

ETHIOPIA

2022 – 2026 NATIONAL GBV STRATEGIC OBJECTIVES

1. Strengthening the prevention of GBV within the humanitarian response and mainstream GBV risk mitigation measures
2. Transforming systems to ensure women's and girl's participation and empowerment
3. Ensuring access to quality GBV responses, through inclusion, while strengthening access to quality, multi-sectoral GBV response services



UNHCR and the partners used holistic approach in providing GBV services for survivors, i.e. Psychosocial support, Health, Legal, safety and security services among others.

PROGRESS / MAIN ACHIEVEMENTS

- ▶ Completion of a GBV assessment throughout the seven operations in Ethiopia: Urban, Gambella, Jigjiga, Assosa, Afar, Tigray and Melkadida. The assessment considered three topics which were: Gender-Based Violence (GBV), GBV Policy Monitoring Tool, and Accountability to the Affected People (AAP). The effort was successfully launched in March 2022, with the objectives to determine how women and girls are at risk of GBV, which interventions are used to address the identified problems and whether GBV programme actors have the appropriate level of resources and capacity to respond to the identified gaps. 8,816 (49% female, 48% male and 3% did not disclose their gender) refugees were interviewed.
- ▶ The SASA! - Start Awareness, Support, Action! A community led GBV prevention programme is being implemented in 21 camps to increase community awareness on violence against women and girls. The Engaging Men in Accountable Practice (EMAP) initiative was also rolled out in 12 camps to engage men in the prevention of gender-based violence. Similarly, 6 camps implemented the 'Girls Shine' project with a curriculum designed to equip adolescent girls with basic knowledge and skills to identify different types of GBV and support services.
- ▶ The National GBV strategy complemented by the National Action Plan (NAP) in mainstreaming GBV prevention, risk mitigation and response across all sectoral interventions has been implemented in nine sectors. The initiative has given us opportunity to identify gaps and how to reduce GBV risks per sector.
- ▶ In line with the Global Compact and the Ethiopian Government Pledges of 2016, UNHCR closely worked with the Ministry of Justice, Ethiopian Network of Women Shelters, UNICEF and UN Women, towards the integration of refugees in the national system. Refugees are now granted equal access to services in the One Stop Centers and Women Shelters in the country.

CHALLENGES

1. Limited legal aid / access to justice for survivors due to the absence of legal partnerships. Shortage of female judicial / law enforcement officers also creates cultural barriers for female survivors seeking legal assistance.
2. Underreporting of GBV incidents, including harmful traditional practices, despite awareness-raising activities.
3. Currently, there are less empowerment programs linked to livelihood opportunities particularly for women and girls in the refugee camps, however, GBV and livelihoods sector is continuously lobbying for funds that will empower women and girls

WAY FORWARD

- During displacement, women and girls are disproportionately affected and are at heightened risk of GBV. Men and boys are not immune from GBV. All partners will continue to use the different preventive community-based strategies, as well as safety audits, trainings, and monitoring of the efficacy of long-term prevention measures already being used in refugee camps.
- The GBV program will continue to use the current GBV risk mitigation strategies such as safety audits, training and linking women and adolescent girls to the different livelihoods programs with the aim of reducing vulnerability among the refugees' women and girls.

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Where GBV occurs?



Collecting firewood
32% of respondents



Travelling to market
20%



At home
13%



Collecting water
11%



Going to access services
9%



At school
7%



At latrines & bathing facilities
7%

Most significant safety and security concerns facing adult women in their community

53% Risk of attack when traveling outside the community	46% Violence at home	25% Risk of attack when going to latrines, local markets, etc
46% Sexual violence/abuse	32% No safe place in community	18% Being asked to marry by their families

- 32% of respondents claimed that most GBV occurs while collecting firewood.
- In Alemwach site (Debark, Amhara region), 27% of respondents said most GBV occurs while utilizing latrine/bathing facilities.
- 53% of total respondents said women’s risk of attack when traveling outside their community.
- In Debark 28% of respondents said risk of attack while traveling outside the community is the main safety and security concern.
- 87% of respondents confirmed women and girls have access to Health services at anytime
- 82% of respondents said they feel empowered by programming

Overall reasons survivors may not access health care

Fear of being identified as a survivor	28%
Non confidential treatment	21%
Distance to health facility	16%
Lack of trained staff	13%
Don't know facility for treatment	10%
No female staff	10%

What needs to be done to address GBV

Educate community	32%
Increase security	24%
Provide free legal aid	21%
Mobile courts	13%
Establish shelter	9%
Other	<1%

The existing barriers affecting community participation

All respondents

	Yes	No
Total	56%	44%
Female	56%	44%
Male	57%	43%

Existing barriers (by location)

	Yes	No
Gambella	69%	
Melkadida	53%	
Assosa	52%	
Addis Ababa	45%	
Jigjiga	43%	
Samera	13%	

Category of barriers

Cultural norms	27%
Gender	24%
Age	19%
Education	10%
Religion	9%
Language	7%
Lack of time	4%

56% of respondents believe there are barriers to their participation, with the major ones identified as cultural, gender and age barriers.



This document is composed of the results of an assessment on GBV programming with specific focus on the UNHCR GBV policy monitoring, AAP & GBV prevention/mitigation/response which are crucial for the successful outcome on GBV programming. Data collection commenced in March 2022 and continued throughout the month of June in all seven refugee locations of the operation. It gathered data from 8,816 refugees, with a confidence level of 95%.

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