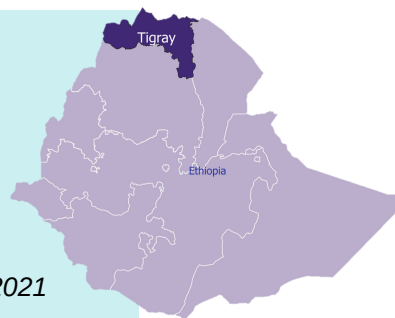


## CRISIS IN TIGRAY: GENDER BASED VIOLENCE AOR



June 2021

### OVERVIEW

The crisis in the Tigray Region has resulted in protection risks and concerns that have heightened the vulnerability of women, girls, boys, and men. As of 24th May, 1,918,220 people have been identified as internally displaced throughout the Tigray Region, 52% of whom are women and girls (1). Continued fighting, insecurity, break-down of security systems and social services, involvement of multiple armed actors, critical humanitarian needs and dire living conditions have created a high-risk environment and forced displacement in which GBV is a widespread daily reality for women and girls. The extent of the GBV problem in this crisis is captured in various statements including by the Ministry of Women, Children and Youth, Prime Minister, ICVA, IASC, UNSRSG-SVC, and the heads of nine UN agencies and other officials (2). Furthermore, findings from consultations with women and girls held by IRC show that there is an increase in sexual harassment, assault, rape and Intimate Partner Violence (IPV) (3).

A breakdown of traditional accountability mechanisms, increased exposure to and normalization of GBV, lack of economic opportunities, alcohol abuse, under-prioritization of GBV, lack of GBV reporting mechanisms and healthcare workers trained in GBV management are highlighted as contributing factors (4).

Access to health, social welfare, and justice services is challenging to women and children. There are 414 health facilities, in Tigray region, 72 percent are fully functional, however only 26 percent offer full-service availability, while only 29 percent offer Clinical Management of Rape (CMR) services (5). Furthermore, overcrowded IDP sites, shortage of basic services, and the looming famine are likely to exacerbate the GBV risks for women and girls.

### ONGOING GBV RESPONSE

The ongoing GBV interventions include establishing new and strengthening existing One Stop Centers (OSCs), establishment of Women and Girls Friendly Spaces (WGFSSs), provision of case management, psychosocial support, distribution of Dignity Kits, integration with reproductive health services, protection from sexual exploitation and abuse (PSEA), and community outreach, engagement and mobilization.

A total of 26 woredas (65% of Target) have been reached with at least one type of GBV prevention and response activity. However, the majority of the target woredas do not have access to comprehensive GBV response services, with only 3 Woredas (8% of target) covered with comprehensive GBV response.

Since January this year, 39,516 (9,920 girls and 29,165 women) have received dignity kits support in 10 woredas; 107,126 people have been reached with GBV awareness messages in 14 woredas; 6,720 people were reached with GBV psychosocial support activities in 7 woredas; and 1,788 people have been reached with capacity building activities in 14 woredas.

### AT A GLANCE



26  
Woredas reached



28  
Implementing  
Partners



816 K  
People Targeted



156 K  
People Reached

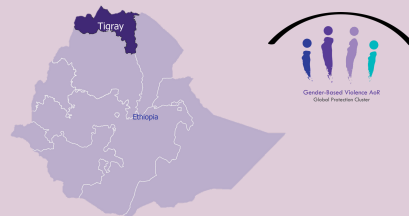
[1] IOM Displacement Tracking Matrix - Emergency Site Assessment 6 (3-24 May 2021): <https://dtm.iom.int/reports/ethiopia---emergency-site-assessment-6-3---24-may-2021>

[2] Call to Action on Protection, Press Statement, 23 April, 2021: <https://reliefweb.int/report/ethiopia/statement-call-action-protection-gender-based-violence-within-tigray-region-ethiopia>

[3] IRC Tigray Gender Analysis Report Key Findings, 3 May, 2021: <https://www.rescue.org/report/irc-tigray-crisis-gender-analysis-report-key-findings-womens-exploitation-gender-base>

