A Comprehensive Rapid Assessment to Evaluate the Current Accessibility of Information on Available Services and Mapping Service Centers for Survivors of Sexual and Gender-Based Violence (SGBV)







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List of Acronyms

AoR – Area of Responsibility
AWSAD-Association for Women's Sanctuary and Development
BCC - Behavioural Change Communication
CoHA –Cessation of Hostilities Agreement
CP - Child Protection
CRSV – Conflict-Related Sexual Violence
CSOs – Civil Society Organizations
EWLA - Ethiopian Women Lawyers Association
FGDs – Focus Group Discussions
FGM - Female Genital Mutilation
FRC - Finnish Refugee Council
GBV – Gender-Based Violence
HIV/AIDS - Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HTP - Harmful Traditional Practices
IDPs – Internally Displaced Persons
IEC - Information, Education, and Communication
IMC - International Medical Corps
IPV - Intimate Partner Violence
MHPSS – Mental Health and Psychosocial Support
NGO - Non-Governmental Organization
OSC – One-Stop Center
SGBV – Sexual and Gender-Based Violence
STI - Sexually Transmitted Infection
ToR – Terms of Reference
WASH – Water, Sanitation, and Hygiene
WAT – Women's Association of Tigray
WE-Action - Women Empowerment Action
WSAO – Women Social Affairs Office

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I. Background

Sexual and gender-based violence (SGBV) remains a critical issue in Ethiopia, deeply rooted in socio-cultural norms and systemic gender inequalities. Recent years have seen a troubling escalation in the prevalence of SGBV, significantly exacerbated by conflicts in various regions of the country. These conflicts have intensified existing vulnerabilities, leaving many women and girls at greater risk of violence, exploitation, and abuse. Reports indicate that violence against women has surged, particularly in conflict-affected areas, where law enforcement and support services are often operationally limited.

The chaotic environment created by these conflicts complicates the situation for victims and survivors, making it increasingly difficult for them to seek help. Many survivors face heightened barriers to accessing legal, medical, and psychosocial support, including a lack of safe spaces, disrupted communication channels, and fear of further violence. Cultural stigmas around reporting SGBV are amplified in such contexts, leading to increased underreporting and isolation of survivors. The following section outlines the overall situation in the selected regions of the assessment.

a. Tigray

The armed conflict in Tigray, which began in November 2020 and expanded into the Afar and Amhara regions, has led to significant displacement and incidents of SGBV affecting women and children. Reports reveal that conflict-related sexual violence (CRSV) is both widespread and systematic, with all parties to the conflict implicated.[1] Victims and survivors have faced these violations in both armed conflict situations and displacement settings. In Tigray, various forms of SGBV have been reported, including physical violence, attempted rape, gang rape, oral and anal rape, insertion of foreign objects into the vagina, intentional HIV transmission, verbal abuse (including ethnic slurs), abduction, and other violations committed by conflicting parties.[2]

The armed conflict in Tigray has ended, leading to the establishment of a transitional administration as per the Permanent Cessation of Hostilities Agreement (CoHA) signed on November 2, 2022. While many internally displaced persons (IDPs) have returned home, a significant number remain in shelters and host communities, often in hostile and unsafe conditions that expose them to various forms of SGBV.[3] This situation is particularly concerning for IDPs in the North Western and Central zones, as well as Mekelle, where thousands are temporarily housed

[1] Report of the Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR) Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia, P. 3, available at https://www.ohchr.org/sites/default/files/2021-11/OHCHR-EHRC-Tigray-Report.pdf
[2] Ibid.
[3] Ethiopia ES/NFI Cluster Monthly Tigray Response Monitoring Dashboard, May 2023 https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/Emergency%20Sheleter%20and%20NFI%20Cluster%20Monthly%20Response%20Monitoring%20Dashboard%20for%20Tigray%20as%20of%2031%20May%202023_0.pdf?VersionId=yHlmncTZKNOOQhfMrebAzCjZEGhDKB2F
[3] Ibid

in schools and face eviction due to plans to reopen these facilities. For instance, as of May 2023, multiple households (around 25) were being consolidated into single classrooms as part of this initiative, highlighting the urgent need for alternative shelter solutions.[4] The lack of proper accommodations puts these individuals at risk from harsh weather, jeopardizing their safety, privacy, and overall well-being. IDPs displaced from Mai Tsebri and Tselemti woredas to Endabaguna are a priority for the Shire Area of Responsibility (AoR) in Tigray.[5]

In August 2023, one out of two respondents indicated that men, women, boys, and girls cannot move freely within their communities. The primary barriers to mobility for women and girls are fear of rape and harassment, with 35% of respondents citing this concern, including 68% in Endabaguna Town (North-Western zone) and 59% in Gulo Mekeda (Eastern zone).[6] Families and friends serve as the main sources of assistance for justice or conflict resolution, followed by local authorities and religious leaders, due to the destruction of the legal system at the zonal, woreda, and kebele levels.[7] Top risk factors contributing to GBV in the North-Western, Southern, and Eastern zones include lack of access to basic needs, lawlessness, and the presence of armed groups. In the Eastern zone, particularly in Adigrat, Ganta Afeshum, and Gulo Mekeda, armed groups are a significant GBV risk. Overcrowded collective centers and shelters in the North-Western zone also contribute to the risk of GBV. These findings underscore the critical need for mental health and psychosocial support (MHPSS) activities targeting IDPs and returnees, with a particular focus on women.[8]

b. Amhara

An investigation report on the Afar and Amhara regions reveals that women and children have been subjected to widespread and systematic SGBV, including gang rape, rape in front of family members, and the insertion of foreign objects into private parts. Women and girls in these regions have reported sexual assaults and rapes while fleeing conflict, accessing WASH facilities, and walking long distances to collect water and firewood.[9] In the Amhara region, significant SGBV incidents were reported in several locations including Woldia city in North Wollo Zone and Dessie city in South Wollo Zone during the conflict. The overall current situation remains concerning due to ongoing armed conflict and widespread violence, which intensified in major urban areas starting August 3, 2023.[10] The conflict has since spread to various woredas, putting civilians at even greater

[4] Ibid
[5] Ibid
[6] UNHCR, ETHIOPIA | PROTECTION MONITORING AND SOLUTIONS (PMS) Report #10 |Tigray Region August 2023 file:///C:/Users/hp/Downloads/Protection%20Monitoring%20and%20Solutions%20Report%20%2310%20Tigray%20region%20August%202023.pdf
[7] Ibid, page 3.
[8] Ibid, page 8.
[9] https://ehrc.org/afar-and-amhara-regions-report-on-violations-of-human-rights-and-international-humanitarian-law-in-afar-and-amhara-regions-of-ethiopia-published/
[10] https://ehrc.org/the-human-rights-impact-of-the-armed-conflict-on-civilians-in-amhara-regional-state/

risk.[11] As of March 2023, there are 10,807 IDPs in 10 collective sites in South Wollo, along with an additional 9,766 IDPs at the Jara site in North Wollo.

c. Afar

Located in northeastern Ethiopia and bordered by the Tigray, Amhara, Oromia, and Somali regions, Afar has been significantly affected by conflict and its ensuing political and social ramifications.[12] The region experienced severe human rights violations and displacement during the Tigray conflict, particularly from 2020 to 2022, when violence spread into the western zones, including Hida, Aradu, and Tonsa in Magale woreda, zone two (Kilbati).[13] The signing of the CoHA in November 2022 marked the end of the conflict and led to the withdrawal of Tigrayan forces from Afar in early 2023. According to the federal government, 21 woredas in zones two (Kilbati), three (Gabi), and five (Hari) were impacted, displacing approximately 850,000 people, many of whom reside in one of the 16 camps for internally displaced persons (IDPs) set up in the region.[14]

Afar hosts over 200,000 IDPs affected by conflict, hostilities, and climate shocks, including around 57,000 IDPs (54% female) in designated sites as of September 2023, and more than 130,000 living in informal settings or among host communities since early 2021.[15] These protracted IDPs often receive no assistance and rely heavily on limited resources from their host communities. Since the cessation of hostilities, approximately 400,000 individuals have returned to their areas of origin; however, the recent Afar-Issa conflict has displaced an additional 100,000 people as of March 2023.[16] Despite ongoing displacement due to conflict and environmental factors, significant numbers continue to return to Amhara, Tigray, and Afar regions.

d. SGBV Services for Survivors and Victims

The prevalence and impact of SGBV are heightened by limited access to critical prevention and response mechanisms, particularly in hard-to-reach communities. The conflict has further devastated public infrastructure, including schools and hospitals, compounding the challenges faced by survivors seeking support. Even before the conflict, stigma from family and the broader community hindered access to services, along with fears of retaliation, as well as issues related to the quality, cost, and distance of available support.[17]

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[11] https://ehrc.org/amhara-region-concerning-human-rights-violations-in-the-context-of-the-armed-conflict/
[12] Rift Valley Institute, Conflict Trends Report December 2022 - December 2023 Afar Region By Dawud Mohammed, page 4 https://riftvalley.net/wp-content/uploads/2024/02/PRF-Conflict-Trend-Report_-Afar-Region_FINAL.pdf
[13] Afar and Amhara Regions-EHRC report, Supra *note* 9.
[14] Ibid.
[15] Ethiopia - Situation Report, 1 Mar 2024 https://www.unocha.org/publications/report/ethiopia/ethiopia-situation-report-1-mar-2024
[16] Ibid.
[17] UNFPA Protection Cluster, Situational Analysis: Gender-Based Violence in Northern Ethiopia (Afar, Amhara, and Tigray Regions), 21 Mar 2021 https://reliefweb.int/report/ethiopia/situational-analysis-gender-based-violence-northern-ethiopia-afar-amhara-and-tigray-regions

In Ethiopia, the hospital-based One Stop Centre model provides comprehensive multi-sectoral services to SGBV survivors, integrating health, psychosocial support, and legal services. These centers, typically located in regional hospitals, are currently operational in hubs such as Mekelle (Tigray), Dessie and Bahir Dar (Amhara), and Dubti and Asayta (Afar).[18] However, movement restrictions and security threats limit access to these facilities for women and girls from conflict-affected areas. In the greater Tigray Region, the armed conflict has disrupted health services, leading to looting of medical supplies and fleeing of medical staffs, resulting in sexual violence survivors missing life-saving medical care and facing long-term consequences.[19]

In Afar, health facilities struggled with dysfunction due to lack of electricity, water, supplies, and staff shortages, compounded by an influx of patients from Tigray, overwhelming an already strained system.[20] While short-term counseling is provided at One Stop Centres, it primarily facilitates medical referrals; there is a pressing need to expand specialized mental health services in affected regions, which are currently limited to major cities. Community-based psychosocial support, previously offered by trained women's associations, has been severely disrupted due to ongoing population movements.

Before the crisis, government-supported social workers were the primary providers of GBV case management, but they often lacked training and resources. Reports from 2021 indicated that only one functioning safe shelter (women's rehabilitation center) existed in Mekelle, which was damaged and unable to accommodate new survivors. Survivors from border communities accessed services in Mekelle but challenged due to security risks, while options for safe shelters in Afar are nonexistent.[21] Participatory assessments on mental health and psychosocial support (MHPSS) as of June 2024 revealed insufficient funding, inconsistent medication supplies, limited capacity for complex case management, and significant gaps in psychotherapy services in Mekelle, Semera, and Alemwach (Amhara region).[22]

II. Methodology

The methodology for this comprehensive rapid assessment of SGBV services is structured to provide a systematic, in-depth understanding of the availability, accessibility, and effectiveness of these services across the target regions of Afar (Chifra), Amhara (Dessie and Woldia), and Tigray (Mekelle and Adigrat). The methodology emphasized qualitative research methods, with a particular focus on semi-structured in depth interviews and Focus Group Discussions (FGDs), to capture the nuanced experiences of survivors, service providers, and stakeholders.

[18] Ibid.
[19] Ibid.
[20] Rift Valley Institute, Supra *note* 12.
[21] Ibid.
[22] UNHCR Ethiopia | Mental Health And Psychosocial Support (MHPSS) Factsheet | June 2024, https://reliefweb.int/attachments/cb75d635-f96d-45c3-8122-179c0c1f95b1/UNHCR%20Ethiopia%20MHPSS%20Factsheet%20June%202024.%2C.pdf

a. Study Design

This study employs a qualitative research approach, aimed at collecting detailed, context-specific insights on SGBV services. The research is carried out in two phases: a Desk Review to assess existing reports and data, followed by Primary Data Collection to engage directly with service providers, survivors, and other stakeholders. The data is thematically analyzed to identify trends, gaps, and patterns, ultimately contributing to a comprehensive understanding of the current landscape of SGBV services.

b. Sampling Technique

Purposive sampling was employed to identify and select the relevant stakeholders involved delivering SGBV services. The desk review and stakeholders engagement process provided valuable insights into the key service providers and organizations that play a crucial role in addressing SGBV cases within each region. This initial information provided in the ToR also helped guide the selection process, ensuring that participants were chosen based on their direct involvement, knowledge, and experience in providing support to SGBV survivors. The sampling approach took into account the availability and accessibility of relevant service providers, as well as the sensitivity of the context in which these services were being delivered. Although the study initially planned to conduct at least 25 primary data collection tools in each location for both access to information and service mapping, the actual numbers varied across locations. This variation occurred primarily because the researcher was testing for data saturation during the collection process. As a result, additional stakeholders were included in locations like Woldia and Dessie. In contrast, in locations such as Mekelle and Adigrat, sensitivities surrounding the SGBV issue, the over-assessment of victims, and lack of local support limited the number of data collection tools conducted. In Chifra, data saturation was reached as similar information was obtained from various stakeholders, leading the researcher to limit the data collection to a smaller number.

c. Description of Approach to the Study

The approach for this research is systematic and phased, ensuring a thorough evaluation of SGBV services across the regions.

i. Desk Review

The first phase involved conducting a Desk Review to gather existing reports, studies, and data related to SGBV services. This review will provide a foundational understanding of the current landscape of SGBV services in the target regions:- Afar (Chifra), Amhara (Dessie and Woldia), and Tigray (Mekelle and Adigrat). The desk review includes:

- Analyzing reports from international organizations, civil society organizations (CSOs), and governmental bodies.
- Reviewing existing data and statistics related to the prevalence of SGBV and the existing services.
- Mapping out stakeholders involved in SGBV service provision.

