



CARE Rapid Gender Analysis

[Ethiopia] – [Tigray Crisis]

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Cover page photo: MayTsebri IDP camp.

Image: Mekhon Afework



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Abbreviations

ARTs	Anti-Retroviral Therapy
COVID-19	An infectious disease caused by a newly discovered coronavirus.
DTM	Displacement Tracking Matrix
ESAA	Education Statistics Annual Abstract
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussions
GBV	Gender Based Violence
GER	Gross Enrolment Ratio
GoE	Government of Ethiopia
HIV	Human Immuno Deficiency Virus
IDP	Internally Displaced People
KII	Key Informant Interviews
MHM	Menstrual Hygiene Management
NER	Net Enrolment Ratio
NFI	Non Food Items
OOSS	Out Of School Children
PFA	Psychosocial First Aid
PLW	Pregnant and lactating women
PLW	Pregnant and Lactating women
PSHEA	Prevention of Sexual Harassment, Exploitation and Abuse
PSN	People with Special Needs
PSS	Psycho-Social Support
TPLF	Tigray People's Liberation Front
VSLA	Village Saving and Loan Associations

Executive Summary

The Tigray conflict that began in November has culminated in widespread displacement of people, with some villages completely emptied.¹ According to the third round DTM conducted between the 2nd and 26th of February 2021, 417,152 IDPs displaced due to the Northern Ethiopia Crisis, exiled across Tigray, Amhara and Afar regions. Out of the total, 360,268 (86.36%) of the IDPs reside in Tigray while 41,951 (10.06%) in Afar and 14,933 (3.58%) in Amhara.² About 4.5 million people in Tigray are reported to most likely need food assistance in 2021. The conflict has also paralyzed the health system with few functional hospitals. Most infrastructure like roads, industries, and government institutions have been vandalized.

Key Findings



This RGA assessment took place in Amhara region Northern Gondar Zone IDP sites, namely Debark (Dabat Woreda) and MayTsebri (Formerly under Tigray Region) where IDPs from different Tigray areas come for safety.

The results show that the crisis has affected individuals, families, boys, girls, women, men and communities immensely. Homes are wrecked, families separated, women raped and sexually

Targeted Recommendations

- ✓ **Improve safe access to sanitation** that meet standards of privacy and safety specifically, for women/girls using structures that are locally or culturally acceptable.
- ✓ **Sexual and Reproductive Health Services** especially for, antenatal and postnatal care, safe delivery, family planning and others.
- ✓ **Therapeutic and Nutritional foods** for PLW, children and other vulnerable groups.
- ✓ **WASH programing that is centered on GBV prevention**, reduce the burden of access, improve hygiene and provide dignified menstrual hygiene management (MHM).
- ✓ **Building and strengthening GBV referral pathways** to ensure GBV survivors receive a comprehensive package of support.
- ✓ **Establish safe spaces for women, girls and children** where they can voice their concerns safely in supportive environment.
- ✓ **PSS services and PFA services** to all IDPs, specifically to survivors of sexual violence and rape. **PFA/PSS Training** for all working with affected population.
- ✓ **PSHEA trainings** for all staffs who has direct and indirect contact with IDPs.
- ✓ **Comprehensive NFI kits** like mattresses, blankets, plastic sheets, containers for water, cooking utensils, hygiene kits, clothing and rechargeable torch.
- ✓ **Complete, good quality and sufficient Dignity kits** that include Sanitary napkins, soap, tooth paste and brush, underwear, detergent powder, flashlight, and comb.
- ✓ **Shelter** is one perils that is putting women and girls at risk for rape and other sexual violence, hence should be built in consultation with women, girls, boys and men.
- ✓ **Building and strengthening GBV referral pathways** to ensure GBV survivors receive a comprehensive package of support.

¹ OCHA, 13 March 2021; Ethiopia-Tigray Region Humanitarian Update: situation Update

² IOM. (20 March 2021). IOM Displacement Tracking Matrix: Emergency Site Assessment: Northern Ethiopia Crisis 3-Data Collection: 2 — 26 February 2021. IOM.

abused and people lost their life's saving and properties. It has impacted their gender roles and relations, health, education, food security and nutrition, livelihoods, protection and mental health.

- Higher levels of **food insecurity** were noted. In both camps, there is shortage of food. Whilst they had received some assistance, the men and women who were interviewed pointed that it was in no way near enough.
- Lack of service providers that deliver **Therapeutic and supplementary food** for their children / pregnant and lactating women or people with chronic illness.
- **women and girls' role has been limited and burdened** with caring for children, elderlies, sick person in the house, going to the market, cooking, cleaning, washing, fetching water. An average IDP woman spends 11 hours per day on unpaid work. And due to the current displacement, they do not have any livelihood resources at all.
- **Loss of assets**, most families lost their homes, land, crops, money and assets when they fled for their lives.
- **Shelter is one of the highly needed sector** especially, among women and girls, pregnant and lactating mothers, people with disability, aged people and separated and unaccompanied children that require special attention. Currently people are living in overcrowded accommodations that **exposes women and girls for rape and sexual violence**.
- **Non Food Items (NFI)** needs like Mattresses, blankets, sleeping mats, containers for water (jerry cans), cooking utensils, hygiene kits, soaps, clothing and shelter.
- **Lack of WASH services: As a result of the conflict, most of the WASH infrastructures were damaged or looted. There is:-**
 - ✓ **Lack of access to water for cleaning and drinking**, putting the lives of the IDP at risk for water borne diseases as well as a **cause for rape**
 - ✓ **and sexual violence** as they travel too far to look for water.
 - ✓ **Lack of access to dignity kits** such as Sanitary napkins, leading to **unhygienic means of menstrual hygiene management**.
 - ✓ **Lack of access to separate latrines** for men and women, in both camps people defecate on the field which makes it difficult for women and girls to defecate during the day and a **risk for sexual violence** at night.
- **Lack of health services and lack of medications** especially for people with chronic diseases.
- **No availability of centres that provide SRHR services** in the camps and lack of money to pay for service outside.
- The IDPs, especially women and adolescent girls **experience rape and other forms of sexual violence when the conflict broke, during their flight to safety as well as inside the IDP camps**.

Introduction

The Tigray Region is the northern most region of Ethiopia which is a federal state. “Tigray is bordered by Eritrea to the north, Sudan to the west, the Amhara Region to the south and the Afar Region to the east and south east”³. The capital city is Mekelle and the region is home to major cities like Adigrat, Axum, Shire, Humera, Adwa, Adi Remets, Alamata, Wukro, Maychew, Sheraro, Abiy Adi, Korem, Qwiha, Atsbi, Hawzen, Mekoni, Dansha and Zalambessa.

