

# Inter-Agency Rapid GBV Assessment Report

## Ethiopia Emergency Refugee Response – Eastern Sudan

February 2021



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*Cover photo: Girls perform a traditional dance during International Women’s Day events in Um Rakuba, 2021 ©UNHCR/Morrissey*

## Executive Summary

The GBV Sub Working Group (SWG) conducted a four-day Inter-Agency rapid assessment on GBV in Um Rakuba and Tunaydbah camps in Gedaref State. A total of 460 (88 women, 56 girls, 64 boys and 72 men and another 108 women and 72 men in the IRC-led consultations) community members participated.

This is the second assessment conducted by the SWG. The first was conducted in Hamdayet in November 2020 and was used to inform initial service planning. This GBV assessment was undertaken to understand the GBV risks faced by women and girls, protective factors as well as gaps in the scale and quality of available multi-sectoral response services in the country of asylum. The report highlights the main GBV risks and identifies areas where the capacities of stakeholders need to be reinforced to strengthen the protection environment. The report and the recommendations are aimed at informing a coordinated humanitarian response on GBV prevention, risk mitigation and response and to ensure that the voices of women and girls guide all programming interventions. The findings will also inform programming adjustments to reduce GBV risks and strengthen protection capacities, as well as enhance systematic prioritization, fundraising and advocacy.

The assessment findings showed that participants are aware of GBV and common types of GBV. Sexual violence has been widely reported by those displaced inside Ethiopia<sup>1</sup> and during this assessment participants reported killings, rape and physical violence during flight to Sudan. In the country of asylum, the main GBV concerns reported by women and girls include sexual harassment and fear of sexual violence, particularly at night-time. The main reported contributing factors include increasing alcohol abuse, lack of, or insufficient, basic needs and resources to meet basic needs such as cooking fuel and food and unsafe WASH facilities and shelters. The risk of sexual exploitation to secure a job or rations was mentioned by a few participants, and some participants in Um Rakuba noted that adolescent girls are at-risk of being encouraged into exploitative situations to support their families. In both locations, participants reported that those most at-risk of GBV are young women, children and older people. Poor relations with the surrounding host community was also noted as a particular concern.

Participants had limited knowledge regarding the availability of specialized GBV services in the camps and they also highlighted a number of significant barriers to reporting including lack of information, stigma and shame, and the potential for retaliation from community and family contributing to significant underreporting. There is an urgent need to address the lack of information on available services. The referral pathways need to be regularly disseminated and service providers need to address identified barriers within service provision, including language barriers.

Capacity development for key actors such as the police is a priority as is understanding the extent and nature of informal justice mechanisms. The SWG is addressing, with relevant actors, gaps in the provision of legal assistance and services for child survivors. The changing gender dynamics also presents risks, as well as opportunities, to engage with communities on social norms change. Collaboration with different sectors to address risks and integrate recommended GBV risk mitigation measures based on the participation of women and girls is also an urgent priority. All organizations need to strengthen their Protection from Sexual Exploitation and Abuse (PSEA) efforts.

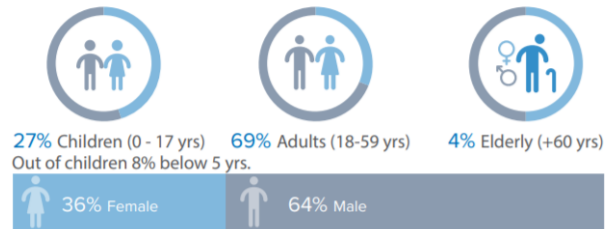
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<sup>1</sup> Press Statement of the SRSR on CRSV 2021, available from <https://www.un.org/sexualviolenceinconflict/press-release/united-nations-special-representative-of-the-secretary-general-on-sexual-violence-in-conflict-ms-pramila-patten-urges-all-parties-to-prohibit-the-use-of-sexual-violence-and-cease-hostilities-in-the/>

## 1. Context

In early November 2020, military confrontations between federal and regional armed forces in Ethiopia's Tigray region, which borders Sudan and Eritrea, led the Government to declare it a State of Emergency. Since then the Tigray region has continued to be affected by conflict. Approximately 62, 225 asylum seekers from Ethiopia have arrived in Eastern Sudan, arriving through a number of main border entry points at Hamdayet in Kassala State, Lugdi and Abderafi in Al Gedaref state and Wad Al Mahi in Blue Nile State.