Following the desk review, engagement with key stakeholders was initiated to ensure diverse and representative input. These include international organizations, associations, CSOs, and relevant government counterparts (e.g., Woreda Women and Social Affairs, Health Institutions, Justice Bureaus, Police Offices). During this phase, data collection tools were developed, and an engagement plan was prepared to establish a network for data collection.

ii. Primary Data Collection

a. Recruitment and Training of Data Collectors

Based on the stakeholders mapping carried out in the desk review, the researcher engaged with the local actors including humanitarian organizations, local CSOs, universities and government agencies. During the stakeholder engagement phase, local individuals were recruited as data collectors, who are familiar with the contextual cultural and social dynamics of the regions being studied. These data collectors included individuals working within NGOs and others with a direct connection to SGBV services. Once recruited, the data collectors underwent training to ensure they were well-prepared for conducting interviews and FGDs. The training covered ethical considerations, data collection techniques, and how to approach sensitive topics related to SGBV. This training also included guidance on creating a safe and supportive environment for survivors participating in interviews or FGDs.

b. Data Collection

Primary data collection is divided into two separate analyses: Access to Information on SGBV Services and Service Mapping. Each region underwent primary data collection through in-depth interviews and Focus Group Discussions (FGDs). Following the end of stakeholders engagement on October 2024, the timeline for data collection runs from November to the end of December 2024.

c. Data Collection Process by Location

Woldia

In Woldia, a total of 22 interviews were conducted: 13 interviews focused on access to information about SGBV services, and 9 interviews were dedicated to service mapping. Key respondents included the Zonal WSAO, 2 survivors, representatives from the OSC, the Zonal Health Bureau, the Woreda Court, the Zonal Justice Office, Zonal Police, FHI 360, and Plan International. The interviews provided in-depth insights into the accessibility of services and the barriers survivors face in accessing information. An additional 1 FGD with 5 survivors was conducted to capture survivors' experiences and challenges in obtaining information and services.

Dessie

In Dessie, 27 interviews were conducted, with 12 interviews focusing on access to information and 15 interviews dedicated to service mapping. Interviews were conducted with key stakeholders such as the Zone WSAO, 2 survivors, health centers, the Zonal Health Bureau, the Zone Police, the Zone Justice Bureau, the Zone High Court, Plan International, Save the Children, and the

Finnish Refugee Council. In addition, a 1 FGD with 5 survivors was conducted to understand their experiences accessing SGBV-related services.

Chifra

In Chifra, 16 interviews were conducted, with 8 interviews focused on access to information and 8 interviews on service mapping. Interviewees included the Chifra Woreda Police, Chifra Woreda Prosecutor, the Zonal Justice Bureau, the Woreda Health Office, 2 survivors, local women rights organization and the Woreda WSAO. 1 FGD with 4 survivors (including 1 parent) was also held to explore survivors' challenges and experiences with accessing SGBV services.

Mekelle

In Mekelle, 13 interviews were conducted, with 7 interviews focused on access to information and 6 interviews on service mapping. Key informants included the WSAO Bureau, 2 survivors, the Health Bureau, the Prosecutor's Office, the Woreda Court, the Women Association of Tigray (WAT), Mekelle University Free legal aid, EOC-DICAC, and Food for Hunger. Due to fatigue and a lack of support from local actors, no FGDs were conducted with the survivors. Local actors believed the victims had already been over-assessed for this type of study. Additionally, we were actively preventing re-traumatization and did not want to conduct interviews or FGDs outside One Stop Centers, which are equipped to manage the trauma of the victims and survivors. Nevertheless, the interviews provided detailed insights into the availability of information on SGBV services, the service delivery network; and the challenges among survivors.

Adigrat

In Adigrat, 14 interviews were conducted, with 7 interviews focused on access to information and 7 interviews dedicated to service mapping. Respondents included the Zonal WSAO, 2 survivors, Adigrat Hospital OSC, health center, the Zonal Justice Office, Adigrat University Free Legal Aid, WAT, and Care Ethiopia. Similar to Mekelle, although no FGDs were held in Adigrat, the interviews provided valuable data on the availability of SGBV services, particularly in terms of OSCs and local support structures.

As mentioned above, the researcher was unable to conduct the FGD with survivors in Mekelle and Adigrat. The first reason is that we planned to actively resist re-traumatizing survivors, and interviewing them in one location carries a significant risk of re-traumatization. The second reason is that we conducted interviews with survivors inside a one-stop center, a decision made intentionally to ensure we could respond to the trauma survivors might experience while discussing the violence they had endured. However, the one-stop center did not support our request to conduct the FGD with survivors. The third reason is that the regional context does not allow and resist getting information from survivors, which further complicated the ability to conduct the FGD. Due to these reasons, we could not carry out the FGD, as it would have infringed upon the ethical considerations of the research on many levels. However, we did try to gather more information by speaking with respondents who work with survivors and added additional questions for them to reflect on the survivors' experiences.

d. Summary of Primary Data Sources

Location	Access to Information	Service Mapping	No. of Interviews	Number of FGDs
Woldia	Zonal WSAO, 2 survivors, One-Stop Center, Zonal Health Bureau, Woreda Court, Zonal Justice Office, Zonal Police, FHI 360, Plan International	Woldia Hospital, Woldia Health Center, physical & Psychosocial Support Providers, Police, Court, Justice Bureau, Women Association and local women rights organizations, WSAO	9 for mapping 13 for access to information	1 FGD with 5 survivors
Dessie	Zone WSAO, 2 survivors, Health Centers, Zonal Health Bureau, Zone Police, Zone Justice Bureau, Zone High Court, Plan International, Save the Children, Finnish Refugee Council	Dessie Hospital One Stop Center, Finnish Refugee Council, Save the Children, AWSAD, Zonal Justice Bureau, Zonal Police, Zonal High Court, Women Association, and local women rights organizations, WSAO	15 for service mapping 12 for access to information	1 FGD with 5 survivors
Chifra	Chifra Woreda Police, Chifra Woreda Prosecutor, Zonal Justice Bureau, Woreda Health Office, 2 survivors, Woreda WSAO	Health Centers, Hospitals, Justice Bureau, Local NGOs, Police, Plan International, EWLA, Women Association, WSAO	8 service mapping 8 for access to information	1 FGD with 4 survivors (1 parent)
Mekelle	WSAO Bureau, 2 survivors, Health Bureau, Prosecutor's Office, Woreda Court, EOC-DICAC, Food for Hunger	Mekelle Ayder Hospital, EOC-DICAC, Police, WSAO	7 for access to information 6 for service mapping	0 FGDs
Adigrat	Zonal WSAO, 2 survivors, Adigrat Hospital One Stop Center, Health Center, Zonal WSAO, Zonal Justice Office, Care Ethiopia	Adigrat Hospital One Stop Center, Care Ethiopia, Zonal Justice Office, Police, WSAO	7 for access to information 7 for service mapping	0 FGDs

e. Data Analysis Methodology

The data collected for this study was analyzed using thematic analysis, a qualitative research method that allows for the identification, analysis, and reporting of patterns or themes within the data. This method was chosen because of its flexibility and its ability to provide a rich, detailed, and nuanced understanding of the data. The analysis was conducted in two main stages: the first focusing on access to information about SGBV services, and the second focusing on service mapping across different service categories.

Thematic Analysis Process

1. **Familiarization with the Data**: The initial phase of the analysis involved thorough reading and re-reading of the interview transcripts and FGDs to become familiar with the data. During this phase, we took notes and identified initial ideas and patterns within the data.
2. **Initial Coding**: The next step involved generating initial codes that summarized important aspects of the data related to access to information and service mapping. Codes were created both deductively (based on predefined categories like health services or psychosocial support) and inductively (emerging from the data, such as specific barriers or local perceptions).

3. **Theme Development**: After coding, we examined the codes to identify themes or patterns across the data. These themes were organized around the two main research questions: the availability, accessibility, inclusivity, and effectiveness of information on SGBV services, and the service mapping of available resources, personnel, and locations. Themes were refined and grouped under these key areas, allowing for in-depth analysis of the services available to survivors and their accessibility.
4. **Reviewing Themes**: In this step, the identified themes were reviewed and refined to ensure they accurately reflected the data. We assessed whether the themes were relevant and representative of the data as a whole and if there were any overlaps or redundancies in the themes. This step helped ensure the themes were robust and adequately captured the complexity of the data.
5. **Defining and Naming Themes**: Once the themes were refined, they were defined and named to clearly reflect the core findings. This phase involved a detailed description of each theme and sub-theme, illustrating how the data was organized under each theme.
6. **Reporting**: The final step involved compiling the findings into a coherent narrative. The analysis was organized around the thematic categories identified during the coding process, presenting a clear and comprehensive understanding of the issues under study. This step also involved drawing comparisons and identifying patterns across different service providers.

Integration of Data from Service Providers and Survivors

The data from both service providers and survivors were integrated into the thematic analysis to provide a comprehensive understanding of the service landscape. Service providers offered insights into the structural and operational aspects of service delivery, including resources, and practices. In contrast, survivors' perspectives shed light on the lived experiences of accessing these services and the challenges they faced in seeking help.

By combining these two sources of data, we were able to draw a holistic picture of the SGBV service ecosystem, identifying not only the availability of services but also the real barriers to access, gaps in service provision, and survivors' perceptions of the effectiveness of services. This integrative approach allowed for a more nuanced and actionable analysis, which will be critical for informing future interventions and improving SGBV service delivery.

III. Ethical Considerations

The assessment adhered to ethical guidelines to ensure the protection and well-being of all participants involved. Voluntary participation was emphasized, with all individuals being given the option to participate without any coercion or undue pressure. Informed consent was obtained from each participant, ensuring they were fully aware of the purpose of the research. This consent process included clear explanations about their right to withdraw from the interviews at any time without any negative consequences. Confidentiality was paramount, with all personal information and data collected during the study being securely stored and only accessible to the data collector and lead researcher. To further protect participants, anonymity options were given, and their responses were anonymized to prevent any identification of individual participants in the findings or reports.

Data collection took place within a controlled environment, specifically within OSCs where survivors of SGBV were already seeking services. This setting allowed for a safe and supportive atmosphere, where participants could provide their input without fear of external judgment or exposure. Importantly, survivors were given the option to visit the centers for any trauma-related support that may have arisen from participating in the study. This is an effort to actively prevent re-traumatization of victims, ensuring that they received the necessary care, emotional support, and counseling, mitigating any adverse effects of the study.

IV. Conceptual Framework

The definition of SGBV varies in different contexts and epistemological approaches, and different understandings. SGBV is conceptualized as a human rights violation and observed from an intersectional perspective. The term "gender-based violence" refers to violence that targets individuals or groups based on their gender. Gender also refers to the relationships between people and can reflect the distribution of power within those relationships.[23] The United Nations' Office of the High Commissioner for Human Rights' Committee on the Elimination of Discrimination against Women (CEDAW) defines it as "violence that is directed against a woman because she is a woman or that affects women disproportionately", in its General Recommendation 19. This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty. Together with "sexual violence" and "violence against women", "gender-based violence" is used interchangeably. This does not mean that all acts against a woman are gender-based violence, or that all victims of gender-based violence are female.

The Declaration on the Elimination of Violence against Women/VAW defines "violence against women" as "any act of gender-based violence/GBV that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."[24] This violence seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men.[25] Therefore, the conceptual framework of this assessment on SGBV against Women and children will be based on the human rights normative framework.

All GBV survivors have a right to care and support. The effects of violence greatly affect a survivor's safety, well-being, and overall quality of life. Individuals who have experienced SGBV may face serious health issues, such as unintended pregnancies, HIV, other sexually transmitted infections, physical injuries, and even fatalities. Additionally, GBV survivors often endure various psychological and social challenges, including feelings of shame and guilt, depression, social isolation, abandonment, and mistreatment by family members. These compacted suffering and needs of survivors require comprehensive support and services including:-

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[23] Manandhar, Mary, Hawkes, Sarah, Buse, Kent, Nosrati, Elias & Magar, Veronica. (2018). Gender, health and the 2030 agenda for sustainable development. Bulletin of the World Health Organization, 96 (9), 644 - 653. World Health Organization. http://dx.doi.org/10.2471/BLT.18.211607

[24] UN General Assembly, Declaration on the Elimination of Violence against Women, 20 December 1993, A/RES/48/104, available at: https://www.refworld.org/docid/3b00f25d2c.html [accessed 30 October 2022]

[25] UN Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health), 1999, A/54/38/Rev.1, chap. I, available at: https://www.refworld.org/docid/453882a73.html [accessed 30 October 2024]

A. **Health Services:** Medical care, including treatment for physical injuries, sexually transmitted infections (STIs), and psychological trauma.
   - **Emergency Medical Care:** Immediate treatment for physical injuries resulting from violence.
   - **Mental Health Support:** Counseling and psychological services to address trauma and promote recovery.
   - **Reproductive Health Services:** Treatment for sexually transmitted infections (STIs), family planning, and maternal health services.

B. **Legal Services:** Access to legal counsel, information on rights, assistance in reporting incidents, and support in navigating the legal system.
   - **Legal Counseling:** Guidance on legal rights and options available for survivors.
   - **Assistance with Reporting:** Support in navigating the legal process, including filing police reports and the prosecution processes and, accessing free legal aid.
   - **Advocacy for Justice:** Services that advocate for survivors within the justice system to ensure their voices are heard.