The Tigray conflict that began in November has culminated in widespread displacement of people, with some villages completely emptied.⁴ According to the third round DTM conducted between the 2nd and 26th of February 2021, 417,152 IDPs displaced due to the Northern Ethiopia Crisis, exiled across Tigray, Amhara and Afar regions. Out of the total, 360,268 (86.36%) of the IDPs reside in Tigray while 41,951 (10.06%) in Afar and 14,933 (3.58%) in Amhara.⁵

Background information



Figure 1: Map of Tigray regional state of Ethiopia. The site is located in Central Tigray. Source (<http://www.tigraionline.com/tigrayGIF.gif>)

In November 2020, the conflict between the Ethiopian Federal Government and Tigray Regional State, represented by the Tigray People's Liberation Front (TPLF), escalated into warfare, after the Prime Minister's order for an offensive attack against the TPLF. According to sources, a conflict escalated in early November 2020, after the (TPLF) army seized the

³ Wikipedia, March 2021; Tigray Region – Wikipedia, https://en.wikipedia.org/wiki/Tigray_Region#cite_note-7

⁴ OCHA, 13 March 2021; Ethiopia-Tigray Region Humanitarian Update: situation Update

⁵ IOM. (20 March 2021). IOM Displacement Tracking Matrix: Emergency Site Assessment: Northern Ethiopia Crisis 3-Data Collection: 2 — 26 February 2021. IOM.

northern military base for the national defense force.⁶ The Ethiopian federal government, and Eritrean soldiers entered into conflict, which rapidly spiraled into an outright war. The conflict has resulted in the death of thousands of people as well as the displacement of numerous people, predominantly women and children. 60,595 Ethiopian refugees⁷ have been documented moving to Eastern Sudan's Blue Nile, Gedaref, and Kassala states.⁸ Since November, Eritrean refugees who have had supplies cut off due to the conflict have been in dire conditions are also crossing over the border into Sudan to flee the escalating conflict.⁹ The 2021 Humanitarian Needs Overview launched by the humanitarian community on 5 March estimates that 4.5 million people are currently in need of humanitarian assistance in Tigray, of whom 3.5 million people are in accessible and partially accessible areas.¹⁰ In spite of the efforts to strengthen coordination, delayed GoE approval processes, bureaucratic restrictions and the ongoing insecurity and other constraints, are hindering aid from reaching the region, predominantly those living in rural areas, about 80% of the population.¹¹

The 2021 Humanitarian Needs Overview launched by the humanitarian community on 5 March estimates that about 4.5 million people are currently in need of humanitarian assistance in Tigray, of whom 3.5 million people are in accessible and partially accessible areas.

The conflict has also paralysed the health system with few functional hospitals and only 31 of the 260 health facilities fully functional, 7 partial functional in the Tigray region, while only few are providing maternal services such as antenatal care and birth delivery¹². Furthermore, Ethiopia faces a growing COVID-19 crisis with a steep increase¹³ since the start of the conflict and now over 185,641 confirmed cases (as of March 20, 2021)¹⁴ as the health system is unable to facilitate a response amidst a non-functional health system. Most health centres and related infrastructure (i.e. roads, industries, and government institutions) have been vandalized, looted, damages and health personnel endangered, which significantly hinders the availability of medications, supplies and life-saving treatments (especially affecting people with chronic illnesses and pregnant women).¹⁵ This has adversely affected people's access to health services at a critical moment of need for both the conflict and threats of the growing global pandemic.

⁶ Wikipedia, March 2021; Tigray Region – Wikipedia, https://en.wikipedia.org/wiki/Tigray_Region#cite_note-7

⁷ https://www.usaid.gov/sites/default/files/documents/02.03.2021_Tigray_Fact_Sheet_1.pdf

⁸ <https://data2.unhcr.org/en/documents/details/82978>

⁹ <https://www.unhcr.org/news/briefing/2021/1/6006a31a4/unhcr-finds-dire-need-eritrean-refugee-camps-cut-tigray-conflict.html>

¹⁰ 2021, Humanitarian needs overview

¹¹ USAID. (FEBRUARY 3, 2021). Ethiopia–Tigray Conflict. Retrieved from Ethiopia–Tigray Conflict: https://www.usaid.gov/sites/default/files/documents/02.03.2021_Tigray_Fact_Sheet_1.pdf

¹² OCHA 15 March 2021; Ethiopia- Tigray Region Humanitarian Update

¹³ <https://apnews.com/article/international-news-sudan-coronavirus-pandemic-africa-ethiopia-9bf0c2f8bddf4b019e7c6a2113e5615f>

¹⁴ <https://covid19.who.int/region/afro/country/et>

¹⁵ <https://reports.unocha.org/en/country/ethiopia/>

The Rapid Gender Analysis objectives

- ❖ To understand the differential impact of the Tigray crisis on men, women, boys and girls, as well as at-risk groups, with a view of informing interventions.
- ❖ To perceive how women, men, boys and girls are coping with the situation in North Gondar IDP concentrations namely MayTsebri (Formerly under the western Tigray region) and Daabat woredas.
- ❖ To highlight the gaps and needs of vulnerable populations within the wider humanitarian response and adapt and design more targeted services and assistance, while ensuring that 'do no harm' principles are in place at each stage.
- ❖ To recognize what services are safely available to men, women, boys and girls in this community? And understand if women and men able to access the services equally?
- ❖ To identify the main GBV risks in the community.
- ❖ To identify GBV services providers and actors on the ground and check if GBV survivors have access to comprehensive GBV services?

Methodology

The RGA is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we "Do No Harm" in the process. RGA uses the tools and approaches of a Gender Analysis Framework and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The primary data for this RGA was collected in two IDP camps MayTsebri town and Daabat IDP camps from 13th to 18th of February, 2021. Two teams composed of nine women, seven men, one gender specialist and one psychosocial support specialist conducted the field data collection using the following method:

Woreda	Discussions	Number of participants
MayTsebri	FGD	41
	Key informant	4
	HH/Individual interview	4
Daabat	FGD	40
	Key informant	3
	HH/Individual interview	3

- ✓ **9 focus group discussions** with separate groups of adult women, adult men, boys and girls, comprising 81 people between the ages of 12 and 65.
- ✓ **Key informant interviews** with seven individuals from respective government offices.
- ✓ **Individual household interviews** with seven individuals (4 women and 3 men).
- ✓ **Safety audit checklist** (observation) in the two targeted sites.
- ✓ **Secondary data review**

Simple random sampling was used to get representative samples for the Individual interviews in both Woredas of MayTsebri and Daabat to ensure equal chance of being selected among participants. For the focus group discussions, both purposive sampling and snowballing techniques were used to find age and sex disaggregated participants. For the key informant interviews, snowballing technique was mainly used for chain referral between staffs working in government offices and are directly working with the IDPs.



Figure 2 Women FGD (Daabat IDP Site (January 2021))

Several limitations and ethical considerations were accounted in this research. The RGA represents a purposeful process of inquiry and is not designed as an academic research but rather a practical “rapid assessment” emphasizing respondent stories and experiences to inform immediate programmatic decisions.

Accordingly, ethical considerations such as informed consent, voluntary participation, do no harm, confidentiality and anonymity of participants were taken in to high consideration while conducting this assessment.

The following highlights key limitations:

- Due to COVID-19 restrictions, and in order to adhere to the guidelines from the Federal Ministry of Health, each participant had to wear mask and ensure physical distancing in all the interviews.
- There was also limited Mobility due to security reasons at MayTsebri Woreda.
- Internet shut down during the height of the conflict limited humanitarian operations and ongoing communications. The same was true for both Woredas during the collection of data for this RGA.