### Estimated Demographic Data<sup>2</sup>



<sup>2</sup>Population distribution statistics are based on the ongoing biometric registration conducted by UNHCR and COR at registration centers in Kassala and Gedaref states.

*UNHCR Ethiopia Emergency Situation - Arrivals Update 27 March 2021*

Relocations have been undertaken from the transit centres of Hamdayet and Hashaba/Village 8 to two main sites located at Um Rakuba (20,572) and Tunaydbah (20,609). UNHCR, together with the Government, is conducting biometric registration of all new arrivals and estimate data indicates that 36% of all new arrivals are women and 27% are between 0-17.<sup>2</sup>

The situation in the camps is challenging. The physical environment is harsh and the camps, particularly Tunaydbah, are isolated. They are affected by shortages of water, fuel and medicine which are significant concerns. The extreme dry weather conditions precede a long rainy season, starting in May, which is expected to bring flooding. Contingency measures are being taken but access to services, including GBV services, are likely to be impacted.

The gap in meeting the basic needs of families and individuals is high. Selling rations is a common coping mechanism employed by community members to address priority needs. NFIs have been distributed, including menstrual hygiene materials, solar lamps etc. but they are reportedly insufficient. This is compounded by the lack of Cash Based Interventions and lack of safe livelihoods options for women and men.

Programming for youth is also a major gap, with a lack of educational opportunities and targeted programming resulting in an increased sense of hopelessness and stress. There are very limited mental health and psychosocial support (MHPSS) services, beyond Psychological First Aid (PFA) and specialized services for survivors of GBV. This was raised repeatedly as significant need. Also related to health, Sexual and Reproductive Health and Rights (SRHR) information and services have been limited and women want more information on available services.

## 2. Objectives

The objectives of the assessment included the following:

- ✓ To understand gaps in safe access to quality GBV response programming.
- ✓ To ensure that programming priorities as well as advocacy and fundraising are informed by the recommendations of community members, particularly women and girls.

<sup>2</sup> For the latest statistics please see the UNHCR Operational Portal, available from <https://data2.unhcr.org/en/country/sdn>.

- ✓ To understand the perceptions of safety held by displaced women and girls, as well as men and boys.
- ✓ To understand the capacities and coping mechanisms used to mitigate GBV risks.
- ✓ To understand risks faced and to implement risk mitigation strategies for reducing girls' and women's exposure to GBV.

### 3. Methodology

Data was collected using qualitative methods i.e. key informant interviews, focus groups discussions (FGDs) and community consultations. Facilitation teams were oriented on the tools, their roles and responsibilities and how to safely handle a disclosure of GBV and make a referral as per the site-specific referral pathways. All data was aggregated to protect the anonymity of participants.

#### 3.1 Limitations

This assessment does not speak to overall trends or the prevalence of GBV. The assessment did not assess the quality of service provision.

### 4. Main GBV risks reported

#### 4.1 Um Rakuba

Certain zones of the camp have been reported as unsafe by women and girls, particularly Zones 2 and 3. The contributing factors in those particular locations relate to alcohol abuse by men. Other risks reported included the allocation of shelters to individuals who are unknown to one another. There are no privacy barriers inside the shelters. These living arrangements have increased the fear of exposure to GBV. In addition, the lack of lockable doors on the tents exposes women to risk.

Although the latrines are largely separated for women and men, the lack of lighting at night increases the risk of GBV. Women and girls also described fears of going to the market due to sexual harassment and the language barrier which increases their feeling of insecurity. Women who work in the markets are also exposed to harassment.

A specific concern regarding child protection related to the risk of being left unattended while parents go in search of employment or wait for distributions. Some women and adolescent girls are reportedly at-risk of exposure to GBV by family members who encourage them into exploitative situations to support their families. Adolescent girls in Um Rakuba particularly noted being excluded from programming and service provision.

In the areas surrounding the camp, women expressed fear of attack or harassment from the surrounding host community when they collect water for washing clothes, firewood and straw used as cooking fuel.

Zone 1 was highlighted as a safe location and this was attributed to an active community-based security committee. Women and girls discussed using two main protection strategies: limiting their movement at night and moving in groups or with family members. Parents and caregivers prohibit children from moving outside at night-time. Women also noted that they limit their movements in the daytime, but this referred to the need to protect their belongings in their shelter from increasing petty theft in the camp, leading to isolation and not being able to participate in activities and possible decision-making that affects them.

Overall boys and men did not report any safety concerns. Men reported that they face harassment from Sudanese employers and insecurity when they go out to work in the farms. The term 'harassment' was used to refer to physical violence.

