

Key Findings

1. Widespread **loss of livelihoods**, increased **poverty**, and **food insecurity** affecting populations in northern Ethiopia due to conflict. Nowadays, there are no rules that forbid women or men from taking up roles that were previously gender specific.
2. Dramatic increase in **food insecurity**: coping mechanisms include **reduced food intake**, affecting women first & most severely, selling non-food items (NFIs) to buy food, begging and sex exchange for food.
3. Internally Displaced Persons (IDPs) are **highly dependent on humanitarian assistance**.
4. Increased rates of **family separation** resulting in **increased number of female and child-headed households**. Gender roles and social norms shifting as a result.
5. **Safety and security** issues affecting populations in Tigray: many witnessing or experiencing air strikes, torture, rape, and kidnapping.



6. Rising cases of **Gender Based Violence (GBV)**, yet under-reported due to stigma, shame, and disruptions to health-based services for survivors.
7. **Commercial sexual exploitation**, including selling or exchanging sex for food, including by young girls reported across all regions.

- *Research conducted from Nov-Dec 2021*
- *Target population: host community, IDPs, refugees and returnees*
- **14 organizations**
- **Primary data collected in Tigray including:**
 - **95 key informants (48 women)**
 - **28 researchers**
- *Secondary data review covered Tigray, Amhara, Afar and Oromia*
- **119 documents reviewed**

AT A GLANCE

- ◆ The humanitarian situation has impacted individuals and communities in distinct ways, depending on their **sex, age, disability, and displacement**, among other variables.
- ◆ Risks and vulnerabilities increased for particular groups, including:
 - Internally displaced women
 - Households led by women
 - Adolescent girls and boys
 - Elderly men and women
 - People with disabilities and their carers
- ◆ **Pre-existing gender inequalities** have increased, making it more difficult for some groups to access assistance than others. At the same time, changes in employment conditions have led to some men, women, girls, and boys to take on **non-traditional gender roles**.
- ◆ Collect data from people with different **sex, age and disability characteristics**, tailor responses to **differences**, and **build on resources and resilience** of different groups.

Recommendations
Inclusion and Localization:

1. Include all groups through stronger collection and use of sex, age, and disability disaggregated data; consult inclusively with vulnerable groups and offer accessible, inclusive feedback mechanisms.
2. Strengthen comprehensive Prevention of Sexual Exploitation and Abuse (PSEA) mechanisms across response; address cultural barriers to report SEA cases of women, girls, men, and boys.
3. Engage local **civil society organizations** in humanitarian response, particularly gender progressive organizations, including to screen vulnerable groups and distribute targeted assistance.

Sector-specific:

4. Urgently address **food insecurity, nutrition** needs, and ensure food and NFI distribution are sex and age-disaggregated data sensitive and prioritize vulnerable groups.
5. Invest in rebuilding **health care** services and reduce barriers to access.
6. Urgently **increase funding** for sexual and reproductive health and rights, antenatal and postnatal care, safe delivery, and train and support community midwives.
7. Urgently address **nutritional** needs of children and women and girls of reproductive age.
8. Invest in **psychosocial** support and **mental health** programs.
9. Work with local authorities to increase **safety and security** of all IDPs through protection mechanisms, with particular focus on protecting girls, women and children from abuse, sexual violence and GBV.

<p>8. Significant increase in maternal and child mortality rates.</p> <p>9. Access to health services is severely restricted including maternal, sexual, and reproductive health services and -lack of medicines.</p> <p>10. Increased malnutrition affecting all populations especially pregnant and lactating women, children under five, and people with HIV.</p> <p>11. Growing number of out-of-school children, some resorting to begging, increased barriers to education due to occupation or destruction of schools, lack of learning materials, and lack of teachers.</p> <p>12. Destruction of water infrastructure; increased water-borne diseases; lack of safe, accessible water, sanitation, and hygiene (WASH) facilities; and lack of sanitary materials. Women and girls traditionally responsible for water collection must travel longer distances, exposing them to increased risk of sexual violence.</p> <p>13. Negative mental health impact of conflict is widespread; suicide attempts rising among adolescent girls and boys; and significant gaps in mental health services.</p> <p>14. Households headed by IDP women face greater risk of poverty, unemployment, undernourishment, and insecurity.</p> <p>15. Overcrowded and improper shelters pose protection and health risks for all, with separated children and women facing particular risks including GBV.</p> <p>16. Community structures negatively affected by conflict. Female IDPs feel unsafe participating in community decision-making.</p> <p>17. Women increasingly reported fears that when armed forces return, violence may become endemic part of society, increasing risks for women, girls, and boys.</p> <p>18. Local organizations despite having access to communities are often not involved with the international humanitarian response.</p>	<ul style="list-style-type: none"> ◆ Ensure assistance is accessible and that targeted interventions cater to the needs of marginalized and vulnerable groups. ◆ Due to increased risk of GBV during crisis, prioritise GBV prevention, mitigation and response measures, and address root causes of gender inequalities. ◆ Make changes so that women and other marginalized groups, have a say in humanitarian response: <ul style="list-style-type: none"> ○ Include them equally in assessment and monitoring activities ○ Engage them as community leaders, enumerators ○ Involve them in implementing projects, including in management roles ○ Invite local women's organizations to participate across programming cycle ○ Respond to reports of violence, unmet needs, and barriers to participation. ◆ Involve and work with local actors so that the response is owned by the communities so it will be more likely be relevant, impactful, and long-lasting. <p><i>For further information, please see executive summary</i></p>	<p>10. Provide comprehensive support package for GBV prevention and response including strengthened referral pathways, case management and clinical care for survivors, safe spaces and community-based protection. GBV response should be sensitive to women and girls as well as to men and boys, the latter who face greater barriers to reporting and accessing services.</p> <p>11. Provide safe learning spaces for out-of-school children and incentives for households to send children to school.</p> <p>12. Improve camp living conditions and invest in safe shelters; consult and respond to shelter concerns of populations by age, gender, and ability.</p> <p>13. Reduce burden of access to water, improve WASH facilities, ensure accessibility and safety in design, location, and segregation, and provide dignified menstrual hygiene management.</p> <p>14. Invest in immediate and medium-term income generation programs including livelihood and cash assistance to reduce vulnerability and aid dependency. Ensure programs target most vulnerable groups, including IDP women.</p>
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