Demographic Profile

Sex and Age Disaggregated Data



This RGA assessment took place in two Northern Amhara region zones, namely Debark (Dabat Woreda) and MayTsebri (formerly under the western Tigray region). 33.3% of the participants from Daabat who took part in the individual interview were male participants while the women covered 66.67%. The mean age for both sexes is 40.67. The average family size for the participants from Daabat camp is 4.67 and there are no family members who are reported with disability for all participants in the Daabat camp. 67% of the women who took part are not house hold head and described their occupation as housewives. Out of an overall total who took part in the Daabat FGD, 27% were girls, 16% boys, 20% women and 37% men.

This crisis significantly disproportionately affects women and girls. It has impacted gender roles, relations, health, education, food security and nutrition, livelihoods, and protection. As with emergencies and crisis, it is women and girls who face the burden three fold as the responsibility of taking care of the whole family falls on their shoulder, including cooking, fetching water, searching for means for food, taking care of sick person in the house, and taking care of children.¹⁶ Women and adolescent girls were exposed to GBV starting from the initial emergency, their flight to safety and even after they have reached safety.

Impact of the Crisis

The results from the FGD, individual interviews as well as the answers from the key informant interviews show that the crisis has affected individuals, families, boys, girls, women, men and communities as a whole immensely. Homes were wrecked, families separated, women sexually abused and people lost their life's saving and properties.

Higher levels of food insecurity were noted. In both camps, there is shortage of food. Whilst they had received some assistance, the men and women who were interviewed pointed that it was in no way near enough. Before the crisis, especially those who came from Wolkayit and Humera were very rich people who had excess food, money, cattle, and large farming land who needed not a support from others. The displacement created the feeling of worthlessness for them.

Moreover, all the individual and FGD interviews, participants clearly expressed that on their way to the IDP camps they have witnessed countless dead bodies just laying on the road swamped in blood. In addition, they have watched a family member, a friend or someone getting shot in front of their eyes either in their home towns or while running for safety. This

¹⁶ OCHA, 2019; 5 reasons to support women during emergencies; <https://reliefweb.int/report/world/5-reasons-support-women-during-emergencies>

according to the participants is something they could never get rid of and is affecting their mental health enormously. One girl in Daabat uttered, *“Whenever I close my eyes, all I can see is those dead bodies piled up. I can’t sleep.”*

The crisis affected each group differently. Below is a summary of how women, men, girls and boys as well as children are affected by the crisis.

Women:

Women faced multiple challenges as they left their homes and trekked to camps. Shortage of food, health problem, mental health disturbance such as fear, anxiety, depression, inability to sleep and inability to take care of themselves and others are a few of the challenges faced by women. Moreover, pregnant women had to suffer miscarriages for the same reason. These problems happened while they were on the flight to safety as well as after they reached safety (respective camps). There are women who gave birth on their way to safety. Abduction is the other risk faced by these women. Separation from family members and children are the other challenges women has to suffer from. *“I can’t handle the remorse I am feeling due to my separation from my daughters”* was the testimony of one of the women from Daabat IDP site. According to the report from mothers in MayTsebri camp, there are even some mothers who carried another person baby thinking that it’s their own and left their own children behind when the conflict broke. Others carried plastic bag instead of their babies and realized that it’s not their baby after traveling too far.

“I can’t handle the remorse I am feeling due to my separation from my daughters”

To cope with the shortage of food, women first feed their children and family members before eating themselves which at the end will be little or none. They also migrate to relatives living nearby, engage in collecting and selling of fire wood or employed as daily labourers to get some money for food.

However, the major blow for women lies on the rape and other forms of sexual violence they have experienced when the conflict broke, while they fly to safety as well as after they have reached to their respective camps. There have been several reports regarding using rape and other shocking forms of sexual violence as a weapon of war to deflate and intimidate civilians in the region. Due to this, the UN called a stop to “the indiscriminate and targeted attacks against civilians, including rape and other horrific forms of sexual violence.”¹⁷ The same way, despite their acknowledgment that there have been cases of rape and sexual violence experienced by IDPs, women participants in FGD did not dare to explain how or when.

¹⁷ UNFPA. (2021 , March 22). Statement on Gender-Based Violence in Tigray region of Ethiopia. Retrieved from United Nations Population Fund: <https://www.unfpa.org/pcm/node/26451>

Conversely, through the individual interviews, it was learnt that a lot of the women and girls has been victims of multiple rapes and degrading sexual violence. One woman from Daabat camp explained that she and a few other women were raped for a number of days by a number of armed men in Adigrat. She said *“They would spit on me and call me a donkey after they finish raping me”*. Another woman in the same camp mentioned that the rapists treated them like dogs and tell them they are dirty that they would not want to touch them with a stick. *“No one dared to stop them or said no. Those who refused, were shot right in front of us.”*

“They would spit on me and call me a donkey after they finish raping me”

Men

For men the main issue resulting from the crisis are, Food shortage and loss of moral value. In addition to these challenges, a lot of men lost their money because it was stolen on the way to safety. Men were targeted and some of the men were killed in front of their children and wives or jailed. Migrating to other towns, engaging in labour works, Begging and Selling of fire woods are the means men employ to cope with their situations.

Girls

For girls the problems ranged from shortage of food, interruption of their education, hunger, death, to being subjected to carrying goods that are very heavy during their flight to safety.

Just as the case for women, rape and sexual violence is the major risk for both girls in MayTsebri and Daabat camp. For girls in MayTsebri camp, the 3 major risks for rape and other sexual violence come from fetching water outside of the camp, collection of fire wood and the collective sleeping, where men come to attack them while they are sleep. One girl in MayTsebri camp, when asked if she has reported the rape she has experienced sorrowfully answered, *“I have not told a soul about this except my best friend. I know there is no one to help me or save me. I just want to go home”*.

For girls in MayTsebri camp the 3 major risks for rape and other sexual violence come from fetching water outside of the camp, collection of fire wood and the collective sleeping, where men come to attack them while they are sleep.

A lot of girls are also subjected to abduction and separation from their parents which affected them psychologically. A girl in MayTsebri camp mentioned *“I have lost some of my family members and valuable resources during the conflict. I do not feel safe at all”*. They have also mentioned that they cannot go anywhere without the company of men.

“I have lost some of my family members and valuable resources during the conflict. I do not feel safe at all”.

Coping for girls is very difficult, since there are not a lot of safe options to choose from. Hence, they are mostly engaged in begging in the town, engaged in commercial sex work, employed in bars and small restaurants or work as house maids. This was affirmed by KIIs that women and girls engage in exchanging money for sex.