C. **Psychosocial Support and Safe Space Services:** Emotional support, counseling, and community-based programs that promote recovery and reintegration.
   - **Counseling Services:** Individual and group therapy to help survivors process their experiences and rebuild their lives.
   - **Support Groups:** Peer support networks that provide safe space/shelters/houses for survivors to keep them safe, to share experiences and coping strategies.
   - **Community-Based Initiatives/Social Integration:** Programs that involve community members in supporting survivors, helping to reduce stigma and promote healing.

Based on these conceptual understanding, the assessment will investigate the availability of these services including identification of existing health, legal, and psychosocial services, and the case management in the targeted locations.

Moreover, access to information is a critical component in the response to SGBV. It empowers survivors and communities by providing essential knowledge about available services, rights, and support systems. Therefore, the assessment will measure the availability, accessibility, inclusivity and effectiveness of information on the SGBV services available for survivors and victims in the targeted locations.

Afar Region, Zone 1, Chifra Woreda Findings

Part I: Access to Information and SGBV Services

a. Access to Information on SGBV Services

The Women and Social Affairs Office (WSAO)[26] reported that they are aware of SGBV services in the area primarily through project submissions from NGOs and regular monthly Child Protection (CP) and GBV Area of Responsibility (AoR) meetings. These meetings help them stay informed about the initiatives in the community and coordinate efforts. The information available on SGBV services among communities is limited. The office believes limited availability of information has resulted in low utilization rates for the services. Information is shared through the office coordination and NGOs that employ social workers, who engage in awareness-raising initiatives. Awareness campaigns are often conducted during international days including through distribution of brochures, but there is a lack of frequent and targeted communication; indicating the need for more comprehensive and accessible information about SGBV services. Furthermore, the office indicated that there is a notable gap in the availability and accessibility of information on SGBV services, particularly in rural areas.[27] The town has more access, but this leaves out many survivors in remote locations.

The lack of service extension to rural areas (kebeles) makes it difficult for survivors in these areas to access information and the services. The *Dagu* system, which involves community members disseminating information, is widely used in the area. Nevertheless, such grassroots channel are not put to use for SGBV services. Considering that the prevalent forms of SGBV in the area include FGM, early marriage, and the need for complex reproductive health services, most interventions focus on prevention. Survivors face difficulty accessing information to the services. Cultural barriers, fear of repercussions, and lack of confidentiality are key challenges in accessing SGBV information. These barriers are compounded by social stigma and the fear of facing backlash for reporting, particularly due to lack of support from their families. This lack of family support isolates survivors and makes it harder for them to seek help. Moreover, the Office suggests that the current information is insufficient, particularly the accessibility, confidentiality, and cultural

[26] Interview with Aynalem Getachew, Protection Expert, Women and Social Affairs Office, Chifra town, December 12, 2024.
[27] Ibid.

sensitivity, which affects its ability to positively impact survivors.[28] These challenges underscore the need for tailored communication strategies that address the unique cultural, social, and geographical needs of the community.

b. Available Services

i. Geographic Distribution of SGBV Services

The Afar region, which used to be a five zone with 37 Woredas is now structured into six zones and 46 Woredas.[29] Hospitals are distributed across five zones, with Zone 3 having three hospitals that provide psychosocial support. Every woreda has a public health center, except for Zone 6, which is going through new restructuring and lacks these facilities. Yet, survivors can access services in the nearby Woredas in the surrounding Zones. There is considerable variation in service effectiveness, supply availability, and coordination, and access. There is a shortage of specialized health professionals trained to address the needs of SGBV survivors. There are 7 OSCs located in Dubti and Asayta (Zone 1), Kelewa (Zone 4), Awash (Zone 3), and Aba'ala (Zone 2). Dubti one stop center is operational. The Awash center is newly established as a hospital. The one-stop centers offer temporary shelter for survivors until they finish medical treatment; however, there is no provision of food, highlighting a gap in comprehensive support services. And there are no functional safe houses in the region.

Legal services follow government structure at the regional level bureaus, zonal level administration offices and Woreda level. CSOs such as EWLA provide essential legal counseling to victims, guiding them through the complexities of the legal system. They facilitate referrals to police and health centers, often using letters and accompanying victims in person to ensure they receive the necessary support. EWLA engages with Community empowerment through local paralegal services, enhancing access to legal resources. EWLA has paralegals at Dubti, Asayta, Kelewa, Ab'ala and Awash. An office in Semera supports this initiative. Zones 1 and 3 have established strong paralegal networks, while Zones 4 and 5 are in the process of organizing new paralegal services.[30]

[28] Ibid.
[29] Interview with Abdu Wolea, Chifra Woreda Justice Bureau, Head of Office, Chifra town, December 12, 2024.
[30] Interview with Nebiyou A, EWLA Semera Office, Semera town, December 12, 2024.

The WSAO in Chifra plays a critical role in coordinating services for survivors of SGBV. While there are regulations in place for providing these services, inconsistent implementation remains a challenge, highlighting the need for improved monitoring and enforcement. The inconsistency may relate to ineffective coordination among stakeholders, inadequate resources, limited enforcement and weak oversight. Recently, the establishment of OSCs has significantly enhanced the support provided to survivors, offering a holistic approach that addresses legal, psychosocial, safety, and protection needs. The WSAO works closely with around six partner NGOs, such as PIE, World Vision, and IMC, which offer services like counseling, medical care, and income-generating activities, ensuring survivors receive comprehensive support. Regular coordination meetings allow for effective monitoring of these programs and ensure that survivors' feedback is incorporated into service improvements, such as the introduction of income-generating activities.

c. Access to Legal Services

None of the three sectors, the police, the Woreda prosecutor and the Zonal justice office currently have a dedicated unit or specialized staff to handle SGBV cases exclusively.[31] Other staff of the departments have gained trainings on SGBV to address such cases as part of their broader responsibilities. The Police and Justice Office both reported staffing challenges and the absence of a dedicated unit, while the Prosecutor also acknowledged that their personnel handle SGBV cases alongside other duties.

The Woreda police[32] estimates serving more than 22 SGBV survivors for the past one year, though accurate case numbers are unavailable due to gaps in record-keeping. This underscores the need for improved documentation systems. Whereas the Woreda prosecutor[33] provided investigation and prosecution services for 20 survivors in the last year, highlighting a consistent demand for legal support, despite challenges with resource allocation. The Woreda police and prosecutor, collaborate with NGOs and local organizations to share information via community meetings, public events, and IEC/BCC materials in both Afar and Amharic languages. However, resource limitations hinder their ability to reach survivors through diverse channels. The Woreda prosecutor

[31] Interview with Mussa Bullo, Zonal Justice Bureau, Legal Expert, Semera, December 13, 2024.
[32] Interview with Hawa Dawud, Chifra Woreda Police, Police officer, Chifra town, December 16, 2024.
[33] Interview with Abdu Wolea, Supra *note* 29.

and Zonal justice bureau rely heavily on NGO partnerships, such as EWLA, to distribute information and materials during community events and campaigns.

i. Integration of Services

The Police and Justice Office[34] both mentioned collaborating with OSCs to streamline service delivery and provide comprehensive support to survivors. However, despite these efforts, challenges in following up on individual cases, resource limitations, and staffing shortages were common across sectors. On the other hand, the Justice office reported that they provide legal assistance to survivors of SGBV in coordination with the WSAO, which refers survivors to their services. These services include court representation and support throughout the legal process, with a priority given to ensuring the needs of survivors are met despite staffing challenges. However, there is no special unit dedicated solely to the investigation of SGBV cases; trained professionals handle these cases as part of their regular duties. The office faces significant challenges related to a shortage of staff, which strains resources and affects the quality of services provided. Despite these limitations, the office has partnered with a one-stop center to provide comprehensive support, including legal services, in a safe and confidential environment.

ii. Barriers to Access Information and Services

Geographic isolation, particularly in remote areas like Chifra Woreda, makes it difficult for survivors to reach legal assistance centers and law enforcement agencies. Additionally, societal norms often discourage formal reporting of SGBV particularly HTPs, and intimate partner violence (IPV), pushing survivors towards informal resolutions that fail to address their needs.[35] Other barriers include a lack of awareness among survivors about their legal rights, and limited training for some staff members further challenges legal services for survivors. The justice office[36] is working to address these challenges by collaborating with NGOs for training and awareness campaigns, and it has been providing free or subsidized legal aid to marginalized communities. However, further efforts are needed to reach remote communities. Moreover, the police mentioned

[34] Interview with Mussa Bullo, Supra *note* 31 and Interview with Hawa Dawud, Supra *note* 32.
[35] Interview with Alebachew Adem, CP and EIE officer, Imagine 1 day (Protection and Education Services), Chifra town, December 11, 2024.
[36] Interview with Abdu Wolea, Supra *note* 29 and Interview with Mussa Bullo, Supra *note* 31.

barriers such as poor infrastructure, survivors' reluctance to engage with formal justice mechanisms due to fear of retaliation and social stigma and lack of safe spaces for survivors. Many survivors of violence depend on informal systems, such as clan leaders, to resolve issues with perpetrators, which delays reporting to authorities.[37] This delay hinders timely evidence collection and proper police investigation, affecting the pursuit of justice. The Woreda prosecutor[38] further reported that economic barriers such as transportation costs, and the distance required to reach legal support, are significant challenges. The destruction of infrastructure due to the recent northern-armed conflict has further exacerbated these issues across the zones in the region.

iii. Challenges in dissemination of information

The Police, Prosecutor, and Justice Office all engage in community awareness efforts through mass awareness sessions and referrals from the WSAO and NGOs. However, they all noted that these efforts have limitations, particularly in reaching remote or marginalized communities. The primary challenge here is insufficient funding, staffing, and training to effectively reach survivors with information. Limited resources mean that they cannot utilize a wide range of communication channels or conduct sustained outreach. The Woreda prosecutor[39] specifically mentioned the lack of resources, particularly skilled staff, limits their ability to create and maintain platforms for effective communication. Similarly the Zonal justice bureau[40] said, resource limitations are a major issue. Additionally, the high volume of cases they handle means that GBV cases may not receive the attention they require.

d. Access to Health Services

The Woreda Health Office[41] reports that, over the last year, 15 SGBV survivors have accessed services through their newly established one-stop center. This center provides comprehensive care, including medical treatment, counseling, legal support, and referrals to other services, aiming to streamline the support process for survivors. The Health Office uses outreach programs and

[37] Interview with Mussa Bullo, Supra *note* 31.
[38] Interview with Abdu Wolea, Supra *note* 29.
[39] Ibid.
[40] Interview with Mussa Bullo, Supra *note* 31.
[41] Interview with Henok Sitotaw, Woreda Health Bureau, MCH Focal, Chifra town, December 16, 2024.

organizes events on international days (such as International Women's Day) to raise awareness about available services. Additionally, they leverage community-based anti-GBV committees and targeted awareness campaigns to inform survivors and the broader community. The primary source of information for survivors is an outreach team/health extension workers. However, there are no other resources such as brochures or posters being available in the facility. The office employs community-based mechanisms for feedback.

i. Access to information and Services

Information about SGBV services is considered accessible in the health facility. However, cultural barriers and lack of awareness remain significant issues preventing survivors from accessing information about these services.[42] Moreover, there is a notable challenge for survivors from remote Kebeles, who struggle with high transportation costs to access services. Survivors in urban areas (the town) relatively find it easier to access services, while those in rural Kebeles face difficulties. The outreach programs aim to bridge this gap, though more efforts are needed to reach isolated communities**.** Information is provided in both Afar and Amharic languages to ensure clear communication and inclusivity within the community. Nevertheless, the Health office has observed an increase in the utilization of SGBV services, which they attribute to the success of awareness campaigns and advocacy efforts.[43]

The health centers[44] focus is primarily on medical care**,** but collaboration with NGOs and other sectors is critical to offering comprehensive care, including psychosocial and legal services. However, there is no fully integrated approach across all sectors. The hospital has provided capacity-building training for the outreach team to ensure that staff is equipped with up-to-date knowledge and skills to support survivors effectively. Moreover, the medical staffs recognizes the importance of cultural sensitivity in delivering services to SGBV survivors. However, cultural norms and gender roles continue to impact access to care, underscoring the need for enhanced cultural training. Health facilities provide a supportive environment for survivors, but there is limited formal survivor-centered approach or structured mechanisms to involve survivors in

[42] Ibid.
[43] Ibid.
[44] Interview with Gobena Melakie, Chifra Woreda Hospital, Integrated Emergency Medical support, Chifra town, December 16, 2024.

decision-making about their care.[45] The NGO-driven outreach programs and community sensitization have been effective in increasing community engagement and awareness of SGBV issues.[46] This has led to a slight increase in the number of individuals seeking services.

e. Access to Psychosocial Support

The integration of services at the hospital ensures that survivors are not only provided with medical care but also receive counseling and psychological services. The hospital's focal person, alongside trained medical staff, plays a vital role in ensuring that survivors are aware of the services available. However, challenges remain in communication, particularly due to cultural restrictions to mental health services and the limited reach of information to remote areas. Chifra Hospital offers a broad range of services for SGBV survivors, including medical care, mental health assessments, crisis counseling, and psychosocial support. These services are available through an integrated approach that combines health, legal, and safety services in the OSCs located on the hospital compound. This integration ensures that survivors can access comprehensive care without needing to visit multiple institutions, which is especially beneficial for those who face logistical or financial challenges. While there is a significant effort to provide these services, the hospital faces some limitations, such as a lack of gynecologists and psychologists, which can affect the depth of care available to survivors.

