination.

KEY FINDINGS

- Since the beginning of the war in Tigray in November 2020, over 1,300 incidents of rape have been reported, though observers argue many went unreported due to societal stigma and limited service provision. The damage and looting of health care facilities in Tigray, Amhara and Afar regions impeded the provision of comprehensive after care and aggravated conditions for survivors ([Addis Standard](#), 01/01/ 2022).
- Intimate partner violence, domestic violence, female genital mutilation/cutting, sexual assault, rape, marriage by abduction, and child marriage are just some of the forms of GBV that are prevalent in Ethiopia. In addition, other forms of SGBV, including gang rape, mass rape, and psychological abuse during rape were reported in recent years in relation to conflict.

- The main services provided to survivors include psychosocial support, community sensitization, referral of survivors to different multi-sectoral services, and training for GBV front-line service providers.
- Funding received for GBV response is less than the contribution required. Only 49 percent and 58 percent of the required budget were covered in 2021 and 2020, respectively.

Figure 1 shows humanitarian access limitations across the Tigray region, as well as many other regions of Ethiopia. The situation in northern Ethiopia remains moderately stable but unpredictable. Some areas of the Tigray region, including in parts of the central, eastern, and western zones, continue to be hard to reach for partners, exacerbated by fuel shortages. Considering confirmed and ongoing distributions, and confirmed dispatches (but not yet distributed), food

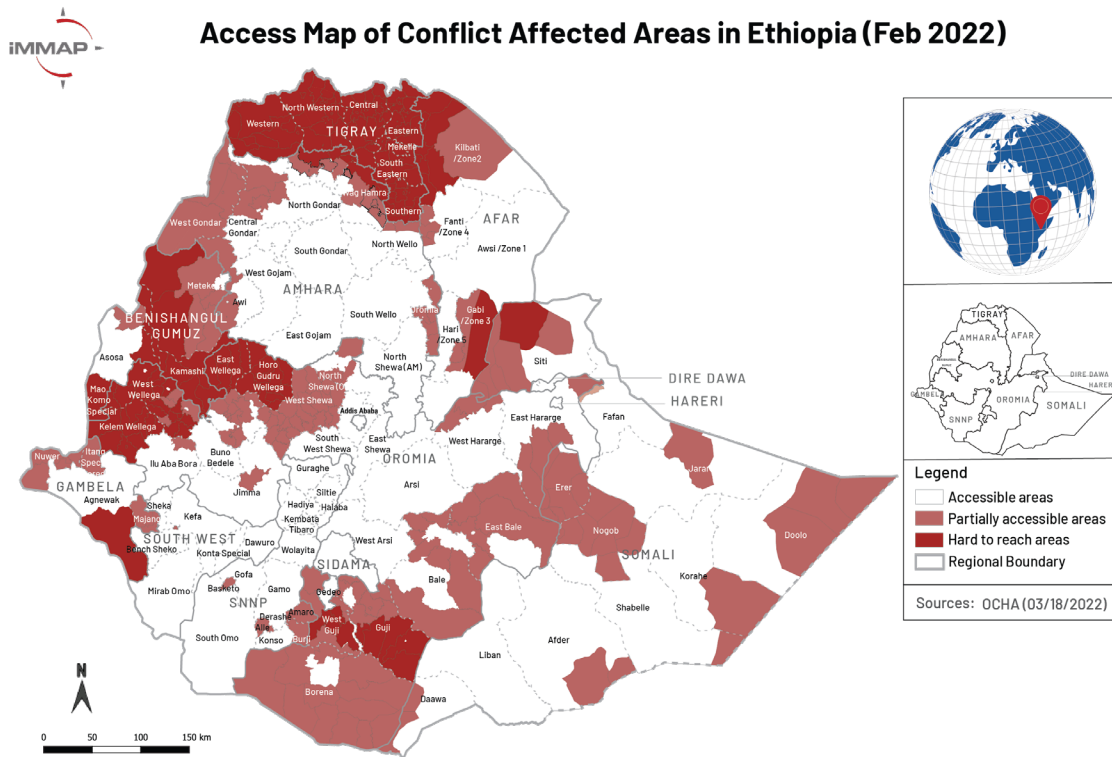


Figure 1: Access map of conflict-affected areas in Ethiopia. Source: OCHA, 03/18/2022

- Ethiopia has passed various human rights legislation to prevent GBV and achieve gender equality since the adoption of the constitution in 1995, despite implementation challenges. These laws include restrictions on human trafficking, child marriage, and female genital mutilation (FGM).

HUMANITARIAN CRISES IN ETHIOPIA

Conflicts, frequent and prolonged drought, flooding, and desert locust invasion are some drivers of humanitarian needs in Ethiopia. Most regions in the country have been experiencing social unrest, inter-communal tension, or violence, with hotspots in northern Ethiopia, and the Benishangul Gumuz, Oromia, and Somali regions. Competing claims to resources, land rights, administrative boundaries, and ethnic claims are some of the reasons for the conflict (IOM, 04/15/2022).

partners reported that, as of 9 June, at least 16,000 MT of food commodities remained in Mekelle as partners are unable to dispatch them to various woredas due to fuel shortages (at least 135,000 liters of fuel required). This stock is enough to serve around 950,000 people with common food baskets (OCHA, 06/11/2022). Drought in southern and southeastern Ethiopia, recurring flooding across the country, and pest infestations are also driving humanitarian needs (acaps, 01/24/2022). Multiple and complex crises resulted in an estimated 25.9 million people in need of humanitarian assistance in 2022 (OCHA, 12/02/2021). As of September 2021, there were over 4.2 million IDPs, double the figure in late 2020 (IOM, 12/13/2021). Food insecurity has increased, reaching the highest levels since 2016 (OCHA, 06/10/2021). 3.6 million persons, representing 81% of all IDPs in Ethiopia, have been displaced due to conflict. As shown in figure 2, 9% of IDPs, the largest proportion not affected by conflict, was pushed by drought, while 4% were pushed by social tensions. Smaller proportions were pushed by other natural disasters,