Boys

For boys Shortage of food, death, interruption of education and hunger are the few issues that were raised. Some of these boys faced rough treatment as well as thrown in to jail. According to the humanitarian overview, schools remain closed in Tigray, with some of the schools used as camps, by both civilians and armies. One boy in MayTsebri camp stated *“To reach MayTsebri camp, we had to travel a very long distance on foot. Some of us traveled for two months while*

“To reach MayTsebri camp, we had to travel a very long distance on foot. Some of us traveled for two months while others travelled for a month to come to this camp. We did not have food during our travel, even now at this camp, we do not have food nor clothes. None of our needs are fulfilled at this camp. We face risk of water borne diseases, malaria, Amoeba, common cold, other water born and further contagious disease.”

others travelled for a month to come to this camp. We did not have food during our travel, even now at this camp, we do not have food nor clothes. None of our needs are fulfilled at this camp, we face risk of water borne diseases, malaria, Amoeba, common cold, other water born and further contagious disease.” Another boy claimed, *“At the camp, we do not feel safe.”* The boys are engaged in begging and stealing activities as a way of coping with the hunger and lack of access as in addition to migrating to some other parts of the country in search of income.

Children < 5 yrs:

Children have been severely affected by different kinds of diseases that claimed their lives and still claiming their lives. The lack of nutritional foods, the little or no access to food, coupled with poor hygiene and sanitation has put their lives at a greater risk.

Pregnant and lactating women (PLW):



There were a couple of pregnant women who has lost their lives and one who had a miscarriage due to the beating they received during a clash that occurred between the IDPs and local community members.

For pregnant mothers, the most challenge during the flight to safety was encountering miscarriage and facing vaginal bleeding problems. According to the respondents from MayTsebri camp, there were a number of pregnant women who died on the road. Even after they have reached the camp, it is impossible for them to find a healthcare provider that follows up their pregnancy. According to the women FGDs conducted in Daabat, there were a couple of pregnant women who has lost their lives and one who had a miscarriage due to the beating they received during a clash that occurred between the IDPs and local community members. One participant in Daabat cited that *“It is especially difficult for pregnant and breast feeding mothers to live in this dire condition.”*

People with specific needs-PSN:

People with specific needs are greatly affected by shortage of food, loss of transportation and vulnerability to diseases.

A respondent from MayTsebri camp stated, *“When the conflict broke out of the blue, we each ran to save our lives, leaving behind family members and community members who are with disability.”* Hence, people with disability, who are left behind and did not have someone to help them escape, lost their lives. According to the responses, even those who had the chance to escape died on the road as they could not keep up and flee like the rest of the IDPs.

Discussions with key informant interviewees, revealed that, due to these problems, the displaced community specifically people with specific needs, faced psychological trauma, hopelessness, terror and continual anxiety.



When the conflict broke out of the blue, we each ran to save our lives, leaving behind family members and community members who are with disability.”

Findings and Analysis

Gender Roles and Responsibilities

Division of Domestic Work



Women's role in unpaid care and domestic work underpin Ethiopian society and traditional customary norms. Women spend disproportionately more time caring for children, the elderly, cooking, cleaning and managing household tasks.¹⁸ As most of the population resides in rural areas, most women also play a significant role in agriculture and livestock production.¹⁹

After coming to these camps, because they have lost their livelihood and had to adapt to their new way of living, women and girls' role is limited to caring for children, elderly, sick person in the house, going to the market, cooking, cleaning, washing and fetching water.

Men and boys before the crisis were engaged in farming (food crop production), farming cash crop production, animal rearing, as well as going to the market to sell or buy products. Since, they have lost their livelihood, crops, farm lands and cattle, the only thing they are doing after the crisis is going to the market to purchase some basic day to day commodities.

From the reports of the individual interview as well as the FGD and key informant interviews it was reported that there hasn't been any change in gender role and responsibilities except that now some men are assisting with child feeding and give priority to children before having their share of food.

Although a few family members help out, it is mainly the duty of women to collect wood that is to be used for fire. Fire wood is the only source of energy used for cooking at the camp. Cooking mostly is done in the open, outside of shelters. However, those who own clay stove cook inside.

Earning an Income, Access and Control of Resources

Women make up most of the agricultural labor in rural areas, and 80% of the population of women resides in rural areas.²⁰ According to most Ethiopian traditions and customary norms, women cannot plough the land and are forced to rent their land to others and share only 30 percent of the products.²¹ In the specific region where these IDPs came from, it is men who

¹⁸ UNWomen. (1997-2003). Ethiopia National Action Plan. Retrieved from Women Watch: <https://www.un.org/womenwatch/daw/country/national/ethiopia.htm>

¹⁹ Ibid.

²⁰ USAID. (2021, March 31). Gender Equality and Women's Empowerment. Retrieved from [www.usaid.gov: https://www.usaid.gov/ethiopia/gender-equality-and-womens-empowerment](https://www.usaid.gov/ethiopia/gender-equality-and-womens-empowerment)

²¹ FAO. (2007). Gender Mainstreaming in Forestry in Africa: Ethiopia. Rome: WFP. Retrieved from <http://www.fao.org/sustainable-forest-management/toolbox/cases/case-detail/en/c/214669/>

had access to and control over land, livestock, cash, animals, seeds and other agricultural inputs and, information. Similarly, boys had access to daily labour and education both formal and religious. Whilst, small trades and periphery income generating activities are accessible for women, only limited education was accessible for young girls.

According to the results of this RGA, part of the reason for the above differences in accessing and controlling resources, opportunities and assistance is due to the cultural beliefs and norms existent in the community where men are assumed to be the sole controller of basic resources while women are only accountable to control and manage house hold activities and small income generating activities. Usually boys and girls assume no control over resources and opportunities.

The other cultural and traditional practice presented to explain this inequality is, the traditional practice that men are the leader of the house, who manages the main livelihood assets. Conversely, women are expected to remain occupied by unpaid household routines and activities that takes up more than two third (2/3) of their time in a given day. This leads to the assumption that women are not able to manage or make significant decisions like their men counterparts.

According to the FGD and KII, this is created by cultural norms that in return created power relation imbalance between men and women. *“The culture supports and encourages men as powerful, capable, creators who have the natural ability and skills to manage women and girls”* is the response from one male participant. According to them, women do not have the capacity to do the roles that men hold. The culture underestimates and overlooks, women’s role in the community.

“The culture supports and encourages men as powerful, capable, creators who has the natural ability and skills to manage women and girls”

Although they have been receiving food assistance (wheat) and nutritional supplements like (Fafa) from the Agriculture office, IDPs in MayTsebri camp still lack SRH and family planning services, GBV services, WASH services and livelihood opportunities and resources. CARE Ethiopia has provided dignity kits, sanitary pads, and household utensils although the demand and need is far greater. Hence, IDPs, especially women are subjected to Begging and searching for daily works in the town as a strategy for survival. One IDP stated, *“The government and NGOs should fulfill all the requirements to save our life because nothing is available at our hand.”* According to respondents, children are overlooked in the support process as their needs are not considered, when meanwhile priority should be given to their wellbeing.

“The government and NGOs should fulfill all the requirements to save our life because nothing is available at our hand.”