The psychosocial support provided by the hospital, in partnership with Plan International, includes individual counseling, group therapy, and supporting trauma-informed care.[47] Social workers and mental health professionals, trained in psychological first aid and GBV case management, offer critical support to survivors.[48] These services are vital for helping survivors cope with the emotional and psychological impacts of violence. The hospital provides a safe and confidential space for survivors of SGBV, with services being available during regular hours. The integration of OSC within the hospital allows survivors to access all required services in one place, which is a significant advantage. However, the hospital faces challenges in reaching survivors who live in remote areas due to logistical and economic barriers. The lack of facilities and essential supplies

[45] Ibid.
[46] Interview with Bethelhem Mesfin, SGBV Response/officer, Plan International, Chifra town, December 16, 2024.
[47] Ibid.
[48] Interview with Gobena Melakie, Supra *note* 44.

in some areas can delay service provision, and these survivors may also face difficulties in accessing transportation or meeting the cost of services.

The staff, including nurses, social workers, and mental health professionals, are trained in managing SGBV cases, which ensures a survivor-centered approach. They are equipped to handle the psychological and physical trauma that survivors may experience. The hospital's ability to deliver culturally sensitive and gender-responsive services is further enhanced by the presence of trained community social workers from local areas who understand the community's specific needs and challenges.[49] However, gaps remain, particularly in the availability of specialized staff like gynecologists and psychologists, which could improve the quality of care further.[50]

f. Community Awareness and Barriers

Through awareness campaigns and training sessions, the community's knowledge about SGBV and the available services has improved. These initiatives are designed to break down social norms and stigma around sexual violence, which is crucial for encouraging survivors to come forward. The use of local language in the service delivery ensures that survivors feel comfortable accessing support and engaging with service providers. However, ongoing sensitization is necessary to challenge deeply entrenched social norms that discourage open discussions about sexual violence. Several barriers hinder access to services for SGBV survivors at Chifra Hospital. These include cultural norms that discourage open discussion of sexual violence, HTPs and intimate partner violence as well as logistical and economic challenges faced by survivors in reaching the hospital. The absence of certain medical specialists and necessary supplies adds to these barriers. Additionally, the lack of case managers in the various hospital departments, with most case management roles under NGOs, creates a gap in the sustainability and holistic support that survivors require within the hospital setting.[51]

g. Access to Safety and Protection

The hospital and the OSC provide a safe space for survivors, with privacy and confidentiality maintained during the service delivery. The hospital's setting ensures that survivors are protected

[49] Interview with Gobena Melakie, Supra *note* 44.
[50] Ibid.
[51] Interview with Henok Sitotaw, Supra *note* 41.

from further harm while accessing care. However, challenges remain in terms of community safety, as survivors may still face threats from perpetrators after seeking care. Specifically, girls fleeing from home to escape the imminent threat of child marriage arranged by their families, girls and women seeking safety after refusing FGM, and those escaping intimate partner violence require a safe shelter.[52] The hospital's ability to offer long-term protection or shelter for survivors is limited, making it necessary to work closely with legal and social services to ensure their ongoing safety.[53]

Similarly, the Woreda Health Center and hospital does not have specific legal protections mechanisms**,** but collaboration with other sectors, such as the Police and Justice Office, is part of the referral mechanisms.[54] There is no shelter or emergency accommodation services provided by the Health Center and the hospital**.** This is a significant gap in ensuring that survivors have a safe space while receiving support; and interim to their long term plans. The hospital does not provide specific protection from perpetrators**,** but it works in conjunction with NGOs that offer protection services.[55]

On the other hand, survivors indicated that only some health services are available in the woreda, including referrals to facilities such as the Dubti OSC. The introduction of the Chifra OSC has also been noted as a positive step in consolidating services (medical, legal, and psychosocial). Survivors indicated their concern on the service delivery and sustainability care provided at facilities including the One Stop Center due to limited medical resources.

h. Survivor Experience with SGBV Services

How many SGBV survivors have been reached in the past year?

Service Provider	**Number of SGBV Survivors Served (Past Year)**
Woreda Police	22 (estimated, gaps in record-keeping)
Woreda Prosecutor	20
Woreda Health Office	15

[52] Interview with Aynalem Getachew, Supra *note* 26.
[53] Interview with Gobena Melakie, Supra *note* 44.
[54] Interview with Henok Sitotaw, Supra *note* 41.
[55] Ibid.

i. Access to Information

A major theme during FGD with survivors was the inadequate dissemination of information regarding available services, especially legal services.[56] Whereas both survivors[57] during the interview shared similar experiences regarding their access to information about SGBV services, primarily relying on social workers from NGOs and the Woreda WSAO for guidance. They noted that NGO social workers played a key role in informing them about available services, such as legal aid and counseling. Information dissemination mechanisms are limited in scope and effectiveness, especially in remote kebeles. Lack of accessibility to digital platforms, combined with logistical barriers (e.g., transportation costs), makes it difficult for many survivors to learn about available services. While there is a fair level of awareness about services among those who can access information, the overall communication strategy is insufficient to reach isolated communities.

Moreover, survivors also pointed out significant challenges related to the lack of centralized and well-publicized resources. Although they acknowledge the referral systems in place through NGOs and government offices, survivors noted poor communication and coordination between stakeholders hindering the effective delivery of services. Survivors faced difficulties in accessing services in a timely manner due to fragmented communication channels. Weekly home visits by social workers helped, but the overall availability of information remained insufficient, especially in rural areas. There is a clear gap in the availability and accessibility of information about available services. FGD participant survivors noted that legal services, in particular, are difficult to access without proper referrals and communication between organizations and service providers is not well coordinated. This results in confusion and delays in accessing support. Furthermore, stigma against survivors, cultural barriers and social norms that undermine seeking SGBV services particularly legal services. Moreover, the effectiveness of information dissemination regarding psychosocial support is limited. Despite awareness in urban areas, rural areas suffer from limited access to information, and many survivors in remote regions face barriers to seeking help.

[56] FGD with Survivors, December 15th, 2024, Chifra Town.

[57] Interview with survivor P001/ምብሸ1 (Code), age 24, Female, Kebele 01, Chifra Woreda, Chifra town, December 15, 2024, and Interview with P002/ዘሀአ2 (Code), age 37, Female, Aschoma Kebele, Chifra Woreda, Chifra Town, December 15, 2024

ii. Access to Services

The survivors' experiences with SGBV services were largely positive, during the interview survivors reported that the services had a transformative impact on their lives. They appreciated the clarity of the information they received, which helped them understand their rights and available resources. After gaining access to relevant information, both survivors took proactive steps to seek additional help from the Woreda WSAO, where they received referrals for counseling, legal aid, and life skills training. These services not only provided immediate support but also contributed to their long-term empowerment, including financial independence and their ability to advocate for other survivors. Despite these positive outcomes, both survivors faced challenges due to cultural practices.[58] The cultural barriers, along with stigma and community discrimination, complicated their ability to fully utilize available support. Both survivors emphasized the need for broader system strengthening, awareness-raising initiatives, and efforts to target vulnerable groups to ensure that all survivors have access to the services they need.

Similarly survivors during the FGD[59] recognize that multiple organizations and government offices, provide essential support in terms of legal assistance, counseling, and medical care. However, many of these services are described as insufficient or of limited quality, particularly in remote areas. Survivors highlighted challenges in accessing specialized medical care, with services being basic and limited, particularly for survivors needing treatment beyond immediate care. Legal services are available, but there is a clear need for better accessibility, especially in rural areas. The legal system is hampered by traditional clan systems and cultural attitudes that often influence how SGBV cases are handled. While some mental health support and psychosocial services are available, these are also seen as inadequate to meet the needs of all survivors. The lack of trained professionals and resources is a major concern. Additionally, the absence of safe houses for survivors is a critical gap in the community's protection services.

Many participants discussed the influence of traditional beliefs, clan systems, and religious practices that hinder survivors from seeking help. These systems often prioritize protecting the reputation of families or communities over the rights and well-being of survivors, which

[58] Interview with Survivors, Supra *note* 57.
[59] FGD with Survivors, Supra *note* 56.

perpetuates harmful gender norms and silences the victims. A significant barrier mentioned by several participants is the fear of stigma and retaliation. This fear prevents many survivors from reporting incidents of violence and seeking legal or social support. The community's reluctance to address these issues openly further entrenches the cycle of violence. Survivors' lack of trust in the authorities such as law enforcement, courts, and healthcare providers is another major issue. This distrust stems from previous experiences with ineffective or insensitive responses to SGBV cases, as well as cultural factors that discourage reporting. A specific concern raised by the participants is the lack of investigation units in the woreda, which leaves many survivors without access to essential legal services and protection. While the legal system is in place, its effectiveness is compromised by traditional clan and sharia systems that may not prioritize survivors' rights.

Survivors notes that in remote kebeles, accessing medical services remains difficult due to poor infrastructure, cultural barriers, and a lack of awareness. This is compounded by a lack of transportation, making it difficult for survivors to access services even when they are aware of their availability. The availability of psychosocial support services, such as individual and group counseling, life skills sessions, and peer support, is highly valued. CSOs have been instrumental in providing these services through women-friendly spaces in Chifra hospital and other community areas. There is a recognition that these services are helpful in coping with trauma, but their sustainability is a concern given the short-term nature of some projects. Stigma surrounding mental health issues continues to prevent survivors from seeking psychosocial support, particularly in remote communities where cultural and social factors influence willingness to engage with such services.

Protection services, particularly through the collaboration between the Woreda WSAO and the police, were acknowledged by survivors. These efforts help to ensure that survivors can access safety and legal support when needed. There is recognition of the importance of having safe spaces for survivors. While no safe houses currently exist due to resource shortages, the service is strongly supported by survivors. The lack of safe houses is a significant gap in the protection framework, leaving survivors vulnerable and discouraged to report the violence for fear of retaliation. This shortcoming further exacerbates the difficulties survivors face when trying to escape violence, heal and transition into their long term life.

j. CSOs Role in SGBV Services and Support

Both international and local NGOs engage in dissemination of information about SGBV services through various platforms, including social workers, community-based committees, and panel discussions. International NGOs include Plan International, Imagine 1 day, and World Vision.[60] The information is made accessible in multiple languages (Afar, Amharic, and English), ensuring broader reach. Cultural barriers, however, present challenges in effectively reaching certain segments of the population. The use of community events, like International Girls' Day and the Sixteen Days of Activism, has further contributed to raising awareness. Additionally, feedback mechanisms such as suggestion boxes and community compliance committees ensure that information dissemination is monitored, adjusted, and continually improved.[61]

Nevertheless, some organizations are still in the early stages of service provision, with only awareness-raising activities conducted so far. The services provided are easily accessible and user-friendly with outreach efforts made to reach survivors in their residential areas, including disabled individuals.[62] Moreover, community engagement is a cornerstone of the initiatives, with significant efforts placed on raising awareness about SGBV through panel discussions, community dialogue sessions, and outreach programs. Local leaders and influential community figures are involved to enhance participation, encourage open discussions and use their influence for a positive change. There is also an ongoing effort to monitor and update services to meet the needs of the community, with frequent adjustments based on feedback.[63] Despite these efforts, physical and cultural barriers still limit access for survivors. The cultural norms continue to create barriers to openly addressing sexual violence, requiring ongoing sensitization efforts.

k. Feedback Mechanisms on Access to Information and Services to SGBV

The feedback and monitoring mechanisms across sectors in Chifra have seen some progress, but gaps in implementation and accessibility remain, hindering the overall effectiveness of services for survivors of SGBV. While the Health Center has informal methods for assessing information clarity and service effectiveness, there is no formalized monitoring and evaluation system in place

[60] Interview with Aynalem Getachew, Supra *note* 26.
[61] Interview with Bethelhem Mesfin, Supra *note* 46.
[62] Interview with Henok Sitotaw, Supra *note* 41.
[63] Interview with Bethelhem Mesfin, Supra *note* 46.

to track effective access to information on the services, survivor outcomes or service quality. Feedback mechanisms, such as suggestion boxes, are used by various institutions like the Health Office, Woreda Police, and Zonal Justice Bureau; however, these mechanisms often fail to fully address the needs of all survivors, especially those who are illiterate or reluctant to leave written feedback. The lack of structured feedback collection and analysis undermines the ability to identify service shortcomings and improve them. Additionally, while some organizations, such as Plan International, use regular post-distribution monitoring and community-based feedback systems, not all stakeholders implement effective or accessible methods for gathering input from survivors. The absence of confidential and anonymous channels for feedback in many sectors also raises concerns about survivor comfort and safety.

