



**UNHCR**  
The UN Refugee Agency

Ethiopia

# **INTEGRATED GENDER-BASED VIOLENCE & ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)**

---

## **ASSESSMENT REPORT**



**ETHIOPIA  
SEPTEMBER 2022**

**INTEGRATED GENDER-BASED VIOLENCE &  
ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)  
ASSESSMENT REPORT  
SEPTEMBER 2022  
ETHIOPIA**

# Statement of Contents

Abbreviations	i
Acknowledgment	ii
Executive Summary	iii
Introduction	1
Rationale	3
Objectives	3
Methodology	4
Ethical Considerations	5
Limitations	5
ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)	6
Accountability to Affected People (AAP)	7
I. Participation and Inclusion	8
II. Communication & Transparency	12
III. Feedback and Response	15
I. Protection from Sexual Exploitation and Abuse	18
GBV Assessment Findings	19
GENDER-BASED VIOLENCE (GBV)	22
Thematic Areas of the Refugee GBV Assessment	23
I. Gender Equality	23
II. Women & Girls Empowerment- Participation	27
III. Access to Basic Services	32
IV. Safety and Security of Women & Girls	36
V. GBV Prevention and Response	40
Conclusion	54
Bibliography	55

# Abbreviations

<b>AAP</b>	Accountability to Affected People
<b>AGD</b>	Age, Gender, and Diversity
<b>CBI</b>	Cash-Based Interventions
<b>CBO</b>	Community-Based Organizations
<b>CSO</b>	Civil Society Organization
<b>DICAC</b>	Ethiopian Orthodox Church Development and Inter-church Aid Commission
<b>DRCS</b>	Digital Request and Complaint system
<b>EMAP</b>	Engaging Men in Accountable Practices
<b>FBO</b>	Faith based Organizations
<b>GBV</b>	Gender-Based Violence
<b>IASC</b>	Inter-Agency Standing Committee
<b>IMAS</b>	Inter-Agency Minimum Standards
<b>IMC</b>	International Medical Corps
<b>KII</b>	Key Informant Interview
<b>MoWSA</b>	Ministry of Women and Social Affairs
<b>NGO</b>	Non-governmental Organization
<b>OSC</b>	One Stop Centre
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>RaDO</b>	Rehabilitation and Development Organization
<b>RLO</b>	Refugee-Led Organizations
<b>RRS</b>	Refugee and Returnees Service
<b>SEA</b>	Sexual Exploitation and Abuse
<b>SOPs</b>	Standard Operating Procedures
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WHO</b>	World Health Organization
<b>WLO</b>	Women Led Organization

# Acknowledgment

The Gender Based Violence (GBV) assessment took a comprehensive and integrated approach, engaging multiple stakeholders and exploring other cross-cutting themes, which will serve as a baseline for future assessments conducted on a specific topic. The Community Based Protection (CBP) sub-unit took the lead in designing the concept note and provided support all the way to finalizing the assessment report. Thus, accordingly the Protection Unit commissioned a GBV Consultant, **Anene Negeri Regassa** to accomplish this task from conception to final reporting which took eight months to complete. The GBV assessment and this report is success due to the collaborative efforts of many people which need to be acknowledged for their contribution.

Primarily, many thanks to the senior management in UNHCR Ethiopia for giving the green light to conduct the assessment demonstrating UNHCR's commitment to addressing GBV and gender inequality.

The deepest thanks are due to refugees who took part in the data collection process as enumerators and those refugees who took the time to respond to the questionnaires.

Throughout the whole process, this assessment was also informed by multiple stakeholders including UNHCR staff in Addis Ababa and field offices. Special thanks to all Protection Officers and GBV Focal Points who took part in the translation of the questionnaire, in setting the KOBO platform, data collection process, and preparation of the dashboard.

Further thanks to the Refugees and Returnees Service (RRS) for their continued support.

More particularly, special thanks to the following colleagues for their comments and contributions during the assessment and finalization of the report.

## UNHCR

**Gloria Mukama** (Senior Community-Based Protection Officer)- UNHCR Ethiopia

**Allan Kiriga** (Child Protection Officer)- UNHCR Ethiopia

**Henok Yilma** (Assistant Protection Officer)- UNHCR Ethiopia

**Soliyana Negussie** (Protection Associate - Community Based) - UNHCR Ethiopia

**Maxence Dumas** (Community Based Protection Intern)- UNHCR Ethiopia

**Josephine Ngebeh** (Senior Community-Based Protection Officer)- Reg Bureau EHA & Great Lakes Africa

**Ruwaydah Matete** (Regional Consultant, Accountability to Affected People & Gender Equality)- Reg Bureau EHA & Great Lakes Africa

**Elsa Bokhre** (Senior Protection Officer (GBV/CP) Protection- Reg Bureau EHA & Great Lakes Africa

**Elizabeth Morrissey** (Protection Officer (SGBV)/ DIP/FPS/SGBV)- Headquarters

**Katie Drew** (Senior Protection Officer (AAP) Division of International Protection

**Information Management unit**, UNHCR Ethiopia

# Executive Summary

This document is composed of the results of an assessment on Ethiopia GBV programming with a specific focus on gaps and opportunities to strengthen compliance with the UNHCR **Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence, Age, Gender and Diversity Policy, including Accountability to Affected People (AAP)**.

The specific objective of the Integrated GBV and AAP assessments was to:

- Understand and map the distinct GBV trends across the UNHCR operation sites.
- Assess and document quality and gaps in the multi-sectoral GBV response service provisions for survivors.
- Map and understand barriers to accessing GBV response services, risk mitigation and prevention interventions across the operation.

Data collection was conducted between March and June 2022 across seven refugee locations of the operation. 8,816 (48% Female, 49% male, and 3% choosing not to disclose) refugees participated in different parts of the process. The assessment was undertaken using the KoBo toolbox in all seven locations covering 20 camps and 1 site.

This assessment is the first of its kind in UNHCR Ethiopia's operation in focusing on GBV at the scale the assessment undertook.

## Accountability to Affected People (AAP)

The AGD Policy aims to reinforce UNHCR's longstanding commitment to ensuring that people are at the center of all that we do. The policy consolidated and updated existing commitments to a strong AGD orientation, Accountability to Affected People (AAP), and commitments to women and girls. AAP is widely used in the humanitarian community to refer to the related commitments and mechanisms humanitarian agencies have in place to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives.<sup>1</sup> The AAP questions were developed based on the AAP Operational Guidance building blocks i.e., Participation and Inclusion, Communication and Transparency, and Feedback and Response. The findings of the assessment identified major barriers to refugees' participation, most particularly barriers for women and girls' participation. Furthermore, with the assessment, the operation is now able to identify the preferred communication channels and identify the most effective ways of gathering feedback from refugees. Furthermore, the assessment included findings from protection from sexual exploitation and abuse (PSEA) questionnaires.

---

<sup>1</sup> Operational Guidance on Accountability to Affected People (AAP), Available Here

## Gender-Based Violence Assessment

The GBV Assessment looked comprehensively at different thematic areas such as gender equality, women and girl's empowerment, access to basic services, safety, and security, engagement of men and boys, health response, psychosocial response, and traditional justice system.

The findings of the assessment provide a detailed overview of GBV prevention, risk mitigation, and response activities that have been done in the operation. It also, highlights weak links and areas where the operation falls short. The assessment identifies major recommendations for each thematic area – including awareness raising, capacity development, collaboration and coordination, advocacy, and programming activities that need to be undertaken in the whole operation or in some cases, limited to specific locations where gaps were identified. The summary of the findings include:

- 57% of respondents believe that there are barriers to community participation in the refugee community.
- The major barriers to participation identified are age (23%), gender (32%) and cultural norms (34%),
- 77% of respondents feel informed about their rights, responsibilities, and entitlements.
- As a preferred mode of communications and information, 58% indicated telephone, 43% FGDs and 37% indicated community events.
- 91% of the responders prefer in person feedback, followed by 53% via telephone and 27% prefer using SMS.
- Despite 85% of female respondents confirming that those refugees have opportunities to voice their protection concerns. However, in their communities' women have lesser voice and power in decision making.
- The top three risk factors that exacerbate GBV are accepted negative cultural norms, poverty and accepted negative religious norms
- Women reported cultural norms, care roles and responsibilities and illiteracy as a major barrier to their participation in decision making spaces within the community.
- The overall significant safety and security issues facing women and girls include risk of attack when travelling outside their community (53%), followed by sexual violence and abuse (46%) and the violence they face at home from an intimate partner (46%).
- 32% of the respondents indicated that women and girls are at risk of rape/sexual violence while collecting firewood, 19% while travelling to the market and 13% while at home.
- Barriers in accessing GBV health services; 67% of the respondents indicated fear of being identified as a GBV survivor as reason for not accessing GBV health services, 22% of the respondents reported lack of female doctors, nurses, and midwives, 47% indicated lack of trust and confidentiality and 38% distance to the health facilities.



- The assessment also found that the main reasons why women and adolescent girls do not take part in the traditional justice mechanisms is because the mechanisms are highly male oriented, and male-led and that this is backed by cultural norms, religion, and lack of willingness on the part of women to participate.
- 34% (1 out of 3) of female respondents said SEA is a concern in their community compared to 28% of the male respondents. Afar reported the highest number of respondents who identify SEA as a concern at 34% and in Afar reporting the least at 5%. 53% of the respondents reported women as the most vulnerable to SEA by humanitarian workers, followed by adolescent girls (17%) and girls (14%).
- 80% of the responders indicated poverty as the main factor in exacerbating SEA risk, 75% indicated power imbalance and 43% indicated language barrier as a risk factor. On reporting of SEA incidents, 39% of the respondents said they do not know where to report or give feedback on issues of SEA. Majority of female respondents in Addis Ababa (88%), Jigjiga (67%) and Afar (65%) said they did not know where to report or give feedback on issues of SEA.

## Recommendations

### AAP

- Systematically address the age, gender and cultural barriers to participation identified by women and girls.
- Utilize existing women community structures and women refugee-led organizations to ensure meaningful participation of women and girls including other marginalized groups.
- Tailor with a gender consideration the communication modalities for persons with disabilities, those illiterate, and other persons of specific needs
- Promoting adult education to curb illiteracy among refugee women.
- Optimizing the existing structures with government and partners that promote the participation of refugees, particularly women and girls.
- Broadening available feedback mechanisms across the offices while also involving refugees and taking adequate for the AGD considerations.
- Those locations with a better understanding of where to report and give feedback on issues of SEA would share experience and best practices with those scoring lesser numbers.
- Training UNHCR staff members, partners and social workers directly working with the refugees on SEA.



## **GBV**

Adopt a multi-sectoral approach across the operations programme, coordination and influencing interventions in mitigating the risk factors that exacerbate GBV across the different locations.

Need to adopt an area based GBV response, risk mitigation and prevention solutions based on the distinct GBV trends.

Engage refugee women and girls in addressing barriers to GBV services, with a specific focus on stigma, trust and distance to services.

Review and strengthen the multi-sectoral GBV service packages across the different locations, with a strong emphasis on using community-based approaches to awareness raising and basic GBV service provisions

Scale up on GBV prevention interventions with a specific focus on adopting a gender transformative approach in addressing gender inequality and powerlessness.

Mainstream GBV risk mitigations across the sectoral response with a specific focus on livelihood, WASH, Education and health.

Collaborate with refugee women and adolescent girls in identifying innovative solutions in reducing care burdens and promoting women leadership across the different decision-making spaces (example, providing childcare support, leadership skills building etc).

Increase the number of female service providers in health centers as well as strengthening the capacity of community health providers, traditional birth attendants, and other community-based health actors who are important entry points for referrals and basic GBV support services to survivors.

More specific recommendations are available throughout the document.

# Introduction

As of July 2022, Ethiopia is the third-largest refugee-hosting country in Africa with 871,910 (52.7% Females and 47.3% Males) refugees and asylum-seekers. The overwhelming majority originate from South Sudan, Somalia, and Eritrea. Out of the total population, children constitute 57.9% of the total refugee population of whom.<sup>2</sup> Forcibly displaced women and girls are at heightened risk of different protection concerns, including Gender-Based Violence (GBV). camps and sites hosting Internally Displaced Persons (IDPs).

## The Definition of Gender-Based Violence (GBV)

‘an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private’.<sup>3</sup>

UNHCR’s internal policies and strategies play a significant role in translating international instruments dealing with GBV into action. More particularly for the context of UNHCR, there are policies,<sup>4</sup> strategic directions, and country specific GBV strategies. UNHCR’s Strategic Direction sets out a five-year path to protect, respond, include, empower and solve. UNHCR commits to respond rapidly and effectively in emergencies and beyond, to promote inclusion and self-reliance, empower the people UNHCR serves and to solve and address the consequence of displacement and problems of statelessness.<sup>5</sup> GBV is one of the priority focus areas of the Strategic Directions.

Globally, UNHCR has adopted a Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence, (UNHCR/HCP/2020/01) in October 2020.<sup>6</sup> The policy consolidated the progress made by UNHCR and partners to prevent, mitigate, and respond to GBV, which is collective accountability across the organization and requires the commitment and support of all members of the workforce.<sup>7</sup>

<sup>2</sup> O Digital Partner Statistical Tool | L3 Protection Profile (unhcr-eth.org)

<sup>3</sup> IASC GBV Guidelines for Integrating GBV Interventions in Humanitarian Action, 2015, Part 1, available on: <https://gbvguidelines.org>

<sup>4</sup> United Nations High Commissioner for Refugees (UNHCR) Policy on the prevention of, Risk Mitigation, and Response to GBV 2020 Available Here

<sup>5</sup> United Nations High Commissioner for Refugees (UNHCR) Strategic Direction 2022-2026 Available Here

<sup>6</sup> Ibid 4.

<sup>7</sup> Ibid

The objectives of the policy are to ensure that first, “risk of GBV is reduced for all target communities and second, “all survivors have adequate and timely access to quality services” which are mutually reinforcing.<sup>8</sup> It emphasizes the importance of not only responding to violence after it has occurred but also of preventing GBV by addressing its root causes and incorporating gender equality into all aspects of UNHCR’s work. It also underscores the obligation to reduce risk and ‘Do No Harm.’ The UNHCR’s ability to take concrete steps toward the overarching goal of eradicating GBV is dependent on strong institutional and cross-functional leadership.

The implementation of the policy requires UNHCR’s partnership with governments and other actors. This Policy is in line with existing global guidelines and commitments, including the 2030 Agenda for Sustainable Development,<sup>9</sup> Agenda for Humanity,<sup>10</sup> the Global Compact on Refugees,<sup>11</sup> the Call to Action on Protection from Gender-Based Violence in Emergencies,<sup>12</sup> the United Nations Action Network Against Sexual Violence in Conflict,<sup>13</sup> the GBV Accountability Framework,<sup>14</sup> the Inter-Agency Minimum Standards for GBV in Emergencies Programming,<sup>15</sup> the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action,<sup>16</sup> the Inter-Agency Gender-Based Violence Case Management Guidelines,<sup>17</sup> the Secretary General’s Bulletin on Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13) and the IASC Six Core Principles Relating to Sexual Exploitation and Abuse.<sup>18</sup>

A plethora of risk factors and situational contexts, ranging from the individual to the systemic, increase the risk of GBV faced by displaced persons, particularly diverse women and girls.<sup>19</sup> During humanitarian crises, GBV is one of the most serious threats to individuals, families, and communities, such type of violations, as well as intimate partner violence, child marriage, and female genital mutilation.<sup>20</sup> Girls in particular may face increased exposure to GBV such as child marriage. Refugee children in urban settings also face multi-faceted protection risks due to the high cost of living, limited access to relevant information and community support.<sup>21</sup>

<sup>8</sup> Ibid

<sup>9</sup> UNHCR and the 2030 Agenda, available from [www.refworld.org/docid/59db4b224.html](http://www.refworld.org/docid/59db4b224.html)

<sup>10</sup> For more information see Agenda for Humanity, available from [www.agendaforhumanity.org/](http://www.agendaforhumanity.org/).

<sup>11</sup> The Global Compact ‘represents the political will and ambition of the international community as a whole for strengthened cooperation and solidarity with refugees and affected host countries.’ See the Global Compact on Refugees, available from [www.unhcr.org/gcr/GCR\\_English.pdf](http://www.unhcr.org/gcr/GCR_English.pdf).

<sup>12</sup> The Call to Action on Protection from Gender-Based Violence in Emergencies is a multi-stakeholder initiative that aims to drive change and foster accountability so that every humanitarian effort, from the earliest stage of a crisis, includes the policies, systems, and mechanisms to mitigate GBV, especially violence against women and girls, and to provide safe and comprehensive services to those affected. For more information see [www.calltoactiongbv.com/what-we-do](http://www.calltoactiongbv.com/what-we-do).

<sup>13</sup> UN Action against Sexual Violence in Conflict is a network of international organizations supporting the work of the Special Representative of the Secretary-General on Sexual Violence in Conflict. For more information see [www.un.org/sexualviolenceinconflict/about-us/un-action/](http://www.un.org/sexualviolenceinconflict/about-us/un-action/). As a UN Agency, UNHCR has a responsibility to contribute to the Monitoring, Analysis and Reporting Arrangements on conflict-related sexual violence (CRSV) (MARA) as established by SCR 1612 and 1660. More information can be found in The Technical Note on UNHCR’s Engagement of the Protection Mechanisms Established by Security Council Resolutions 1612 and 1660 (MRM and MARA), 2018, available from [www.refworld.org/pdfid/5a6edf734.pdf](http://www.refworld.org/pdfid/5a6edf734.pdf).

<sup>14</sup> The GBV Accountability Framework, available from <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV%20Accountability%20Framework.pdf>

<sup>15</sup> The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, GBV AoR, 2019, available from <https://www.unfpa.org/minimum-standards>. For protracted situations ‘where multisectoral services are in place, the Minimum Standards may be used to achieve or maintain adequate quality, GBV Minimum Standards, p. xvi.

<sup>16</sup> Ibid 3..

<sup>17</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines\\_final\\_2017\\_low-res.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf)

<sup>18</sup> The IASC Six Core Principles Relating to Sexual Exploitation and Abuse, 2019, available from <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>. This Policy takes note of the UNHCR 2020-2022 Strategy and Action Plan for Tackling Sexual Exploitation and Abuse and Sexual Harassment, available from [www.unhcr.org/5f3cfec44](http://www.unhcr.org/5f3cfec44).

<sup>19</sup> Andrea L Wirtz et al, “Development of a screening tool to identify female survivors of gender-based violence in a humanitarian setting: qualitative evidence from research among refugees in Ethiopia, Conflict and Health 2013, 7:13

<sup>20</sup> Inter-Agency Standing Committee (ISAC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action; Reducing risk, promoting resilience and aiding recovery, Available Here

<sup>21</sup> United Nations High Commissioner for Refugees (UNHCR) Ethiopia Refugee Child Protection Strategy 2021-2025 Available Here

## Rationale

Despite the magnitude of the problem and the known occurrence of GBV in refugee and displaced communities, GBV is known to be underreported.<sup>22</sup> Underreporting is impacted by fear, stigma, and concern around retaliation and further discrimination or violence. Annual participatory assessments led by UNHCR indicate that GBV remains a priority concern of the community, though reporting remains low. This assessment intends to gain understanding of barriers to reporting and opportunities to strengthen programming.