Causes of displacement, except conflict (Dec 2021 - Feb 2022)

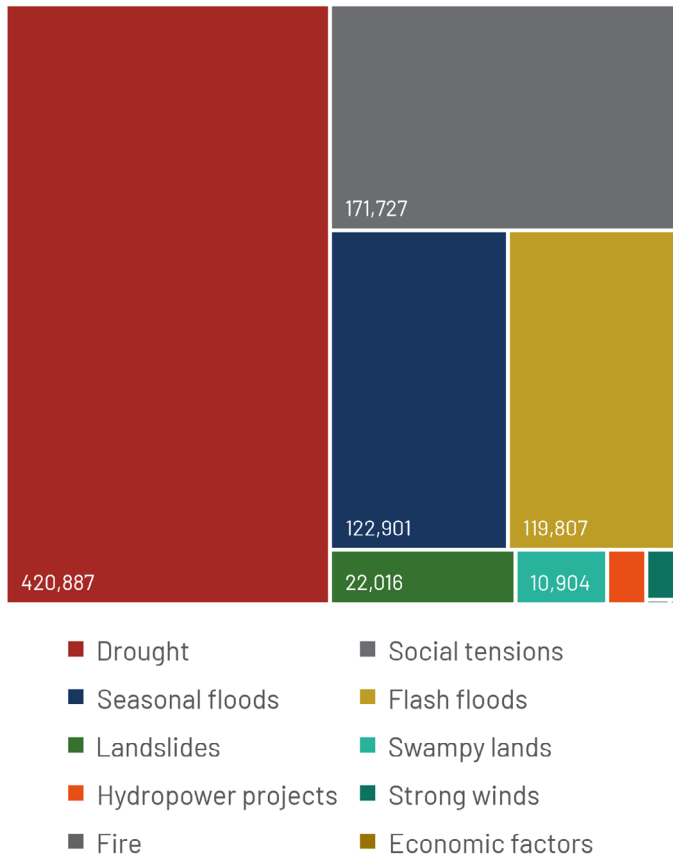


Figure 2: Causes of displacement, except conflict (Dec 2021 - Feb 2022) Source: IOM

such as seasonal floods, flash floods, landslides, and swampy lands (IOM, 12/13/2021).

Ethiopia's displacement increased dramatically in 2021, with armed conflict expanding from the Tigray region to the neighboring Amhara and Afar regions. The Ethiopian Crisis Response Plan 2022 IOM report showed that approximately 2.11 million persons were internally displaced by the crisis in Tigray, Amhara, and Afar regions, with active fighting in several areas continuing and likely to cause further displacement. Incidents of political and inter-communal violence also flared up in other regions, such as parts of Oromia and Benishangul Gumuz, threatening broader stability (IOM, 15/12/2021).

Between November 2020 and December 2021, the number of IDPs increased markedly in the Tigray, Amhara, and Afar regions, gradually decreasing thereafter due to the scale-down of the conflict and IDP returns. The intercommunal conflict and drought in Oromia, Somalia, SNNP, and Benishangul Gumuz regions have also put women and girls at risk of GBV. Displaced women and children face protection risks that are aggravated by socio-economic factors. Their recurring and protracted displacement, combined

with a lack of support to cover basic needs and congested shelter, and the long way to travel to collect firewood and fetch water, raises the risk of GBV, particularly sexual violence (rape and exploitation).

ETHIOPIA HUMANITARIAN RESPONSE PLAN 2017-2022

As shown on figure 3, according to the 2022 HRP for Ethiopia, the country's total population is estimated to be 117.9 million people, of which 25.9 million are people in need (PIN) of humanitarian assistance. Among the PIN, 22.3 million people are targeted by the service providers due to limited availability of funding, human resources, infrastructure, and access (OCHA, 08/03/2022).

The HRP noted the disproportionate and gender-specific effects of compounded humanitarian crises on girls and women, and increased risk of mostly unreported and unaddressed GBV in Ethiopia. As one of its strategic objectives, the HRP seeks to mainstream gender, along with protection and age considerations, in the multi-sectoral response to enhance the protection environment and avoid and reduce harm. It reported that the inter-agency Gender Technical Working Group (GTWG) would be strengthened, highlighted the collection of sex and age disaggregated data and production of gender analyses. Finally, it reaffirmed commitment towards PSEA by humanitarian actors to prevent grave consequent harms (OCHA, 08/03/2022).

HRP year	PIN (in million)	People Targeted (in million)	Required (USD) (in million)	Fund coverage
2022	25.9	22.3	2,800	
2021	19.0	14.8	1,500	49%
2020	8.0	6.5	973	58%
2019	8.9	8.3	845	76%
2018	7.0	7	1,200	56%
2017	5.6	5.6	1,400	47%

Figure 3: Ethiopia Humanitarian Response Plan (2017 - 2022). Source: Global Humanitarian Overview 2022 (Financial Tracking Service)

GBV SITUATION IN ETHIOPIA

According to Insecurity Insight, 84 incidents of sexual violence analyzed in northern Ethiopia involved 260 perpetrators and 471 women and girls affected (Insecurity Insight, 01/28/2022).