L. Key Trends on access to Information across Services

Service Category	Information Dissemination	Barriers
Women and Social Affairs Office (WSAO)	- Coordination and Information shared through monthly meetings with partner NGOs (e.g., PIE, World Vision, IMC) - Community awareness sessions via mass media and IEC materials (in Afar and Amharic) - Awareness campaigns conducted during international days.	- Limited availability of information, especially in rural areas - Weak coordination among stakeholders - Inadequate resources for outreach - Geographic isolation of survivors
Legal Services/Court	- Information through community events and public meetings - Collaboration with NGOs like EWLA for distribution of legal materials	- Lack of specialized units for SGBV cases - Staff shortages - Inconsistent record-keeping and case tracking - Fear of retaliation and social stigma - Poor infrastructure and Geographic Isolation of rural areas
Woreda Police and Zonal Justice Office	- Community meetings and public events - IEC/BCC materials in local languages (Afar and Amharic) - Collaboration with NGOs for information dissemination	- Limited staff and resources - Lack of dedicated units for SGBV cases - Survivors' reluctance to report due to stigma - Challenges in remote area outreach
Health Services	- Outreach programs by health extension workers, as primary info sources. - Awareness campaigns on international days (e.g., Women's Day) - Use of community-based anti-GBV committees	- High transportation costs for survivors in remote areas - Cultural barriers and lack of awareness - Limited materials (e.g., brochures, posters) for information dissemination

Psychosocial Support	- Integrated care at the one-stop center (OSC) within the hospital - Awareness campaigns with NGOs (e.g., Plan International) - Community engagement	- Lack of specialized staff (e.g., gynecologists, psychologists) - Logistical and economic barriers to accessing services - Cultural norms that discourage open discussion of violence
Safety and Protection	- Safe space for survivors at the OSC and hospital - Collaboration with police and justice offices for referral services	- No long-term protection or shelter available - Lack of specific legal protections mechanisms - Survivors still face threats from perpetrators post-care - Limited ability to ensure ongoing safety

Part II: Service Mapping Analysis

The service provision for SGBV survivors in Chifra is a multi-faceted effort involving healthcare, legal, and psychosocial support, with various institutions working collaboratively to ensure survivors' access to necessary services. One of the primary findings during the FGD with survivors is that while some services are available for survivors, the coverage and capacity are insufficient to meet the growing needs of survivors. Participants pointed out that healthcare, legal, and psychosocial services exist but are limited in scope and reach. For instance, income-generating activities were highlighted as essential for survivors' long-term recovery and empowerment, but these services were scarce or inadequately tailored to the needs of survivors. Furthermore, MHPSS services were also mentioned as insufficient, with a lack of trained professionals and resources, leading to unmet mental health needs. The absence of safe houses for survivors was a significant gap, leaving survivors vulnerable after seeking help.

Cultural norms and traditional practices were major obstacles to accessing support. Fear of stigma, retaliation, and cultural taboos influenced survivors' willingness to report incidents of violence. In more remote areas, traditional systems like the clan or sharia law often take precedence over the legal system, leading to improper handling of cases and insufficient support for survivors. Additionally, religious and influential groups were described as downplaying the issue GBV, further complicating the community’s response to SGBV.

A. **Legal Services:** Survivors experience with the legal system's response to SGBV was seen as functioning but limited by accessibility issues and traditional influences. Although WSAO and the police offered legal assistance, participants noted inaccessibility to key

services, especially in rural areas. The Ethiopian Women Lawyers Association (EWLA), while providing paralegal support, was difficult to reach due to the location of their offices and the lack of technical infrastructure in certain areas. Mobile legal clinics and collaborations between local and international organizations were suggested as possible solutions to improve legal access and overcome barriers to justice.

B. **Health Care Services:** The health sector, including hospitals and health centers, provides crucial medical care such as post-rape care, STI treatment, emergency contraception, HIV/AIDS care, and mental health support. However, there are notable challenges, including limited resources, cultural barriers, and gaps in language accessibility. These institutions rely on outreach programs to improve service accessibility, but logistical issues persist, especially for remote populations. As participants of FGD indicated most prevalent SGBVs include Female genital mutilation (FGM), early marriage, physical violence, and emotional abuse were identified as significant issues. These practices increase the vulnerability of women and girls to exploitation and harm. Though health services exist in the woreda, they are insufficient to meet the needs of women and girls affected by violence. Medication and resources are inadequate to address the complex health needs of survivors. The lack of education and economic opportunities for women and girls compounds their vulnerability to violence. Additionally survivors face difficulties in accessing healthcare due to societal pressure to conceal abuse or marry the perpetrator. Cultural norms further hinder their ability to seek help.

C. **Psychosocial Services:** psychosocial support services, especially from organizations like International Medical Corps/IMC, and Plan International, have helped individuals cope with trauma. The psychosocial support is primarily supported with case management, individual and group counseling, life skills training, and awareness-raising which are particularly helpful in managing the emotional and mental impact of violence. Many FGD participants expressed concerns about the continuity of psychosocial services, as many interventions are short-term. There is a need for long-term planning to ensure sustained support for survivors. On the other hand, mental health services often face stigma, which prevents individuals from seeking help. The presence of OSCs and collaborations between various organizations ensures a holistic approach to addressing SGBV, although challenges

related to cultural norms, stigma, and resource limitations, gaps in coordination and enforcement continue to affect service delivery.

D. **Support and Protection:** While a safe house for survivors of GBV exists in the woreda, it is not currently operational due to resource shortages. The absence of safe spaces poses significant challenges for survivors seeking protection and support. Survivors in remote kebeles lack access to safe spaces and information about available services. The understaffed Chifra Woreda WSAO has difficulty reaching out to all 19 kebeles, further exacerbating the lack of support for survivors in rural areas. There is a need for better coordination between the Woreda WSAO, police, and NGOs to ensure a cohesive response to GBV and other forms of violence.

I. Service Mapping Table for SGBV Survivors in Chifra

Service Category	Institution	Services Provided	Challenges	Personnel/Trained Staff	Location/Access
Healthcare Services	Chifra Health Center	Medical care for SGBV survivors, including post-rape care, STI treatment, HIV/AIDS care, mental health support, outreach programs.	Insufficient resources, cultural barriers, lack of awareness about services.	Nurses (14), Doctors (4), Midwives (6), Surgeons (1), Psychiatrists (1).	Health center located in Chifra, outreach efforts for remote areas.
Healthcare Services	Chifra Hospital	Comprehensive post-rape care, STI treatment, emergency contraception, PEP for HIV, mental health assessment, and counseling.	Cultural norms limiting open discussion, lack of facilities and medication, limited capacity.	Nurses (14), Doctors (4), Midwives (6), Surgeons (1), Psychiatrists (1).	Located in Chifra, with an OSC on-site.
Psychosocial Support	Plan International Ethiopia	Case management, counseling, group counseling, awareness campaigns, life skills programs, peer-to-peer support.	No specific challenges reported.	8 case and social workers, mental health professionals.	Coordination office in Chifra.
Economic Empowerment (IGA)		Training-life skill and business skill training including providing start-up capital (provision of shop items- food and non-food items) as well as vocational training on animal husbandry including the provision of seven rearing goats for each survivor	Limited resources to support IGA for all survivors adequately.		

Legal Services	Police, Prosecutor, Justice Bureau	Investigation, prosecution, legal assistance, coordination with OSC, awareness campaigns, referrals.	Inconsistent enforcement, lack of dedicated case managers in hospital, delays in court responses.	Legal professionals (police, prosecutors).	Offices located at all woreda level.
Community Engagement	Women and Social Affairs Office	Coordination with NGOs, monitoring SGBV interventions, feedback incorporation, one-stop center (OSC) for legal, psychosocial, and safety services, Case management, Awareness raising, PSS, and Referral	Inconsistent implementation of regulations, need for stronger enforcement.	Staff from WSAO, trained NGOs.	Office located in Chifra.
Survivors Support Services	Various NGOs (e.g., PIE, IMC, World Vision)	IGA activities, psychosocial support, community awareness campaigns, vocational training, referral services.	Resource constraints, cultural barriers to accessing services, need for continued community engagement.	Trained social workers and counselors.	Various locations in Chifra with outreach services to marginalized communities.

Amhara Region, South Wollo Zone, Dessie Town Findings

Part I: Access to Information and SGBV Services

i. Access to Information

Survivors and victims can access information through several platforms like health institutions, women, children and social affairs office, the police and justice bureaus, and civil society organizations. However, accessing this information is not easy, as victims often require support from trained personnel or social workers.[64] The Mode of Communication for information dissemination is through government communication offices, school mini media, religious institutions, and community outreach programs.[65] Community awareness is raised through these initiatives, but there are gaps in fully reaching the most vulnerable populations. Language and literacy can present challenges in information access, especially for marginalized groups. There are verbal disseminations to accommodate survivors who are illiterate. The WSAO has knowledge and coordinates SGBV services among various stakeholders.

ii. Availability of SGBV Services

a. Geographic Distribution of Services

South Wollo Zone, part of the Amhara Region, has a complex administrative structure with 20 rural woredas, 9 municipalities, and 593 kebeles. The zone administration is located in Dessie city, which is divided into 6 sub-cities. Dessie city is centrally located, and the surrounding rural areas are divided into smaller towns and kebeles. The zone borders Oromia and Afar regions. There is no IDPs camp in Dessie town. The zone administration, have 2 IDPs camps. One is located at Haike town, and the 2nd in Tewle Derie Woreda (Jari 1) camp.

Services are concentrated primarily in Dessie town and surrounding areas, leaving some locations without easy access. The available hotline service *6631* is often accessible in Dessie and major town areas, which limits broader outreach due to digital divides.[66] The available services cover health, psychological support, legal services, and physical exercise/activities aimed at rehabilitation. However, these services are not adequately integrated across sectors, with limitations in providing comprehensive, holistic support for survivors. While NGOs and

[64] Interview with Ayalew Ahmed, Gender Mainstreaming Coordinator, South Wollo Zone Women, child and social affairs office, Dessie Town, October 31, 20224.
[65] Ibid.
[66] Interview with Sister Aberash Ayalew, Nurse, Dessie Hospital one stop center, Dessie Town, November 08, 2024.

government bodies are involved, the integration of services could be more seamless, especially in terms of connecting survivors with sustained mental health, legal, and health support services. Survivors often face challenges accessing services due to limited geographic coverage and infrastructural constraints.

While there are 21 hospitals, 29 health centers, and over 20 one-stop centers in the zone, the lack of safe houses (1 available) is a significant gap in the region's response to SGBV.[67] The presence of service providers is not evenly distributed, with many remote areas lacking proximity to comprehensive services.

Service Provider	Number	Geographic Coverage
Hospitals	21 (Referral only in Dessie)	Primarily in Dessie and major towns
Health Centers	Over 29	Spread across the Woreda
Safe Houses	2	Dessie and Kombolcha town
One-Stop Centers	Over 20	Primarily in urban areas/integrated to hospitals
Police Offices	29 (Woreda level), 1 (Zone level)	Woreda and zone-level police
Courts	29 (Woreda level), 1 (Zone Higher Court)	Woreda and zone-level
Justice Offices	29 (Woreda level), 1 (Zone level)	Available at woreda and zone levels
Women and Social Affairs Offices	29 (Woreda level), 1 (Zone level)	Available at woreda and zone levels

There is a difference in the types of services provided among similar service categories. The lack of comprehensive training for staff, especially outside major cities, affects the availability and effectiveness of services. The services strive to provide counseling and trauma healing but are hindered by a lack of trained personnel at all levels. The survivor-centered approach and gender sensitivity is emphasized across all service sectors but not fully realized due to resource gaps.[68]

b. Community Awareness and Engagement

There is active community outreach and sensitization through training sessions and media platforms. However, many victims remain unreached or under pressure not to access services due

[67] Interview with Sewunet Mekonen, Women and Girls Health Coordinator, South Wollo Zone Health Office, Dessie Town, November 01, 2024.
[68] Ibid.

to cultural and social barriers. Cultural stigma is a significant barrier. For example, rape by a father is seen as highly disgraceful, and victims fear community backlash, making them reluctant to report incidents or seek help. Religious leaders' involvement in family matters plays a critical role in influencing victims' decision to seek SGBV services. This is because they often involve themselves to mediate and reconcile SGBV cases including domestic and intimate partner violence. This results in the victims being forced to stop or never commence legal actions. Nevertheless, government agencies and CSOs working on SGBV services and access to information tend to use religious leaders as community engagement to reach more members, influence action and behaviors.

While legal frameworks exist to address SGBV, social stigma and cultural taboos prevent survivors from seeking legal action.[69] Reporting is limited, and even when victims have knowledge of their legal rights, many choose not to report due to fear of repercussions, particularly when the perpetrator is a family member.[70] The WSAO shared an example of a pregnant 16-year-old girl not reporting rape to authorities highlights cultural resistance to holding perpetrators accountable among other factors. The girl could not report the violence, because the perpetrator is her father. Her mother is aware of the violence against her child by her own husband. However, she could not support her daughter to seek medical and legal services dues to various reasons mainly for fear of social shame, stigmatization and lack of economic empowerment to make a decision. This is because the father is the only breadwinner of the house.[71]

c. Psychosocial Support

The Zonal Health Office[72] reported psychosocial support services, including counseling and psychological support, are part of the healthcare services offered to SGBV survivors. While mental health services are available, there is a lack of resources and trained professionals to provide adequate psychosocial support for survivors at all levels.[73] There is an emphasis on trauma-

[69] Interview with Baheru Dessie, Women and Children Focal person, South Wollo Zone Justice office, Dessie Town, November 03, 2024.
[70] Interview with Ayalew Ahmed, Supra *note* 64.
[71] Ibid.
[72] Interview with Sewunet Mekonen, Supra *note* 67.
[73] Interview with Meseret Shimels, Psychologist, Dessie Hospital one stop center, Dessie Town, November 08, 2024.

informed care in the available services, but the availability of trained staff and adequate facilities to provide this care is limited, particularly in rural areas.

d. Safety and Protection Services

The WSAO[74] said there is no government run available emergency shelters or safe housing for survivors. Given the cultural stigma and the fear of repercussions, many victims need access and services that offer shelter. There is lack of protection mechanisms in place to shield victims from perpetrators, especially in cases where the perpetrator is a family member or has strong social and economic ties to the survivor. On the other hand, community safety is a major concern, with survivors facing community isolation and discrimination when they seek services.[75]

e. Access and Information on Health Services

There is a general dissemination of information about available health services for survivors through various channels such as Dessie FM radio, leaflets, posters, public meetings, schools, women's groups, and through health extension workers.[76] However, due to rural residence of many survivors, accessing this information remains difficult, especially in remote areas.

The health services provided include counseling, psychological support, diagnostic services, and medical care for SGBV survivors. 320 survivors accessed health services, including counseling, diagnostic, and medical services in the past year 2023/2024.[77] Out of this number, 199 were under the age of 18, and 121 were above the age of 18. 65 were able to access abortion services. This is a comprehensive range of services, covering both immediate medical care and long-term psychological support. The Zonal health department[78] utilizes a multi-channel approach for information dissemination, involving various community groups and stakeholders, such as health extension workers, health center professionals, and women's organizations/groups, to integrate and promote these services.