Ensuring that programming is accountable to affected people is critical to effective GBV programming. In practice, this means applying the building blocks of an AAP approach throughout the response.

The Ethiopia operation recently conducted the AGD Self-Assessment in 2021 which aimed at assessing the progress made by the country's operation in the implementation of the related AGD core actions and identifying best practices, lessons learned, challenges, and opportunities for integrating AAP and gender equality to inform the development of country specific AGD action plan that's grounded in on country operation realities. Thus, the AAP part of this assessment comes into play to contribute to identifying evidence-based operation realities found within the target communities.

The findings of this assessment are intended to inform the continuation of positive efforts implemented by UNHCR and partners across refugee settings and to ensure that GBV programming is informed by the needs and priorities of the community, particularly women and girls and that it is in line with minimum standards.

## Objectives

The results of the nationwide GBV assessment are envisioned to a) identify the challenges and opportunities found in the refugee community with regards to GBV, b) improve the quality of a multi-sectoral response to GBV in the different refugee settings, c) to inform the design of GBV prevention and mitigation interventions, d) to understand opportunities to increase the meaningful participation of women and girls, and the wider community in addressing GBV.

Specifically, the assessment will consider:

- a. Identifying specific harmful norms that prevent women and girls' participation on equal terms with men and boys
- b. Assessing barriers to accessing GBV services by women, girls, men, and boys, including persons with specific needs
- c. Assess the role of the traditional justice system in GBV response
- d. Assessing the risks of SEA as a specific form of GBV and levels of awareness amongst the refugee community
- e. Assessing progress in GBV prevention and response interventions

<sup>22</sup> Palermo T, Peterman A: Undercounting, overcounting and the longevity of flawed estimates: statistics on sexual violence in conflict. Bull World Health Organ 2011, 89:924–925.

## Methodology

**The GBV Assessment: In March 2022, the GBV Assessment was** launched in the seven refugee locations in Ethiopia: Afar, Assosa, Gambella, Jigjiga, Melkadida,, Amhara and urban locations, with a total of 20 camps and 1 site targeted in the exercise. The Assessment was led by a consultant in collaboration with GBV focal points of each sub-office. The assessment was conducted using quantitative methodology, through data collection by conducting interviews using questionnaires.

The sample size employed 95% confidence, and data was collected from refugees aged 10 and above. The sample size age group was divided into [**10-13** (980), **14-17** (1,357), **18-29** (3,217), **30-60** (2,595) and **60+** (667)]. The sample size was further divided into sample groups using the Age Gender and Diversity (AGD) considerations.<sup>23</sup> The questionnaires were developed in English and translated into Arabic, Soho, and Somali. The information was then uploaded into a KoBo toolbox which later on was analyzed using Power BI.<sup>24</sup> A total of 106 enumerators (26 female and 80 male) were recruited for the data collection exercise with a majority of the data collectors being refugees and a few local social workers. A total of 8,816 interviews were conducted with refugees (**48% females and 49% males and 3% who didn't want to disclose their gender**). This number also included **2,337 interviews** with refugee children.

Using the KoBo toolbox increased the quality of data and significantly simplified and expedited the data gathering process, and analysis, while also making raw data readily available for future reference in planning for each sub-office.

Enumerators were mostly selected from the refugee community although, in some of the locations, UNHCR's GBV partners provided their social workers to support in the data collection. All the enumerators were trained to become acquainted with the questions, methodology, and functions of the KoBo questionnaire, the hardware used and on ensuring data quality. In addition, safety measures were put in place to minimize COVID-19 risks during the exercise.

The analysis and visualizations captured in the present report will serve as a basis for the development of the follow-up framework and for informing and supporting UNHCR's, RRS and partners' programming of the Ethiopian operation in the second half of 2022 and beyond. The analysis for the Northern situation.<sup>25</sup> is also included within the sections as the questions were tailored to accommodate the special context of the situation.

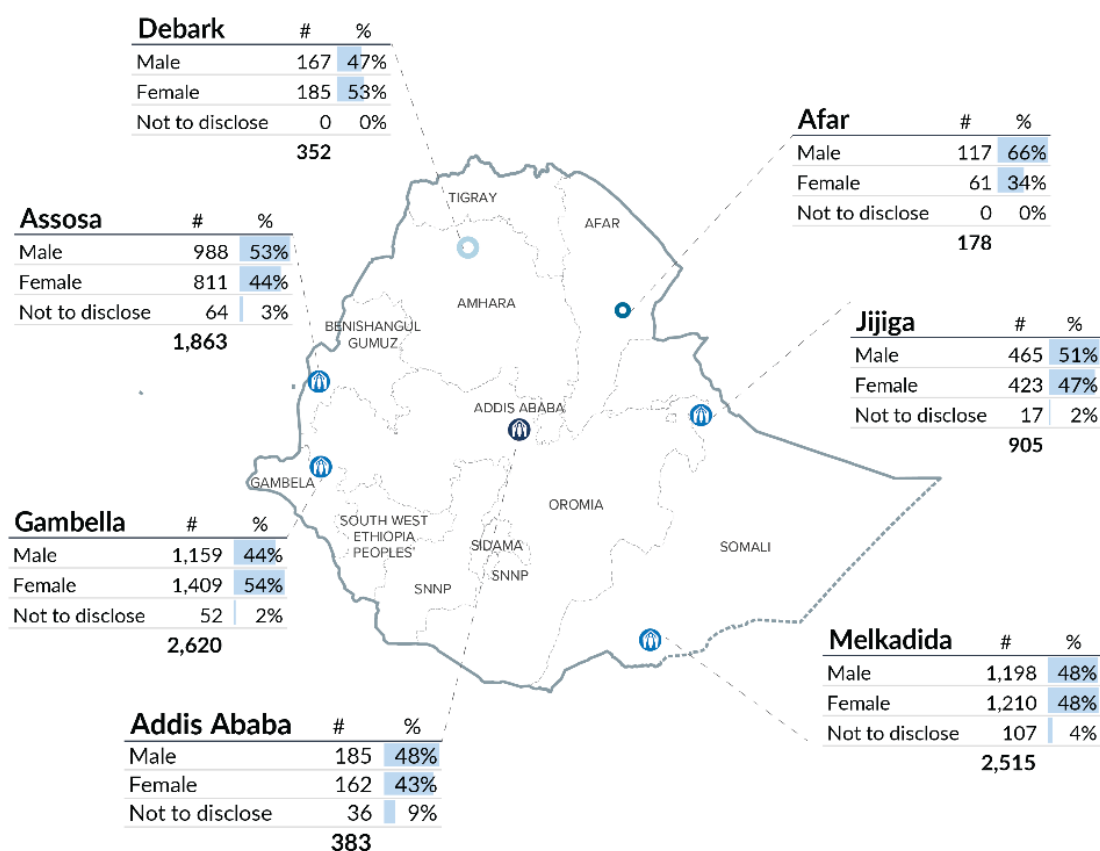
---

<sup>23</sup> AGD Considerations: The different capacities, needs, and exposure to protection risks of the women, men, girls, and boys with whom we work must be incorporated into assessments, planning, implementation, monitoring, reporting, and evaluation.



<sup>25</sup> The Northern Situation for the purposes covers Tigray, Afar and Amhara region.

	#	%
<b>8,816</b> Total respondents		
Male	4,279	49%
Female	4,261	48%
Not to disclose	276	3%



## Ethical Considerations

The training for enumerators included topics on ethical considerations that enumerators needed to consider while interviewing refugees. These included topics on protection from sexual exploitation and abuse (PSEA), fraud/corruption, including possible consequences of such misconduct by enumerators. Confidentiality, safe handling of GBV disclosures, making referrals for survivors, obtaining informed consent from the respondents regarding the assessment including special ethical considerations that needed to be taken while interviewing children and persons with specific needs were also included in the training.<sup>26</sup>

## Limitations

The GBV assessment was carried out in seven refugee locations. However, a few of the selected locations were inaccessible due to security reasons. These include Berhale Camp in Afar and Mai-aini and Adiharush camps in Shire. However, approximately 14,000 Eritrean refugees from these locations fled to the Amhara region, and a new site “Alemwach” has been established, which was included in this assessment.

<sup>26</sup> The WHO Ethical and Safety recommendations for researching, documenting and monitoring sexual violence in emergencies and other necessary ethical considerations for interviewing children were employed.



# ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)



# Overview

## Accountability to Affected People (AAP)

As part of the overall AGD policy, AAP is a commitment to the intentional and systematic inclusion of the expressed needs, concerns, capacities, and views of persons of concern, demonstrating UNHCR's community-based approach to protection and accountability to affected people. Constant learning and adaptation of programs for long-term impact are made feasible by guaranteeing continuous communication and transparency and providing

inclusive avenues for participation, feedback, and response.<sup>27</sup> The commitment UNHCR has enshrined in the AAP encompasses its accountability towards its people of concern while extending to the responsible use of power by humanitarian actors, combined with effective and quality programming that recognizes the community of concern's dignity, capacity, and ability to be independent.<sup>28</sup> According to the framework, AAP is defined as below

“An active commitment by humanitarian actors and organizations to use power responsibly by taking account of, giving account to, and being held to account by the people, they seek to assist”.<sup>29</sup>

<sup>27</sup> United Nations High Commissioner for Refugees (UNHCR) OPERATIONAL GUIDANCE ON ACCOUNTABILITY TO AFFECTED PEOPLE (AAP), September 2020 Available Here

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

There are four building blocks identified for the effective implementation of the commitment UNHCR has towards people of concern under its AAP. Of these four, the assessment employed the first three – Participation and Inclusion, Communication and Transparency, and Feedback and Response.<sup>30</sup> Following the AGD self-assessment conducted, the fourth pillar on Organizational Learning and Adaptation was identified as a priority focus to be informed by meaningful participation. This in turn needs to be addressed at organizational level. The assessment focused on collecting information at community level. In Ethiopia, AAP has an implementation approach which allows refugees' participation at different levels including assessment and planning phases. The AGD Self-Assessment conducted in 2021 indicated that the involvement of target communities in monitoring and evaluation and learning phases) was low. UNHCR involves and allows participation of target communities in the field through the use of complaint boxes, face-to-face meetings, helpline, social media (WhatsApp, Viber, Telegram) platforms, coordination meetings, SMS systems, helpdesk, PSEA mechanisms, complaint desk, protection/RST reception. In Addis Ababa (urban context), a Digital Request and Complaint System (DRCS), Helpline, reception facilities are in place, while Help website launch is in progress.

## I. Participation and Inclusion

Meaningful participation of target communities, including women and girls implies “the full and equal involvement of women (and girls) in all decision-making processes and activities in the public and private spheres that affect their lives and the life of their community”.<sup>31</sup> Through participation, persons of concern should participate in the planning and implementation of programs and protection measures designed to help them.<sup>32</sup>

In lieu of participation, women and girls are key actors in their own protection, and it is critical that they are active partners in identifying protection risks and solutions throughout the GBV programming cycle. According to the Inter-Agency Minimum Standards (IAMS) for GBV in emergencies programming, women's and girls' participation from the onset of emergency results in better humanitarian outcomes and quality GBV response services. Meaningful participation empowers them and promotes a space to share their views and concerns. This, in turn, helps improve the accuracy of monitoring and assessment data for a more effective, contextualized response.<sup>33</sup>

Globally, UNHCR has undertaken initiatives such as providing women with leadership training, advocating for women's rights, supporting women's committees, providing literacy programs, supporting women-led efforts, creating or supporting income-generating activities, and raising community awareness of gender roles to mitigate the impact of barriers to meaningful participation of women and girls which also necessitate a careful examination of the specific cultural norms, discrimination, and exclusion that affect women's and girl's participation.<sup>34</sup> According to the Minimum Standards for GBV there needs to be considerations of several factors to ensure meaningful participation of women and girls. These are communicating the time and location of platforms, taking safety concerns into account if traveling is required, time compensation, ensuring the involvement of “gatekeepers” (e.g., community leaders who prevent access), outreach strategies, and facilitation.<sup>35</sup>

<sup>30</sup> Ibid.

<sup>31</sup> United Nations High Commissioner for Refugees (UNHCR) Gender Equality Toolkit 2020 Available Here

<sup>32</sup> Ibid 27.

<sup>33</sup> Ibid 15.

<sup>34</sup> Ibid 31

<sup>35</sup> Ibid 15.

According to the AAP Operational Guidance, at a minimum, UNHCR has the responsibility to ensure country operations employ participatory methodologies at each stage of the operations management cycle and incorporate the capacities and priorities of women, men, girls, and boys of diverse backgrounds into protection, assistance, and solutions programs.<sup>36</sup> In accordance with the Global Compact on Refugees,

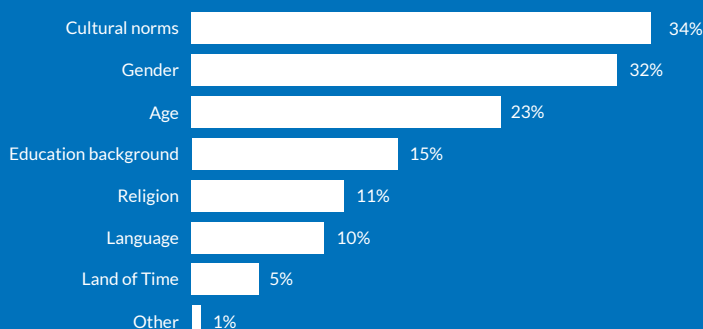
## AAP Assessment Findings:

In the Assessment, respondents were asked if there were any existing barriers affecting community participation to which 43% said there are no barriers affecting their participation. However, a higher majority (57%) of respondents indicated the existence of barriers to their participation – this is 69% for Gambella, 52% for Assosa, 43% for Jigjiga, and 45% for Addis Ababa. Respondents identified the major barriers that exist in their community to participate in any activity, sessions, or events organized in the camp or outside the camp for urban refugees. Cultural norms (34%), gender barriers (32%), and age barriers (23%) ranked as the top three barriers to participation and inclusion. That being the case, 47% and 39% of respondents in Gambella indicated cultural norms and gender to be the main barrier respectively. And for Melkadida, gender barriers and age barriers scored 37% and 32% respectively.

Do any barriers exist for you or the other community members to participate in any activity organized in the camp?



If Yes, what are these barriers?



<sup>36</sup> Ibid 27.

In the assessment, for female refugees, cultural norms, gender barriers, age barriers, education barriers, religion and language barriers are identified as major barriers to participation and inclusion hierarchically, while for girls aged 10-13 the age barrier is the major barrier. For instance, in Gambella adolescent girls, age and cultural norms were the major barriers followed by gender. For adolescent girls in Melkadida, gender stands out as a barrier. In Assosa adolescent girls aged 10-17 responded that language barriers was identified as a major challenges that prevent them from participating.

On the other hand, in Melkadida, girls aged 10-13 stated that age followed by gender and cultural norms are the major barriers to participation, while in Gambella girls aged 10-13 said that age and cultural norms are at the top barriers to participation.

In order to better engage the urban refugee community, 71% of respondents reported household consultations to be the best way of engagement, followed by focus group discussion (68%) and consultation with community and religious leaders 45%.

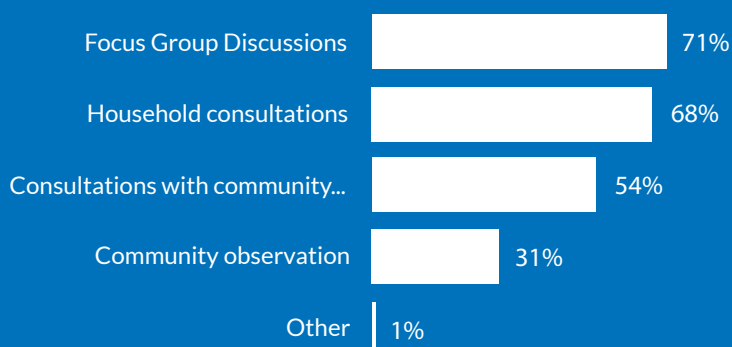
For female youth in the urban setting, the major barrier to participation is age at 47% followed by gender at 34% , while for male aged 10-13, 57% of respondents said the barriers are age.

The assessment identified the best mechanism of engagement for UNHCR and partners to better understand the community they are working with.

Accordingly, female respondents indicated Focus Group Discussions (FGD) as the best method of engaging with the community while household consultations and community consultations were identified as the second and third best methods respectively. Community observations made by UNHCR, or partners are the least preferred method for engaging with the community.

For female refugees in the urban setting aged 14-60, household consultations followed by FGDs are identified to be the best way to engage refugees while females aged above 60 chose community consultations and household consultations as the best way of engaging with them.

**To what extent UNHCR/Partners can engage with community, overall  
(Multiple choices)**



**Response from the Northern Situation- Debark** – 64% of respondent said they are aware of refugee representation in their locations. The proportion is 56% amongst female respondents and 72% amongst male.

61% of the respondents said they feel well represented in the community, with 54% of female respondents feeling well represented in the community and 22% female respondents said they don't know whether they are represented or not. 56% of females aged 14-17 said they don't feel represented.

46% of respondents said they are aware of what the representatives do.

## Recommendations on Participation and Inclusion

### Capacity Development:

- Effectively utilizing already identified medium of communication to inform target communities on areas where they can participate in decision-making processes.
- Increase use of social media platforms by target communities, especially women and adolescent girls to engage with UNHCR and partners.
- Sensitization of Communities on the roles and responsibilities of community representatives
- Optimizing the existing structures with government and partners that promote the participation of target communities, particularly women and girls.
- Provide language courses to women and girls.

### Collaborate/coordinate

- Collaborate with refugee/community-led structures in doing advocacy work regarding women and girls' participation in public decision-making opportunities.

- Strengthening community and religious leaders' engagement and ensuring the participation of all groups of the target communities in the prevention of GBV. This will allow us to address the socio-cultural and religious barriers that contribute to the exacerbation of GBV.

- Utilize existing community structures and target communities-led organizations to ensure meaningful participation of women and girls including other marginalized groups

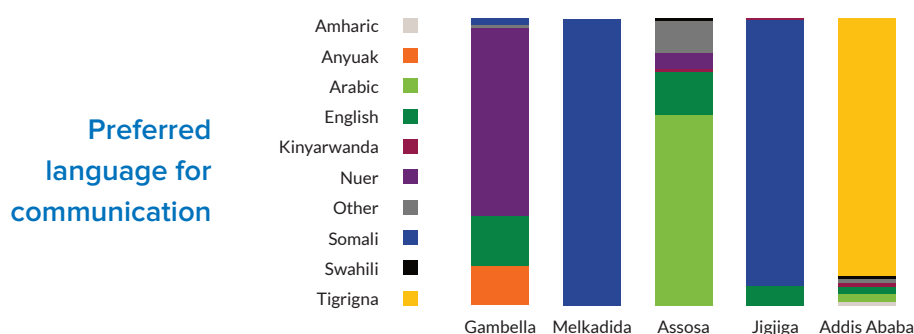
### Programming

- Ensuring the participation of women – by using the best ways identified in the assessment.
- Identify areas in programming areas where women and girls would want to participate more.

