



ETHIOPIA

Sexual and Gender based Violence (SGBV) Factsheet

September 2016

743,732

Total number of refugees in Ethiopia

49.8%

Percentage of refugee girls and women of the overall refugee population

66,608

Number of female refugees enrolled in formal and non-formal education

28

Women and Girls Wellness Centres in 5 Field Operations

HIGHLIGHTS

- Ethiopia is one of the countries selected for the roll-out of the global UNHCR strategies on the Protection of Children, Education, and **Sexual and Gender Based Violence (SGBV)**.
- Ethiopia has a 3-year national strategy on SGBV which has been implemented in the different field operations.
- Standard Operations Procedures (SOPs) for Prevention of and Response to SGBV are in place in the six different field operations.
- A national Data sharing Protocol (DSP) on GBV Information Management System (GBVIMS) was signed in November 2015 between the six data gathering organizations: IMC, IRC, DICAC, PAPDA, ARRA and UNHCR. The DSP is currently being reviewed with seven additional organizations to join: (AHA, IHS, DRC, MCDO, NRC, RaDO, and Save the Children)
- The GBVIMS has been rolled out in Shire and Gambella operations. Melkadida operation launched the GBVIMS in 2012.
- In close collaboration with its SGBV and CP partners, UNHCR developed guidance notes on **Clinical Care for Survivors of Sexual Assault in Acute Phase**, and **Legal Response to GBV Survivors**, to strengthen GBV response by Protection and Health staff.

Location	UNHCR SGBV Implementing and Operational Partners
Assosa	International Rescue Committee (IRC)
Gambella	International Medical Corps (IMC) Rehabilitation and Development Organization (RADO) Danish Refugee Council (DRC)
Jijiga	Rehabilitation and Development Organization (RADO) Mothers and Children Multisectoral Development Organization (MCDO) International Rescue Committee (IRC)
Kenya Borena	Mothers and Children Multisectoral Development Organization (MCDO)
Melkadida	Partnership for Pastoralists Development Association (PAPDA) International Rescue Committee (IRC) International Medical Corps (IMC)
Samara	African Humanitarian Aid (AHA)
Shire	International Rescue Committee (IRC)

- There are Safe Houses in the camps in Jijiga and Samara that aim at mainly providing physical protection and psychosocial support (PSS) for SGBV survivors. There is one Safe House in Addis Ababa which also accommodates SGBV survivors in addition to other categories who are in need for temporary accommodation.
- UNHCR piloted together with its partners in Melkadida camp a community based complaint mechanism for Protection from Sexual Exploitation and Abuse (PSEA).

COORDINATION

- At country level, UNHCR and ARRA co-chair the monthly Child Protection/SGBV Sub-Working Group.
- Most of the field locations have established SGBV coordination structures. Coordination

meetings at camp and/or sub-office levels are held either on a weekly or monthly basis.

MAIN SGBV CHALLENGES

- **Young girls and women are at risk of early and forced marriages** as well as unwanted pregnancies; especially within Somali and South Sudanese refugee communities which represent 72% of the whole refugee population in Ethiopia.
- Almost all the girls in the Somali refugee community are subject to **female genital mutilation (FGM)**. Addressing this protection risk is very challenging; especially that the same practice is prevalent among the host community of the Somali region.
- **Domestic violence against women and girls** is one of the main protection issues female refugees face across the country. In 2015, Melkadida operation, which hosts 29% of the total refugee population, informed that the most reported form of violence in the refugee camps occur within the family unit in a domestic context.
- **Limitation of fuel and energy assistance** leads women and girls to seek alternative resources by collecting firewood where most of the SGBV incidents occur.
- **Due to lack of food and assistance reduction**, women are at risk of getting engaged in survival sex with the risk of being infected with HIV.
- **Lack of girls and women spaces**; especially for female youth where they could freely discuss sensitive issues, including SGBV, that affect them.
- **Children with mental and physical disabilities are at higher risk** of child abuses, violence, exploitation, and neglect.
- **Limited access to justice** for SGBV survivors and alleged perpetrators.
- **Limited inclusion of men and boys** in prevention and response to SGBV.
- **Limited activities to create awareness on the rights of Lesbian, Gay, Bisexual, Transgender and Inter-sex (LGBTI) persons**, and to provide support to LGBTI individuals.