As shown on figure 4, the GBV severity level map indicates that extreme and catastrophic situation hotspots locations are the border of the three regions where intensive armed conflict has happened. These are North Wollo, South Wollo, Waghimra zone of the

Amhara region, Awsi and Kilbri zone of the Afar region and almost all zones of the Tigray region. During emergencies, IDPs frequently report GBV, specially in sites where shelter conditions were below standard and availability and access of services were challenging and scarce for people at risk. GBV

Tigray

Conflict-induced SGBV has been prevalent since the start of the conflict in northern Ethiopia in November 2020, affecting hundreds of women and girls who have been repeatedly and systematically targeted. Various reported perpetrator statements suggest that SGBV

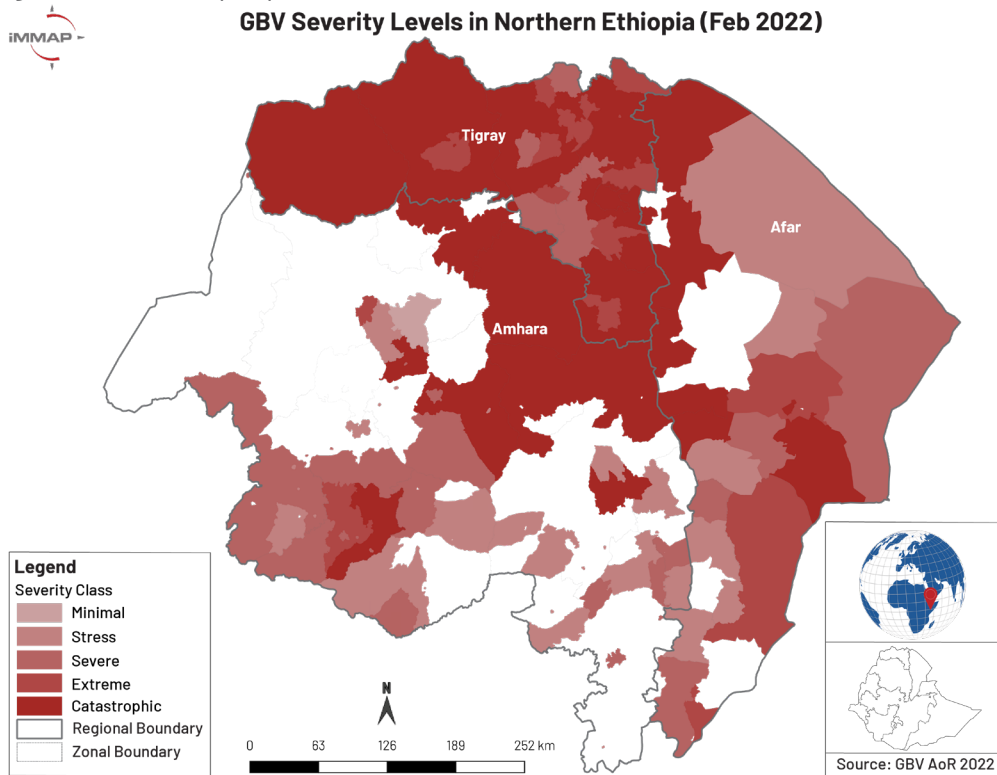


Figure 4: GBV Severity in northern Ethiopia. Source: GBV AoR dashboard Jan 2021-Feb 2022

partners used some safety audit and protection monitoring tools to assess the protection risks and concern in the sites. In addition to these tools, they use DTM site assessment data to track the IDPs situation. Figure 5 relies on rounds 8 and 9 datasets of the Emergency Site Assessment (ESA) to analyze GBV concerns in northern Ethiopia (IOM-ESA R8, 21/10/2021), (IOM-ESA R9, 04/14/2022).

As shown on figure 6, the humanitarian need and response in northern Ethiopia are varied due to funding-related issues to respond.

According to the 2016 Ethiopian Population Survey (DHS), 33% of women aged 15 to 49 have experienced physical or sexual violence, and domestic violence is the most common form of violence experienced by women. The data also show that about 65% of women aged 15 to 49 underwent FGM in Ethiopia and that marriage of children in Ethiopia remains a major problem, as about 58% of women aged 25 to 49 were before their 18th birthday. Finally, 10% of women aged 15-49 reported having been subjected to sexual violence by anyone in their lives (Social Impact Inc, 2018).

was used deliberately for ethnic-based targeting (Insecurity Insight, 01/28/2022).

Focusing on Mekelle and Alamata, Mehoni, and Kukufto cities in Tigray’s southern zone, the Ethiopian

GBV Concerns at IDP sites in northern Ethiopia

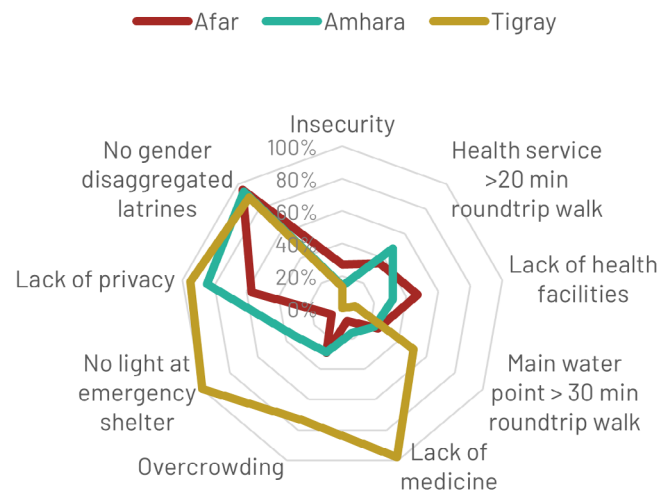


Figure 5: GBV concerns at IDP sites in northern Ethiopia. Source: IOM-ESA round 8 and 9