## II. Communication & Transparency

Persons of concern have the right to be informed about issues and decisions affecting their lives. This includes receiving information about their rights, obligations, and entitlements, as well as becoming informed about new protection and assistance programs.<sup>37</sup> UNHCR Strategic Direction indicates the need for communicating to strengthen contextual social and behavior interventions targeting children, parents and caregivers, and the wider community. Such communications could include information on human rights, Ethiopian law, and policy, child survivors' rights, where to report risks, and how to access GBV response services.<sup>38</sup>

UNHCR's Emergency Handbook on AAP stipulates the need to facilitate communication and dialogue between UNHCR, its partners, and target communities at key stages throughout the operation's management cycle and the need to share information and communicate in languages, formats, and media that are culturally appropriate for, and accessible to, all groups in the community.<sup>39</sup> Thus, UNHCR Ethiopia's commitment extends to all country-level protection and solutions strategies to detail the operation's approach to communicating with women, girls, men, and boys of diverse backgrounds, through means that are appropriate and accessible to all groups in a community.<sup>40</sup>



This commitment to developing two-way communication is as vital as other sectoral interventions in terms of service and empowerment, and it serves as the foundation for a trusted relationship between humanitarian organizations and affected populations.<sup>42</sup> The channels of communication need to be tailored to the different needs and capacities of persons of concern, for example, women and children.<sup>43</sup>

The different offices in UNHCR Ethiopia operation utilize multiple communication channels. However, the findings of the AGD self-assessment have made a note of the lack of consideration of accessibility for target communities in the existing channels of communication, especially for persons with disabilities and those who are illiterate.<sup>44</sup>

### AAP Assessment Findings:

According to the findings of the GBV Assessment, 6,404 respondents (77%) felt informed about their rights and responsibilities while 23% of respondents felt they didn't have such information. 50% of respondents in Addis Ababa felt not informed about their rights and responsibilities.

<sup>38</sup> United Nations High Commissioner for Refugees (UNHCR) Ethiopia GBV Strategy 2022-2026

<sup>39</sup> Ibid 27

<sup>40</sup> Ibid.

<sup>42</sup> Ibid.

<sup>44</sup> UNHCR Ethiopia AGD Self-Assessment Report 2021

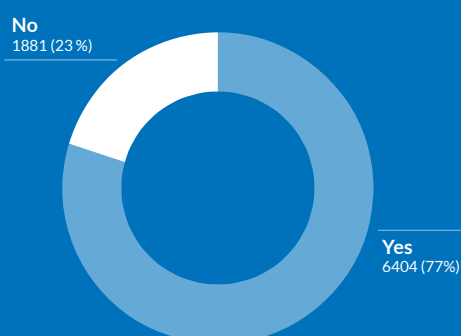
With regards to the dissemination of information to target communities is pertinent to identify the most preferred medium of communication. Female respondents aged 30-60 indicated that focus group discussions and telephone are the best source of information second and community events as the third most-preferred way. Similarly, females of all age group preferred telephone as their best way of communication.

For female respondents in Assosa, community events are preferred over Focus Group Discussions, while for female refugees in Addis Ababa, Jigjiga, and Melkadida the telephone is preferred.

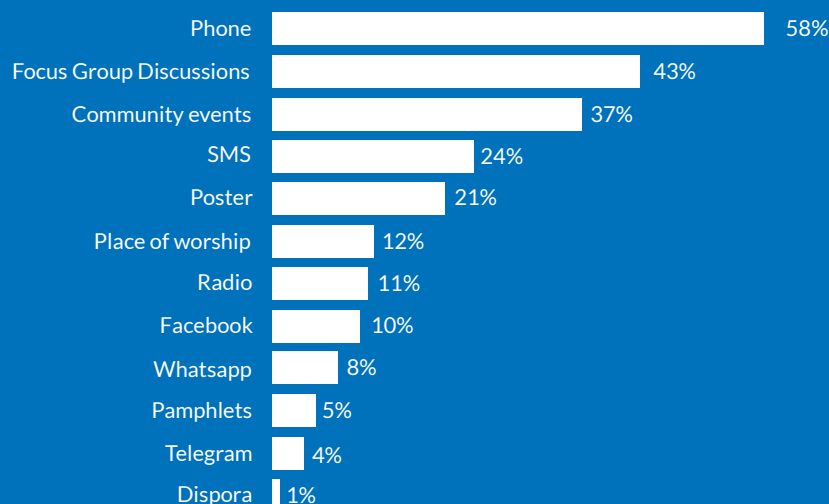
The findings of the assessment identified Facebook, WhatsApp, and Telegram to be amongst the least favorable methods of getting information. This can be an indication of the shortage or lack of internet connectivity in the camps, as these social media platforms scored relatively higher in Addis Ababa which can be associated with the availability of internet connectivity.

To have effective communication with the persons of concern we are working with, identifying the preferred language is important. Accordingly, in the Somali regions of Melkadida (100%) and Jigjiga (92%), Somali is the most preferred language. While 90% of respondents in Addis Ababa preferred Tigrigna. In Gambella the most preferred languages are Nuer (65%), English (18%) and Anyuak (13%). In Assosa the most preferred language is Arabic (65%).

Feel informed about rights, responsibilities and entitlements



How do you like to receive information about the response rights, responsibilities, and entitlements?





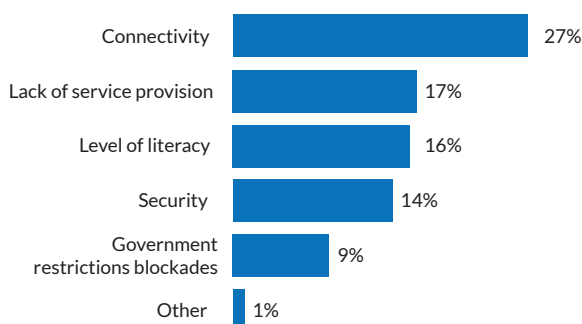
## Response from the Northern Situation-Debark –

43% of respondents said they feel informed about GBV services available in their location. 21% felt they were not informed while 36% said they did not know.

With regards to the medium to receive information about access to services, roles, responsibilities, and entitlements respondents ranked the top four most preferred medium – 57% said face-to-face, 56% community events, 49% phone, and 34% said focus group discussions. Female respondents prioritized phone (57%) followed by 53% of face-to-face. Girls aged 10-13 chose phone (56%), while those aged 14-17 chose community events (73%). Women aged 18-29 chose face-to-face, women aged 30-60 chose phone, and women aged 60 and above chose focus group discussions. This demonstrates the need for designing communication channels tailored to the different age groups.

27% of respondents identified the major barrier to accessing and sharing information to be connectivity, followed by lack of service provision (17%), level of literacy (16%), level of literacy (16%) and, fourthly, security (14%).

## Barriers to accessing and sharing information



## Recommendations on Communication and Transparency

### Inclusion:

- Tailor communication modalities for persons with disabilities, those illiterate, and other groups of the person of concern.
- Ensuring communications are made in all the languages used by target communities to address language barriers.

### Collaboration/Partnership

- Collaborating with the local government and partners in broadening telephone and internet service coverage to remote camps.
- Coordinating and collaborating with existing community structures that could be leveraged to strengthen communication.
- Coordination with partners on messaging.

### Capacity Development

- Promoting adult education to curb illiteracy among target communities with special attention to adult women.
- Optimizing the use of social media platforms by target communities to engage with UNHCR and partners by using multiple languages as a medium.

### III. Feedback and Response

Feedback includes both formal or informal communication received through feedback systems from persons of concern, which can either be positive or negative (complaint), and it is set to inform programming or requires corrective action (response). We can hear directly from people who are concerned, get a real-time understanding of the threats they face, and assess the impact of our protection activities help, and solutions programs through feedback and response systems.<sup>45</sup> For instance; listening sessions with women and girls from the wider community and individual feedback sessions can ensure GBV-Specialized programming that adheres to the GBV guiding principles.<sup>46</sup>

According to the Minimum Standards for GBV in emergencies, women's and girls' participation through regular feedback or accountability mechanisms supports monitoring of any unintended harmful consequences of humanitarian programming that can be addressed through risk mitigation activities and wider community engagement. Women and girls are the best source of information about these risks, which necessitates their proactive engagement through the facilitation of an easily accessible confidential system. Such information gathered from women and girls should inform programmes and support access to services and prevention and mitigation activities.<sup>47</sup> Furthermore, such types of feedback or accountability mechanism support monitoring of any unintended harmful consequences of humanitarian programming that can be addressed through risk mitigation activities and wider community engagement.<sup>48</sup>

At a minimum, all UNHCR operations have a commitment to establish and promote feedback and response systems, including for confidential complaints. Feedback Mechanisms are a formal system that allows people who are concerned to safely communicate with and receive responses from the organization. Feedback mechanisms can be community-based (using community structures), or they can be agency-run (suggestion box, hotline, etc.) or interagency (agency run on behalf of multiple agencies).<sup>49</sup>

UNHCR's AAP ensures that any formal or informal feedback from persons of concern should be systematically received and responded to, and corrective action shall be taken as appropriate. This includes setting in place Community-Based Complaint mechanisms. These include complaint boxes, face-to-face meetings, helpline, social media (WhatsApp, Viber, Telegram), platforms, coordination meetings, SMS systems, helpdesk, CBCM mechanisms, complaint desks, and Protection/ RST reception.[ United Nations High Commissioner for Refugees (UNHCR) Ethiopia, "Brief overview of Community-Based Complaints mechanism in Ethiopia," Jan 2021 <sup>50</sup>

The UNHCR Ethiopia Refugee Child Protection Strategy 2021-2025 also underscores the need to encourage and receive child-friendly feedback/establish complaint mechanisms for instance, by ensuring satisfaction surveys or feedback sessions, participatory assessment, are structurally included in the programme cycle. Child-friendly Complaint and Feedback Mechanisms shall also be supported to ensure children report incidents of sexual exploitation and abuse.<sup>51</sup>

<sup>45</sup> Ibid 27.

<sup>46</sup> Ibid 15.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid 27.

<sup>50</sup> United Nations High Commissioner for Refugees (UNHCR) Ethiopia, "Brief overview of Community-Based Complaints mechanism in Ethiopia," Jan 2021 (unpublished)

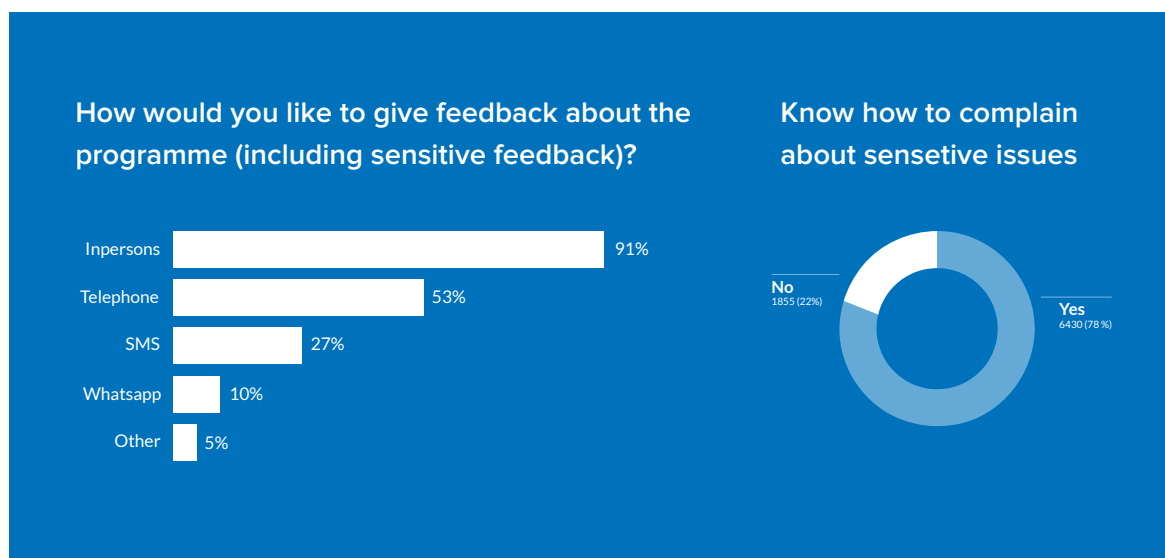
<sup>51</sup> United Nations High Commissioner for Refugee (UNHCR) Ethiopia Refugee Child Protection Strategy 2021-2025 Available Here

## AAP Assessment Findings

The assessment identified that each field office has a medium to which such feedback and responses are submitted to. In addition, how the information is processed is unique to each office. About 5,915 (71%) of respondents said they have provided feedback on the programs available in their locations. The respondents also identified the most suitable means of providing feedback, with all of the sub-offices' respondents choosing "in-person" (91%) as the best means of providing feedback, telephone (call) (53%) identified as the second-best alternative, followed by SMS (27%).

In Addis Ababa (urban) the telephone is the preferred program feedback mechanism for 84% of respondents.

The GBV assessment findings indicate that 78% of respondents know how to complain about sensitive issues, while the rest, (22%) of the respondents, are not aware of how to complain about sensitive issues.



**Response from the Northern Situation- Debark-** Only 32% of respondents said they are aware of where to give feedback about any concerns they have, while 37% of women said they are not aware of where to give feedback. Amongst those who said they are aware of where to give feedback, only 47% of the respondents have provided feedback on the services that are provided.

21% of the respondents said they prefer to give feedback in person, or through community structures (13%) and telephone (11%). Reporting in person on sensitive information about, corruption, staff, contractors, and trafficking, 57% face to face, 56% community events, and 49% phone. Female respondents also reported they preferred these top three modalities of reporting. On the other hand, female respondents preferred refugee women leaders (32%), GBV partners (25%) and refugee leaders (22%) to receive information regarding GBV and PSEA.

68% of respondents said they do not know the effectiveness of available complaint mechanisms and only 23% of respondents said they believe the complaint mechanisms are effective while 9% said they said they are not effective. Which calls for the need for awareness raising work in the community on the availability of the complaint mechanisms. In particular, 57% of females said they did not know whether the complaint mechanisms were effective, and only 30% said they are effective.

According to the GBV assessment in the north, 37% of respondents said women are the most vulnerable followed by girls (32%) and adolescent girls (22%).

## Recommendations on Feedback and Response

### Collaboration/Coordination

- Utilizing the existing community structures to inform target communities including women and girls on the available feedback mechanisms and ensure the confidentiality of the services.

### Capacity Development

- Broadening available feedback mechanisms across the offices.
- Ensuring the accessibility of feedback mechanisms to target communities.
- By taking diversity into account, tailor preferred feedback mechanisms to the specific group of target communities.
- By identifying the preferred feedback mechanism, tailor it according to the specific group of target communities
- Adequately allocating human and financial resources on feedback analysis which will require agreement with Senior Management on turnaround time.

### Programming

- Broadening available feedback mechanisms across the offices while also involving refugees and taking adequate for the AGD considerations.
- Properly analyzing the feedback gathered from target groups and incorporating the feedback gathered from target communities in different programming and intervention activities of the operation.
- Developing SOPs on feedback, sensitizing communities on the feedback handling process.
- Setting a system in place to ensure a safe reporting mechanism including capacity building of the women leaders to ensure a do no harm principle (especially for those target communities who prefer reporting to women leaders)

## I. Protection from Sexual Exploitation and Abuse

The UN Secretary General's Bulletin defines Sexual Exploitation and Sexual Abuse as follows:<sup>52</sup>

**Sexual Exploitation:** “Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including but not limited to profiting monetarily, socially or politically from the sexual exploitation of another”

**Sexual Abuse:** “The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions”

The UN has a zero-tolerance policy with regard to sexual exploitation and abuse by personnel. It is considered serious misconduct.<sup>52</sup> PSEA policies and practices aim to end sexual exploitation and sexual abuse by humanitarian workers.<sup>53</sup> UNHCR's commitment to gender equality contributes in vital ways to UNHCR's efforts to be accountable to affected people and protect them from sexual exploitation and abuse (SEA). These responsibilities are continuous, from emergency preparedness and the response to the achievement of durable solutions<sup>54</sup>

UNHCR's Tackling Sexual Exploitation and Abuse and Sexual Harassment Strategy and Action Plan 2020-2022<sup>55</sup> and UNHCR Ethiopia's contextualized PSEA Strategy 2021-2023 included four major objectives; ensuring an end-to-end victim-centered approach is streamlined in all UNHCR practices and procedures concerning sexual misconduct<sup>56</sup> equipping and empowering UNHCR and partner personnel to prevent, identify and respond to sexual misconduct; upholding organizational accountability in tackling misconduct; and maintaining UNHCR's role as a key stakeholder engaging in inter-agency efforts.<sup>57</sup> As such, UNHCR and its partners make efforts to ensure, the prevention and response to sexual exploitation and abuse including by providing awareness-raising with refugees and providing mechanisms for reporting SEA and providing support to victims of SEA through existing GBV referral pathways.

Furthermore, UNHCR Ethiopia's PSEA Strategy requires strengthened and systematized disclosure and reporting channels to ensure victims and witnesses have access to and receive comprehensive information to make informed decisions on options available to them. In addition, the Strategy encourages educating UNHCR personnel to identify and understand the impact of sexual misconduct. Furthermore, it aims to actively engage with partners in measures pertaining to prevention and response to sexual misconduct.<sup>58</sup>

<sup>52</sup> UN Secretary General's Bulletin: (ST/SGB/2003/13 - E - ST/SGB/2003/13 -Desktop (undocs.org))

<sup>52</sup> Ibid

<sup>53</sup> United Nations High Commissioner for Refugees (UNHCR) Emergency handbook, “Protection from Sexual Exploitation and Abuse (PSEA), 4th edition, Available Here

<sup>54</sup> Ibid 31

<sup>55</sup> United Nations High Commissioner for Refugees (UNHCR), Tackling SEA and SH strategy and Action plan 2020-2022, Available Here

<sup>57</sup> United Nations High Commissioner for Refugees (UNHCR) PSEA Fact Sheet, March 2022

<sup>58</sup> Ibid 55.

## GBV Assessment Findings

According to the findings of the GBV Assessment 31% of respondents said SEA is a concern in their community while 34% of females and only 28% of males agreed with this observation. Overall, by location, SEA was ranked highest as a concern in Assosa at 34% and Gambella at 32%. 52% of respondents reported women to be most vulnerable to SEA by humanitarian workers followed by adolescent girls (16%) and girls (15%).

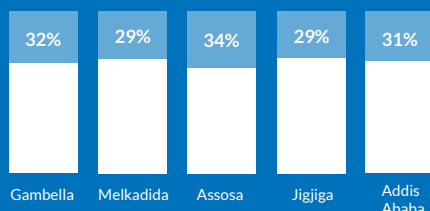
47% female respondents in Addis Ababa confirmed it is women who are most vulnerable, followed by girls (34%).

Some of the reasons respondents provided as to why SEA is a concern in a community include cultural stereotypes on girls and women to provide for their household which makes them more at risk of SEA.

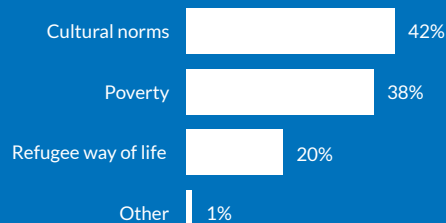
According to 80% of the respondents, poverty is the main factor that increases SEA risks, where personnel take advantage of vulnerable refugees in exchange for basic needs such as food, and 75% of respondents identified power imbalance between refugees and officials to be another factor. These factors remain the same for females aged 10-60 except for those aged 60+ who cited power imbalance as the major factor.