Survivors from rural areas face challenges accessing information about SGBV services. Despite efforts to reach these populations, there are still significant barriers due to geographic isolation and

[74] Interview with Sewunet Mekonen, Supra *note* 67.
[75] Ibid.
[76] Ibid.
[77] Interview with Solomon Belete, Technical Assistant, South Wollo Zone Health Office, Dessie Town, October 12, 2024.
[78] Ibid.

limited infrastructure.[79] The main barrier to accessing SGBV services is a lack of awareness among survivors, particularly those with low levels of education. This suggests that information might not be reaching the most vulnerable groups effectively. Additionally, there is no one-center service for male victims.

The health office[80] has reported that the information provided about the SGBV services is clear and crucial for survivors. However, the actual use of this information to access services is still limited, particularly among women with low literacy levels. The role of health extension workers and professionals in ensuring effective delivery of services and information is stressed. These workers and other community-based professionals are crucial in bridging the information gap for survivors.

f. Legal Services: Police, Prosecutor and Court

The police were able to provide legal services to 117 victims and survivors of SGBV in the past year.[81] However, there is no consistent dissemination of information regarding legal services in multiple formats or languages, and the accessibility of information is limited, especially for rural populations.[82] Information is mainly disseminated through leaflets, brochures, and awareness education in community meetings and training. The Zonal justice bureau provides active law education at various levels in such a manner, but there are no specific resources or platforms dedicated to informing survivors about legal services. Information dissemination is hindered by the lack of mobility, financial constraints, and ongoing conflicts that prevent widespread outreach.[83] Similar to the justice office, physical awareness programs and counseling methods are employed to educate the public about services for survivors of SGBV by the court.[84] However, there is a lack of coordinated platforms for information dissemination, and access to information is often overlooked by the legal bodies.

[79] Interview with Sewunet Mekonen, Supra *note* 67.
[80] Interview with Sewunet Mekonen, Supra *note* 67; and Interview with Solomon Belete, Supra *note* 77.
[81] Interview with Commander Abaynesh Kebede, South Wollo Zone police office, Dessie Town, November 02, 2024.
[82] Interview with Baheru Dessie, Women and Children Focal person, South Wollo Zone Justice office, Dessie Town, November 03, 2024.
[83] Ibid.
[84] Interview with Ali Getahun, Criminal Division Coordinator, South Wollo Zone High Court, Dessie town, November 04, 2024.

The police[85] provide legal services to survivors, including counseling and criminal case processing for SGBV victims. However, specialized units for SGBV are not functioning as intended, with tasks being spread thin due to the high volume of cases and additional responsibilities stemming from the region's security situation.[86] There is no dedicated staff or unit assigned to handle SGBV cases exclusively. Legal services are managed alongside other criminal cases, leading to challenges in monitoring and offering specialized services to survivors. Similarly, the court does not have a specialized unit for SGBV cases, making it difficult to track the number of cases and provide efficient services to survivors.[87] Nonetheless, there is an investigation and prosecution team integrated with the OSC at Dessie Hospital. In addition, the Dessie town municipality police, prosecutor and court have a better practice assigning specific teams and referral mechanisms with other SGBV services.

Survivors in rural areas face significant barriers to accessing legal services at the police due to limited awareness, geographical distance, and cultural resistance. Many survivors' families discourage reporting, and there are limited platforms for legal education and assistance in remote areas.[88] Similar barriers exist in the justice office, particularly in rural communities where cultural attitudes towards sexual violence and the current situation of the region-affecting rule of law hinder survivors from seeking legal assistance. Victims are often reluctant to expose themselves, and many do not come forward.[89] On the other hand, the lack of resources, such as a budget and specialized staff, impacts the court's ability to provide accessible legal services for all victims.[90] The high workload and lack of proper attention to SGBV cases also hinder the effectiveness of legal proceedings for survivors.

g. Barriers to Information and Services

The police reported cultural influences and familial pressure prevent many survivors from accessing legal services. The lack of adequate awareness about where and how to report cases of SGBV is also significant barrier.[91] Additionally, there are challenges related to bribery and

[85] Interview with Commander Abaynesh Kebede, Supra *note* 81.
[86] Interview with Baheru Dessie, Supra *note* 82.
[87] Interview with Ali Getahun, Supra *note* 84.
[88] Interview with Commander Abaynesh Kebede, Supra *note* 81.
[89] Interview with Baheru Dessie, Supra *note* 82.
[90] Interview with Ali Getahun, Supra *note* 84.
[91] Interview with Commander Abaynesh Kebede, Supra *note* 81.

corruption within the system, which further discourage survivors from seeking justice.[92] Whereas the justice bureau said societal attitudes that relegate the seriousness of rape and sexual violence particularly intimate partner and domestic violence contribute to the underreporting of such crimes. The rule of law is often disregarded, and victims face substantial social stigma that prevents them from pursuing legal action. Similarly the court said the main barriers include the high workload of legal professionals, corruption, and the tendency to suppress cases through informal mediation, which undermines the formal legal process. The inefficiency of the legal system, including weak enforcement, and gaps in proper investigations further prevent survivors from accessing justice.

Institutional wise, there are challenges in reaching survivors due to budget constraints, limited platforms, community unwillingness for public gatherings, and barriers to mobilize communities for meetings, due to the instability caused by ongoing conflicts.[93] Cultural factors, bribery (by taking advantage-the lack of information on available services, and community ignorance), and lack of clear communication impede effective information dissemination.[94] The zonal justice office faces the lack of transportation and financial resources limiting its ability to move around and raise awareness about legal services.[95] Additionally, the low level of cooperation between institutions hinders efforts to provide survivors with accessible information. Similar to the justice office, the court faces challenges in creating awareness due to budget limitations, high workloads, and limited resources.

The police, justice bureau and the courts have made no specific efforts to ensure information about legal services is available in multiple languages or formats, which limits access for diverse populations, including illiterate and disabled members of the community.

h. CSOs Support to SGBV Services

CSOs such as Plan International, Save the Children and Finnish Refugees Council and Women Empowerment Action (WE-Action) provide SGBV services such as Psychosocial support, safety, health care, free legal aid and protection services for SGBV survivors through AWSAD.[96] EOTC-

[92] Ibid.
[93] Interview with Commander Abaynesh Kebede, Supra *note* 81.
[94] Interview with Ali Getahun, Supra *note* 85.
[95] Interview with Baheru Dessie, Supra *note* 82.
[96] Interview with Haymanot Seifemichael, Gender Coordinator, Plan International Ethiopia, Dessie Town, November 05, 2024.

DICAC is one of the organizations that support the Dessie Hospital one-stop center /OSC/ by hiring psychosocial support provider and social worker professionals and pay their salary. Whereas FRC and WE action cooperate and provide assistance to the 2 IDPs settings in the Zone.[97]

Information about their services is shared through platforms like workshops and trainings, awareness creation sessions, and using the GBV Prevention Committee. For FRC information is distributed via leaflets, posters, social workers, and awareness raising in IDPs camps. Information is disseminated in Amharic, Afaan Oromo (FRC and WE Action), and English, ensuring cultural sensitivity.[98] The hidden nature of SGBV and societal silence surrounding the violence, victims often facing stigma, fear of isolation, or pressure to settle matters privately, challenges the wide reach of the information and access to services. Additional efforts include dissemination of information through community volunteer service providers and collaborations with government institutions to reach more community members including disabled survivors. However, each organization raised their concerns over the accessibility of information to persons with visual impairment and hearing disability. CSOs have better practice of community engagement to disseminate information on SGBV services including active collaboration with health institutions, and the WSAO. However, the involvement of the community in the design of information dissemination is limited. Plan international works on culturally sensitive information dissemination through local committees and multi-lingual communication efforts. Whereas FRC and WE action focus on providing material and budget support to shelters, particularly in collaboration with AWSAD.[99] Save the children contributes through strong use of health and nutrition mobile teams for reaching underserved populations including disseminating information on SGBV services, focusing on building strong referral linkages and expanding service delivery channels.

i. Prevention and Response to HTPs as SGBV

The Coalition Committee for the Prevention and Elimination of Harmful Traditional Practices coordinates temporary treatment of victims at local health facilities and facilitating awareness

[97] Interview with Azeb Biset, GBV/PSSD, FRC/ Finnish Refugees Council and Women Empowerment Action /WE-Action, Dessie Town, November, 06, 2024.
[98] Ibid.
[99] Interview with Azeb Shiferaw, Social Worker, AWSAD, Dessie town, December 19, 2024.

training. The coalition's unique focus is on combating harmful traditional practices and the societal stigma around SGBV through various community engagement. The committee does not have its own shelter but works closely with shelters like AWSAD.[100] The coalition disseminates information aimed at preventing and advertising SGBV services through gender training, public gatherings, FANA Radio airtime, and school mini-media platforms. Major challenges include a significant budget deficit, lack of expert resources for preparing materials, the additional workload of committee members, and transportation issues to reach rural areas. The ongoing conflict in various location in the zone further hampers information dissemination.

j. Feedback Mechanisms on Access to Information and Services to SGBV

Across various service providers in the South Wollo Zone, there is a consistent pattern regarding the lack of effective feedback mechanisms to monitor and evaluate services provided to survivors of SGBV. Institutions such as the Dessie Hospital OSC and the Zone Health Department, which serve to a significant number of survivors, do collect feedback but lack structured and systematic ways of utilizing this data for service improvement. For example, while survivors can leave feedback through comment boxes or record books at these health institutions, the feedback may not be meaningful or sufficiently detailed, and no formal mechanisms exist to include and for evaluating the effectiveness of these inputs. The WSAO reported that survivor feedback is collected through comments and suggestions from public meetings, customers opinion and input from users in suggestion box. Nevertheless, there is no formal approach to integrate such feedback and ensure that the services are aligned with the needs of the survivors.[101] This issue is mirrored in the legal service institutions, including the South Wollo Zone Police, Justice Office, and Court Office. These institutions do not have formal feedback systems for survivors to share their experiences or suggest improvements. The absence of such mechanisms contributes to an inability to assess or improve the quality of legal services provided to survivors. The South Wollo Zone Police, for instance, reported limited service provision to 117 survivors in the past year, but without

[100] Interview with Haylu Tadese, Committee Secretariat, Coalition Committee for the Prevention and Elimination of Harmful Traditional Practice, Dessie Town, November, 06, 2024.
[101] Interview with Ayalew Ahmed, Supra *note* 64.

feedback systems in place, there is no clear way to evaluate or enhance the quality of services offered.

Even within the NGO sector, although feedback is collected through various means such as face-to-face discussions, complaint boxes, and phone/email, the overall effectiveness of these feedback remains low. The feedback collected through these channels has not resulted in substantial improvements in service utilization or community awareness. For instance, Save the Children, an NGO operating in the area, served 26 survivors, and while feedback is gathered, it remains unclear how these insights are used to improve service delivery.

iii. Survivors Experience on Access to Information and SGBV Services

How many SGBV survivors have been reached in the past year?

Service provider	**Number of SGBV Survivors**
Dessie Hospital One Stop Center	320
Police	117
Justice Office	45
Court Office	17
Women and Social Affairs Office (WSAO)	80
Save the Children	26
Zone Health Department	320

a. Access to Information

Information about SGBV services is difficult to access, especially in rural or isolated areas. Survivors often rely on community word-of-mouth or informal channels like women's groups, which are unreliable. For example, Survivor 1 initially learned about services through a local health extension worker after a sexual assault incident, but reported that she only received fragmented information, which made it difficult to navigate the system.[102] She mentioned receiving assistance at a medical facility but faced challenges due to fear of social stigma and lack of clear guidance on where to report the incident. [103]There is fear and stigma associated with seeking help, for both in rural and urban communities, which affects their willingness to inquire about available services. Similarly, survivor 2 was initially informed through school-based gender groups and media, but faced similar difficulties in accessing services due to fear of psychological

[102] Interview with Survivor 1, 0033/TT, 36 years old, housewife, Dessie town, November 09, 2024.
[103] Ibid.

damage from the stigma.[104] Both survivors said that information about available services was limited, difficult to access, and often unreliable.