[4] *ibid.*

[5] <https://herams.org/>



## GBV RESPONSE

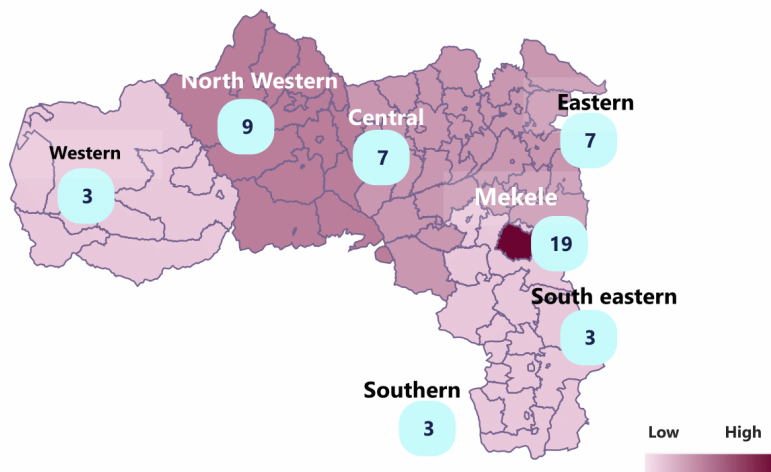
As part of Tigray emergency response plan (6), GBV partners have been responding to the immense GBV need caused by the crisis in Tigray. These includes providing GBV case management, psycho-social support and referrals to life-saving care and support services for survivors of GBV, dignity kits distribution, awareness raising and capacity building training for frontline service providers. The figure below shows the progress against the GBV AOR target by type of GBV interventions, since May 2021.

## GBV PARTNERS REACH

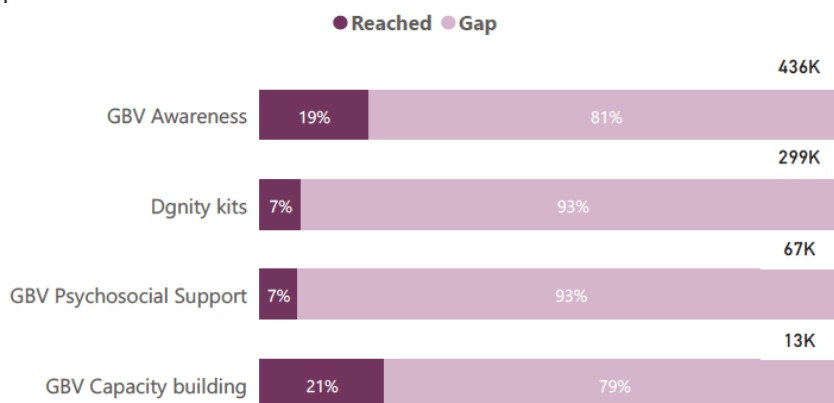
[\*GBV partners who have reported at least 1 GBV intervention]

As of June 2021, a total of 28 implementing partners reported implementation of GBV response activities in 26 districts (woredas, which is 36% of the total number of affected woredas with IDPs presence. The implementing partners include international NGOs (36%), national NGOs/local CSOs (32%), Government organizations (25%) and UN agencies (7%). In addition to the direct implementing partners, 25 partners have been providing program/technical support. The majority of the partners (19) have been responding in Mekele areas. The presence of GBV partners and services are limited in many of the areas out of Mekele, particularly in Western Zone, which has the lowest number of GBV partners reach (3) reported.

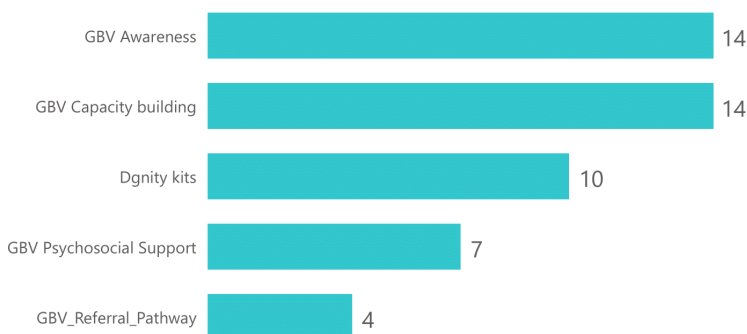
Number of Implementing Partners by Zone



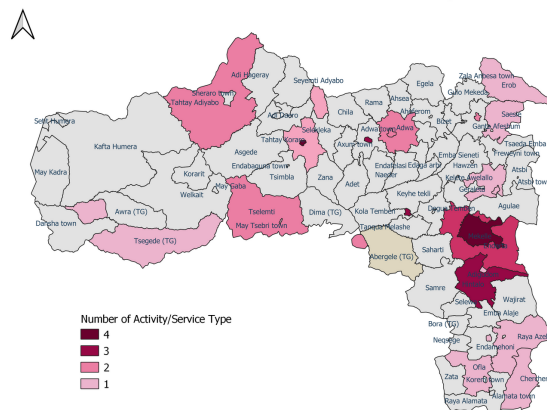
Progress against Target (since May 2021)