### Do you think SEA is a concern in your community

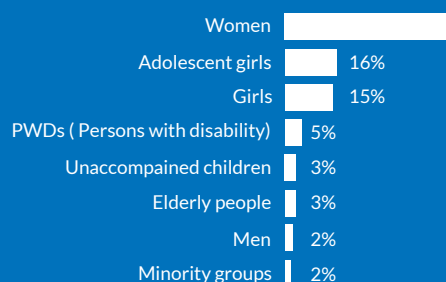
■ No ■ Yes



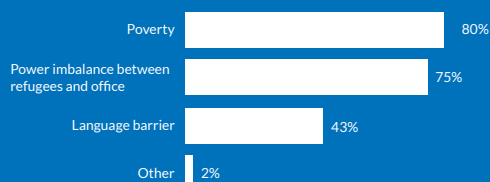
### Overall GBV causes in the community



### Who do you think in community most vulnerable to SEA by humanitarian workers?



### Factors you think drive SEA risk



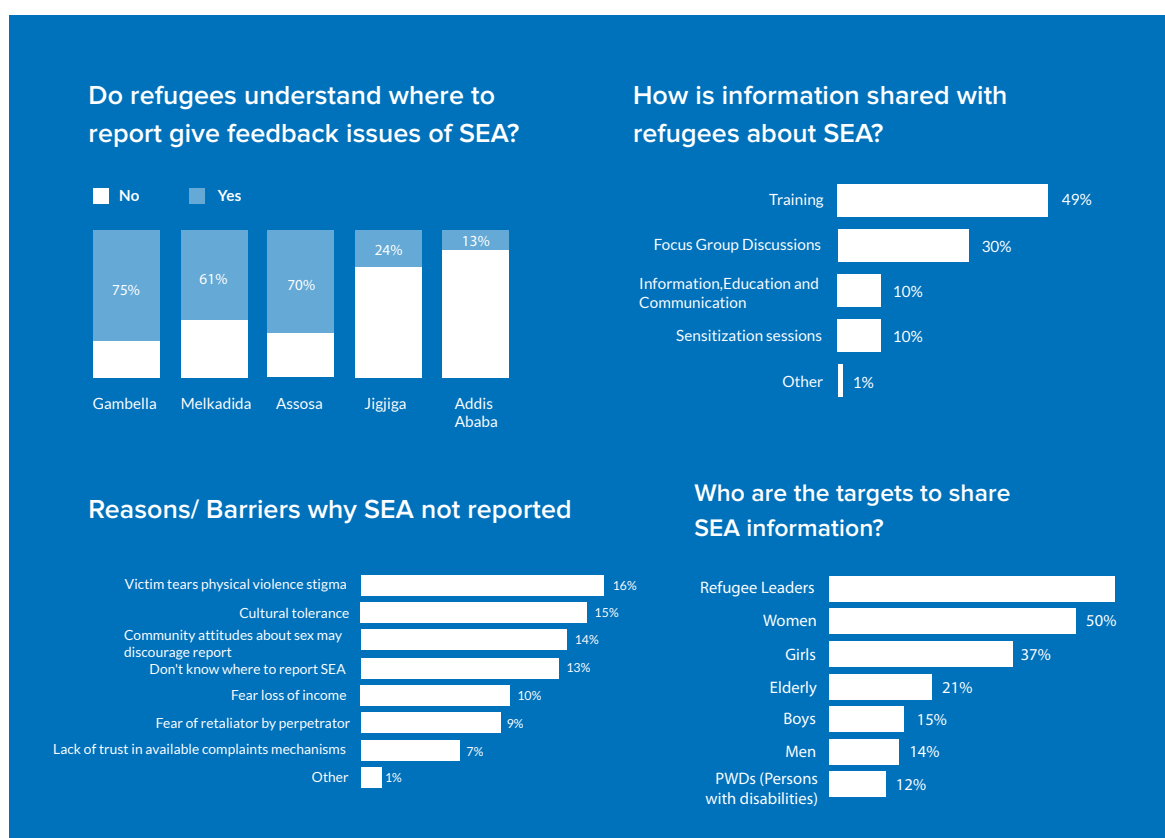
For urban refugees, the top factor that drives SEA risk is power imbalance between refugees and officials (75%) followed by poverty (73%) and language barrier (66%).

With regards to SEA, 75% of refugees in Gambella said they understand where to report and give feedback on issues of SEA. Overall, for the five locations, the average number of respondents who are not aware of where to report SEA is just below half, at 48.6% meaning half of the refugee population does not understand where to report or give feedback on issues of SEA. Majority of female respondents in Addis Ababa (87%), and Jigjiga (76%) said they do not know where to report or give feedback on issues of SEA.

For urban refugees, it is only 13% of the respondent that reported to have an understanding of where to report or give feedback on issues of SEA, which is the lowest of all six locations. Interestingly, in Addis Ababa, 100% of female respondents aged 14-17 said they did not know where to report and give feedback on SEA, which is followed by 74% of respondents in 76% in Jigjiga.

For urban refugees the major reason why, SEA goes unreported is due to not knowing where to report. More specifically, for urban female respondents aged 18-29, the major reason SEA goes unreported is due to not knowing where to report, followed by fear of stigma, and fear of retaliation from perpetrators. For those urban females aged 30-60, the third reason is the practice of exchange of sex for goods.

With regards to educating the community on SEA, 49% respondents indicated that they have received information about SEA through training, while 30% indicated FGD and a small 10% of respondents said they get their information through sensitization sessions. Further, although SEA information is being shared, the major targets are refugee leaders at the top followed by women and girls.





## Recommendations on PSEA

### Capacity Development

- Training UNHCR staff members, partners and incentive workers, directly working with the refugees on SEA.
- Optimizing the best communication medium, raising awareness on the referral and feedback mechanisms available in the specific locations, particularly in Addis Ababa where only 13% of respondents claimed to know where to report or give feedback on issues of SEA.

### Advocacy

- Advocate with other protection actors and PSEA focal points for senior leaders in all agencies to establish PSEA inter-agency networks, focal points, and clear referral and reporting procedures..

### Collaboration

- Collaborating with local community structures in educating the community about SEA.

### Experience Sharing

- Those locations with a better understanding of where to report and give feedback on issues of SEA would share experience and best practices with those scoring lower.

### Standard Operating procedures (SOPs)

- Ensure GBV Standard Operating Procedure (SOPs) are aligned with international standards and include PSEA victim assistance protocols and are updated at least every six months.
- Ensuring reporting and feedback services held with women and girls, including all interactions with survivors, are conducted in private settings where women and girls can trust they will be provided with confidential and safe services. Staff should share with other actors only the necessary information, as requested and consented to by the survivor, for purposes of providing assistance.



# **GENDER-BASED VIOLENCE (GBV)**

# Thematic Areas of the Refugee GBV Assessment

## I. Gender Equality

UNHCR promotes gender equality and seeks to eliminate violence against women and girls of concern as an integral part of its protection mandate.<sup>59</sup> UNHCR acknowledges that gender inequalities, which are compounded in contexts of displacement, disproportionately disadvantage women and girls, but that men and boys are also impacted by entrenched gender-based discrimination.<sup>60</sup> According to its Gender Equality Toolkit, UNHCR perceives gender equality as the equal enjoyment of rights, and opportunities of all persons of concern and means that the interests, needs and priorities of all are respected, regardless of their gender.<sup>61</sup>

Gender inequality at individual, community, and societal levels manifest as GBV and it is an important factor to the violations of persons' rights. Accordingly, UNHCR recognizes that gender inequalities, which are exacerbated in displacement contexts, disproportionately disadvantage women and girls.<sup>62</sup>

To mainstream a gender perspective, it is important to apply a gender analysis which involves asking whether an activity produces, widens, or narrows the gender gap. Gender analysis enables us to make sense of the differences and similarities that exist between men and women of various age and diversity background across a range of issues to inform actions.<sup>63</sup>

Linking GBV to its roots in discrimination and gender inequality necessitates not only working to meet the immediate needs of affected populations but also implementing strategies – as early as possible in humanitarian action – that promotes long term social and cultural change towards gender equality.<sup>64</sup>

<sup>59</sup> Ibid 31

<sup>59</sup> UNHCR: Integration Handbook. <https://www.unhcr.org/handbooks>

<sup>60</sup> UNICEF, UNFPA, UNDP, UN Women, Gender Equality, UN Coherence, and You. Available Here

<sup>61</sup> Ibid 31

<sup>61</sup> UNHCR: Integration Handbook. <https://www.unhcr.org/handbooks>

<sup>62</sup> Inter Agency Minimum Standards for GBV in emergency programming: Available Here

<sup>63</sup> Ibid 31

<sup>63</sup> UNHCR: Integration Handbook. <https://www.unhcr.org/handbooks>

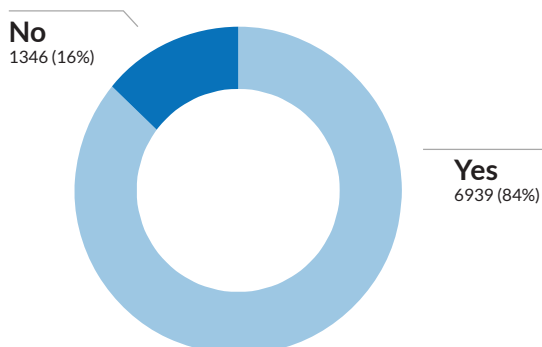
<sup>64</sup> Ibid 15.

## GBV Assessment Findings

3,470 (84%) of the female respondents confirmed that refugees have opportunities to voice their protection concerns. This figure is lowest in Jigjiga at only 72%.

For the most part across the operation, it is women that have lessor voice in the community. Across the various locations, women have been identified to having lesser voice in the community followed by men.

Do refugees have opportunities to voice their protection concerns?

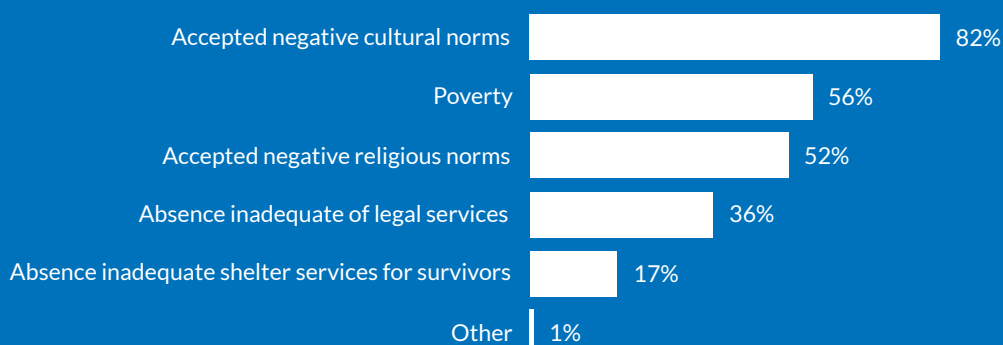


The figure for this response increases with female respondents. For example, in Gambella, female respondents chose women to have the lesser voice in the community with 57% of respondents.

According to the findings of the GBV assessment, the top three factors that may exacerbate risks for GBV are **harmful social and cultural norms, poverty, and harmful religious norms**.

For female urban refugees, negative cultural norms were at the top of protection factors that may exacerbate risks of GBV, followed by negative religious norms and inadequate legal services.

What are the broad protection factors that may exacerbate the risks of GBV in a particular setting?



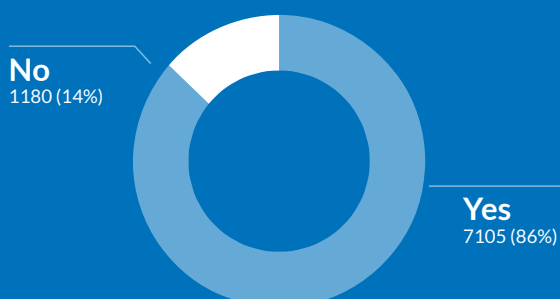
For female urban refugees, negative cultural norms were at the top of protection factors that may exacerbate risks of GBV, followed by negative religious norms and inadequate legal services.

With regards to the right to documentation and establishing identity, 86% of respondents said that refugee women and girls are included in registration and identification efforts.

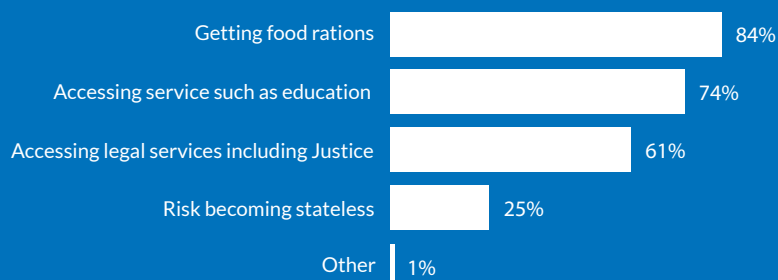
Due to lack of identification documents, women and girls could face challenges in accessing opportunities that are available for refugees. According to the assessment, the top three possible challenges include, **not getting food rations (84%)**, as well as challenges **accessing services (74%)** such as education and **accessing legal services (61%)**. The fact that undocumented refugees won't be able to access legal services will make them exacerbates their vulnerability to GBV.

For urban refugees, 84% of respondents reported women and girls have been included in registration and identification efforts. However, this number drops with urban refugees above 60 years, where only 50% of them reported women and girls have access to identity and registration efforts.

#### Are women and girls included in registration and identification efforts?



#### What obstacles do women and girls face in establishing their identity if documentation is lost or previously did not exist?



# Recommendations on Gender Equality

The understanding of conducting a gender analysis of the UNHCR's people of concern provides important insights into the specific needs, vulnerabilities, strengths, opportunities, and priorities of men, women, or youth, and can be used to inform future activities with new populations of concern or making ongoing activities more gender-sensitive. The findings of a gender analysis enable us to develop and include concrete measures in key planning documents, including operating plans, to address the causes, challenges, and gaps that were identified. Furthermore, it is expected that the gender analysis will ensure evidence-based advocacy for gender equality and that operations will undertake targeted actions and interventions to address existing gender inequalities that contribute to persistent discrimination against women and girls while exacerbating inequalities between men and women.

## Programming

- Programming needs to take into account those identified risk factors that exacerbate GBV for each location. Specifically, programming needs to include targeted initiatives on women's leadership and economic empowerment, youth engagement with a heavy prioritization on female youth, and community engagement to jointly address the cultural and religious norms.

## Collaboration

- Collaboration with government counterparts RRS to issue adequate documentation for target communities.
- Collaborating with other actors and all sectors to conduct regular Safety Audits to identify GBV risks in the environment. Where appropriate, conduct joint analysis and circulate findings among community members and relevant humanitarian actions.
- Collaborating with community leaders to sensitize the refugee community on the importance of registration including birth certificates

- Engagement with Refugee Led Organizations (RLO) and Community-Based Organizations (CBOs) as well as Faith Based Organizations (FBOs) more so on addressing the risks.

## Capacity Development

- GBV-specialized program staff in all the locations and volunteers are trained on GBV, gender inequality, and the GBV Guiding Principles, GBV Minimum Standards and are equipped with attitudes, knowledge, and skills to uphold the GBV Guiding Principles at all times.
- Optimizing the best communication medium identified for each specific location to inform refugees on the opportunities that are available to voice their protection concerns.
- Setting up discussions with women and girls that are conducted by female staff and volunteers on their rights and entitlements.

## Advocacy

- Support gender equality awareness-raising initiatives with women, men, girls, and boys of concern, as well as internally within UNHCR and among partners.

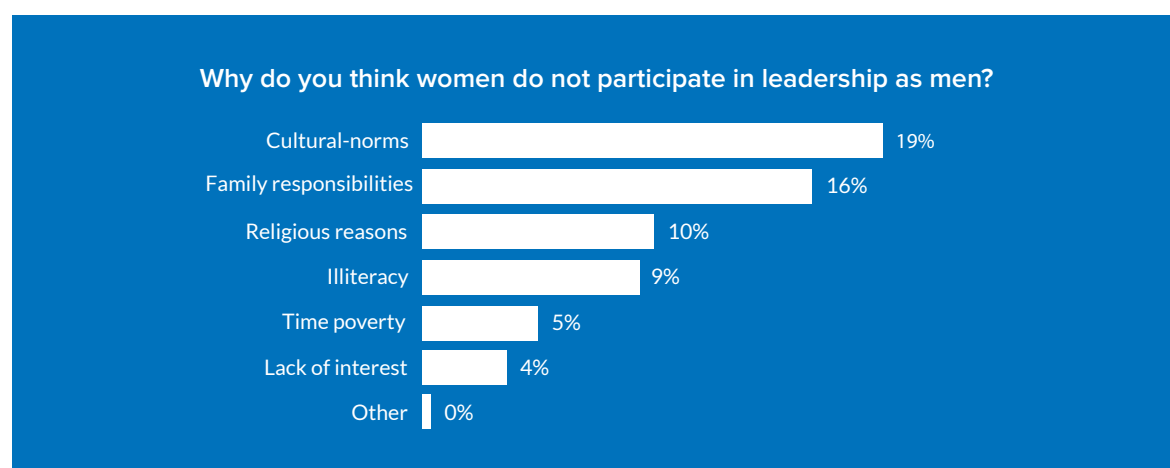
## II. Women & Girls Empowerment- Participation

Empowerment is a process that aims to alter the nature and direction of systemic forces that marginalize women and other vulnerable groups.<sup>65</sup> Empowerment, is not something that is done merely for women, rather it is a process that engages women in reflection, inquiry, and action. It refers to a range of activities, from individual self-assertion to collective resistance, protest, and mobilization, which challenge basic power relations.<sup>66</sup> Empowerment and participation of women and girls are critical to achieving gender equality and improving women's and girls' protection. Since women and girls are disproportionately affected by inequality, empowering them helps them become more aware of the unequal power relations all around them, as well as improve their skills, capacities, resources, opportunities, and decision-making powers, allowing them to gain control over their own environment and livelihood.<sup>67</sup>

Empowerment is a process that means women can take control over their lives, including by making decisions, setting their own agendas, gaining skills (and/or having their skills and knowledge recognized), solving problems and developing self-reliance. Empowerment allows women to control their assets, and influence the policies, processes and institutions that affect their lives (including the structures and institutions that reinforce and perpetuate gender discrimination and inequality)<sup>68</sup>

### GBV Assessment Findings

The GBV Assessment identified factors affecting women participation in leadership positions, the top four factors ranked by the respondents are **cultural norms(19%), family responsibilities(16%), religious reasons(10%), and illiteracy (9%)**. Time, poverty, and lack of interest were at the bottom of the list. Female respondents from Assosa, however, chose family responsibility to be the main factor.



<sup>65</sup> United Nations High Commissioner for Refugees (UNHCR) Age, Gender, Diversity Policy 2018, Available Here

<sup>66</sup> Ibid 31.