The overall ratings[105] reveal that survivors generally feel well-informed about health and psychosocial services, but less so about legal services and safety/protection services. The information dissemination mechanisms for legal and safety services appear to be underperforming, with many survivors rating these as poor or fair. Legal services appear to face significant barriers in both information dissemination and effectiveness, suggesting that survivors either aren't receiving adequate information or aren't able to easily navigate the legal system with the support available to them. Health services seem to be the area where survivors report the most satisfaction, with good ratings across all questions. Psychosocial services are rated positively as well, though there is some indication that survivors experience barriers or challenges in accessing them, particularly in comparison to health services. There is a strong indication that safety and protection services, including access to safe houses, are the weakest area in terms of both information dissemination and accessibility.

b. Access to Legal Services

Family pressure to resolve cases through mediation rather than legal means is a recurrent issue. This practice is rooted in cultural norms that prioritize reconciliation over formal justice. Survivors reported significant barriers to legal redress, including the lack of local legal services, societal pressure to accept compensation, and threats or fear of further violence if they pursue legal action. The effectiveness of the legal system is compromised by financial power, with wealthy perpetrators able to bribe or influence the legal process, making it more difficult for survivors to seek justice.

c. Health Care Access

Although survivors receive medical treatment for the physical effects of sexual violence, there is a widespread concern that the care is not holistic. Medical support is often limited to physical injuries, with psychological support lacking in many cases. The geographical distance to high

[104] Interview with survivor 2, 0044/SJ, Student, Dessie town, November 09, 2024.
[105] From the two Interviews and FGD with survivors, November 09, 2024, Dessie Town.

health facilities, along with transportation and financial constraints, limits access to timely and adequate care, particularly for those in rural areas. There is an identified need for better integration of medical, psychological, and legal services to provide comprehensive support for survivors.

d. Access to Psychosocial Support

While some survivors receive psychological counseling at health centers, the availability of specialized psychosocial services is very limited. Survivors frequently report a lack of ongoing support after initial treatment. The stigma surrounding sexual violence and limited public awareness of available psychosocial support services further isolates survivors from receiving adequate emotional and psychological care.

e. Access to Safe Houses/Shelters

Safe houses are scarce all over the zone and the one and only in Dessie city provide services for women with severe physical injuries or special medical needs (e.g., fistula, pregnancy-related complications). Survivors are often sent back to unsafe environments after receiving medical treatment due to the lack of sufficient shelter services and protection measures. The critical gap in the availability of safe spaces where survivors can live without fear of further violence, significantly undermines their recovery and safety.

iv. Key Trends on access to Information across Services

Service Category	Information Dissemination	Barriers
WSAO	- Information mainly obtained through rumors, local community interactions (e.g., mosque, shopping). - Health extension workers and local groups (women's association) provide some access. - Stigma and fear of being judged prevent active seeking of information.	- Limited, inconsistent information distribution - Fear of stigma and judgment inhibits seeking help

Legal Services	-Information is disseminated through leaflets, brochures, community meetings, and training. -Zonal justice bureau provides active law education at various levels. -Physical awareness programs; through community meetings and training.	- No consistent dissemination in multiple formats or languages. -Limited accessibility, especially in rural areas; Challenges in mobilizing communities due to ongoing conflicts. - Societal norms/resistance, - No consistent and dedicated resources/platforms specifically for survivors education and outreach.
Health Services	- Information about health services is disseminated via Dessie FM radio, leaflets, posters, public meetings, schools, women's groups/volunteers, and health extension workers.	- Rural residence of many survivors limits access to information, particularly in remote areas. - Survivors, especially those with low education, are not fully aware of services, limiting their access to help. - Limited awareness in rural populations, particularly those with low literacy or education.
Psychosocial Support	- Information disseminated via workshops, trainings, awareness creation sessions, and the Gender-Based Violence Prevention Committee. - Information distributed through platforms like leaflets, posters, social workers, and awareness raising in IDP camps. - CSOs (e.g., Plan International, Save the Children, FRC) engage in community outreach efforts and collaborate with health institutions. - Information is shared in Amharic, Afaan Oromo, and English to ensure cultural sensitivity. - Plan International works on culturally sensitive communication through local committees.	- Limited public awareness about available services and stigma surrounding seeking help. - Challenges in reaching marginalized groups, such as those with visual and hearing impairments. - Lack of professional capacity to provide trauma-informed care at all levels. Limited community involvement in the design of information dissemination efforts.

Safe Houses/Shelters	- CSOs (e.g., FRC, WE Action) provide material and budget support to shelters, collaborating with AWSAD for safe house services. - FRC and WE Action focus on distributing information via leaflets, social workers, and awareness raising in IDPs camps. - Save the Children uses health and nutrition mobile teams to expand service delivery and reach underserved populations. - Limited information dissemination in rural or isolated areas, often relying on informal networks like community word-of-mouth. - Community engagement practices in place, though challenges persist in reaching all survivors.	- No government-run emergency shelters or safe houses available for survivors. - Cultural stigma and fear of repercussions prevent many survivors from seeking shelter and protection services. - Survivors face the risk of being sent back to unsafe environments due to the lack of sufficient shelter services. - Community discrimination-Survivors often face community isolation and discrimination when seeking shelter.

Part II: Service Mapping Analysis

The South Wollo Zone WSAO plays a pivotal role in the provision of services to survivors of SGBV. The office has established policies and guidelines, developed and approved by both federal and state governments, to ensure the creation of SGBV service provision centers. Services for survivors are offered through key facilities such as the Dese Hospital and the Dese Maternal and Child Care Center, where a One Window Service Center (OSC) provides integrated medical, psychological, legal, and protection services.

The office actively coordinates efforts with NGOs to enhance service delivery. They provide support by facilitating awareness campaigns and offering suitable working conditions for NGOs. More than eight NGOs, alongside governmental bodies like the WSAO, the Justice system, Police, and Courts, contribute a range of services, including legal, psychosocial, safety, and health support for SGBV survivors.[106] Despite the availability of various services, resource allocation remains a challenge. The One Window Service Center has been instrumental in providing medicines, training, and funding for professionals, but there is still a shortage in supplies, particularly in terms

[106] Interview with Meseret Shimels, Supra *note* 73.

of medicines.[107] Services are accessible at multiple levels, including zonal, district, kebele, and lower administrative levels, ensuring wide coverage and outreach across the region.

1. Health Care Services - Dessie General Referral Hospital

- **Services Provided**: comprehensive post-rape care, STI treatment, emergency contraception, PEP for HIV, forensic services, reproductive health care, mental health care, HIV care, crisis counseling, and more.[108]
- **Personnel**: Doctors, nurses, midwives, gynecologists, psychiatrists, psychologists, all trained in SGBV care.
- **Challenges**: Lack of medicines (especially mental health), insufficient training for all relevant experts, lack of NGOs providing material support.
- **Confidentiality**: safe and confidential space.
- **Available Kits**: post-rape kits available (PPE, emergency contraception, STI medicines).

2. Psychosocial Support

- **Services Provided**: psychosocial support group activities, individual counseling, crisis counseling, and case management inside the referral hospital.[109]
- **Personnel**: Supported by trained volunteers and partners.
- **Challenges**: Some medical services unavailable in local hospitals, difficulty in affordability of medications.
- **Confidentiality**: private spaces available.
- **Reach**: Services provided at the Zonal and Woreda level and IDPs centers.

3. Safety and Protection

- **Services Provided by FRC**: Safety and security, safe houses, hygiene kits, non-food items, food distribution, health care, and education in IDPs.[110]

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[107] Interview with Sister Aberash Ayalew, Nurse, Dessie Hospital one stop center, Dessie Town, November 08, 2024.
[108] Ibid.
[109] Interview with Meseret Shimels, Supra *note* 73.
[110] Interview with Melkam Tesema, Child Protection and Gender Coordinator, Save the children, Dessie Town, November 12, 2024.

- **Challenges**: Limited capacity, no legal coordination with law enforcement, no special accommodations for survivors with disabilities.
- **Target Group**: Services for children, adolescents, and adult women.
- **Confidentiality**: Specific measures are there for confidentiality for survivors.

The Association for Women's Sanctuary and Development (AWSAD) in Dessie town provides a broad range of services to survivors of SGBV.[111] Survivors come from the closest areas in Afar region, North Wollo, Wag Umra, and North Shewa zones. Their services include safety planning, temporary housing, security patrols, food and non-food aid, health care (including reproductive health), hygiene kits, education, vocational training, and rehabilitation support. AWSAD serves a diverse group of survivors, including children, adolescents, adult women, and boys under 7 years old. Notably, the organization offers disability-centered services, prioritizing survivors with disabilities for financial aid and training.

AWSAD has assisted 625 survivors in the past year, providing shelter, food, and health care, although the center's capacity is limited to 30 individuals at a time. Due to high demand like during the northern-armed conflict, they sometimes accommodate up to 50 survivors by using mattresses in place of beds to accommodate the influx. While AWSAD coordinates with law enforcement and legal agencies to provide survivors with legal support at no cost, challenges persist, including delays in legal processes and the psychological impact on survivors due to unsuccessful legal actions. Additionally, budget shortages, inadequate food supplies, and limited space for services are significant hurdles. Despite these difficulties, AWSAD remains committed to serving all survivors that seek assistance; and providing vocational training and business startup money to ensure sustainable rehabilitation of survivors.

4. Vocational Training and Economic Empowerment

Vocational training plays a crucial role in the economic empowerment and sustainable rehabilitation of survivors at AWSAD, helping them gain valuable skills such as sewing and handcrafts to support their income generation.[112] AWSAD in collaboration with other international

[111] Interview with Azeb Shiferaw, Social Worker, AWSAD, Dessie town, December 19, 2024.

[112] Ibid.

CSOs also provides business startup capital to help survivors effectively engage in income generation activity once they left the center. However, a significant challenge faced by the organization is the limited capacity to provide sufficient startup funds to support these survivors in launching their own businesses. Without sufficient financial resources, many survivors struggle to establish sustainable livelihoods after completing their training.[113]

5. Legal Services

The legal services provided by the Justice Office, the Police, and Court are integrated to the OSC, aiming to support survivors through various stages of the legal process. The Police Office handles basic legal services, investigations, and case management, but struggles with limited knowledge and skills of staff, victims' fear of reporting, and lack of logistics that affect the investigation process.[114] Similarly, the Court facilitates criminal hearings, including closed hearings for victims, though it faces issues such as insufficient evidence, ineffective investigations, and lack of trained staff on handling SGBV cases. Despite these challenges, legal services are available at both Dessie Town and Woreda levels encompassing the kebeles within the structure.[115]

[113] Interview with Abebaw Ayele, Child Protection and Gender Coordinator, Save the children, Dessie Town, November 24, 2024.
[114] Interview with Fatuma Fentaw, Legal services, Dessie Hospital one stop center, Dessie Town, November 24, 2024.
[115] Ibid.

I. Service Mapping Table for SGBV Survivors in South Wollo Zone

Service Category	Institution	Services Provided	Challenges	Personnel/Trained Staff	Location/Access
Health Care Services	Dessie General Referral Hospital	Comprehensive post-rape care, STI treatment, Emergency contraception, Forensic services, HIV care, etc.	Lack of medicine, lack of training for some experts, reduced NGO support, and challenges with material support.	Doctors, Nurses, Psychiatrists, Psychologists, Midwives, Gynecologists	Hospital-based, accessible to local population
Psychosocial Support	EOTC-DICAC	Group activities, case management, crisis counseling, and individual counseling.	Limited access to few women, medical services, medication affordability issues.	Trained volunteers, partner organizations	Hospital based, Woreda-level, IDPs centers, Host Communities
Safety and Protection	FRC (Finnish Refugee Council)	Safe houses, security, hygiene kits, food distribution, non-food items, education in IDPs camp.	Limited capacity, no disability accommodations, no legal coordination.	Trained staff, volunteers, and partner organizations	Available to children, women, and adolescents in IDPs camp
Safety & Security	AWSAD	- Safety and security planning for survivors -Patrols/security services for those who have threats -Safe houses (temporary accommodation) up to 30 survivors, extending to 50 when needed (mattresses used in high demand) Food aid/food distributions - Non-food items provided - Health care (including reproductive health) - Care for STDs - Health costs covered for other medical treatment needs - Coordination with legal actors (police, justice bureau, courts) - Private Transport and miscellaneous costs for legal services covered - Priority services for persons with disabilities - Special support, including	-Shortage of space, limited rooms for services - Bed shortages during high demand -Shortage of variety and nutritious food - Psychological impacts due to legal process delays	Services for children, adolescents, and women - Support for male survivors (boys below 7 years old) -Limited ability to accommodate male survivors above 7 years old due to safety and psychological wellbeing concerns for women survivors	-Dessie town, (Usually known as Pepsi area); -Kombolcha town

		financial aid and income generation training			
Education & Vocational Training	AWSAD	- Vocational training (sewing, handcrafts) to support income generation - Education services - Provide startup money to support rehabilitation of survivors	- Insufficient budget for rehabilitation startup - Challenges in providing long-term vocational support and financial aid		Dessie and Kombolcha towns
Legal Services	South Wollo Zone Justice Office	Free legal services, criminal case prosecution and judgment.	Survivors' fear of society rumor and stigma, lack of awareness, and pressure from family, limited logistics and budget.	No special staff; police assist with investigations,	Dessie Town, and Woreda level
	South Wollo Zone Police Office	Basic legal services, investigation and case management.	No specialized training, victims' fear of reporting, lack of police support due to security of the region, lack of	No training for police staff,	Dessie Town, at each Woreda level
	South Wollo Zone Court	Criminal hearings, closed hearings for victims, case investigations.	Lack of sufficient evidence, ineffective investigation processes, insufficient training for court staff.	No specially trained staff	Dessie Town, and at each Woreda

CSOs Support to Survivors	CIFA ETS, CARE Ethiopia, Medical Teams International, Ethiopian Red Cross, IOM, UNICEF World Vision FHI 360 Plan International Ethiopia	Protection, sanitation and shelter for conflict-affected displaced and urban communities, GBV prevention and response and psychosocial support services Nutrition, HIV and AIDS, family planning, maternal and child health, livelihoods, strategic behavior change, capacity building, gender, and education. GBV response-support victims of sexual violence through a one-stop center and Safe House. Protection and Empowerment of Women and Adolescent Girls at Risk and Affected by SGBV, Psychosocial supports counseling, occupational therapy, SRH information and services, the reintegration of survivors into the community.	Budget constraints, safety and security concerns in conflict affected communities that limit access and mobility, duplication of efforts and limited coordination and collaboration efforts, low impact and sustainability	All trained staff	Dessie and Kombolcha towns, few Woreda towns

Amhara Region, North Wollo Zone, Woldia Findings

Part I: Access to Information and SGBV Services

i. Access to Information and SGBV Services

The WSAO[116] is involved in raising awareness and disseminating information about SGBV services to the community. The key informant, who has received training and is responsible for overseeing SGBV-related initiatives, highlighted that information about available services is accessible to the public through various platforms, such as community dialogues, meetings, and through social service workers who provide outreach in different areas. However, despite these efforts, the key informant noted challenges such as social isolation and intimidation of victims, which hinder survivors from fully accessing and utilizing available services. While there are systems in place to share information and support victims, such as one-stop service centers, more widespread awareness and cultural shifts are needed to enhance the impact and reach of these services. Feedback from survivors is collected but is currently not utilized to make service improvements. Additionally, there are gaps in the services provided, such as the lack of sufficient safe houses in several areas and the need for greater awareness campaigns to address the root causes of SGBV.[117]