- **The disparity between boys and girls in school enrolment is huge**, the gross enrolment rate in primary education for girls is approximately 42% while for boys it is 60%. This rate decreases drastically for girls in secondary school to 31% and at post-secondary and tertiary level to 17%.

PREVENTION AND RESPONSE

SGBV prevention programmes are based on components of increasing the awareness within the community as well as using community structures for different outreach activities. Below are some examples:

- Outreach activities through different community structures; including home visits, tea talks, trainings, etc.
- Focus Group Discussions are conducted with refugee communities to discuss measures to protect their children from harmful practices of FGM and early marriages.
- Awareness raising targeting men and boys, on SGBV and on how they can be active agents in preventing and responding to SGBV.

SGBV response programmes include case management, referral to medical and psychological services, and when available, to legal services. This is done as part of the existing SOPs and referral system at the operation level. Below are some examples:

- Different life skills training to SGBV survivors and female head of household.
- Child Friendly Spaces with psychosocial support services (PSS).
- Women and Girls Wellness centres providing awareness raising, skills building, recreational activities, psychosocial support and case management.
- A community based mechanism on PSEA has been established in Melkadida camp. There are plans to expand and strengthen this mechanism country wide.
- Safe houses to provide physical and PSS support for SGBV survivors.

- Capacity building activities targeting government officials, implementing partners and UNHCR staff at national and field levels.
- Capacity development for specialized staff such as training social workers and partner staff on counseling male survivors of SGBV.
- Protection mainstreaming in different activities, including education, food, NFIs and WASH.
- MOU is signed with the mobile courts in Melkadida to provide legal assistance to refugees, including to SGBV survivors.
- Efforts are undertaken in Assosa to bring police closer to the refugee camps, so that SGBV cases are promptly investigated. A police outpost was opened in Bambasi refugee camp, which contributed to timely response to SGBV incidents. Opening of police outposts in Sherkole and Tsore refugee camps is planned as well.

STRATEGIC GOALS

- Protecting children of concern against SGBV.
- Addressing survival sex as a coping mechanism in situation of displacement.
- Engaging men and boys.
- Providing safe environment and safe access to domestic energy and natural resources.
- Protection lesbian, gay, bisexual, transgender and intersex (LGBTI) persons of concern against SGBV.
- Protection persons of concern with disabilities against SGBV.

SUSTAINABLE DEVELOPMENT GOALS

- **SGD 5: Achieve Gender Equality and Empower Women and Girls**
- All UNHCR Programmes mainstream gender and promote empowerment of refugee girls and women.
- UNHCR encourages equal women representation in the refugees' representation groups across the country, the average women's representation stands at 35%. Lots of work is being done through empowering women leaders to ensure meaningful participation.

UNHCR is grateful for the direct contributions to the UNHCR Ethiopia Operation so far in 2016 from:

USA|IKEA Foundation|Japan|Canada|CERF|Germany|Educate A Child Programme-EAC|Denmark|France|Sweden|International Olympic Committee|Bill and Melinda Gates Foundation|Italy|Band Aid|Private Donors Australia|Private Donors Spain.

Special thanks to the major donors of unrestricted and regional funds in 2016:

Contacts:

Ms. Rana Milhem, Community-Based Protection Officer, milhem@unhcr.org Tel: +251 116 612 822 (2415); Cell +251 911 255 645

COMMUNITY BASED PRACTICES ON SGBV PREVENTION AND RESPONSE

- **Religious leaders raising awareness on FGM:** In Jijiga, the religious leaders, who are influential among the Somali community, have been involved in conducting awareness raising activities on FGM. Organizations, FGM survivors, practitioners and religious leaders have succeeded in partly changing mentalities in the community.
- **Community Based Complaint Mechanisms:** in 2014, Prevention from Sexual Exploitation and Abuse (PSEA) was launched as a pilot project particularly in Melkadida Camp, Somali region, where more than 200,000 Somali refugees are accommodated. In 2015, a total of 26,820 refugees were reached through tea talks and home visits to raise their awareness on PSEA. The tea talks also reached out to religious and traditional leaders that can influence the social behavior in the camps. Films shows on SEA were included in order to have a better understanding of the SEA by humanitarian actors. Moreover, different partners were trained on PSEA. As evidence of their commitment, some included PSEA in their code of conduct. As a preventive measure for SEA, the global steering committee approved a livelihood component to survivors. Three activities were identified with the survivors (goat and poultry raising, and donkey carts).