Currently, the IDPs have no assets at hand since, they fled from their homes to escape from conflict, often with minimal or no resources. Farming, rearing of animals, and trading were the main livelihood activities for the IDPs before the crises. Previously, Women controlled assets such as chickens, goats, household equipment and small gardens while men mostly controlled all major and valued assets, as land and livestock. According to FEWSNET many displaced populations have lost their livelihood assets and have limited access to rural livelihood activities and markets. As part of rebuilding their livelihoods, participants from FGDs reported saying, *“It would be Imperative to establish Village Saving and Loan Associations (VSLA), conduct child care trainings, and implement income generating schemes such as rearing of goats and sheep.”* IDPs in the FGD expressed the wish that their life would return to how it was before the crisis. It was also mentioned that, some women who have skills spend their time doing hand craft.



“It would be Imperative to establish Village Saving and Loan Associations, conduct child care trainings, implement Income generating schemes such as rearing of goats and sheep.”

According to FGD response around engaging in unpaid household chores, an average IDP woman spends 11 hours per day on unpaid work. And due to the current displacement, they no longer have any livelihood resources.

Access to services and resources

Shelter

Shelter is one of the priorities of IDPs which was flagged the most crucial and urgent need. Currently people are being accommodated in warehouses, where there is limited safety and security for women and adolescent girls. Respondents mentioned that, all the displaced community members need shelter, but it is especially true for pregnant and lactating mothers, people with disability, aged people and separated and unaccompanied children that require special attention. Particularly in MayTsebri camp, pregnant and lactating mothers, child-headed households, single mothers and people with disability will need additional attention and support to help them find or build shelter.



Figure 3 MayTsebri IDP Site

Although the situation of Shelter in the Daabat camp is slightly better than those living in MayTsebri, participants mentioned that the shelters are not sufficient for every IDP family nor decent. In both camps, numerous people sleep in one warehouse and a suffocating sleeping arrangement. Most of the men in MayTsebri camp stated that they sleep outside because the warehouses are not big enough to accommodate all the women and children in addition to them.

As per the suggestion of participants, shelter should be constructed according to households/family and inclusive of built-in latrines, disposal pits and all the necessary component of shelter design.

“Shelter is a huge priority and should be constructed according to household and family built with latrines, disposal pits and all the necessary component of shelter design.”

NFI Distribution



The Non Food Item (NFI) needs of both IDPs in Daabat and MayTsebri are similar: Mattresses, blankets, sleeping mats, containers for water (jerry cans), cooking utensils, hygiene kits, soaps, clothing and shelter. For those IDPs who reside in Daabat, winter clothes are required since the climate is cold.

CARE has provided cooking utensil nonetheless, the participants asserted that it has not reached all IDPs. There was no appropriate sleeping arrangement for the elderly and people with disability, nor bedding available. Most reported sleeping on the ground and requested urgent attention.

Concerning clothing needs: Prior to the crisis almost all people had different clothing to be worn at different occasions, as was customary. One respondent in the FGD shared that, *“We had no shortage for clothing in our community because we had traders in our community that sold clothes and we had money to buy”*. When the conflict broke, almost every family ran from their communities with only the cloths on their backs. This includes pregnant and lactating mothers who now have no alternative options for them nor their infants once clothing is dirtied. One lactating mother revealed, *“I don’t even have a scarf I can use to carry or cover my infant with.”*

“I don’t even have a scarf I can use to carry or cover my infant with.”

Water, Sanitation and Hygiene



People at the MayTsebri camp try to get water from different sources, as the town itself has no pipe water running; the main source of water for both cleaning and drinking is well water that is untreated. On average, it takes 50 to 60 minutes of walk outside of the camp to fetch water. Participants mentioned that it is a great risk for sexual (rape) and other violence for women and girls to fetch water. Men and boys also face attacks and beating while traveling in search of water. However at times, there is the availability of trucking water using collective water tanks although not adequate. The assessment team noticed that there is the availability of water tanks in Daabat camp as well.

Both men and women members of the family have access and control of available water. Nonetheless, women take the lion share in the management, use and portioning of the water especially as they are also responsible for food preparations.

Although CARE has provided dignity kits in both camps, participants stated that it is still insufficient compared to the needs of all IDP women and girls. In MayTsebri camp, it was indicated that, there is little or no access to dignity kits inclusive of sanitary napkins, soap, tooth paste and brush, underwear, detergent powder, flashlight, and comb. In addition, there is no space designated to dispose used sanitary napkins nor any garbage for that matter. Women

and girls use their own cloths to receive their menstruation by overlaying one over the other. Nonetheless, this is not hygienic nor sufficient as they do not have that many clothing that can be spared for cutting for this purpose. Additionally, they do not have access to abundant water to wash out the blood from this clothing for future use.



Figure 4 Water Tanker to reserve tracked water (MayTsebri IDP Site)

Latrines

“Safe excreta disposal is an essential element of any WASH programme, because it helps to reduce direct and indirect disease transmission.”²² As per the above source the availability of adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times is very crucial.



...all the camp people defecate on the field. This makes it uncomfortable and difficult for women and girls to go to the field during the day. The only time women could go to the field to defecate is at night, which makes defecation unsafe and a risk for sexual violence for them. Due to this, they choose to go in groups, making sure no woman/girl goes out alone.

However, participants especially from MayTsebri camp stated that there is no access to separate latrines for men and women, all the camp people defecate on the field. As per the statements from the women and girls FGD, this makes it uncomfortable and difficult for women and girls to go to the field during the day. The only time women could go to the field to defecate is at night, which makes defecation physically unsafe and a risk for sexual violence for them. Due to this, women and girls choose to go in groups. And in an effort to make sure no woman/girl goes out alone, they are urged to wait until it gets dark to go. The same challenges apply

when it comes to lack of bathing facilities in both camps.

However, as per the participants from Daabat camp, there is the availability of separated latrines for men and women though it is insufficient to meet the needs of the number of people residing in the camp. Furthermore, there is still the lack of access to bathing facilities that are private and convenient for women and girls, elders as well as people with disability.

Health Services



The health of the displaced community severely changed due to the absence of health institutions. According to a report released by MSF on 15 March, 13% of the 106 facilities they visited in the Tigray region were functioning, 30% damaged and 70% looted.²³ They also reported that some of the health personnel had fled in the wake of the conflict. This has adversely affected people's access to health services.²⁴ Additionally, some of the SRHR needs identified by IDPs in Daabat and MayTsebri included safe and appropriate contraception, treatment services for HIV and sexually transmitted diseases, pregnancy and lactation follow-ups safe delivery options, lack of information regarding SRHR services and also support for GBV survivors. .

²² UNHCR. (n.d.). Emergency Sanitation Standards, 1.7. Retrieved from UNHCR Emergency Hand Book: <https://emergency.unhcr.org/entry/33014/emergency-sanitation-standards>

²³ Medecins Sans Frontieres (MSF). (2021, March 15). *People left with few healthcare options in Tigray as facilities looted, destroyed* . Retrieved from <https://www.msf.org/health-facilities-targeted-tigray-region-ethiopia>

²⁴ Ibid.