	Population	PIN	Targeted	IDP	Returns	Refugees
Afar	1,989,997	316,097	96,717	175,264	81,280	56,262
Amhara	22,530,515	1,388,635	613,473	462,529	1,494,882	6,000
Tigray	5,649,587	2,176,316	977,555	1,814,284	No data	34,676

Figure 6: Humanitarian situation in northern Ethiopia. Source: GBV AoR

Human Rights Commission (EHRC) noted that 108 rape cases were reported between November 2020 and January 2021 (EHRC, 02/2021).

Amhara

Between 12-21 August 2021, 70 women in Nefas Mewecha, in the Debub Gondar zone, reported to regional authorities that they were rape survivors (Amnesty International, 11/09/2021).

Afar

From November 2020 - December 2021, at least 49 women and girls were sexually assaulted in the region. Most reported incidents were gang rapes. At least 17 SGBV incidents reported were mass rapes (Insecurity Insight, 01/28/2022). According to Afar regional authorities, over 200,000 people have been displaced due to the recent fighting in the region, with little or no access to critical items such as food and water (OCHA, 02/04/2022). As shown on figure 7, among the reported SGBV incidents in the Afar region are rape, child marriage, and other forms are in the leading position while the rest of the incidents are also still being reported.

SGBV incidents in Afar Region from (Mar 2021 to Jan 2022)



Figure 7: SGBV incidents in the Afar region. Source: Afar region Women, Children, and Youth Affairs Office Jan - Feb 2022

Gambella

As shown on figure 8, just 79% and 71% of women in the Gambella region can access health care and purchase items, respectively, though almost all men can do so.

The proportion of women (aged 15-49) in the Gambella region who report having ever experienced psychological, physical, or sexual violence perpetrated by husband/partner is 24%, 25%, and 8%, respectively. The percentage of women who say they believe that a husband is justified in hitting or beating his wife in certain circumstances is 60%, while 36% of men admit believing so (Unicef, 09/2019).

A bride dowry is traditionally paid for women and polygamy is reportedly practiced 21% of the time. Women are generally denied their rights to ownership and restricted from decision-making on common property issues (Unicef, 09/2019).

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Gender disparity in decision-making in the Gambella region

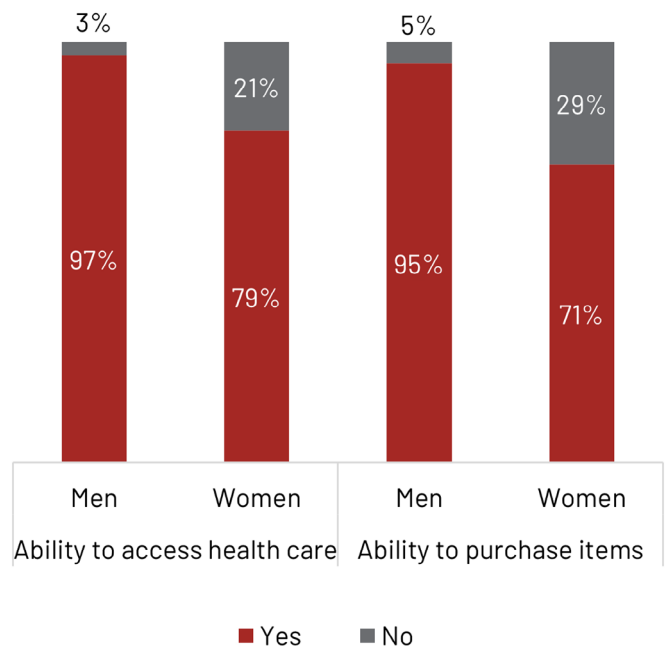


Figure 8: Gender disparity in decision making in the Gambella region. Source: UNICEF Sit Analysis 2019

Benishangul Gumuz

Limited data is available on GBV in the region. However, based on the information gathered through key informant interviews, there are cases of GBV reported in and outside of the refugee camp. Inadequate camp conditions and negative perceptions of IDPs among host community members lead some women IDPs to resort to survival sex as a source

of income and food to support their families. Also, several rapes of young children were reported. The Ethiopian Red Cross Society and the regional government did an assessment of the three woredas: Dangur, Dibate, and Madira, based on which the Dibate and Madira woredas showed increased security concerns and risk of GBV, poor protection of IDPs from the weather, and lack of privacy. In the Dangur woreda, there are suspected cases of GBV reported to the police ([IMMAP BSG Situation Report](#), 03/2022).

Somali

The Ethiopian Demographic and Health Survey reported lower rates of physical violence, spousal violence, and sexual violence among women aged 15 to 49 years in the Somali regional state as compared to national rates (CSA and ICF, 2017). The Somali region has the lowest reported levels of physical violence (5.9%) and sexual violence (0.3%), but the highest levels of female genital mutilation (FGM), with 99% of women aged 15 to 49 having undergone the procedure ([CSA and ICF](#), 2017)

However, anecdotal data suggests that SGBV is much more prevalent. For instance, EngenderHealth's qualitative assessment of the Fafan zone reported notable differences in the perceived prevalence of SGBV. While male responses cited no instances of SGBV, women commonly reported incidents of sexual assault and domestic violence ([EngenderHealth's](#), 03/12/2022).