<sup>68</sup> Inter-Agency Minimum Standards for GBV in emergency programming: Available Here



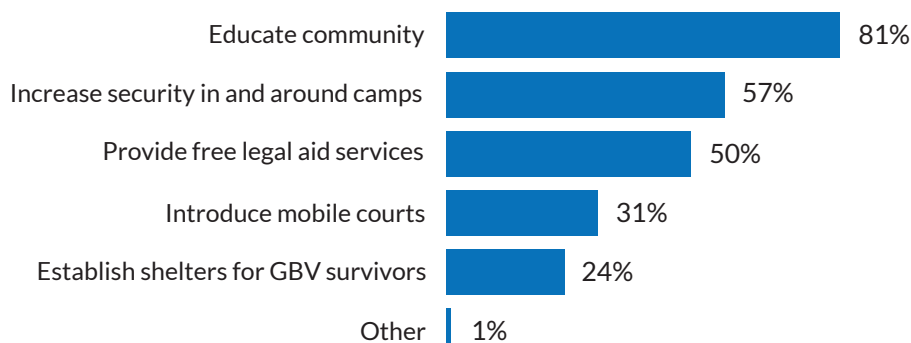
For male respondents 18-29 in Assosa, lack of interest by women was identified as the fourth reason that affects women's participation in leadership, following cultural norms and illiteracy, which calls for advocacy to be done with women.

Furthermore, 80% of female respondents felt that girls and women feel empowered by the programming in their location, while 19% of the female respondents did not feel empowered. Accordingly, 78% of refugees indicated adequate announcement would contribute highly to the improvement of women and girls' programmes. Moreover, 58% and 54% of respondents believed **location of events** and **time of events** respectively will improve women and girl's participation.

92% of female urban respondents indicated that girls and women feel empowered by programming and, in order to improve the participation of women and girls, adequate announcements need to be made regularly, followed by consideration of proximity and time of events.

Majority of respondents indicated they are aware of what GBV is, with female youth in Melkadida and Gambella scoring a higher number on GBV awareness at **91% and 88%** respectively. The number remains highest for those younger than 18 years old. Respondents in the different locations indicated cultural norms as the major cause for GBV in the community which is followed by poverty and women to be the most affected in the community.

#### What do you think needs to be done to address GBV?



The findings of the assessment indicated that **educating the community, increase in security and provision of free legal aid services** are the top three major needs UNHCR and partners need to address in order to prevent and respond to GBV within the refugee community.

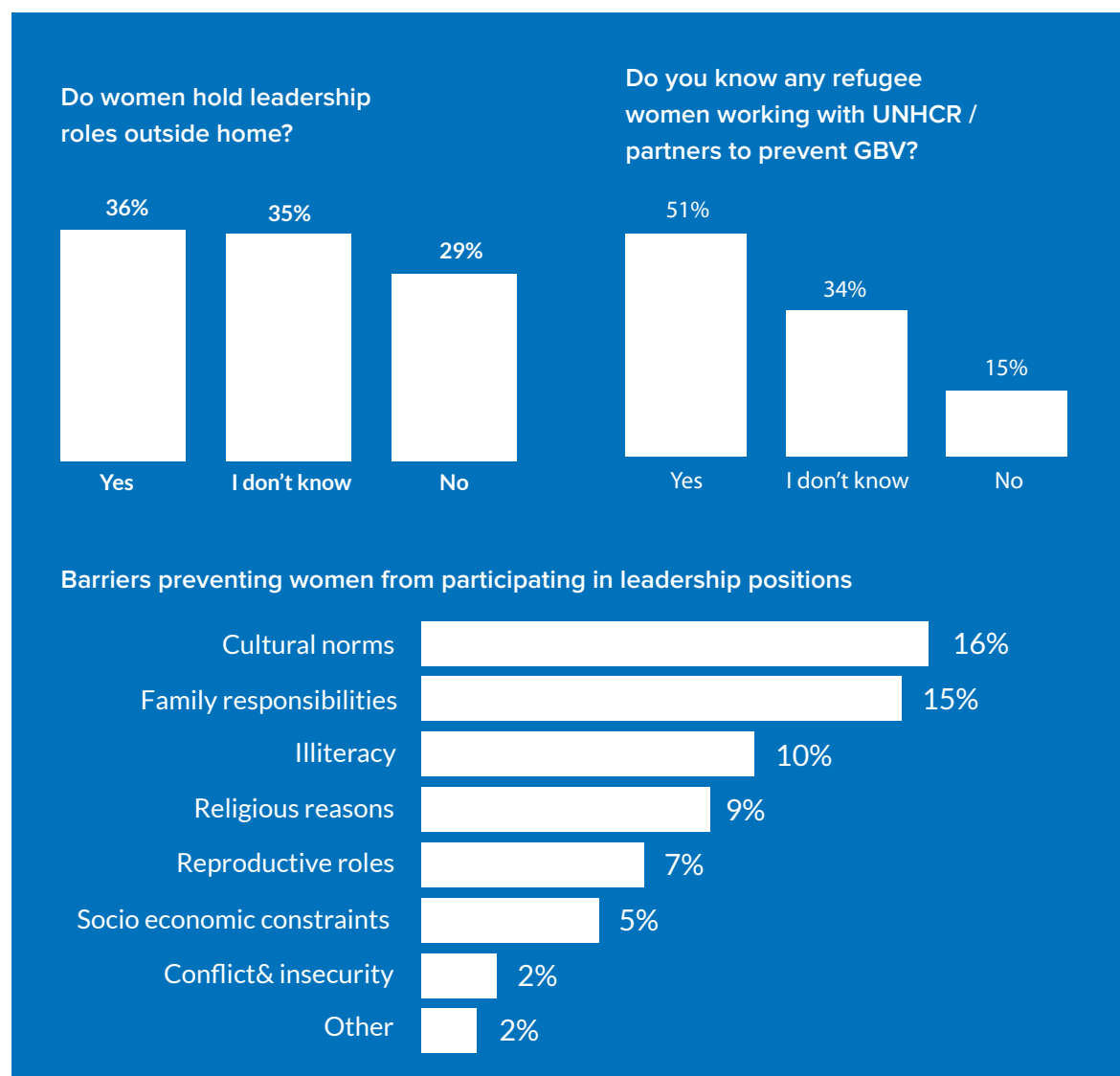
75% of female respondents in Jigjiga reported knowing the services provided for GBV survivors by UNHCR and partners, while the lowest number of 47% was recorded in Gambella.

40% of female urban refugees reported not knowing what GBV is, which is a higher number compared to other locations. Overall, of the 60% urban respondents who said they are aware of GBV, they reported that women (61%) and girls (21%) are the most affected by GBV in the community. These respondents also ranked cultural norms (59%) to be the major cause of GBV followed by refugee way of life (31%) and poverty (8%). Furthermore, urban refugees indicated educating the community, providing free legal aid services and increase in security are the major actions that need to be taken to curve the prevalence of GBV among the community. Moreover, majority of urban refugees (86%) indicated of not knowing the services provided for GBV survivors by UNHCR or partners.

## Response from the Northern Situation- Debarik

36% of male respondents in the north indicated that women hold leadership roles outside of their homes, while 35% said women do not hold leadership outside the home. 35% of respondents said they did not know whether or not women held leadership positions. women held leadership positions outside the home, while 39% reported that they did not. Respondents identified the top three barriers that are preventing women from participating in leadership positions, this includes cultural norms (16%), family responsibilities (15%) and illiteracy (10%) as the top three barriers. 100% of girls aged 10-13 identified socio-economic constraints as a major barrier, for females aged 18-60 the top three barriers are family responsibilities, cultural norms and religious reasons.

34% of female respondents said they are aware of female-led organizations and 67% of respondents said they don't. 51% of respondents said they are aware of refugee women working with UNHCR or partners to prevent GBV.



# Recommendations on Women and Girls Empowerment and Participation

Participation is a key aspect of empowerment. UNHCR is committed to identifying and overcoming barriers to women's and girls' participation, including ensuring the participation of all women and girls, engaging men and boys to support women's and girls' participation and empowerment, and monitoring women's and girls' empowerment and participation. According to the GBV Minimum Standards, women and girls must not only have equal enjoyment of their rights and access to resources and opportunities but must also have the agency and safety to exercise these rights.

Women and girls must be allowed to participate meaningfully in the design, implementation, monitoring, and evaluation of all operations, policies, and programs. Women and girls should be encouraged to participate in decision-making and to express their opinions on all issues affecting their lives. To ensure equal and meaningful participation of women and girls, UNHCR Ethiopia engages with women's rights organizations, government ministries/structures on gender and women empowerment as well as working with gender-sensitive partners.

Stipulated under GBV minimum standards and further emphasized under UNHCR Ethiopia's GBV Strategy 2022-2026 indicates the need for refugee, returnee, and internally displaced women's full participation in all decisions affecting their lives, as well as in the planning, implementation, evaluation, and monitoring of all of its programs. As women's and girls' participation promotes community resilience by building on their existing capacities and resources, the Strategy includes strengthening women's and girls' empowerment programs as one of its strategic priorities.

## Programming

- Mainstreaming women and girls' empowerment in the programmes designed for target communities. According to the findings of the assessment, each sub-office should devise an intervention programme to curve the impact of the barriers that affect women and girls' participation.
- Strengthen the equal (50 percent) and meaningful participation of diverse women and adolescent girls in all decision-making bodies through targeted and context specifications aimed at women and girls, their families and communities.
- Ensure women and girls inform the design of GBV programming at every stage of the programme cycle by facilitating their participation (e.g., recruiting them as staff and volunteers, providing transportation and translation).

## Advocacy

- Advocating for certain groups of women, girls or other at-risk groups that may be excluded from empowerment schemes or participation opportunities.

## Capacity Development

- Through existing livelihoods and economic activities, ensure equal access for women and adolescent girls to sustainable and market-oriented vocational and technical training programs, employment opportunities, cash-for-work initiatives, microcredit schemes, childcare, (daycare, child-friendly spaces etc.), and educational programmes.
- Support representation of older adolescent girls and older women in community leadership structures and support the capacity development of female leaders on women's rights, leadership skills, negotiation skills, and public speaking.
- Educating the female target communities on their rights and entitlements and opportunities available to participate in the community.
- Educating target communities on what GBV is: for instance, in Addis Ababa, 36% of female refugees noted not knowing about GBV, thus using the right communication medium each sub-office needs awareness-raising on GBV, referral pathways, and GBV Response services that are available.

- Providing target communities with local language training: For example, in Afar, 48% of respondents cited language barriers as the primary reason GBV response services were not meeting their needs.

## Coordination/Collaboration

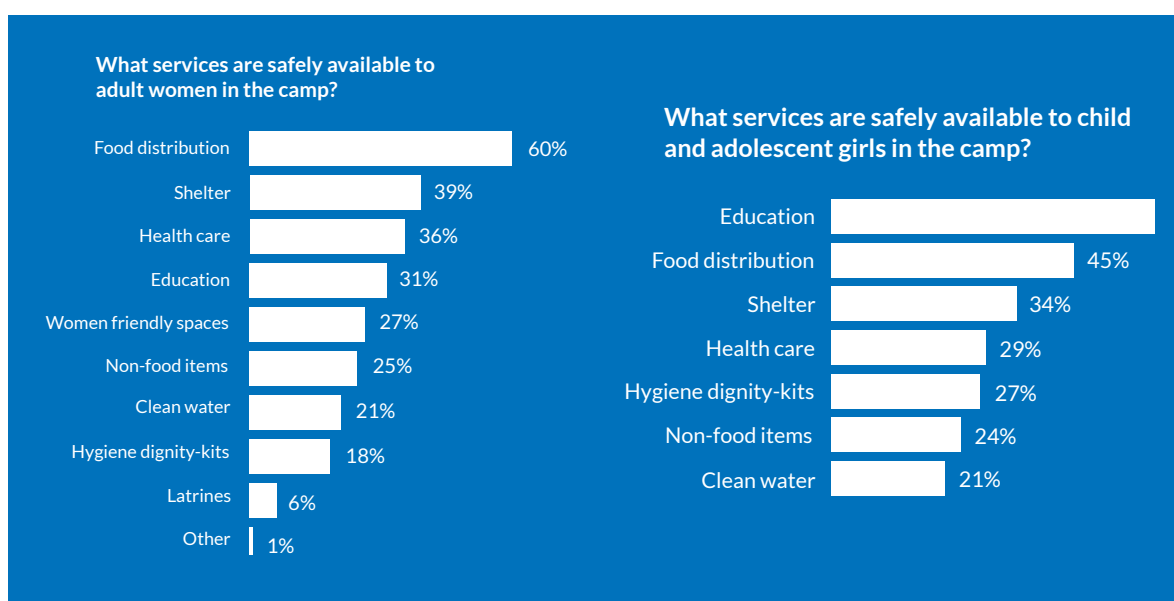
- Strengthen linkages/coordination between GBV, education, and livelihood sectors to enhance the economic empowerment of women and girls.
- Empower Target communities and host communities and work in partnership with women-focused civil society organizations
- Facilitate partnerships with Women Led Organizations (WLO).
- Identify and address barriers and risks to participation through consultations with and services for women, girls and adolescents and promote a better understanding of specific barriers and discrimination that create increased risks of GBV for certain women, girls and adolescents.

### III. Access to Basic Services

A four-day Inter-Agency rapid assessment study conducted in 2020 identified the lack of tailored services for women and children, lack of public awareness of available services, and constant mobility of refugees across borders as the major barriers to refugees accessing basic services. Although contingency measures were put in place, access to services, including GBV services are likely to be impacted.<sup>69</sup>

#### GBV Assessment Findings

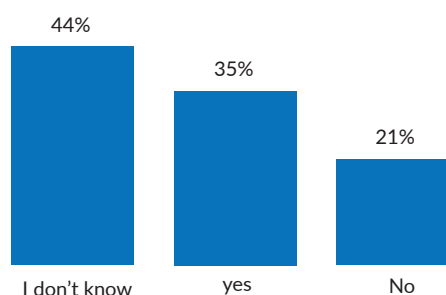
The findings of the GBV assessment indicates the services least available to children and adolescent include Latrines, women friendly spaces, clean water whilst adult women identified Latrines, Hygiene dignity-kits and clean water as the least available services around the six locations. According to the respondents, the top four services that are made available for adult women with different hierarchy for each location include, **shelter, health care (comprehensive), education, and women friendly spaces**. Male respondents indicated **shelter, health care and women friendly spaces** to be the top three services available for adult women.



#### Response from the Northern Situation- Debarik

Respondents from the north identified the top three services that are safely available for adult women in the site – 59% said food distribution, 40% shelter and 29% non-food items. Services safely available to children and-adolescent girls in the camp are – food (55%), shelter (32%) and other services (30%) and non-food item (27%).

Do girls and women go outside the community to earn income to meet basic needs?



<sup>69</sup> Assessment of barriers to accessing violence against women and children response services in refugee and host communities of Ethiopia, July 2020, Available Here

Respondents identified environmental factors (weather and climate induced factors) affecting the community – 21% flood, 15% drought and 18% identified other environmental factors.

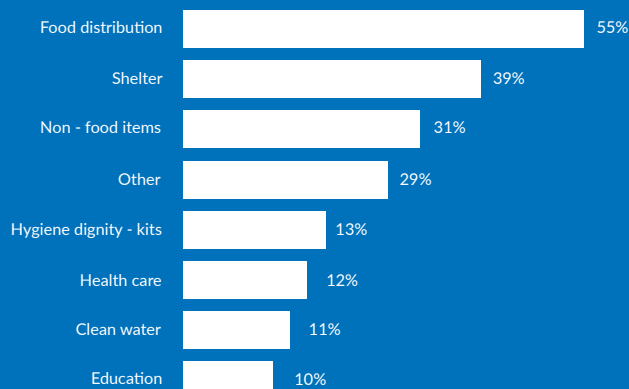
54% of respondents said environmental factors increase girls' and boys' risk of GBV and other forms of violence, while 11% did not believe that environmental factors increase the risk of GBV. 35% did not know whether environmental factors increased GBV risks.

Only 12% of the respondents said women, girls, men, and boys feel confident that security and/or police forces can provide formal protection against GBV risks. 49% said they did not feel confident while the rest, 39%, said they do not have any information on the matter.

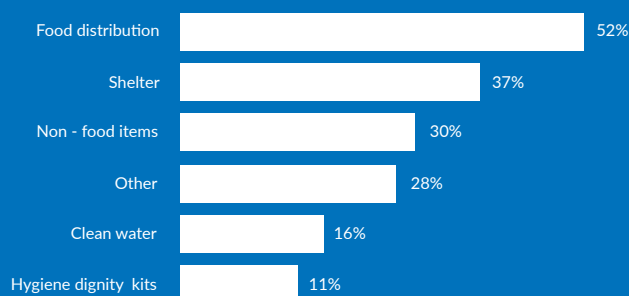
Respondents identified activities women/girls engage in to generate income to meet their basic needs. 28% of respondents identified domestic work, and 12% said selling alcohol and another 6% said they engage in sale/exchange for sex.

39% of female respondents claimed women and girls go outside the community to earn a living. 95% of female respondents identified safety issues as the main reason women and girls travel in groups, followed by 3% of respondents who identified cultural reasons as the reason for doing so.

#### What services are safely available to adult women in this location?



#### What services are safely available to child and adolescent girls in this location?



# Recommendations

## Recommendations on Access to Basic Services

### Capacity Development

- Broaden communication with target communities on the available services within the specific location and protection precautions that need to be taken while accessing the services. This should be done via the best communication medium identified for each location.
- Address the language barriers in service provision and information dissemination of the provisions on basic services.
- Ensure staff and other volunteers are aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or GBV and health service workers, and request assistance from camp security, police, or other law enforcement authorities, field officers or others as safe and appropriate.
- With regards to food security, public awareness campaigns should be conducted to increase knowledge on the benefits of dietary diversity and nutritious food.

### **Programming/Intervention Services**

- Evidence-based programming should be implemented in the delivery of services to target communities, taking accessibility and safety concerns into account.
- Increase access to basic services in all blocks to facilitate safer access.
- 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.
- Advocate for immediate solutions for the provision of cooking fuel and lighting at key points identified as priorities by women and girls.
- Use GBV assessment and safety audit findings, including those conducted by other sectors, to advocate with community leaders, government, and humanitarian actors to mitigate the risks of GBV, and improve safety and security for women and girls.
- Regularly assess the quality and effectiveness of GBV data management systems and evaluate the need to strengthen them to adhere to global safety and security standards.

### **Community-Based Interventions**

- Consult quarterly (at minimum) with women and girls on GBV risks and constraints to their participation in and access to aid delivery, services, etc. (e.g., timing, locations, safety of activities, etc.); develop strategies to address these risks, and provide feedback to those consulted and the wider community.

### **Cash-Based Interventions**

- Advocate for multi-purpose cash assistance to increase choice and access to basic needs and essential items and to mitigate risks.

### **Coordination/collaboration/networking**

- To strengthen interagency multi-sectorial efforts (specifically an emergency response to the new influxes of refugees).
- Joint advocacy for fundraising and resource allocation for food assistance (including work on targeting/prioritization) and nutrition programs in refugee sites.
- Establish a network of private sector managed aggregation centers to offer last-mile market access solutions.