#### 4.2 Tunaydbah

Women and girls reported concerns over the latrines, insecurity at distribution sites and the risk of sexual violence during firewood collection as their main concerns related to exposure to GBV. Block B was reported to be a location where risk of GBV, particularly sexual harassment, is high. The increase of alcohol abuse was highlighted as a contributing factor.

The shortage of latrines, no or unclear sex disaggregation of sanitation facilities, and lack of proper waste disposal are a significant concern and risk of GBV. Women and girls do not feel safe using the latrines or bathing facilities at night. The quality of the materials used to construct latrines was as highlighted as an issue, as it wears and is easy to cut and that young men spy on women and girls when they use them. The same issue of quality was noted for the shelter materials.

In addition, it was noted that there are risks during distributions as the queues and access to service points are not segregated which increases the risk of sexual harassment. This is compounded by long waiting times and the harsh weather.

Participants also noted general safety and security concerns. It was also noted that Sudanese men visit the camp at night using motorbikes and they frighten the community. They also visit to sell wood and vegetables. Traders going house-to-house selling items increase the sense of insecurity as they intrude without permission. Limited police presence and patrolling heightens the risk of GBV for women and girls in general.

Women and girls also noted that there is a lack of awareness on health matters, including on COVID-19 prevention, and that there is a constant need for awareness on hygiene measures. It was reported that there is a lack of information on specialized medical services for women and very limited reach to particularly groups such as children, older people, and pregnant women. There is also concern from the population that no emergency services are available if needed during the night. Concerns were also raised about transmission risks if someone in the same household is sick. Women also reported that children are often suffering from chest infections, pneumonia, skin rash, eye pain, cold and influenza.

Participants mostly reported that young women, children and older people are not safe. Young men reported feeling the safest.

#### 4.3 Impact of displacement

Women also stressed the impact of the conflict on their mental health. They reported having sleep disturbances and feeling sad and in pain and feeling stressed by loud noises. This was evident in the sessions and some participants excused themselves. The displacement itself has also caused further stress and trauma. Some women reporting losing their spouse or other family members in Tigray. They also mentioned feeling anxious because of the news coming out of Tigray, especially the sexual violence perpetrated against women.

## 5. GBV Response

Since the beginning of the emergency, increased GBV specialized services have become available in both locations. The most significant remaining gap in service provision is legal assistance for survivors or those at-risk of GBV as well as the provision of services for child survivors (under 12). While service provision has increased, there remains significant underreporting. The assessment identified a number of barriers to reporting:

- Participants highlighted an **information gap regarding the availability of services** in both locations. Participants in Um Rakuba reported entry points for reporting including the Police, the Commission for Refugees (COR), health facilities and MSF clinics or the Alight Women's Centre. 30% of participants in Um Rakuba knew about the Alight Women's Centre, but the range of available services was not known. In Tunaydbah, this was reported at 50%. Women in Um Rakuba reported that they would confide in their best friend as a source of support. Women and girls who know about the available services reported that they know and feel safe to report GBV incidents at the MSF clinic and at the Alight Women's Centre. UNHCR was reported as a trusted source of information.
- Across both locations, there is a **strong reliance on informal and community-based** reporting systems for handling GBV incidents through the community elders or leaders. Yet community leaders are not trusted to act. In some cases it was indicated that there is a duty to report such incidents to the leaders, though the types of incidents that are addressed by community leaders were not specified. Issues around confidentiality in handling incidents at the community level were raised by participants, and women in Tunaydbah specifically reported that leaders are *'not fair.'*
- In Um Rakuba, participants reported feeling discouraged from reporting to the police and seeking justice because of a **lack of action**. The reported quick release of alleged perpetrators and the issue of **impunity** was raised in both camps. This is increasing distrust in the justice system that reports of GBV will not be taken seriously. It is also increased risk of further incidents of GBV as participants note that there is **retaliation** for reporting crimes by those released who return to *'create trouble.'*
- Family members provide support and *'counselling'* but generally will defer to the community leaders. Family support was highlighted as an important requirement to report onward, though participants noted that family members are not always supportive and can **shame and blame** survivors creating another deterrent to reporting and seeking support. Older participants reported that there is a culture of victim-blaming if an incident occurs outside the tent. However, if the incident [sexual violence perpetrated by a stranger] occurs within the tent, the survivor will receive more community support. Male participants also noted that girls will be blamed if they experience GBV.
- Women also reported that their husbands threaten them if they intend to make a report. They would face possible physical assault to either **prevent reporting or as retaliation**.