Oromia

In 2018-2020, inter-community violence and confrontations between armed actors impacted humanitarian access, mainly in West and Kellem Wollega zones. Since 2021, clashes have expanded to east and Horo Guduru Wollegas as well as to north, west, south-west and east Shewa zones, prompting forced displacements within Oromia and into Amhara region. Further, insecurity has impacted partners' movements along with the Addis Ababa – Ambo – Nekemte road and into Assosa, impeding the movement of supplies and fuel for relief operations to thousands of IDPs and refugees in Assosa and Mao Komo Special Woreda (BGR). On the other hand, some areas in Kellem Wollega that were hard to reach for years have now become accessible, and access to southern parts of east Wollega has improved. Aid workers continue to operate in a high-risk environment often undergoing serious threats and risks such as intimidation, harassment, and attacks on ambulances and medical missions. In recent months, western Oromia has also experienced a rise in criminal activity, with several incidents of abductions and carjacking reported, particularly along the Ambo-

Nekemte Road ([OCHA](#), 05/07/2022).

Such conflicts and displacements may lead to different forms of GBV in the area, especially for women and girls who are severely affected by existing socio-economic and cultural factors. While the number of persons in need of GBV services is increasing, the response is not keeping up, mainly due to funding gaps.

LEGAL FRAMEWORK TO PREVENT AND PENALIZE GBV ACTS IN ETHIOPIA

In the Ethiopian criminal code, a perpetrator who committed rape is punished by a maximum of 20 years of criminal imprisonment. However, the law does not explicitly address forced partners' sexual assault, and law enforcement is rare ([Salemot, Marew Abebe](#), 11/26/2020). Furthermore, sexual abuse by close family members is also rarely reported, and law enforcement usually overlooks it due to the high level of the withdrawal or discontinuation of cases. The criminal law penalizes domestic violence and the opening penalties for conviction range from small fines to 15 years' imprisonment ([Criminal Code-Ethiopia](#), 05/09/2005). Proclamation No. 414/2004, article 561-570 banned FGM. Even though the practice is banned by Ethiopia's civil and criminal law, bringing the perpetrator to court is low. The proclamation, No909/2015 criminalizes sex and labor trafficking. The prescribed penalty of 15 to 25 years imprisonment and a fine from 150,000 to 300,000 Ethiopian birr is indicated in legal codes for an offense involving an adult male victim. A fine ranging from 200,000 to 500,000 Ethiopian birr is put for an act victimizing a female ([Federal Negarit Gazette](#), 08/17/2015). Even though the civil and criminal codes are in place, the levels of law enforcement for various types of GBV are still low. Underperformance of legal services and police stations, and law enforcement activities pose challenges for GBV survivors and discourage them from seeking legal assistance ([Magnitude, Policies, and Interventions](#), 8/1/2018).

FUNDING AVAILABILITY TO ADDRESS THE NEED

The cumulative funding gap for both the 2021 [Humanitarian Response Plan](#) and the 2021 [revised Northern Ethiopia Response Plan](#) stood at more than \$1.1 billion. An estimated \$619 million has been mobilized towards the northern Ethiopia Response

Plan, and \$656 million for response towards the HRP. However, this is insufficient to cover the humanitarian needs.

At the start of 2022, the Ethiopian Humanitarian Fund (EHF) carried over a balance of US\$ 6.7 million, after committing \$24.3 million for the second 2021 standard allocation. A total of \$8 million was received in confirmed contributions from the governments of Canada, Germany, Sweden, and Switzerland. An additional \$6.4 million is in the pipeline from the government of Sweden for 2022 programming. These will increase the EHF estimated fund balance to \$21.1 million. The continued support from donors demonstrates efforts to mobilize resources to enable humanitarian partners to deliver assistance to conflict

and natural disasters-affected people (OCHA, May 2022).

As can be seen in figures 9 and 10, the activities achieved during the period of January 2021 – February 2022 and the need diverge due to funding gaps. For 2022, the GBV AOR requires \$90.1M to target 2,2M persons, mostly vulnerable women and girls, including those living with disabilities. including for GBV case management services. These resources would be aimed at prioritizing persons living with disabilities, adolescent girls, female heads of household and other vulnerable groups. The GBV AOR sets to finance 11 response priorities, including One Stop Centers, multi-sectoral GBV response, GBV referral pathways, Women and Girls’ Friendly Spaces, GBV risks awareness raising, dignity kit distribution, GBV coordination mechanisms, capacity-building of frontline service providers, livelihood programming, GBV mainstreaming, and the GBV response environment.

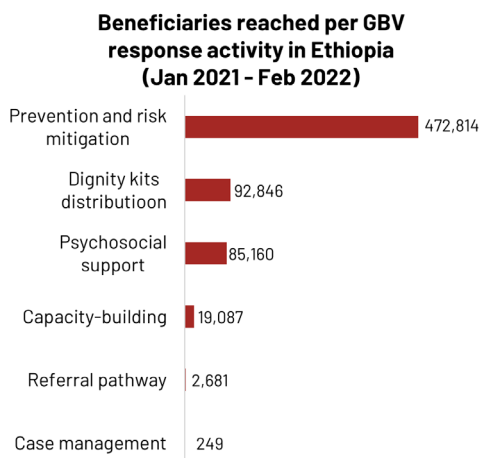


Figure 9: Beneficiaries reached per GBV response. Source: GBV AoR dashboard

GBV RISK FACTORS AND IMPACTS

Recent assessments and reports indicate that crisis-affected communities, particularly IDPs, have been practicing negative coping mechanisms such as begging, child labor, theft, selling humanitarian assistance received, transaction sex for cash and temporary shelter, child marriage, and sending the family members to other parts of the country in search of a job. Some of the mechanisms exposed them to high protection and GBV risks such as rape, sexual