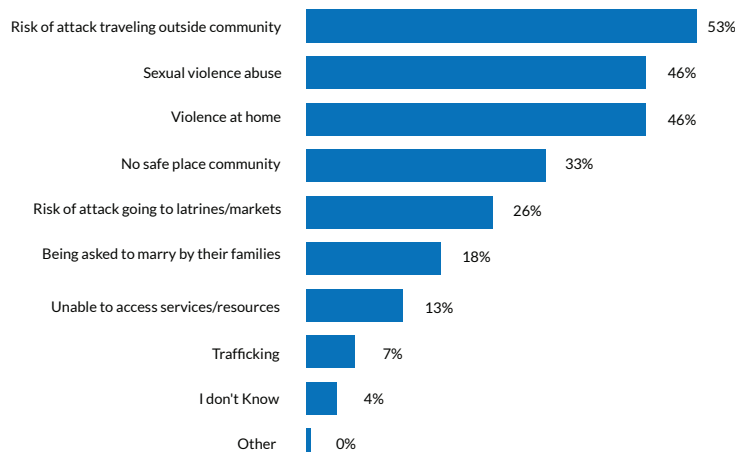
## IV. Safety and Security of Women & Girls

Promoting physical security involves maintaining the civilian and humanitarian character of camps and settlements for displaced persons, and ensuring the physical safety of women, men, girls, and boys including those residing in the urban settings. States have the primary responsibility for ensuring the civilian and humanitarian character of asylum, safety and security. In particular, camp layout and design need to take account of women's and girls' concerns regarding the safe and accessible placement of services and assistance. The deployment of camp security personnel and of female staff also reduces security risks and safehouses can provide immediate security in the short term.<sup>70</sup>

### GBV Assessment Findings

Accordingly, the GBV assessment aimed at identifying the major security risks refugee women and girls face in the operation. The findings of the assessment show that, for women, the overall significant safety and security issues include, **women and girls' risk of attack when travelling outside their community (53%)**, followed by sexual violence abuse (46%) and the **violence they face at home from an intimate partner (46%)**. Similarly, female respondents across the operation confirmed these reasons. Respondents in Afar, Melkadida and Gambella said the most significant safety and security issue for women is while they are traveling. On the other hand, **59 %** of respondents in Jigjiga said sexual violence is at the top of their concerns. **In Addis, the most significant safety concern reported is the absence of safe place community.**

What is the most significant safety and security concern facing adult women?



### 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%

<sup>70</sup> The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming; available at 19-200 Minimum Standards Report ENGLISH-Nov 1.FINAL\_.pdf (gbvaor.net)

32% of respondents also indicated that women are most at risk of sexual violence such as rape while collecting firewood, while 19% said they were most at risk while traveling to market. Another 13% said they felt women were at risk of GBV while they are at home. Due to this, the data indicates that 59% of women and girls travel in groups outside the community, while 41% travel alone. Evidently, 46% of female respondents reported the reason why women and girls travel in groups to be safety issues, which is higher in Assosa at 61%, Debark 90%, and Gambella 62%. Further, **37%** of respondents said that women and girls travel in groups due to cultural issues – cultures that discourage women and girls from moving alone. Whereas female respondents of all age groups in Jigjiga indicated that they travel outside alone.

Interestingly, urban refugee women of all ages in Addis Ababa indicated that they are most vulnerable to rape/sexual violence while collecting wood. Even though collecting firewood is not a common practice in Addis Ababa, this response could be because of two reasons. Firstly, due to expensive rent in the city center, refugees' resort to renting houses in the outskirts of the city where there will be possible activity of collecting firewood or secondly, the respondents may be responding to their experiences from their previous locations (possibly camps).

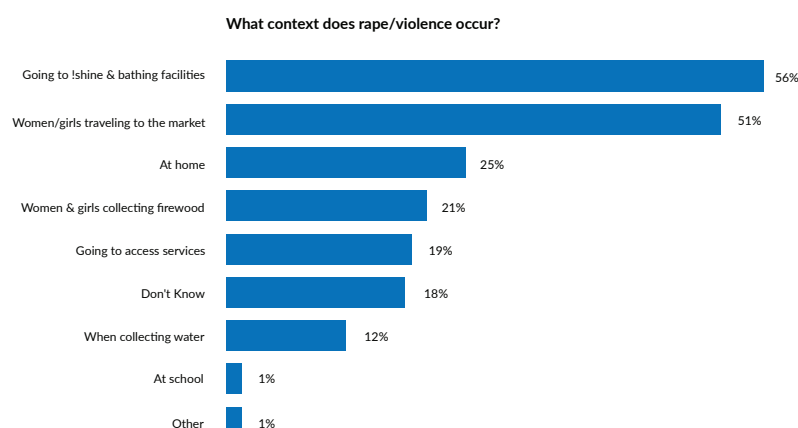
More specifically, for urban refugees, in addition to the absence of safe spaces in the community, violence at home and sexual violence and abuse makes the top three safety and security issues for refugee women in Addis Ababa.

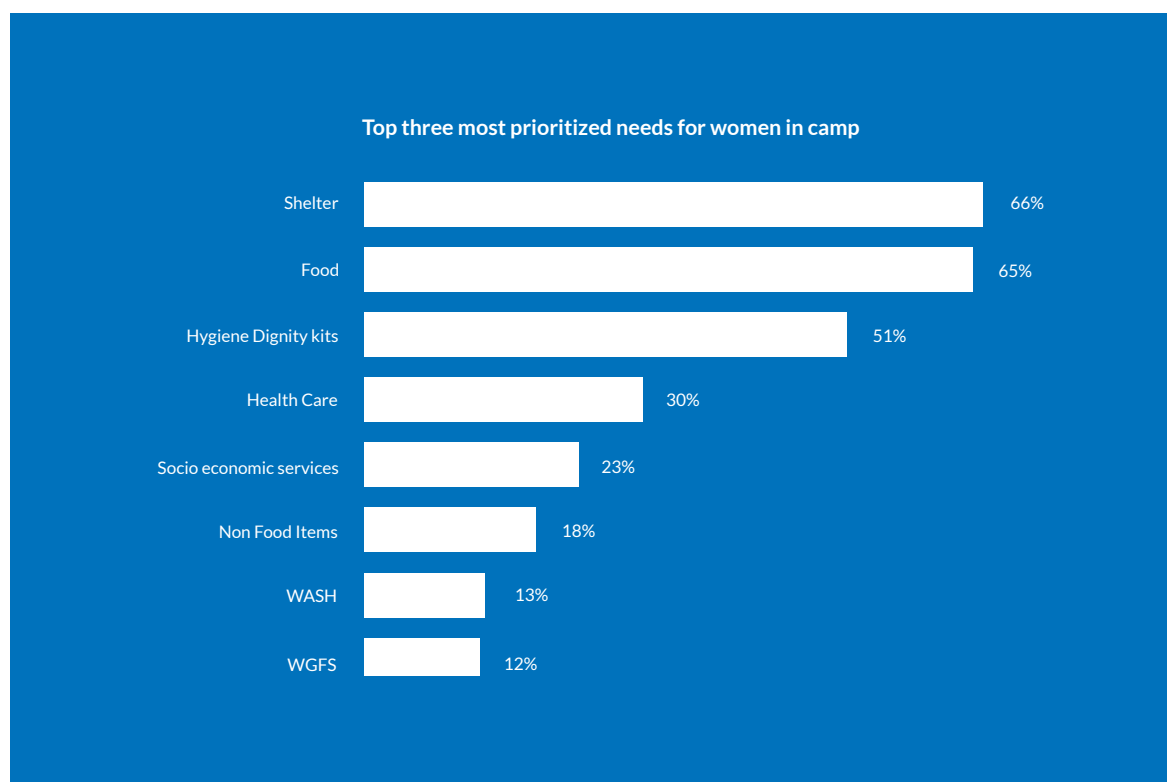
Furthermore, for the urban population rape/sexual violence occurs mostly while away collecting firewood, at home and then followed by incidents happening while collecting water and travel to market.

65% of urban refugee respondents in Addis Ababa also stated that they travel individually while 34% of respondents preferred travelling in groups, and of these refugees who preferred travelling in groups, 69% said they do it for the safety issues and 62% of them said it is for cultural issues.

### Response from the Northern Situation- Debark

Respondents identified the most significant safety and security concerns faced by children and adolescent girls in the community are risk of attack while traveling outside the community (57%), risk of attack while going to latrines/local markets (45%) and the absence of safe place in community (43%), – this response is also confirmed by adult female respondents. Respondents identified several cultural practices, behaviors and social norms within the affected population including early child marriage and female genital mutilation.





Only 11% of respondents said people have access to a fair and accessible judicial system and the rest, 53% said there was no access and 35% said they did not know. According to 35% of the respondents, absence of mobile courts is the reason for inaccessibility of judicial system with follow up support services. Another 35% of respondents said there was insufficient legal service while 13% said fear of retaliation are additional reason why survivors don't access judicial systems available in their locations.

Female respondents identified the top three context where rape/violence occur – 62% identified latrine/bathing facilities, 51% girls/women identified travel to the market, and 24% said they experience it while they are at home.

Female respondents identified where women most often go for help when they are vulnerable to some form of violence. These are family member (30%), Friend (19%) and community leader (17%). Girls and adolescent girl survivors chose, family member (43%), friend (18%) and Further, 34% of respondents said there are concerns of sexual abuse and exploitation on girls and women.

Respondents identified the top three most prioritized needs for adolescent girls in the camp to be shelter (66%), food (65%), and hygiene/dignity kits (51%).

54% of female respondents said there are no safe shelters or places that adolescent girls can go to if they feel unsafe while 72% said women also do not have safe spaces.

# Recommendations on Safety and Security

## Capacity Development

- Strengthening the community police around the camps to support with security.
- Ensuring the availability and accessibility of safe spaces for women and girl survivors.
- Creating opportunities to engage men and boys in the prevention of GBV in the community.
- Training Staff and other volunteers working with target communities to be aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or GBV and health service workers, and request assistance from camp security, police or other law enforcement authorities, field officers or others as safe and appropriate.
- Increase information sessions in the safe spaces for women and girls so they can receive information in a confidential manner.
- Optimizing the best communication modality to Inform target communities on the available referral pathways, GBV response services available and reporting for SEA incidents in the specific locations

## Advocacy

- 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.

## V. GBV Prevention and Response

The GBV Policy aims to strengthen access to quality multi-sectoral GBV response services, including access to health, psychosocial support, case management and legal service, through improved understanding of the guiding principles, strengthened referral pathways that align with the GBV Minimum Standards and related guidelines, and a clear understanding of roles and responsibilities supported by strong coordination mechanisms.

In addition to the services UNHCR provides for the refugee community, UNHCR, and partners will work closely to ensure quality services are available and accessible to GBV survivors. These response services include survivor-centered health, psychosocial, case management, and legal services that are designed to be easily accessible by refugee GBV survivors based on their needs and after receiving consent. These are set to be implemented through continuous capacity development plans of partners, UNHCR staff and government counterparts will also be prioritized for effective GBV response.<sup>71</sup> Furthermore, the Comprehensive Refugee response Framework (CRRF) advocates for refugees to equally benefit from GBV prevention and response services in the national system, such as through the establishment of one-stop centers. One of such centers includes the Multi-Sectoral GBV services provided through One-Stop Centers (OSC) established by the Ministry of Justice.<sup>72</sup>

UNHCR and partners conduct a wide variety of GBV prevention activities, including increasing community awareness through training, mini and mass awareness raising platforms, campaigns and consultative meetings, while also conducting community outreach activities such as home visits and tea talks. Age and culturally tailored PSS activities, including recreational, skill-building, and information dissemination activities are also carried out in the women and girls' safe space (WGSS). In addition, there are evidence-based curriculums in place such as SASA (Start, Awareness, Support, Action) implemented in 21 camps, and the Engaging Men in Accountable Practice (EMAP) model implemented in 12 camps where it aims to achieve behavioral transformation at the individual level and helps participants to identify their role in preventing violence against women.

Another activity that is targeting adolescent girls aged between 13 and 19 to equip them with basic knowledge and skills to identify different types of GBV and support services is the "Girl Shine" implemented in 6 camps. Along with the prevention on GBV, UNHCR Ethiopia, partners and Government implement a variety of GBV response activities.

---

<sup>71</sup> United Nations High Commissioner for Refugees (UNHCR) Ethiopia Gender-Based Violence Strategy 2021-2025. P7.

<sup>72</sup> Ibid

## A. Prevention

### I. Engaging Men and Boys

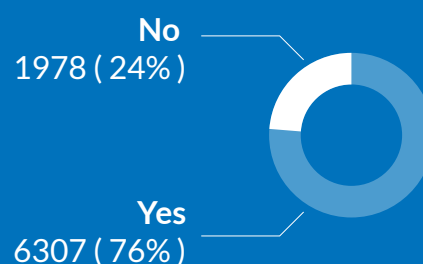
According to the GBV Minimum Standards, engaging men and boys in efforts to prevent GBV is critical for positively transforming harmful social norms that perpetuate gender inequality and for promoting the health and safety of women and girls. Although gender roles and harmful social norms that contribute to GBV are often entrenched, men and boys can be engaged as partners in preventing GBV; in fact, they may be more open to gender equality messages or alternative notions of masculinity.<sup>73</sup>

Accordingly, UNHCR has a commitment to engage men and boys in transforming systems and social norms that condone violence, focusing on their engagement as active agents of change and role models in preventing and responding to GBV.<sup>74</sup> For UNHCR, engaging men and boys to support women's and girl's participation and empowerment is one of its strategic action points. In September 2018, the national CP/GBV Sub Working Group developed and adopted a Guidance Note on 'Responding to Sexual Violence Against Males and Engaging Men and Boys in Preventing Gender-Based Violence' which states that working with men can allow for changes in beliefs, attitude, and norms about what it means to be a man and the development of new, non-violent idea of manhood and masculinities. Moreover, the guidance notes states that men have the capacity to prevent violence which will contribute to the creation of a safe community for women and girls who are at-risk of GBV.<sup>75</sup>

### GBV Assessment Findings

The findings of this assessment identified that in all the six refugee locations, 1,978 **(24%)** of respondents said they are not aware of men and boys' engagement to promote girls and women empowerment, while the majority of respondents 6,307 **(76%)** said they are aware of men and men-boys' engagements. This number however gets lower when we take a look at the different locations individually. For instance, 37% of respondents in Addis Ababa said they are not aware of men and boys' engagement to promote girls and women empowerment.

Aware of men- boys engagement to promote girls-women empowerment



<sup>73</sup> Inter Agency Minimum Standards for GBV in emergencies Programming Available Here

<sup>74</sup> Ibid 38.

<sup>75</sup> United Nations High Commissioner for Refugees (UNHCR) Guidance Note" Responding to Sexual Violence Against Males and Engaging men and boys in preventing sexual and Gender-Based Violence: Available Here

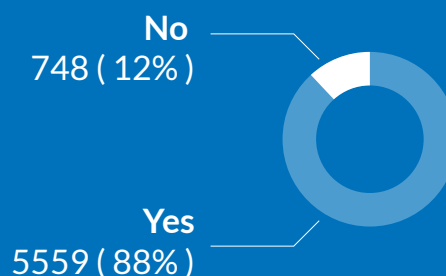
More specifically to male respondents, 79% of them said they are aware of men-boys' engagements, with 69% in Addis Ababa being the lowest. For female respondents, 59% and 61% of respondents in both Jigjiga and Addis Ababa, which highlights the need for planning of men and boys' engagement programming and awareness raising activities especially in Addis Ababa as it is an out of camp setting.

For those men and boys' engagement programmes that exist respondents were asked if such programmes included regular feedback sessions with women and girls, for which 88% of respondents said yes to. Based on the findings, Gambella seems to be doing well with 91% of respondents saying men and boys' engagement programming includes regular feedback sessions with women and girls. Interestingly, 80% both male and female respondents said girls and women feel empowered. More particularly, however, this number decreases to 68% in Jigjiga, which might require reevaluation of the effectiveness of the programmes.

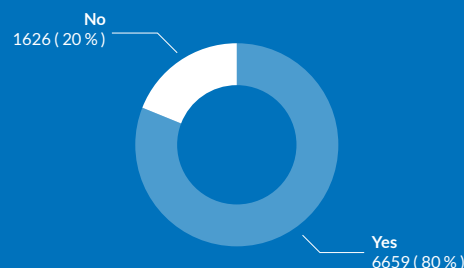
### Response from the Northern Situation-Debar

Interestingly, only 7% of respondents said they are informed about activities on engagement of men and boys to promote women and girls' empowerment, while 32% of them said they have not been informed. Further, a majority of 61% had no idea on the matter. Further, 29% of respondents said men/boys' engagement programmes include regular feedback sessions with women/girls, while 38% responded in the negative, and 33% said they did not have any idea on the matter. Only 29% of women confirmed the availability of these feedback sessions.

#### Men-boys programmes include regular feedback sessions with women/girls



#### Girls and women feel empowered by programming



#### Informed activities on engagement of men / boys to promote women / girls empowerment



#### Men/boys engagement programmes include regular feedback sessions with women/girls



# Recommendations on Engaging Men and Boys

## Capacity Development

- Capacity development activities targeting men and boys, focusing on their engagement as active agents of change and role models in preventing and responding to GBV.
- Adequately informing the community on men and boys engagement programming that is available in the community.
- Broadly rolling out Engaging Men through Accountability Practice (EMAP) including in those areas where EMAP is already being implemented.

## Collaboration/Coordination

- Working with the community leadership to educate and engage men and boys in the prevention of GBV and introducing the available programmes when men and boys can engage in.
- Using the best communication medium for the specific location – disseminating information on the prevention of GBV and harmful traditions and norms.
- Explore partnerships with male community groups, youth and children's clubs, sports associations, schools, vocational institutions, microfinance clubs, and other organizations. Involve male religious and traditional leaders in processes that bring different perspectives on gender roles to their communities.

## Programming

- Strengthening and evaluating the effectiveness of men and boys' engagement programming.
- Ensuring men and boys engagement programming has regular feedback sessions with women and girls.
- Ensuring the mainstreaming of “Responding to Sexual Violence Against Males and Engaging Men and Boys in Preventing Gender-Based Violence” Guidance Note developed by the CP/GBV Sub Working Group in programming.