## 6. Gender roles and dynamics

Displacement has created intense stress and asylum seekers find themselves taking new roles and responsibilities in their families and in the community. Many men expressed feeling severe stress and a feeling of powerlessness because they are unable to fulfill their traditional roles as family providers. Men reported seeking employment in the surrounding community and have reported facing discrimination and are sometimes not paid for their work. They also felt that women are favored by agencies for NFI distributions and assistance.

Some women have had access to support and resources which has provided them an opportunity to open businesses in the camp and the host community selling tea/coffee and traditional foods. Other women reported trying to find employment in neighboring villages around Tunaydbah but were asked to leave. They highlighted the increased competition for limited job opportunities and this also means that people are willing to accept any fee to make an income. The main needs were to provide food and clothing for children. Women also noted that the high rate of unemployment for men has led to an increased burden and responsibility on them for the entire household, and that this can have harmful consequences for family dynamics.

Women noted that because of the increased poverty they are very concerned about providing food for their children. They noted that on better days they eat one, maximum two meals, but that on many days there is nothing. They also noted the lack of dairy products, meat, vegetables or fruit and poor nutrition.

Women reported that in Ethiopia both husband and wife would work and make joint decisions regarding household expenditure. The shift of power within the household has triggered a change and women reported that men are taking control of all decision-making on household expenditure. Some older women indicated that decisions are generally taken by men, particularly husbands or fathers.

At the community level, Community Committees have been established and women reported having a limited role in those forums. Even if they participate their contribution is limited. The community structures that existed in Ethiopia remain in place.

## 7. Recommendations

The participants made a number of requests and recommendations, reflected below in immediate and short-term actions. The actions will be taken up by the GBV SWG with respective sectors and coordination structures.

### 7.1 Immediate

- Provide **information on available GBV services** and entry points, including newly available services, in a coordinated manner and through various channels to reach diverse women and girls. Support for male survivors of sexual violence needs to also be communicated.
- Provide **information on Sexual and Reproductive Health and Rights** for women and girls in all locations through Community Health Workers and other channels.
- Provide **information on hygiene** to all community members, especially women and girls, on a regular basis and through various channels.
- Address the **language barriers** in service provision and information dissemination of the GBV referral pathways.
- Map the **social networks and community structures** that women and girls engage with as another channel for information sharing and engage them.
- Increase specific efforts to increase outreach and **inclusion of adolescent girls** in all programming interventions.
- Advocate for multi-purpose **cash assistance** to increase choice and access to basic needs and essential items and to mitigate risks.



- Advocate with camp management for **increased policing** including **community-based policy** to increase safety of women and girls in public spaces. Prioritize training on GBV, safe disclosures and referral pathways for all policing actors.
- Increase the availability of **recreational activities** in safe spaces, including arts and games.
- Increase **information sessions** in the safe spaces for women and girls so they can receive information in a confidential manner.
- Advocate with actors **distributing assistance** to improve the queuing system to reduce risk of GBV.
- Conduct awareness raising on available **supports for children** while parents are at work/distributions.
- Increase appropriate child-friendly services for child-survivors of GBV.
- Advocate for immediate solutions for the provision of **cooking fuel and lighting** at key points identified as priorities by women and girls.
- Address the lack of **legal assistance** available to survivors through provision of dedicated support.
- **Upgrade all latrines and bathing facilities** in the camps to ensure lockable doors, good construction material, clear disaggregation, and adequate lighting. Ensure women and girls are consulted in the design, implementation, and monitoring of the permanent WASH facilities.
- Work with the **surrounding host community and their leadership structures** to raise awareness on GBV and improve peaceful coexistence and relations between the communities.
- Increase **access to basic services** in all blocks to facilitate safer access.
- Continue the **capacity development** of all actors on GBV, safely handling disclosures and making referrals.

## 7.2 Short-term

- Provide **Arabic language lessons** to increase social cohesion with the surrounding community and increase access to services.
- Increase the availability of **educational and life skills programming** for adolescent girls.
- Advocate for elections to be held to increase the number of **women in community leadership** positions. GBV and other actors to provide empowerment programming to support women to assume leadership roles.
- Specialized GBV actors to coordinate plans for awareness raising on prevention as well as consider longer-term programming for **social norms change**.
- Continue and finalize assessment of informal community-level decision making and **informal justice** structures.
- **Permanent infrastructure design** needs to be consulted with women and girls to integrate GBV risk mitigation measures from the beginning.