Even with the above needs and other health issues observed in both IDP camps, IDPs especially in MayTsebri camp described that no health services exist in the camp. They reported an inability to access the hospitals outside of the camps. As per the key informant interviews, lack of sufficient medicines at health facilities is a significant challenge for the IDP community, and they are unable to handle the medical challenges they are faced with. Moreover, HIV positive persons are not able to access ARTs, putting them at risk of defaulting. According to observations in both Daabat and MayTsebri camps, there are several people who were ill and laying in the shelters mainly because they are unable to access medical services for the lack of cash.

HIV positive persons are not able to access ARTs, putting them at risk of defaulting.

For Daabat camp, there is a small clinic in the camp, which is run by nurses and other health extension workers during the weekdays. As per the key informant interviews, lack of sufficient medicines at health facilities is a huge challenge for the IDP community. Just as HIV positive IDPs in MayTsebri camp are challenged with accessing ARTs, positive IDPs in Daabat are also facing resistance and treatment failure if they default the ART.

Sexual Reproductive Health Rights (SRHR) Services



“Natural disasters, armed conflict, disease outbreak, displacement and political unrest increase the vulnerability of women and girls and create barriers to accessing sexual and reproductive health including maternal health services. Sixty percent of preventable maternal deaths take place in settings of conflict, displacement, and natural disasters”²⁵.

In both camps, there are traditional and religious beliefs that hinder women from seeking SRHR services based on the assumption that contraceptives lead to infertility. However, the main reported reason that women and girls do not seek SRHR services currently is due to the lack of money and availability of these services at the IDP sites.

²⁵ CARE International. (n.d.). Sexual and Reproductive Health. Retrieved from Emergency Toolkit: <https://www.careemergencytoolkit.org/core-sectors/26-sexual-and-reproductive-health/>

...the main reported reason that women and girls do not seek SRHR services currently is due to the lack of money and availability of these services at the IDP sites.

Participants stated that most of the youth have been requesting condoms and other protection mechanism from HIV, STIs and unwanted pregnancy. Therefore, it was the recommendation of the IDPs that they are provided with adequate methods of contraceptives and family planning approaches to choose from as per their need and age.

It was a strong emphasis from both the individual interviews as well as FGDs, to provide sexual and reproductive health services, especially antenatal and postnatal care (including lactation), safe delivery, and family planning. Participants suggested that, Health Extension Workers should support PLW before and after giving birth. They also recommended that, hospitals should deliver vaccination for children and provide overall care and support for mothers and children as per the regulations of the Federal Ministry of Health.

Additionally, it was suggested that awareness building session and training around SRHR needs, services and standards should be done in the camps to teach adolescents and the youth about SRHR.

Education



Schools have been closed throughout the country for almost a year due to COVID 19 pandemic lockdown. This prolonged disruption of school, leading to 1.3 million out of school children (OOSC), that began with COVID-19 pandemic and continued during the conflict, has had a dire impact on children's well-being in the region.²⁶ In addition, the fact that civil servants in the region have not

been paid their salaries for around 4 months has not helped the issue. Schools remain closed around Tigray and northern Amhara regions, including for both the MayTsebri and Dabat Woredas due to the ongoing conflict, though other regions in the country were able to resume school.

As per the Education Statistics Annual Abstract (ESAA) 2017/18, the Gross Enrolment Ratio (GER) and Net Enrolment Ratio (NER) for pre-primary education in Tigray was at the highest rates in Ethiopia, with a percentage of 87.²⁷ Similarly, the Gender Parity Index for Tigray primary schools had higher ratios (0.94) than the national average (0.9).²⁸

²⁶ UNICEF. (n.d.), Ethiopia Humanitarian Situation Report (Tigray Crisis), 14 January 2021 . Retrieved from <https://www.unicef.org/documents/ethiopia-humanitarian-situation-report-tigray-crisis-14-january-2021>

²⁷ Federal Democratic Republic Of Ethiopia, Ministry Of Education. (2018, December). Education Statistics Annual Abstract 2010 E.C. (2017/18). Education Statistics Annual Abstract.

²⁸ UNICEF Ethiopia. (2019, December). Situation Analysis of Children And Women: Tigray Region. Retrieved from <https://www.unicef.org/ethiopia/media/2351/file/Tigray%20region%20.pdf>

Decision Making & Participation

Participation in decision-making in the household



According to the FGD and KIs, it is men who have the final say on decisions within the family. For instance, on cash expenditure, assets and resources such as land, animal, food and crop, repartition of the food production (consumption/ sell), utilisation of food and cash received through assistance, and decision to go to the hospital if family members get sick. It is the husbands and fathers who also decide on movement outside of the household for women and girls, the children's education, marriage of daughters/sons, and decisions regarding relocation. Women and girls have little or no say on significant family decisions. Since both the MayTsebri and Daabat camps are not well established, there are no women groups who participate in humanitarian work formally or informally. In addition, they lack civil society organizations and local community groups in the camps for women to take part in.

Participation in community decision-making

As per the respondents from the FGDs, there is a marginalization and under-valuing of women for decision making role in the community. Thus, Women are not involved in many community meetings and decision-making processes. Women are also assumed to be very fragile to work outside of home and travel. Therefore, according to the FGD participants, women can only decide on selling and buying crops for household utilization and selling of small animals.

Food Security



Higher levels of food insecurity have been reported in the Tigray region, there have been reports of crops, animals looted and burned.²⁹ Participants of both the individual interviews and FGD asserted that, men are often the ones who receive food aids on behalf of the household. Accordingly, the head of the household decides on how to use the food aid. Rarely, women are able to contribute to decision making with men. If food is scarce children eat first followed by men and boys. Women always eat last.

Women always eat last

²⁹ OCHA, 15 March 2015, Ethiopia, Tigray Region Humanitarian Update, Situation Report

Single headed, child headed and vulnerable group headed households receive primary attention during food distribution. However, currently since food remain scarce and infrequently distributed in the camp, these groups have resorted to begging.

IDPs stated that food distributions are not reaching every displaced family. Moreover, the ration is not adequate for the whole family. Hence, each member of the family and community faces hunger. WFP assessments have highlighted that food has not been able to reach all those affected. Where the food has reached it is irregular and insufficient.³⁰

Nutrition

According to a study conducted in 2020, it was found that nearly one-third of pregnant mothers who came for delivery and antenatal care visits, in selected public general hospitals of the Tigray region were undernutrition.³¹ Different factors were associated with the undernutrition, such as, Malaria, coffee intake, hemoglobin level and type of occupation. Similarly, during the pre-crisis period, Tigray already had wasting and stunting levels worse than the national average due to COVID-19 and locust attacks.³²

Through an assessment conducted by partners of UNICEF, it was understood that prevalence of severe acute malnutrition is potentially life threatening and considered above the emergency levels set by the World Health Organization.³³

Correspondingly, *“Our priority now is receiving food of any kind”*, was the response of one participant when asked regarding special nutritional needs. Other respondent’s described that they received no supplementary food for their children / pregnant and lactating women or people with chronic illness. One HIV positive respondent disclosed, *“I need nutritional foods for my condition, especially if I want to keep taking my ARTs. But the truth is, I am not even sure I will have something to eat tomorrow let alone worry about how nutritious it is.”*

“I need nutritional foods for my condition, especially if I want to keep taking my ARTs. But the truth is, I am not even sure I will have something to eat tomorrow let alone worry about how nutritious it is.”