## B. Response

### I. Health Response

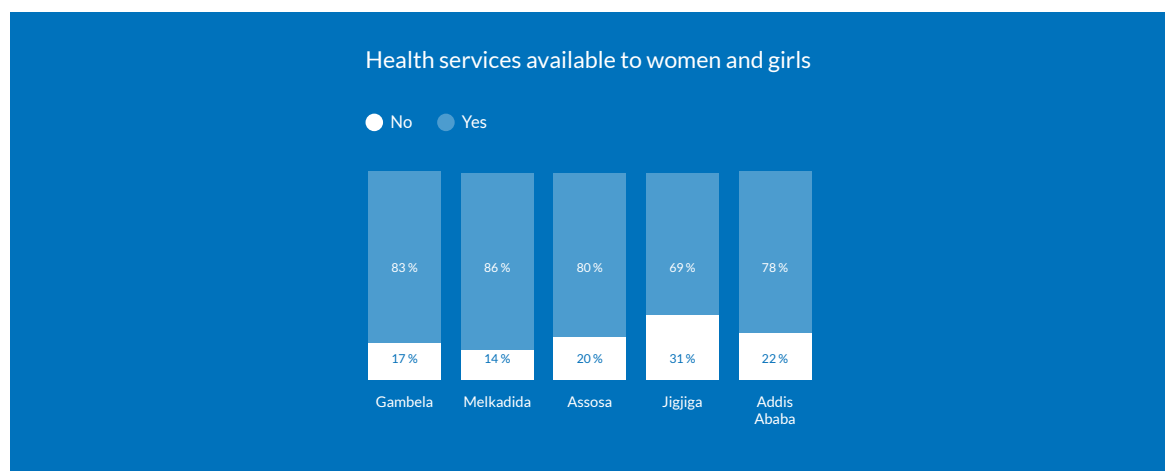
Being at the front line of response to GBV in emergencies, access to high quality, confidential, integrated health care services is a critical and life-saving component of a multi-sector response to GBV in emergencies. These health care services can play a significant role in identifying protection concerns, developing prevention strategies and providing referrals to other services.<sup>76</sup>

All survivors of GBV residing in the camps are entitled to have access to services for clinical management of rape and intimate partner violence. The services should be delivered in a confidential and non-discriminatory manner that considers the survivor's gender, age and any specific needs. All health facilities should have trained staff, as well as sufficient supplies and equipment for the clinical management of rape.<sup>77</sup> In cases of rape, all survivors must have access to post-exposure prophylaxis (PEP) against HIV, prophylaxis for sexually transmitted infections, and emergency contraception.<sup>78</sup>

In the urban setting, a recent study indicated that GBV survivors feel safe and comfortable going to a private clinic to receive medical treatment, while few participants indicated that there is no specific place or organization which provides service for GBV survivors but can get the service in any nearby governmental health center.<sup>79</sup>

### GBV Assessment Findings

86% of the respondents all around the country except the north believed that women and girls have access to health services at any time. And 84% of respondents confirmed the presence of female doctors, nurses, and midwives present at the health facilities. However, 18% of respondents in Gambella claimed there are no female medical professionals available which is higher than in the other five sub-offices. Also, in Jigjiga 25% of respondents said women and girls do not have access to health services at any time which is the highest number when compared with the rest of the locations.

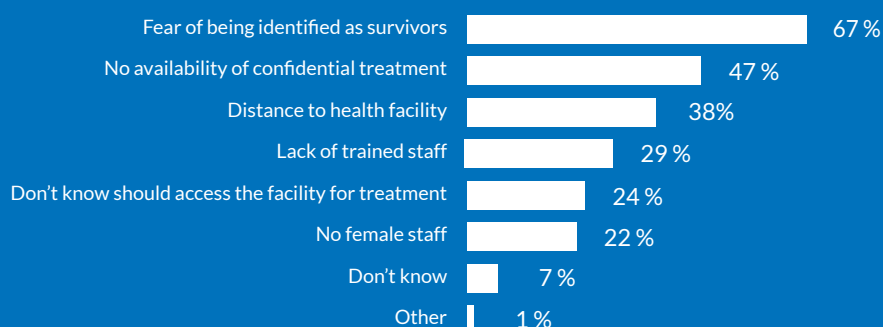


<sup>77</sup> United Nations High Commissioner for Refugees (UNHCR) Annex B: Mental Health and Psychosocial Support, Available Here

<sup>78</sup> Ibid.

<sup>79</sup> International Medical Corps (IMC), Rapid Assessment Report at Urban refugee with Somali, Sudan, Yemeni, Burundi, Congolese and Eritrean in Addis Ababa, Nov 2021

### What are some reasons that girls or women survivors of GBV may not be able to access health services?

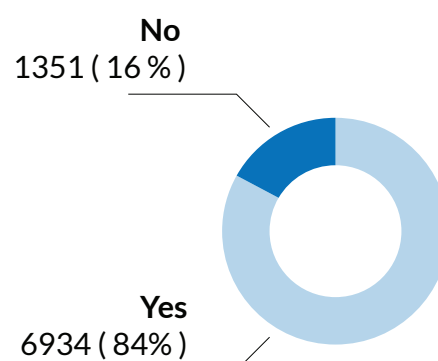


Around 14% of respondents claimed that women and girls do not have access to health services, and respondents identified the top three major reasons why girls and women survivors may not access health care services or utilize those that already exist. Effective health response requires availability of the

services, accessibility (transport/location/documentation etc.), acceptable (appropriateness) and quality of service which includes confidentiality.

Thus, according to the assessment 67% respondents said fear of being identified as survivors is the main reason women and girls may not access health care services, that could result in stereotypes in the community. 47% of respondents said the lack of confidentiality for these services also discourages survivors, and thirdly, 38% of respondents said the remoteness of the health facilities was another reason which is related to proximity of health centers from camps/sites.

### Female doctors, nurses, and midwives present at health facilities



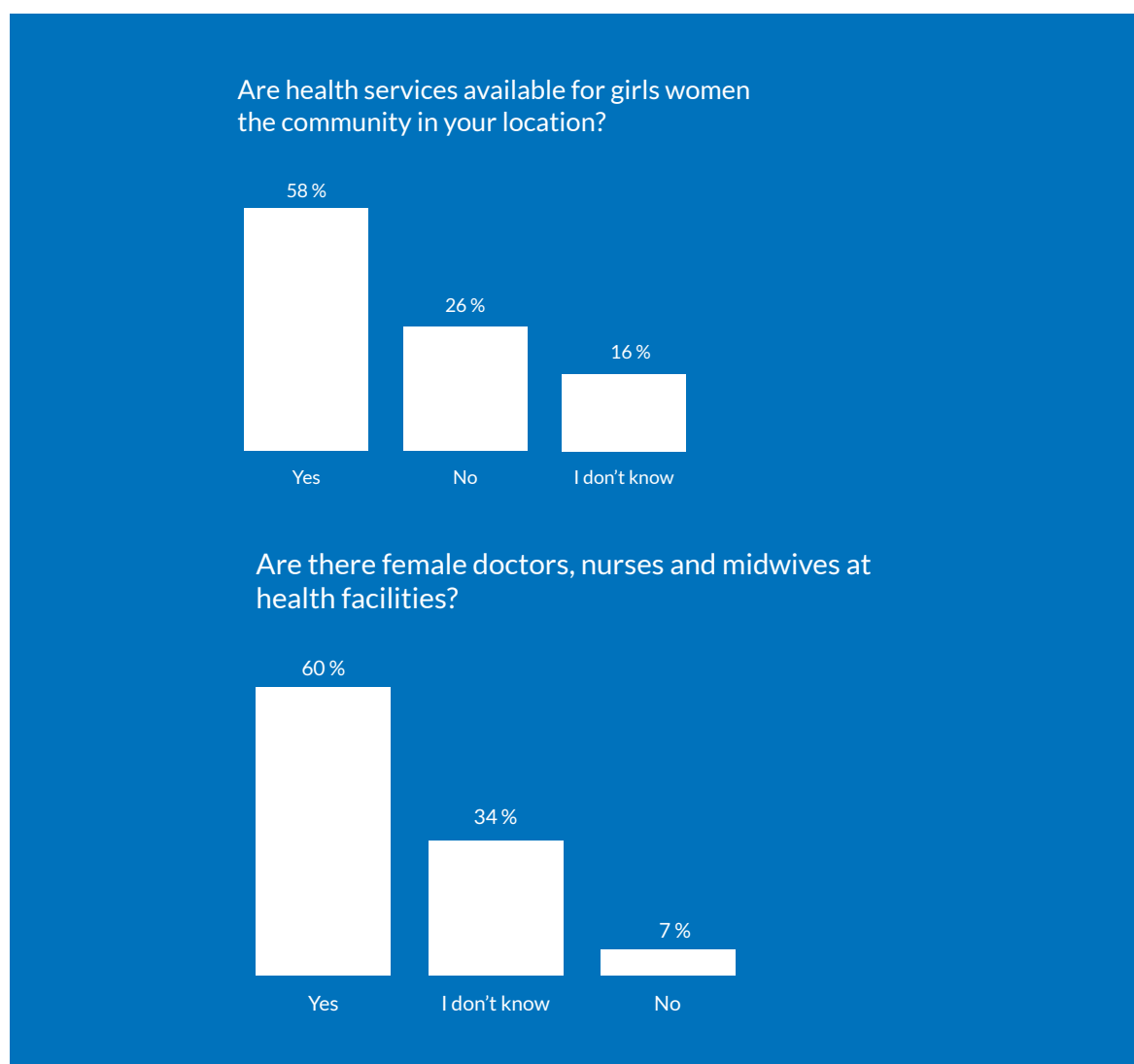
Moreover, the finding of the assessment identified reasons certain members of the refugee community would be unable to access services due to social exclusion and safety concerns. Accordingly, cultural stereotypes and stigma together account for 61% of all responses followed by the remoteness of the health service centers (23%).

More specifically, for urban refugees in Addis Ababa, 78% of respondents reported there was presence of health services for women and girls and 97% of respondents said women and girls have access to these available health services at any time. The main reasons girls and women survivors may not access health care services in Addis Ababa is primarily due to fear of being identified as survivors, followed by the absence of confidential treatment and lack of female medical personnel. According to the findings for Addis Ababa's urban refugees, the reasons certain members of the refugee community are unable to access services is due to social exclusion and safety concerns which pertains to the remoteness of the services.

### Response from the Northern Situation- Debark

58% of respondents said health services are available in the community/site, while 26% said they are not available and 16% said they do not know the availability of the service. 76% of female respondents said women and girls have access to health services, while 10% said they do not have information on the matter. 75% of female respondents confirmed the availability of female doctors, nurses and midwives at health centers.

59% of female respondents said distance to health facility is the top reason why women/ girls GBV survivors may not access health services, followed by fear of being identified as survivors.



# Recommendations on Health Response

## Capacity Development

- Optimize dissemination of information and engage communities on the health consequences of intimate partner violence and child marriage, which often increase in emergencies, if safe to do so.
- Ensuring health facilities are well equipped to provide women and girl survivors with Post-Exposure Prophylaxis (PEP) Kits within 72 hours of potential exposure.
- Enhance the capacity of healthcare providers, including midwives and nurses, to deliver quality care to survivors through training, support, and supervision, including in GBV prevention and response, and clinical management of rape and intimate partner violence.
- Ensure the availability of female professionals in the health centers provides services for GBV survivors.
- Strengthen the capacity of community health providers, traditional birth attendants and other community-based health actors who are important entry points for referrals and basic support.
- Enhance the capacity of healthcare providers, to deliver quality care to survivors through training, support, and supervision, including GBV guiding principles and clinical management of rape.
- Train GBV response workers on the root causes, consequences, and impact of GBV and on survivor-centered principles.
- Strengthen the capacity of One-Stop-Centres in terms of training, expertise, provision of materials, and translators to better support refugees.
- capacitate medical care facilities by deliberately providing targeted support and tools to help in the identification of GBV survivors while attending to medical care services

## Collaboration/Coordination

- By utilizing different community structures ensure women, girls, men, and boys are informed of GBV services and referral pathways as soon as possible by engaging community leaders and “gatekeepers” to promote awareness of the referral pathway.
- Establish and maintain safe referral systems among health and other services and among different levels of health care, particularly where life-threatening injuries or injuries necessitating surgical intervention require referral to a facility providing more complex care.
- Work with health providers and community leaders to inform the community about the urgency of, and the procedures for, referring survivors of sexual violence if safe to do so.
- Establish regular meetings to discuss common challenges among service providers to improve timely referrals.
- Strategic engagement with the MoWSA, the Ministry of Justice, MoLS and other relevant government stakeholders for the meaningful inclusion of refugees in government GBV services. This includes strengthening the referral linkage with the government-run One Stop Centres (OSCs), GBV shelters, and other relevant response services and strengthening the capacity of One-Stop-Centre’ in training, expertise, provision of materials, and translators to better support refugees.

## Advocacy

- Advocate with service providers for a survivor-centered approach that prioritizes the rights, needs, dignity and choices of survivors, including informed consent of survivors and “do no harm” principle to access service.

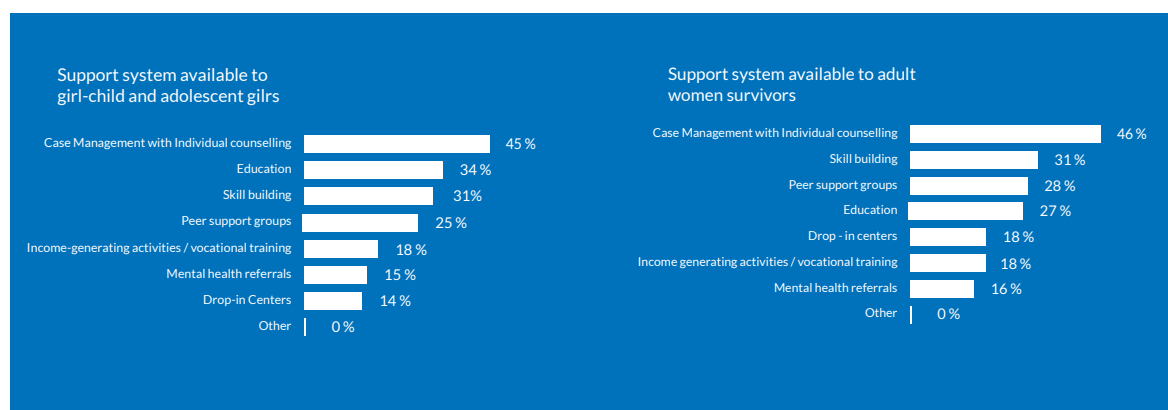
## II. Psychosocial Support

Violence impacts people differently, many survivors of GBV experience long-lasting psychological and social effects due to silence and stigma surrounding GBV. Due to the silence and stigma surrounding GBV, the fear of retaliation, feelings of shame, and a lack of support from family and society, survivors of GBV frequently experience long-term psychological and social impacts. Psychosocial support is a life-saving and long-term intervention that emphasizes healing, empowerment, and rehabilitation.

To ensure a high-quality psychosocial support services need to be survivor-centered, age-appropriate, build individual and community resilience, and support positive coping mechanisms. The services should include opportunities for social networking and solidarity-building among women and girls.<sup>80</sup>

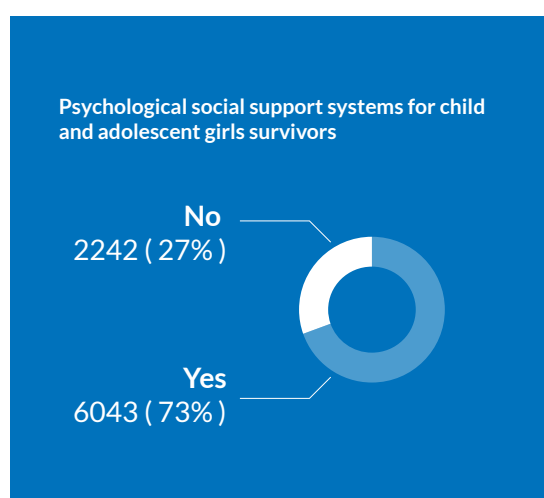
According to the GBV Minimum Standards the services provided for child survivors should be a specialized service and for all GBV survivors there should be accessible ‘safe-spaces’<sup>81</sup>

In the urban setting, psychosocial services are provided by UNHCR’s partner (DICAC) and the One Stop Centers established by the Ministry of Justice. These establishments provide counselling services and support girls who are GBV survivors. However, the proximity of these services makes it inaccessible for the GBV survivors.<sup>82</sup>



## GBV Assessment Findings

The GBV assessment aimed at identifying the existing psychosocial services that are provided by UNHCR and partners. Accordingly, the finding of the assessment indicates that in Gambella (82%), Melkadida (78%) and Assosa (77%) respondents said psychosocial services are available for women. However, 43% of respondents in Addis Ababa and Jigjiga showed a lower level of availability of psychosocial support for survivors.



<sup>80</sup> Ibid 15.

<sup>81</sup> Ibid.

<sup>82</sup> Jesuit Refugee Service(JRS) and Development and Inter-Church Aid Commission (DICAC)

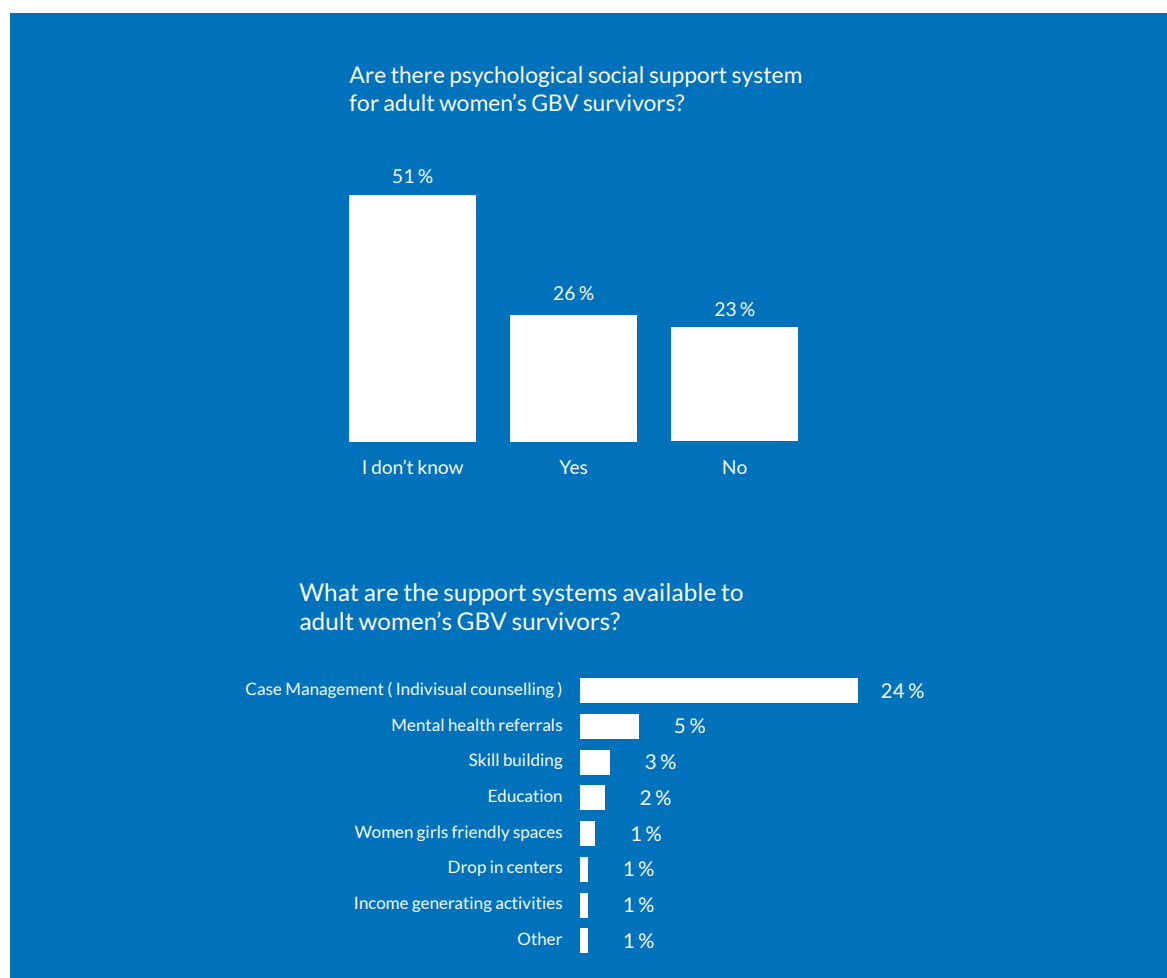
From the overall findings 73% of respondents confirmed the availability of psychosocial support services for child and adolescent girl survivors. This number decreases once again for Addis Ababa and Jigjiga at 42% and 45% respectively. Similarly, for the adult women survivors, 78% of respondents in Afar said there are no psychosocial services available in their location. The findings in Afar demonstrate the need for urgent intervention in providing psychosocial service for GBV survivors and the need to provide a comprehensive GBV response in addition to the health services, which 87% of the respondents said is available for women and girl survivors.