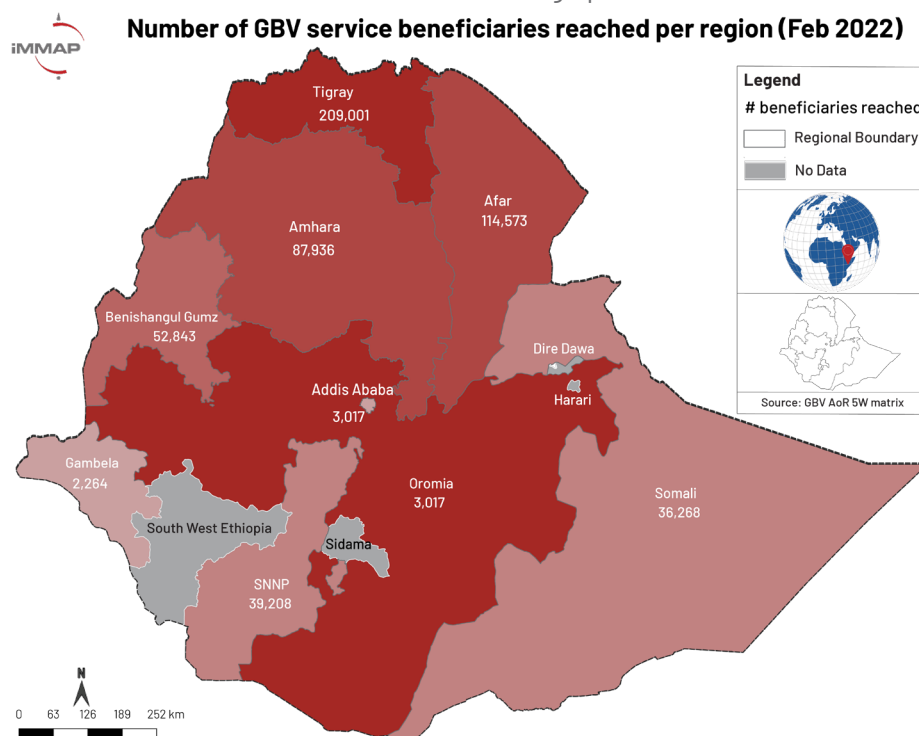


Figure 10: Number of GBV services Beneficiaries reached per region Source: GBV AoR 5W matrix

assault, physical assault, denial or opportunities/ services, and psychological abuse/emotional abuse impact (HRW, 11/09/2021).

Given the limited provision of services for GBV survivors in Ethiopia, GBV has resulted in serious, immediate, and long-term consequences for their sexual, physical, and psychological health, as well as a wider impact on society. GBV can have a wide range of health consequences, including severe physical injuries, unwanted pregnancies, complications from unsafe abortions, sexually transmitted infections, and death from complications arising from these conditions. Because of cultural practices and limited community awareness, GBV survivors may suffer even further because of the stigma associated with this type of violence. Survivors may be excluded from their families or communities and be affected both economically and socially. This stigmatization may not only put these persons at greater risk of exploitation and violence, but can also endanger their lives, particularly when male family/community members retaliate with physical violence or "honor" killings. Due to this range of reactions, it is important for humanitarian responders must respect each person's choices and style of coping with traumatic events and set strategies to respond to potentially long-term physical and mental health anguish (UNFPA, 08/02/2022).

GBV RESPONSE

The GBV AOR, led by the United Nations Population Fund (UNFPA), is a global forum for coordinating and collaborating on GBV prevention and response in humanitarian settings. The group brings together government agencies, NGOs, UN agencies, donors, academics, and independent experts who share the goal of ensuring more predictable, accountable, and effective GBV prevention and response in emergencies. In Ethiopia, GBV AOR is coordinating efforts of partners to meet the need of people of concern.

Although there are 9 (nine) indicators for the GBV response, the report team concentrated on the response actions listed below. The sub-activities that were carried out between January 2021 and February 2022 were combined to create the graph below. The indicators for 2021 and 2022 were thoroughly examined to prevent overlaps and confusion for the readers. Figure 10 shows activities conducted by implementing partners from January 2021 to February 2022 to respond to and prevent GBV.

Figure 9 shows the activities conducted by implementing partners from January 2021 to February 2022 to prevent or respond to GBV risks. As shown on figure 10, the Tigray, Afar, and Amhara regions hosted a larger share of beneficiaries when compared to others. Figure 12 shows the implementing partners