³⁰ OCHA, 15 March 2015, Ethiopia, Tigray Region Humanitarian Update situation Report.

³¹ Ayele, E., Gebreayezgi, G., Mariye, T., Bahrey, D., Aregawi, G., & Kidanemariam, G. (2020, October 7). Prevalence of Undernutrition and Associated Factors among Pregnant Women in a Public General Hospital, Tigray, Northern Ethiopia: A Cross-Sectional Study Design. *Journal of Nutrition and Metabolism*, 2020, 7. doi: <https://doi.org/10.1155/2020/2736536>

³² UNICEF. (n.d.), Ethiopia Humanitarian Situation Report (Tigray Crisis), 14 January 2021 . Retrieved from <https://www.unicef.org/documents/ethiopia-humanitarian-situation-report-tigray-crisis-14-january-2021>

³³ United Nations (UN). (2021, February 12). *Ethiopia: ‘Incomplete but troubling picture’ reveals impact of Tigray crisis on children*. Retrieved from UN News : <https://news.un.org/en/story/2021/02/1084542>

IDPS report needs around therapeutic and nutritional foods, specifically for PLW, children and other vulnerable groups. Each group of the people needs nutritional food as a primary food items.

“Preliminary results from a UNICEF led rapid nutrition assessment conducted early March in various areas in Tigray indicate that among screened children under age 5, there was a very high proportion of children affected by acute malnutrition. In all areas assessed across six Woredas, the proportion of Global Acute Malnutrition based on Mid-Upper Arm Circumference exceeded the emergency thresholds.”³⁴

Protection

Gender Based Violence



The Tigray crisis has tremendously affected the wellbeing of women and girls by exacerbating gender based violence.³⁵ According to RGA respondents, before the outbreak of the conflict, the gender based violence women and girls faced in their community was exploitation and abuse, risk of attack when traveling outside of their community, early and forced marriage and domestic violence. The FGD reports that boys also used to face exploitation and abuse while men had little risk

for GBV.

According to (OCHA, 2021) There have been extremely concerning reports about the alarming prevalence of GBV during the conflict, in flight, and in IDP sites where the level of violence and the age of victims calls for a robust mental health and psychosocial support (MHPSS) response, as well as immediate access to medical services.³⁶

Women in the FGDs reported that there is no safe space for them in the IDP camps. They also described risks of kidnapping, abduction, and attacks when traveling outside of the camps as well as within the camps. Child/human trafficking is the other challenge that they live in fear of when they travel. Women and adolescent girls expressed being at a great risk for sexual harassment, assaults and rape, exchanging sex for money and other goods for their survival, early marriage as well as forced one. Conversely, Tigray region has been one of those regions

³⁴ OCHA. (2021, March). ETHIOPIA - TIGRAY REGION HUMANITARIAN UPDATE: Situation Report. Retrieved from <https://reports.unocha.org/en/country/ethiopia>

³⁵ OCHA, March 2021; Statement on Gender-Based Violence in Tigray region of Ethiopia; Reliefweb, <https://reliefweb.int/report/ethiopia/statement-gender-based-violence-tigray-region-ethiopia>.

³⁶ OCHA. (2021, March). ETHIOPIA - TIGRAY REGION HUMANITARIAN UPDATE: Situation Report. Retrieved from <https://reports.unocha.org/en/country/ethiopia>

that have made the most progress in reducing child marriage from 80%-43% between the year 1991 and 2016.³⁷

“Recent assessments in collective centers for displaced people in Mekelle, Adigrat and Shire towns showed that the severe lack of infrastructure leaves women and children exposed to a range of abuse, including GBV.”³⁸ Likewise, respondents mentioned that there has been an increase in security concerns for women and girls such as abduction and rape, since the emergency began. And due to the unsafe living and sleeping arrangement at the camps, women and girls are exposed to rape and other forms of sexual violence. Moreover, denial of access to resources, information and services around protection and safety is a significant and common challenge.

Women face sexual violence while collecting wood outside of the camp, on their way to/from fetch water and at water points. Participants from the Daabat camp explained that sexual violence is the great risk their women and girls face next to shortage of food which exposes them to different sorts of mental health disturbances.

Sexual violence is the great risk their women and girls face next to shortage of food

Those women and girls who are brave enough, go to hospitals to seek health services when encountering sexual violence. One IDP girl said, *“There is no place I feel secure and safe within this camp.”* Another one said, *“Even if I and the women/girls experience rape, we would not seek help due to the fear of stigma and shame, but also because there is no department or person to go to.”*

“There is no place I feel secure and safe within this camp.”

One of the issues that intensifies the issue of GBV for women and girls is the issue of shelter and sleeping arrangement which provides little or no protection for women and girls. The fact that there is no electricity in MayTsebri IDP camp made the situation a lot worse, coupled with the lack of support and services provided for survivors of violence in the camp. It was pointed out both in individual interview and FGDs with women that, some of the men in the Dabat camp have been insisting and nagging for the lights to be turned off at night, thereby jeopardizing the safety of women and girls and paving the way for rape and other forms of

³⁷ UNICEF Ethiopia. (2017, 2017). *Ending Child Marriage: A profile of progress in Ethiopia*. Addis Ababa, Ethiopia. Retrieved from [unicef.org/Ethiopia](https://www.unicef.org/Ethiopia)

³⁸ OCHA. (2021, March). ETHIOPIA - TIGRAY REGION HUMANITARIAN UPDATE: Situation Report. Retrieved from <https://reports.unocha.org/en/country/ethiopia>

GBV. According to the responses from KII and FGDs in Daabat camp, there are a number of actual and attempted rapes in the camp as well as child and girls sexual abuse.

Respondents, (both from individual and FGDs) recommend that, there should be safe spaces, separated latrines, shower rooms, sufficient hygiene and sanitation facilities, established peacekeeping forces in the camp, and accessible psychosocial experts available to women and girls in order to enhance women security and access to services. Both the FGD participants from Daabat and MayTsebri stated that, there should always be Police/defense personnel, preferably female tending the peace of the camps and protect women and girls from GBV. In addition, the latrines should be built in close proximity with the shelters. It was also stressed that there should be separated shelters for men and women or for every family as they do not have separate sleeping spaces. Respondents also mentioned that there is an immediate need for GBV service providers that are available and trained professional. Currently there are no agencies that provide GBV service in both camps.

Safety

According to respondents, some of the protection needs of women, girls, men, boys and people with disabilities are lack of separated shelter, personal hygiene and sanitation practices, health provision, large number of people sleeping in one shed, and security of the camp. Shortage of food, absence of latrines, health problems and disease outbreaks are also the continued risks stated.

Outbreaks of violence at the camp was highlighted in respondents, which led to the request for more security of the camp preferably by assigned armed forces (including women). IDPs in Daabat reported that there were a few times where the host community tried to break in to the camp and attack them. There were even incidents where IDPs died and beaten to death by host community members. Though supposedly the community laws and customs forbid SGBV, sex work, and other violence, here at the camps, they are not well implemented as they are overlooked since the conflict has resulted in the disruption of these structures.

