



Tigray Gender Analysis Key Findings



Gender Analysis key findings: women's exploitation & gender-based violence across Ethiopia's Tigray crisis

Tuesday, 4th May 2021

Tigray, Ethiopia

From Harm to Home | [Rescue.org](https://www.rescue.org)

Gender Analysis Key Findings



Introduction: Between late February and early-April 2021, as the crisis continued in Tigray, the International Rescue Committee (IRC) conducted a Rapid Gender Analysis (RGA) with 186 clients and stakeholders across 6 refugee camps and sites for internally displaced persons (IDPs). The RGA is a critical step in the IRC's efforts to ensure that emergency programming in Tigray is responsive to the needs of women and girls, who have been impacted differently by the crisis than men and boys. ***This document focuses primarily on the findings around gender-based violence, and the sexual exploitation of women and girls in exchange for cash to buy food.*** A more comprehensive report will be released in mid-May 2021, with more detailed findings on women's needs, and how these are shaped by changing gender and social norms, within the camp setting.

Women and girls exploited in exchange for money to buy food. The desk review and media monitoring reveals limited reporting by INGOs and media outlets on sexual exploitation to meet basic needs. There is particularly **low**

Key Findings.

1. Women's lack of access to food and sources of cash has led to a situation where in order to meet basic needs, female IDPs and refugees are exchanging sex for small amounts of cash – \$1.25 for sexually exploitative relationships. Female-headed households are particularly vulnerable. Little has been reported on this topic in the media or INGO reports.
2. While gender-based violence (GBV) was taking place in the community, respondents also reported a spike in **Intimate Partner Violence (IPV)** (including verbal, physical and emotional abuse) perpetrated by husbands and partners.
3. There is evidence that **sexual harassment, assault and rape were prevalent not just during the conflict, but have continued** – Not only were there previous Gender-Based Violence (GBV) violations, but an increase in and continuation of the same.
4. A number of factors are contributing to ongoing GBV, including a **breakdown of traditional accountability mechanisms, increased exposure to and normalization of GBV and acts of sexual violence, economic uncertainty and lack of economic alternatives for women, increased alcohol consumption, an emphasis on basic needs which sidelines conversations on GBV, a lack of GBV reporting mechanism, and healthcare workers, with training in case management.**

reporting on sexually exploitative relationships between the host community and female IDPs and refugees, people (IDP)/ refugees, although interviews from the RGA showed that this is happening. Evidence from the RGA indicated that some women are being sexually exploited (i.e., forced to engage in survival sex) to meet their basic needs and to provide food for their children. Single, divorced and widowed women were reported to be at greater risk of sexual exploitation. This is said to be especially true in Bada (where there is a large refugee population), but is also in Shire IDP sites,

Mai-Aini refugee camp and Mai-Tsebri IDP site. Respondents noted that the practice is new and did not exist prior to the crisis, and is either “common” or very common. These sexually exploitative practices are on the rise, because of a lack of food, the loss of traditional forms of livelihoods, and gender related inequalities and power dynamics that have been reinforced in the camp setting.

5. Health findings show significant limitations in healthcare services across all sites visited. The healthcare sector is under significant strain and has experienced a drain in skills as experienced personnel have fled. Some **healthcare workers do not see GBV as a serious health issue.**
6. Lack of women’s health was a consistent theme and there is evidence that pregnant women died on the way to safety and that unattended births are taking place in camps. Pre-natal and post-natal care is a major gap and infants are missing vital immunizations.

Changes in Gender Dynamics, Social Norms and the Impacts.

Five main shifts in roles and responsibilities were observed by the team since the crisis began.

Men’s role in income generation has reduced significantly, which is leading men to move and migrate for work. The structure of households has changed as a result of displacement, with more female headed households than before and multiple households living together and sharing scarce resources. Women’s childcare responsibilities have also increased significantly due to a breakdown in their social support networks, limiting their access to livelihoods. Insecurity has led to a reduction in freedom of movement, particularly for women and children.

The relationship between the host and IDP and refugee populations is at an all-time low. Tension in these relationships and a lack of safety are affecting women the most. Female IDPs and refugees commented on the “fear of attack” from the host community when returning from food distribution points and collecting river water. They also experience (and fear) the host community entering the camps at night.

For couples that remained together, there was evidence that Intimate Partner Violence was on the rise, with reports of increased verbal, physical and emotional violence. While denial of resources may also be taking place, this was not mentioned by respondents, and requires further research.

Women reported additional mental health consequences, not experienced by men. These were attributed to poor relationships with the host community, the high burden of childcare, lack of social cohesion and support with childcare, and experiences with Gender-Based Violence.

Despite the evidence of ongoing GBV, there are limited services for survivors, including medical assistance, psychosocial support and safe spaces. Overall, there is a lack of safe spaces (e.g., in Shire IDP sites there is a lack of rooms to provide safe spaces and IRC is in the process of procuring tents to establish these spaces). Only one hospital - Shul General Hospital – is providing post-exposure prophylaxis (PEP), the medicine to prevent HIV after a possible exposure. Further, there are no clear and safe reporting mechanisms and survivors’ fear repercussions if they report sexual violence.

There was evidence that there are now fewer social sanctions against men who perpetuate sexual violence, and reports revealed a breakdown in both formal and informal accountability systems, with limited ability to prosecute perpetrators. It has become *more taboo* for women to talk about the violence they experience. Women said they feared becoming an ‘outcast in the community’ if they were to talk about violence. Other women said that GBV had been ‘de-prioritized as there are more pressing issues (food, shelter, water) related to survival’, and a number of women reported being denied services or onward referrals at health centers.