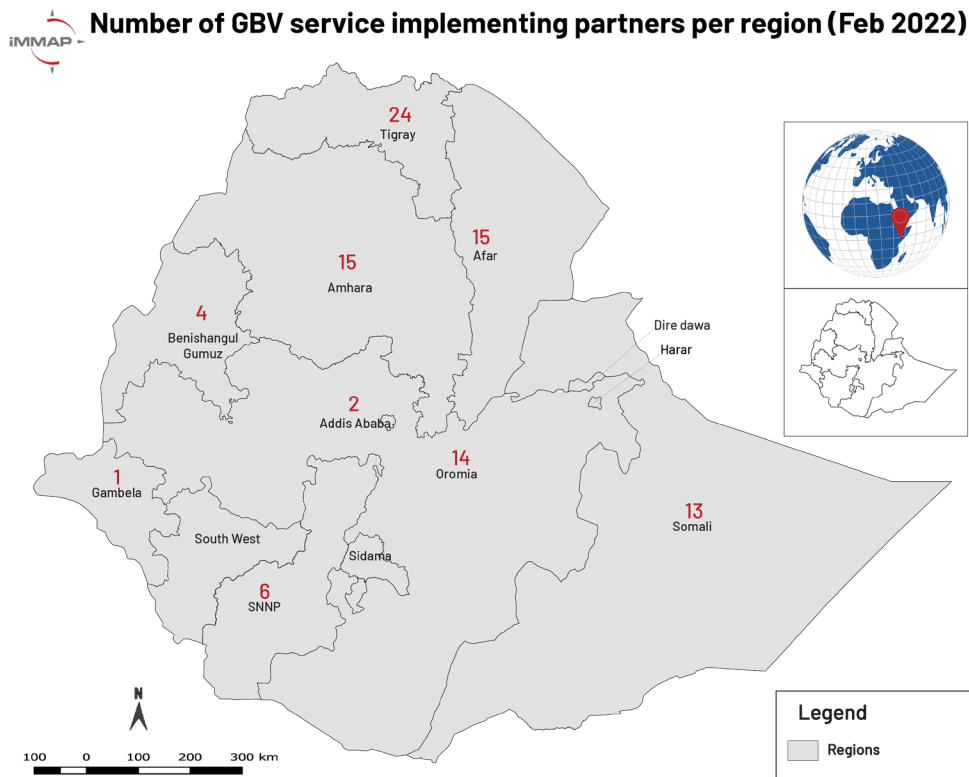


Figure 11: Number of GBV service implementing partners per region. Source: GBV AoR 5w Matrix, Feb 2022

operating and the number of beneficiaries reached in the three regions of northern Ethiopia.

Implementing Partners

UNFPA leads the GBV AOR, as part of the Protection Cluster. The GBV AOR facilitates a comprehensive approach to GBV prevention and response in humanitarian settings. As GBV is happening in all forms of life, the AOR works closely with other clusters such as WASH, Food Security, and CCCM clusters to effectively address the complex need of the survivors. As part of the northern Ethiopia crisis response, the GBV AOR significantly scaled up the response in support of affected people. UNFPA, GBV AOR partners, and the government’s main actor, the Ministry of Women, Children, and Youth, health sectors and law enforcement bodies have been coordinated to respond to the GBV crisis. The GBV AOR service mapping data shows the GBV actors include UN agencies, local and international non-governmental organizations, and government actors. The main type of GBV services activities provided are:

1. Raising awareness and providing risk mitigation services
2. Referrals of GBV
3. GBV survivors’ case management
4. Capacity building for the actors and beneficiaries
5. Psychosocial social support
6. Dignity kits distribution for the affected women

Referral Pathway System And Case Management

The referral system is intended to connect survivors to appropriate multi-sector GBV prevention & response service in timely and safe manner. GBV partners established referral systems to connect the survivors and at-risk groups to appropriate multi sector GBV prevention and response services. Through the pathway, more than 1,600 survivors benefited the services.

Case management (CM) is a collaborative multi-sectoral process which assesses, plans, implements, coordinates, and monitors available resources to meet the survivors’ complex needs. In the Tigray region, a total of 10 institutions were selected for provision of CM & MHPSS. In Women & Girls Friendly Spaces, individual counseling and case management, group activities, protection services, cash assistance, provision of dignity kits, and facilitated referrals to other institutions for specialized services are provided.

Region	Implementing Agency	Beneficiaries reached
Afar	DRC	16
	AWA	21
	EMwA	106
	ELiDA	120
	IMC	257
	EDUKANS Foundation	935
	GOAL Et	3,018
	Plan International	3,038
	Action Against Hunger	4,657
	Actionaid	5,000
	CARE	5,331
	BoWCYA	6,282
	ERCS	19,983
	ASDEPO	30,784
	APDA	35,024
Amhara	ELiDA	90
	SYHLA	114
	IOM	220
	World Vision	506
	Plan International	604
	TdH NL	653
	DICAC	734
	IMC	1,006
	GOAL Et	1,485
	IRC	4,103
	EDA	4,332
	Action Against Hunger	6,230
	BoWCYA	12,736
	AWA	16,342
	ERCS	39,116
Tigray	Mekelle University	11
	LWF	48
	EPA	96
	EOC DICAC	104
	SCI	180
	IOM	532
	EECMY DASSC	615
	Mums for Mums	808
	CISP	818
	Alight	1,145
	OSSH D	1,542
	IMC	1,627
	Action Against Hunger	1,688
	OXFAM	2,267
	IRC	2,575
	FHI360	7,695
	World Vision	9,698
	GOAL Et	15,019
	IMAGINE 1DAY	78,298
	ASDEPO	84,339

Figure 12: Implementing partners and beneficiaries in northern Ethiopia. Source: GBV AoR dashboard

One Stop Center Service

As shown in figure 13, There are 47 one-stop centers throughout the country, of which 13 are in the Amhara, Afar, and Tigray regions. A hospital-based One-Stop Center operates to deliver comprehensive multi-sectoral GBV services to survivors. Most GBV survivors choose to conceal their experiences. However, the one-stop centers are inadequately equipped with health supplies, the absence of MHPSS services, a lack of medical supplies, cash, and dignity kits. Looting and destruction have affected the provision of service.