At the MayTsebri camp, it was reported that there is established community protection committee at the camp level. However, they are not functional to protect the community as they are not equipped with protection instruments or trained. Due to this, whenever IDPs move, they move in groups and arrive at the IDP camp before 6:00 PM to avoid further risk.

It was the suggestion of the KIIs that women/girls, men/boys and people with disability be provided with special protections to safeguard them from violence, assure their personal safety, keep their dignity and support their freedom of movement. However, until now there exists no well-organized peace keeping body around the camps.

However, until now there exists no well-organized peace keeping body around the camps.

Child Protection and Child-Headed Families

Report from the United Nations state that numerous families were separated as they fled, leaving many unaccompanied or separated children among the IDPs which in turn created deep psychosocial distress.³⁹

Similarly, participants conveyed there are several separated and unaccompanied children who has lost or separated from one or both of their parents during the escape for safety. Before the crisis, community members used to contribute money and crops for orphan children while a volunteer foster family agrees to take the children to live with them and educate them. Furthermore, before the crisis there were community led organizations and child collection centers that takes up and support children who has lost one or both of their parents. However, the crisis changed the lives of orphan and separated children dramatically as now, they no longer have any community support systems or safety nets across families. What little each household receives, they struggle to feed their own children. According to the respondents, there are no special attention provided to the unaccompanied children. Furthermore, respondents mentioned that before the crisis they had community led organizations and a few child collection centers that takes up and support children who has lost one or both of their parents. Currently, these centres are not operative.

Responders also cited that, there are numerous other IDPs who took sanctuary and living among host community homes as well as unorganized settlement.

³⁹ United Nations (UN). (2021, February 12). Ethiopia: 'Incomplete but troubling picture' reveals impact of Tigray crisis on children. Retrieved from UN News : <https://news.un.org/en/story/2021/02/1084542>


Conclusions and Targeted Recommendations

The Tigray conflict has disrupted the lives of millions and led to trauma and the loss countless lives. Women and girls has been the most affected with the conflict and the aftermath it has brought to the region. The IDPs in Daabat and MayTsebri camp as well as those residing in host communities and other IDP sites need urgent response that addresses their food and livelihood, GBV, WASH, PSS, SRHR and protection needs.





The following recommendations are targeted towards humanitarian and development actors, as well as relevant government bodies for urgent for immediate action:




IMPROVE SADD:

-  Collect sex and age disaggregated data consistently and consider the different needs and capacities of women, girls, boys and men.



INCLUSIVE CONSULTATIONS:

-  Consult with women and girls on their needs in order to ensure that their basic needs are addressed.
-  Consult with women and girls on menstrual hygiene management to identify culturally appropriate materials to receive menstruation.

SHELTER:

-  Seek participatory processes to address fears and concerns around safe sleeping arrangements for women and girls.
-  Improve safe access to sanitation as it is necessary to meet standards of privacy and safety using sanitation structures that are locally or culturally acceptable.⁴⁰
-  Latrines should be built in close proximity with the shelters in order to avoid the risks and attacks women has been facing.

SRHR SERVICES:

-  Provision of SRHR especially for, antenatal and postnatal care, safe delivery and family planning.
-  Increase provisions for adequate methods of awareness raising around contraceptives and family planning.

⁴⁰ UNHCR. (n.d.). Emergency Sanitation Standards, 1.7. Retrieved from UNHCR Emergency Hand Book: <https://emergency.unhcr.org/entry/33014/emergency-sanitation-standards>

- 💡 Providing awareness creation session and training in each of the camps focused on adolescents and the youth regarding SRHR (inclusive of psycho-social services) and safety.

FOOD SECURITY:

- 💡 Provision of therapeutic and Nutritional foods are specially needed by PLW, children and other vulnerable groups such as FAFA, Plumpy'nut, packed foods and others. Each group of the people (IDP) needs nutritional food as a primary food item.
- 💡 Awareness creation sessions and trainings should be provided for IDP mothers, specifically on baby feeding and breast feeding practices.
- 💡 Additional support to measure and address acute nutritional needs of children and adolescent girls of reproductive age.

WASH:

- 💡 Prevention and response to GBV is a key cross-cutting priority in WASH programing, accordingly it has to reduce the burden of access to water, improve hygiene facilities and provide dignified menstrual hygiene management (MHM).
- 💡 Water points should be placed in no more than 500 meters from households. It has to be ensured that there are enough hygiene and sanitation facilities as adequate latrines and shower rooms.
- 💡 Ensure that bathing and sanitation facilities have sufficient lighting, provide privacy and have locks on the inside along with solid doors and walls so as to enhance protection from violence.
- 💡 Confirming these facilities are located in safe sites that are previously agreed on with women, girls, men and boys is crucial. For example, toilets should be no more than 50 meters from homes, with 20 people using each toilet.
- 💡 There should also be WASH committee in each camp and 50% of the committee should be women.

GBV RISK MITIGATION & SAFETY:

- 💡 Established strong peacekeeping forces in the camps (including female representation) is essential to create a safe and secured environment for women, girls, boys and men.
- 💡 Properly building and strengthening GBV referral pathways and an interconnection between different offices to ensure GBV survivors receive a comprehensive package of support.
- 💡 As part of protection mechanism to establish safe spaces for women, girls and children where they can voice their concerns in a safe and supporting environment is indispensable.
- 💡 Providing special protections to safeguard people with disabilities from violence, assure their personal safety, dignity, and freedom of movement.

- 💡 Coordinate with other humanitarian service providers to ensure GBV considerations are included across all sectors.

PSYCHO-SOCIAL SUPPORT:

- 💡 Assess emotional needs of IDPs and provision of PSS services, PFA services to all IDPs that are suffering from trauma.
- 💡 Targeted PSS services for survivors of rape and sexual violence.
- 💡 Training staffs as well as government, NGO and INGO partners on PFA and PSS to assure better treatment of affected populations as well as victims and evade further trauma by adhering to the do no harm principles and following ethical considerations that consider dignity.
- 💡 PSHEA trainings for all staffs working with and has direct and indirect contact with IDPs.

NFI:

- 💡 Provision of comprehensive NFI kits that are essential for household such as mattresses, blankets, plastic sheets, containers for water, cooking utensils, hygiene kits, clothing and rechargeable torch are also the urgent needs that should be addressed.
- 💡 Correspondingly, a complete Dignity kits that include sanitary napkins, soap, tooth paste and brush, underwear, detergent powder, flashlight, and comb are critical to keep the dignity and hygiene needs of women and girls. These items should be of good quality and the amount sufficient to last at least a few months.

EDUCATION:

- 💡 Even if schools remained closed in Tigray and northern Amhara regions, programing need to find ways to provide education for these IDP children as well the community that is hosting them.
- 💡 Provide supplies and age appropriate activities for continued learning, including training for households for boys and girls around education approaches as developmentally appropriate.

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