According to the respondents including urban refugees, fear of being identified as survivors, the absence of confidential support and distance of the facility are the top reasons why women and girl survivors of GBV may not be able to access psychosocial support services.

### Response from the Northern Situation- Debark

Only 26% of respondents confirmed the availability of psychosocial support system for adult women, while 23% said there are no services available, and 51% said they don't know. 24% of female respondents said case management and individual counselling is the top support system available to child-adolescent girl survivors followed by mental health referrals (5%)

Respondents have identified the top three reasons girls and women survivors of GBV may not be able to access psychosocial support services. These are distance to facility (44%), fear of being identified as a survivor (41%) and the absence of confidential support (21%). These top three reasons are identified by all age groups of female respondents.



# Recommendations on Psychosocial response

## Capacity Development

- Optimizing the best communication medium, to inform target communities on the available psychosocial response services available in their location. More specifically, ensure information about psychosocial support services is shared with and reaches diverse women and girls through targeted outreach.
- Provide skills and knowledge-building opportunities for women and girls to improve their psychosocial well-being, e.g., social and emotional learning, financial skills, numeracy, literacy, etc. including by linking survivors to livelihood activities and additional services.
- The operation should assess and strengthen existing psychosocial services, mechanisms, and capacities where possible. Each location should have available and accessible Psychosocial service centers.
- Provide individual and group psychosocial support services that are safe and accessible for women and adolescent girls, welcome and integrate women and girls who experience discrimination, and address barriers to access while not exclusively targeting GBV survivors.
- Establish or strengthen existing safe spaces for women and girls to provide psychosocial support activities.
- Train GBV response workers on the root causes, consequences, and impact of GBV and on survivor-centered principles.

## Collaboration/Coordination

- Link with child protection actors to understand available psychosocial support activities for young and adolescent girl and boy survivors of sexual abuse, offer child survivors and caregivers information on services, and refer as appropriate.
- Engage with women's groups and civil society to identify existing women and girls' safe spaces available in the community that can be used as part of the referral system.

## Programming/Planning

- Ensure GBV programming provides women and girl survivors with access to context-appropriate individual and/or group psychosocial support services adapted to their ages and needs.
- Consider and address obstacles to women's and girls' access to psychosocial support services, including emotional distress and fear of being identified as survivors, no availability of confidential support, distance to facility, lack of trained staff, lack of information on the available service, lack of female staff, documentation, discrimination, safety and security issues, cost, privacy, language, and cultural issues.
- Integrate psychosocial support services in the referral pathway, including confidential referrals and links with health-care providers for clinical services/mental health care and other services as needed.
- Map informal meeting places and networks with women and girls to identify an existing or new location to establish a safe space and validate with a wider participatory assessment.

## Advocacy

- Strengthen advocacy for the inclusion of refugees in government GBV prevention and response-related policies, plans, guidelines, strategies, and other relevant documents.

## I. Traditional Justice Mechanisms

Traditional or customary judicial procedures frequently apply customary or traditional rules, which are run by elders or tribal, clan, village, zone, or camp leaders. Refugees in the camps take their legal problems to refugee leaders, the Shurta (the community police), the RCC, and Shimglena. At other times, dispute resolution activities and structures simply emerged as a natural extension of refugee leadership structures originally set up in recognition of the need to have a liaison between camp management and the refugee population.<sup>83</sup>

A study in 2020 show that refugees are less likely to engage in direct negotiation with other party involved in dispute and have little to no access to local public authorities and social or municipal courts. The same study indicated that amongst the most serious legal problems, intimate partner violence and other forms of GBV take up to 14%, while theft and assault take 58%. The 2021 Participatory Assessment in Ethiopia identified limited access to legal service and continued impunity as some of the main challenges in the GBV sub sector.<sup>84</sup>

Also, refugees are at least four times less likely than Ethiopians from the general population or from the host communities to engage formal courts, social courts, lawyers, and local public authorities in their disputes. In order to rectify that, there are examples of mobile courts in the camps providing services for the refugees.<sup>85</sup> UNHCR has signed Partnership Project Agreement (PPA) with local courts and covers the running costs of the court sessions during the mobile court sessions. UNHCR provides other forms of support such as equipment, furniture, and stationery to the court premises.<sup>86</sup> Launched in the Dollo Ado operation in June 2014, the mobile court system is seen as an avenue to raise community awareness on Ethiopian laws to ensure that the refugee community abides by the laws of the host country Ethiopia. The mobile courts, however, are present 20 days every 90 days and the presence of women judges is limited and there are lack of female police officers or investigators.

In the absence of a host state's provision of a justice mechanism for refugees, and where the lack of national justice mechanisms has prompted the establishment of traditional justice systems, UNHCR supports in ensuring that refugee camps are administered by justice mechanisms that meet basic international standards, within their own limitations.<sup>87</sup>

### GBV Assessment Findings

According to 80% of the respondents, there are informal justice mechanisms in camps dealing with GBV and 91% of respondents said that women and girls can appeal their GBV cases to traditional justice mechanisms.

<sup>83</sup> Justice Needs and Satisfaction of Refugees and Host Communities 2020: Somali and Tigray Regions of Ethiopia. Available Here

<sup>84</sup> Ibid 38.

<sup>85</sup> Ibid 82.

<sup>86</sup> United Nations High Commissioner for Refugees (UNHCR) Ethiopia Mobile Court Services for Refugees in Ethiopia (unpublished)

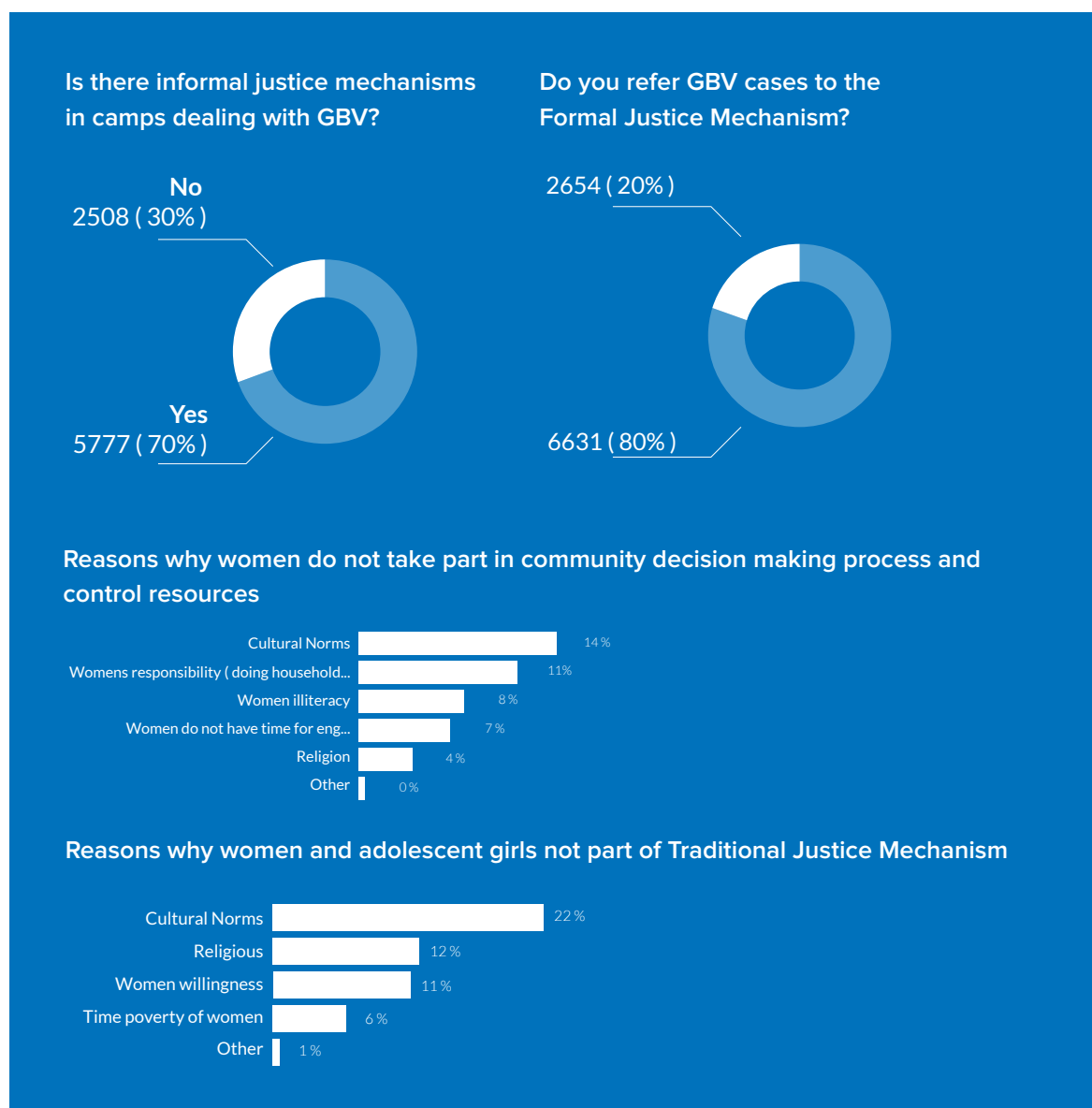
<sup>87</sup> United Nations High Commissioner for Refugees (UNHCR), Legal and Protection Research Series; The administration of Justice in Refugee Camps: A study of Practice, 2006, Available Here



Refugees have identified major reasons why women and adolescent girls do not take part in the traditional justice mechanisms. These mechanisms are highly male oriented and those taking the leadership and decision-making positions are also men. The top three barriers to women and adolescent girls participating in traditional justice mechanisms identified by respondents are, in descending order, cultural norms, religion, and a lack of women's willingness. The third, in particular, calls for community-wide awareness-raising and empowerment efforts.

Furthermore, according to the respondents the top three reasons why women and adolescent girls are not provided space in conflict resolution platforms pertains to; a culture that prevents it, women preferring traditional justice led by men and religious reasons. All top three reasons directly indicate the prevalence of the patriarchal system deeply rooted in the ways of life of the refugee communities. Similar to these, the top three reasons women do not take part in community decision making processes and control resources has to do with cultural norms, household responsibilities (which are unpaid and time consuming) and women illiteracy.

6,631 (80%) of the respondents said they engage with the formal justice mechanisms, which indicates 20% of respondents either do not have access to formal justice mechanisms or wish not to engage and utilize them.



# Recommendations Traditional Justice Mechanisms

## Capacity Development and advocacy

- By collaborating with community structures, educate the community on the need to involve women in local leadership structures.
- Developing the capacity of women to participate in the decision-making process and willingness to be tried by women led to traditional justice mechanisms.
- Optimizing the best communication medium for the specific location informing women on the available justice mechanisms.
- Training traditional justice mechanisms on national laws and international standards that pertain to GBV.
- Ensuring the presence of female police and investigators and female judges for the mobile courts. The absence of female law enforcement personnel may impair the confidence of survivors to come forward and speak to the prosecution/investigation. However, as the recruitment and staffing of the court falls outside of UNHCR's protection mandate, this would require advocacy work through RRS.

## Collaboration

- By collaborating with local government, facilitating for mobile courts in all the camps making formal justice mechanisms available and easily accessible for the community. And ensure mobile courts have adequate number of sessions per year depending on the number of cases available in each specific location. Thus, more frequent court sessions would be appropriate to address cases that may have arisen in-between each quarter, and which may be fairly urgent. This requires additional financial resources to be allocated toward the mobile court system.
- Invite and strengthen collaboration with local universities and CSOs to include refugees in the free legal aid services provided by them.

## Programming

- Guaranteeing sufficient funding and ensuring adequate budget for the mobile courts running cost.

# Conclusion

## Conclusion

This comprehensive assessment on GBV and AAP has now made evidence based GBV intervention possible. The findings of the assessment will provide input for future programming and planning at the national, sub-office and field office level. Accordingly, with the findings of the assessment, it is possible to achieve the areas mentioned below:

1. Support the authorities to improve GBV prevention, risk mitigation and response in the asylum reception system through the roll-out of implementation of the GBV national SOP and development of support materials, to guarantee a comprehensive response to GBV, including adequate referral, assistance, and protection of GBV survivors.
2. Improve access of persons of concern to UNHCR, to information on GBV, including on the GBV national SOP.
3. Reinforce the capacity and increase awareness among reception personnel working in this field and appoint and capacitate a GBV Focal Point (FP), to adequately intervene in GBV prevention, risk mitigation, and response in the asylum reception system, enhancing coordination and networking among key stakeholders, including GBV actors.
4. Improve collection of and access to comprehensive and disaggregated data on GBV incidents through the improvement/adaptation of the authority's current GBV data collection tool to guide reception authorities in the development of future actions and solutions.
5. Reinforce community-based complaints mechanisms, awareness on CBCM and on SEA in the refugee community.

# Bibliography

Andrea L Wirtz et al, “Development of a screening tool to identify female survivors of gender-based violence in a humanitarian setting: qualitative evidence from research among refugees in Ethiopia, Conflict and Health 2013, 7:13

Engagement of the Protection Mechanisms Established by Security Council Resolutions 1612 and 1960 (MRM and MARA), 2018, available from [www.refworld.org/pdfid/5a6edf734.pdf](http://www.refworld.org/pdfid/5a6edf734.pdf). j

[https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines\\_final\\_2017\\_low-res.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf)

IASC GBV Guidelines for Integrating GBV Interventions in Humanitarian Action, 2015, Part 1, available on: <https://gbvguidelines.org>

Inter-Agency Minimum Standards for GBV in emergencies Programming Available Here

International Medical Corps (IMC), Rapid Assessment Report at Urban refugee with Somali, Sudan, Yemeni, Burundi, Congolese and Eritrean in Addis Ababa, Nov 2021

Jesuit Refugee Service(JRS) and Development and Inter-Church Aid Commission (DICAC)

Justice Needs and Satisfaction of Refugees and Host Communities 2020: Somali and Tigray Regions of Ethiopia. Available Here

Palermo T, Peterman A: Undercounting, overcounting and the longevity of flawed estimates: statistics on sexual violence in conflict. Bull World Health Organ 2011, 89:924–925.

Programming, GBV AoR, 2019, available from [HTTPS:// www.unfpa.org/minimum-standards](https://www.unfpa.org/minimum-standards).

The GBV Accountability Framework, available from <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV%20Accountability%20Framework.pdf>

The Global Compact on Refugees, available from [www.unhcr.org/gcr/GCR\\_English.pdf](http://www.unhcr.org/gcr/GCR_English.pdf).

The IASC Six Core Principles Relating to Sexual Exploitation and Abuse, 2019, available from <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>., available from [www.unhcr.org/5f3cfec44](http://www.unhcr.org/5f3cfec44).

The UN Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13) (ST/SGB/2003/13)

UN High Commissioner for Refugees (UNHCR) Gender Equality tool Kit, February 2020, Available Here

UN Secretary General's Bulletin: (ST/SGB/2003/13 - E - ST/SGB/2003/13 -Desktop (undocs.org)

United Nations High Commissioner for Refugee (UNHCR) and the 2030 Agenda, available from [www.refworld.org/docid/59db4b224.html](http://www.refworld.org/docid/59db4b224.html)

United Nations High Commissioner for Refugee (UNHCR) Emergency Handbook on Accountability to the Affected People (AAP): Available Here

United Nations High Commissioner for Refugee (UNHCR) Ethiopia AGD Self-Assessment Report 2021

United Nations High Commissioner for Refugee (UNHCR) Gender Equality Toolkit, February 2020 Available Here

United Nations High Commissioner for Refugee (UNHCR): Integration Handbook. <https://www.unhcr.org/handbooks>

UNICEF, UNFPA, UNDP, UN Women, Gender Equality, UN Coherence, and You. Available Here

United Nations High Commissioner for Refugee (UNHCR) Ethiopia Refugee Child Protection Strategy 2021-2025 Available Here

United Nations High Commissioner for Refugees (UNHCR OPERATIONAL GUIDANCE ON ACCOUNTABILITY TO AFFECTED PEOPLE (AAP), September 2020 Available Here

United Nations High Commissioner for Refugees (UNHCR) Age, Gender, Diversity Policy 2018, Available Here

United Nations High Commissioner for Refugees (UNHCR) Annex B: Mental Health and Psychosocial Support, Available Here

United Nations High Commissioner for Refugees (UNHCR) Ethiopia Age, Gender and Diversity Self-Assessment Report, March 2021 Available Here

United Nations High Commissioner for Refugees (UNHCR) Ethiopia GBV Strategic Plan 2022-2026

United Nations High Commissioner for Refugees (UNHCR) Ethiopia GBV Strategy 2022-2026

United Nations High Commissioner for Refugees (UNHCR) Ethiopia Refugee Child Protection Strategy 2021-2025 Available Here

United Nations High Commissioner for Refugees (UNHCR) Ethiopia, "Brief overview of Community-Based Complaints mechanism in Ethiopia," Jan 2021 (unpublished)

United Nations High Commissioner for Refugees (UNHCR) Gender Equality Toolkit 2020 Available Here

United Nations High Commissioner for Refugees (UNHCR) Guidance Note" Responding to Sexual Violence Against Males and Engaging men and boys in preventing sexual and Gender-Based Violence: Available Here

United Nations High Commissioner for Refugees (UNHCR) OPERATIONAL GUIDANCE ON ACCOUNTABILITY TO AFFECTED PEOPLE (AAP), September 2020 Available Here

United Nations High Commissioner for Refugees (UNHCR) Policy on the prevention of, Risk Mitigation, and Response to GBV 2020 Available Here

United Nations High Commissioner for Refugees (UNHCR) PSEA Fact Sheet, March 2022

United Nations High Commissioner for Refugees (UNHCR) Strategic Direction 2022-2026 Available Here

United Nations High Commissioner for Refugees (UNHCR), Legal and Protection Research Series; The administration of Justice in Refugee Camps: A study of Practice, 2006, Available Here

United Nations High Commissioner for Refugees (UNHCR), Tackling SEA and SH strategy and Action plan 2020-2022, Available Here

United Nations High Commissioner for Refugees (UNHCR); Policy on the prevention of , risk mitigation, and response to Gender- Based Violence, (UNHCR/HCP/2020/01) in October 2020 Available Here

United Nations High Commissioner for Refugees (UNHCR) Emergency handbook, "Protection from Sexual Exploitation and Abuse (PSEA), 4th edition, Available Here

United Nations Population Fund (UNFPA), Minimum Standards for Prevention and Response to GBV in Emergencies: Available Here

[www.calltoactiongbv.com/what-we-do](http://www.calltoactiongbv.com/what-we-do).





**INTEGRATED GENDER-BASED VIOLENCE &  
ACCOUNTABILITY TO AFFECTED PEOPLE (AAP)**

**ASSESSMENT REPORT**

**SEPTEMBER 2022**

**ETHIOPIA**