CHALLENGES ON THE SERVICE PROVISION

- Lack of access to cash and fuel in the Tigray region to implement GBV activities.
- Interruptions in communication, internet, and phone service impede humanitarian service provision to Tigray and neighboring regions of

PRIORITY NEEDS

The priority needs listed below were gathered and assembled from presentations or reports made by various partners during the GBV AOR monthly meetings.

- Provision of protection services at IDP sites across northern Ethiopia, including child protection, GBV and sexual and GBV prevention and response, and mental and psychosocial support.
- Comprehensive GBV services mapping and localized referral mechanisms, health services for survivors, and risk mitigation and prevention activities in northern Ethiopia.
- Provision of essential lifesaving primary health-care services to underserved, unreached, crisis-affected communities and returning IDPs.
- Provision of sexual and reproductive health services and referral of GBV cases using existing referral pathways, as well as strengthening coordination among protection clusters.

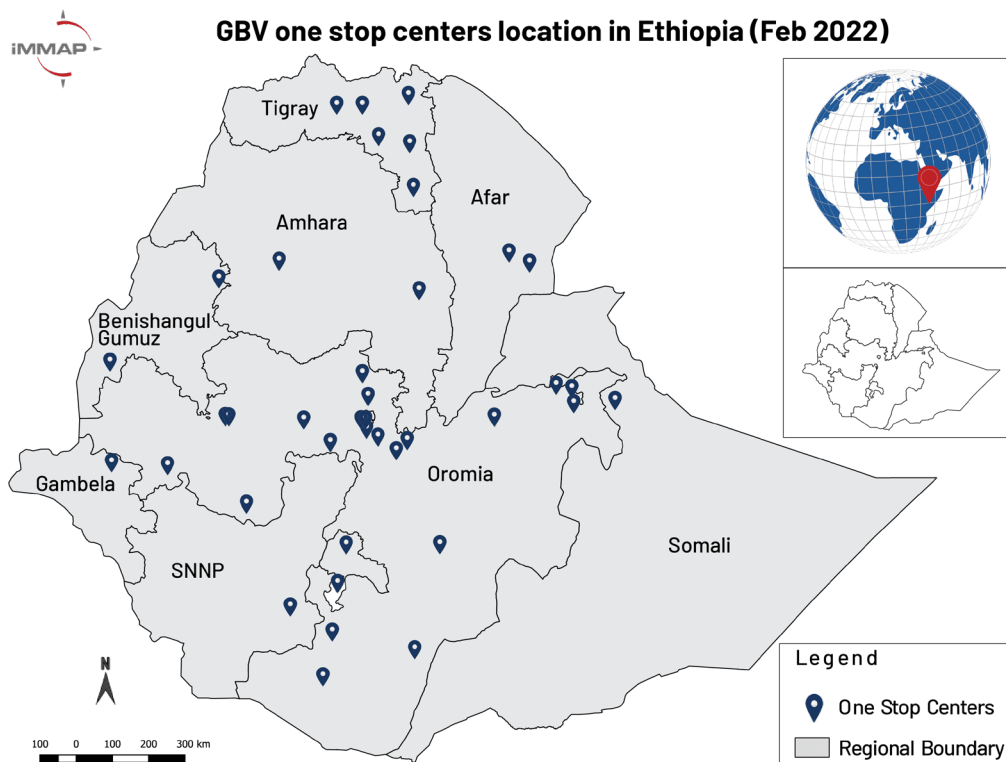


Figure 13: One stop center's location in Ethiopia. Source: GBV cluster 5W data collected (Feb 2022)

- Amhara and Afar.
- Lack of access to transportation disproportionately harms GBV survivors' ability to receive medical treatment.
- The undeveloped road infrastructure and road network creates obstacles to access remote areas of the region. Still, some places in Amhara and Afar are not reachable due to security concerns.
- Capacity-building on basic MHPSS, psychological first aid (PFA), basic communication and counseling skills, reintegration counseling, service mapping, and referral, MHPSS, and GBV mainstreaming.
- Improve capacities to conduct regular monitoring to identify protection risks, and facilitate community mobilization and community-led discussions and protection information sessions.

KEY ADVOCACY MESSAGES

iMMAP compiled and synthesized the following advocacy messages from different GBV service providers:

- Advocate for safe access to hard-to-reach areas for humanitarian actors to provide timely assistance/ protection intervention to address critical needs of IDPs and safe access to life saving services.
- Advocate with public agencies for the protection of women and girls at risk of GBV, especially sexual violence.
- Advocate with the donor community for resources to scale up interventions, including clinical management of rape, case management, psychosocial support, dignity Kits, community engagement and mobilization.
- Advocate with INGOs to prioritize GBV response in the crisis, especially provision of core GBV response.
- Advocate for inclusion and empowerment of national, local, and community-based actors in the safe delivery of core GBV and protection responses and other forms of humanitarian aid to conflict- affected individuals, groups, and hard-to-reach communities.

CONCLUSION

Secondary data since January 2021 and qualitative reporting since 2020, suggest that GBV risks have increased in crisis-affected areas, but are more acute in the northern Ethiopia. Some of the major programmatic responses to GBV are GBV case management and referral systems, capacity-building, prevention, and risk mitigation, and other responses have been identified. While the demand for GBV services is high, service gaps due to funding and access limitations impact service delivery. GBV incidents are under-reported due to social stigma and other factors, such as the disruption of one-stop service centers due to conflict. While the country has legal instruments and a policy framework for GBV, its risks remain concerning due to inadequate implementation and follow-up.



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