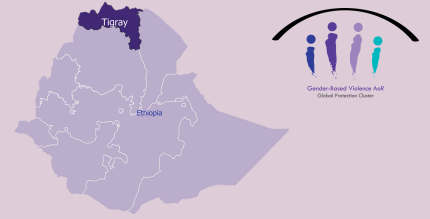
Number of Woredas Covered by Type of GBV Activity



Number of GBV Activities/Services by Woreda

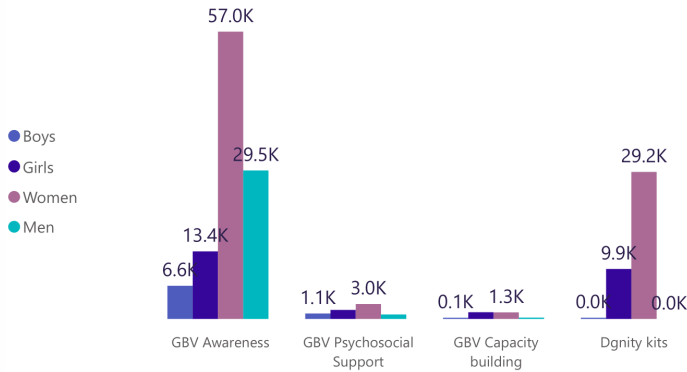


[6] OCHA Ethiopia: Northern Ethiopia Response Plan, May 2021

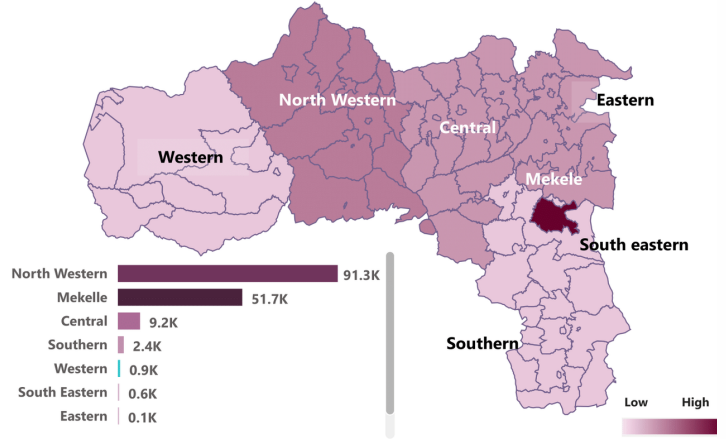


## GBV RESPONSE

People Reached by Sex and Age



Number of People Reached by Zone



### Donors

BHA	EHF	EU	IOM	Irish Aid
Japan	RRF	Stichting Vluc...	UNFPA	UNHCR
UNICEF	UNOCHA	USAID		

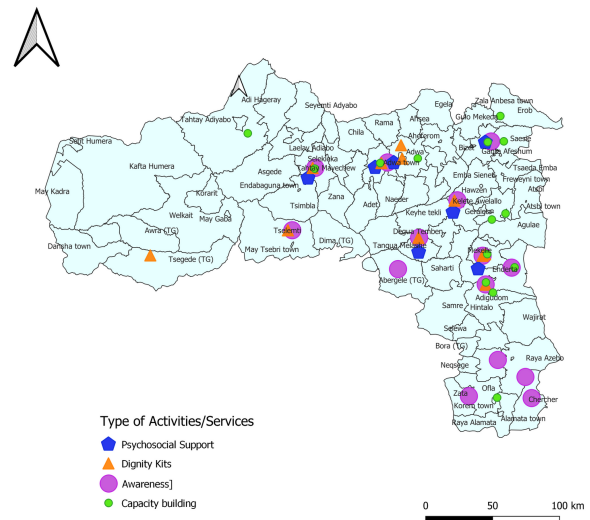
### Programme Partners

AAH	AH-MU	ASDEPO	BHA	BoH
BoJ	BOWCY	CARE	CRS	CST
ERDA	Eth. Red Cross	fhi360	IOM	IRC
Irish Aid	Mekelle Univer...	MoH	MSF	Mums for Mum
MU-SPH	OSSHD	OXFAM-GB	Save the Childr...	UNFPA
UNHCR	UNICEF	USAID	World Vision	

### Implementing Partners

AAH	ASDEPO	BoH	BoLSA	BOWCY
CARE	DPO	ECC	EOC-DICAC	EPHI-BOH
ERDA	Eth. Red Cross	Ethiopian Midwi...	fhi360	GOAL
Imagine 1day	IOM	IRC	Mekelle University	MSF
Mums for Mums	MU-SPH	OSC	OSSHD	Save the Children
UNFPA	WAT	World Vision		

Types of GBV Activities/services by woreda

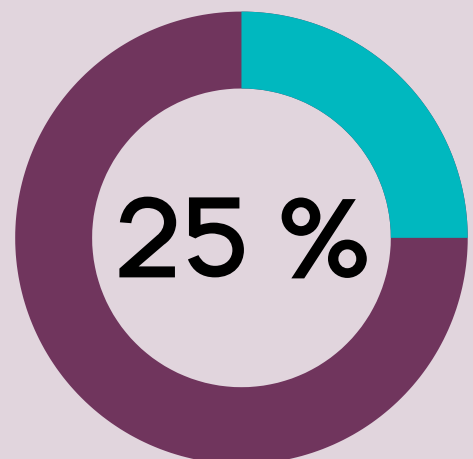


## FUNDING STATUS

TOTAL REQUIREMENTS  
**\$US 23,200,190**

**Received (US\$): \$5,899,674**

**Gap (US\$): \$17,300,516**



Source: Ethiopia 2021 | OCHA Financial Tracking Service



## CURRENT RESPONSE PRIORITIES

- Scaling up comprehensive GBV response through strengthening existing One Stop Centres (OSC) and establishing new ones, to expand access to GBV response including integrated SRH services.
- Decentralizing availability of GBV response services to Woreda level, especially in hard to reach and underserved communities, including conducting comprehensive GBV service and partner mapping to strengthen GBV referral pathways.
- Increasing Women and Girls' Friendly Spaces (WGFS) to scale up access to multi-layered PSS activities including GBV case management, counseling, and other social activities for women and girls.
- GBV awareness through community engagement and mobilization, within the affected populations, and host communities with a focus on support to survivors and access to available response services.
- Distribution of dignity kits to women and girls of reproductive health age, including key GBV messaging.
- Strengthening coordination mechanisms through decentralizing, and establishing coordination structures in the scale up hubs across Tigray region.
- Improving quality of provision of GBV services through capacity building of frontline service providers, information management, and periodic GBV assessments including safety audits.

## GBV RESPONSE CHALLENGES

- Gaps in core GBV response services due to scarcity of partners with capacity, resources, and geographical coverage to affected populations especially in "hard to reach" areas; e.g., Western Tigray.
- Majority of the target Woredas do not have access to comprehensive GBV response services, with only 3 Woredas (8% of target) covered with comprehensive GBV response.
- Lack of localized GBV referral mechanisms to guide survivors at Woreda and Kebele levels in accessing response services.
- Lack of resources for partners to adequately respond to the crisis with the majority of partners willing to expand but constrained by lack of funds.
- Destruction of health facilities and disruption of government social protection mechanisms making it challenging to offer life-saving GBV and SRH services, especially Clinical Management of Rape (CMR) and psychosocial support.
- Absence of law enforcement for the protection of civilians, including vulnerable women and girls.
- High presence of armed groups across the region as well as incursions by unidentified armed groups into IDP sites heightening the risks of sexual violence and other abuses.
- Humanitarian access to IDPs and affected populations in "hard to reach" areas remain a challenge.
- Need for improvement of coordinated responses in GBV and other sectors since the current GBV actors remain overstretched on their resources and capacities, and are concentrated in limited humanitarian bubbles due to access issues.

## KEY ADVOCACY MESSAGES

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

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