On the other hand, both survivors mentioned challenges in accessing information. The first survivor[118] highlighted that rural areas are often underserved, and information about SGBV services is infrequent, making it difficult to access. The second survivor[119] also noted limited information exposure, though they were aware of peer education at school, showing that some channels of information exist but are not widely available. Information was typically shared through community volunteers (e.g., women in the kebele, local health extensions, peer-to-peer education). This shows that interpersonal communication and local networks are key methods of information dissemination in these areas. However, the survivors reported that these

[116] Interview with Mulu Tesema, Protection cluster Focal and Team leader, Women Children and Social Affairs Office, Woldia town, Tuesday, October 29, 2024.
[117] Ibid.
[118] Interview with Survivor 1 (Code), 17 year old, from Mehal Amba (መሃል አምባ) Kebele, Habru (ሃብሩ) Woreda, at Woldia Hospital, Tuesday, October 29, 2024.
[119] Interview with Survivor 2 (Code), 15 year old, from Wetek (ወጤቅ) Kebele, (ጉባ ላፍቶ) Woreda, at Woldia Hospital, Tuesday, November 02, 2024.

communication modes were not always consistent or comprehensive, leading to gaps in awareness. Moreover, the survivors mentioned that the information they received was not always in a language or format they could easily understand. This points to a need for clearer, more accessible language and formats to ensure the target population, especially survivors, can fully comprehend the resources available. Both survivors showed awareness of the services available, but this knowledge was limited, with the first survivor stating that it was difficult to find information due to shame and fear of seeking help.

ii. Access to Services

a. Geographic Distribution of SGBV Services

The services for SGBV survivors in the North Wollo Zone are distributed across different levels and institutions. In Woldia City, key services include the Woldia City Referral Hospital, health centers, police department, justice office, and courts. However, there is a notable absence of safe houses in the city and the entire zone. In the broader North Wollo Zone, there are several institutions available to support survivors, including 16 police stations, justice offices, and health centers across all Woredas. Additionally, in the 287 Kebeles, while there are no justice offices and health centers, there is a social court for each Kebele. There is one IDPs center, Jara IDPs camp in Habru Woreda hosting 9,889 IDPs and administered by the regional disaster risk management bureau. The Zonal disaster risk prevention office coordinates services for IDPs. There are health care services provided inside the camp, but for higher medical facility needs survivors come to Woldia city referral hospital which is around 60 k.m away.

Service Provider	**Number**	**Geographic Coverage**
Hospitals	5	Woldia, Lalibela, Felaqit (ፍላቂት), Mersa, and Kobo
OSCs	3 functional	Woldia, Lalibela and Felaqit (ፍላቂት) are functional Mersa have SGBV room in support of FGA, No OSC in Kobo
Health Centers	16	Spread across the Woreda,
Safe Houses	0	No safe houses available
Police Offices	1 (Woldia City), 16 (Woreda level)	Available at Woreda and (Woldia City) levels

Courts	1 (Woldia City), 16 (Woreda level)	Available at Woreda and (Woldia City) levels
Justice Offices	1 (Woldia City), 16 (Woreda level)	Available at Woreda and urban (Woldia City) levels
Women and Social Affairs Offices	1 (Woldia City), 16 (Woreda level)	Available at Woreda and urban (Woldia City) levels

b. Access to Health Services

Information about SGBV services is disseminated through local health extension workers, volunteers in religious institutions, and health centers.[120] Awareness programs target key community members such as religious leaders and women's associations. However, the reach is limited, particularly in areas facing security challenges. Information is primarily available in Amharic. Additionally, while brochures and awareness campaigns are utilized, the effectiveness of these tools is hindered by limited resources, such as a lack of diverse formats or languages and logistical challenges due to ongoing security concerns.[121]

The hospital and health centers provide medical services, HIV testing, and pregnancy testing.[122] Psychosocial support is available at one stop center in Woldia hospital. However, specialized services like shelters or safe houses are unavailable. There is an attempt to establish OSC at the Zonal Health Center in Woldia city, but these services are not integrated across sectors (health, legal, and psychosocial). The reach of services is inconsistent, particularly with areas experiencing security issues significantly limiting access. Additionally, not all kebeles and woredas are covered by awareness programs, and coverage is partial due to logistical and resource constraints.[123]

The physical accessibility of service centers is generally poor in conflict-prone areas.[124] Transportation to health facilities and other service points is often a barrier for survivors, especially in remote areas. The limited specialized services in the rural areas and lack of comprehensive infrastructure, and economic barriers on the part of the survivors leads to compounded challenge

[120] Interview with Jemal Mohammed, RH and SGBV Focal, North Wolo Zone Health Office, Woldia town, October 26, 2024.
[121] Ibid.
[122] Interview with Sister Melkam, one stop center service coordinator, Woldia Hospital One Window Service, Woldia Hospital, Tuesday, October 29, 2024.
[123] Interview with Jemal Mohammed, Supra *note* 120.
[124] Interview with Mulu Tesema, Supra *note* 116.

to accessibility.[125] Health service providers are not deeply integrated with legal mechanisms, making it difficult for survivors to seek legal protection or take action against perpetrators.[126] Health workers and service providers are trained to handle SGBV survivors, although there are calls for increased professional training to improve service delivery and ensure trauma-informed care. Services show awareness of cultural norms, but there is room for improvement in terms of providing culturally sensitive care, especially when dealing with diverse populations. The one stop center inside Woldia General Specialized Hospital adheres more to the survivor centered approach whereas health centers struggle to develop structures.[127]

Community outreach such as the use of local influencers for information dissemination is good practice, but limited by security concerns and a lack of resources. Still, the broader community is not sufficiently engaged. Social isolation and the stigma surrounding SGBV continues to prevent individuals from seeking help and accessing support. Moreover, Economic barriers are significant, as survivors often cannot afford transport or medical costs.

c. Legal Services: Police, Prosecutor, and Courts

In the past year (2023/2024), 37 survivors (6 adults and 25 children) received legal services.[128] These services are provided through formal criminal procedures, though the number is relatively low compared to the reported number of SGBV cases from other entities in the Zone. In contrast, the court[129] handled 6 successful cases for survivors, though this is a small number considering the number of reported SGBV cases to the police and justice office. The low number of cases processed further emphasizes the barriers in accessing justice.

The police[130] use social media and brochures to disseminate information. However, the limited resources, including lack of collaboration with NGOs, hinder broader outreach and effectiveness. While some dissemination is happening, it is not reaching all survivors, especially in remote areas. The prosecutor's office[131] has some collaboration with NGOs and community organizations to

[125] Ibid.
[126] Interview with Sister Melkam, Supra *note* 122.
[127] Ibid.
[128] Interview with Yemer Abate, North Wolo Zone Justice Department, Woldia town, October 26, 2024.
[129] Ibid.
[130] Interview with Commander Bethelhem Gashaw, Women's and Children's Representative, North Wolo Zone Police Department, Woldia town, October 26, 2024.
[131] Interview with Yemer Abate, Supra *note* 128.

raise awareness, using public education campaigns to inform the community and increase legal literacy. However, there are challenges with the reach of these efforts, particularly due to current security and mobility issues. As indicated by the police and justice bureau Major challenges in disseminating information include security issues, limited budget, and lack of resources to engage in widespread outreach. These challenges also prevent police from creating and executing effective campaigns to educate the community and raise awareness about legal rights. The court's efforts at information dissemination are not well-established. There is no formal strategy or collaboration with external organizations, and the lack of dedicated resources or staff impedes the court's ability to effectively communicate services to the broader community.[132] This lack of collaboration restricts the outreach and holistic support available to survivors. In terms of language, the police do not provide information in multiple user-friendly languages or accessible formats. This lack of accommodation is a significant barrier, especially in diverse communities with low literacy and familiarity with legal language. The same is indicated at the prosecutor and court.

There is no dedicated special investigative unit for SGBV cases in the police force.[133] Investigators do not specialize in handling SGBV, which affects the quality of investigations and legal proceedings. Similarly, the prosecutor's office lacks dedicated staff exclusively for SGBV cases.[134] In rare instances, a Woreda may have a focal person for SGBV issues, but this is not the case for all locations in the Zone. Like the police and prosecutor's office, there is no dedicated unit or staff within the court system for SGBV cases.[135] This lack of specialization across all three institutions highlights a systemic gap in handling SGBV cases effectively.

Key barriers include community reluctance to report, social pressure to resolve matters privately (often through mediation), and inadequate evidence gathering by the police. These barriers significantly hinder the ability of survivors to seek justice. The prosecutor's office faces similar barriers, including societal attitudes, mistrust in the legal system, and survivors' reluctance to come forward to testify due to fear of stigma and retaliation. Additionally, the lack of widespread media attention and government focus on the issue limits public awareness.

[132] Interview with Maritu Belay, Gubalafto Woreda Court, Woldia town, October 26, 2024.
[133] Interview with Commander Bethelhem Gashaw, Supra note 130.
[134] Interview with Yemer Abate, Supra *note* 128.
[135] Interview with Maritu Belay, Supra *note* 132.

d. Safe Houses and Protection

Safe houses and shelters for survivors of SGBV are largely unavailable, creating a significant gap in the protection and care of survivors.[136] While medical and psychological services are provided, there is no infrastructure to offer immediate housing or safe accommodation for those at risk of further harm. SGBV survivors becoming inpatients with the need to be admitted to a hospital for extended treatment or monitoring are transferred to the general hospital ward along with other inpatients. Additionally, health service centers are unable to offer physical protection or relocation services for survivors, exacerbating the challenge of ensuring their safety from perpetrators.[137]

There was a temporary protection services provided by WSAO in collaboration with OXFAM for SBSV survivors for the past 4 months starting September 2024.[138] The service aimed to provide temporary shelter for economically disadvantaged women from remote rural areas, offering protection for those at risk after seeking medical care at the hospital in Woldia town. The WSAO rented a private house and facilitated basic needs like mattresses, sheets, blankets, and hygiene kits while survivors stay in the house. Additionally provided transport fees for survivors returning home after treatment. The service prioritized people with disabilities (PWD), ensuring they received support first. Critical gaps include: the service faced logistical challenges, such as full rental spaces and the lack of finances to support additional survivors, leading to some women being turned away without shelter or assistance. There was difficulty in customizing services for different age groups, especially for children and young adolescents. Efforts to collaborate with local law enforcement for better security were insufficient, and there were gaps in coordination that impacted the service's reliability.

The shelter arrangements were temporary and not secure enough to guarantee safety, even though efforts were made to provide security services, such as patrols. However, security issues did not arise. The rented accommodations lacked food, and WSAO buys food from nearby hotels. Moreover, limited financial support for survivors and insufficient information about the services were key challenges. This lack of awareness meant that most of the community, including people with disabilities, were unaware of the services offered. The service had no provision for health

[136] Interview with Sister Melkam, Supra *note* 122.
[137] Ibid.
[138] Interview with Mulu Tesema, Supra *note* 116.

services, sexual and reproductive health (SRH), or educational activities for women, which are typical components of a proper safe house. The service was designed to be short-term (four months), and it ended when the project funding from OXFAM ceased, leaving the WSAO in discussions with other partners to potentially resume the program.[139]

e. CSOs Role in Access to Information and SGBV Services

International NGOs such as FHI 360[140] and Plan International[141] contribute in improving access to information regarding services available to survivors of SGBV. Both organizations leverage multiple platforms, including community forums, health institutions, women's associations and girls' clubs, to raise awareness and provide information on available services. FHI 360 specifically highlights the use of international events and women's associations (formal and informal) to spread awareness, while Plan International emphasizes community-based dissemination through educational and health institutions. Despite these efforts, barriers such as insecurity and threats, insufficient resources, and limited manpower have hindered their ability to reach the community effectively. Both organizations offer the information in Amharic and English, ensuring accessibility for a broader population, while FHI 360 further enhances access for people with disabilities by conducting door-to-door visits.

In terms of providing services, FHI 360 and Plan International have been instrumental in offering a range of supports for SGBV survivors, including psychosocial support, and healthcare. Plan international supports survivors to access legal services. FHI 360 served 149 survivors in the past year, while Plan International supported over 200 women. The effectiveness of the services is measured through feedback mechanisms such as one-on-one discussions, complaint boxes, and surveys. Both organizations have seen an increase in service utilization due to better dissemination of information and community engagement.

[139] Ibid.
[140] Interview with Lemlem Eshetu, Protection Specialist, FHI 360, Woldia town, October 31, 2024.
[141] Interview with Getahun Desalegn, CPIE and SGBV Office, Plan International Ethiopia, Woldia town, October 30, 2024.

f. Feedback and Monitoring Mechanisms

There is a lack of formalized monitoring, evaluation, and feedback mechanisms across service providers, which limits the ability to assess the accessibility, quality, and effectiveness of services for SGBV survivors. Feedback is often gathered informally through survivor follow up visits, but these interactions do not provide a structured or systematic way to improve services. And there is no consistent process to track or evaluate this information. The WSAO and the one stop center have suggestion box to gather feedback from survivors. The police, prosecutor's office, and courts all lack formal feedback mechanisms to gather and act on survivor input. The absence of comprehensive data collection and analysis across all sectors means that service providers miss valuable opportunities to improve the survivor experience and ensure accountability in service delivery. The experiences of international organization operating in the area have better practices when it comes to collecting feedback and incorporating it to enhance service delivery. Plan international and FHI incorporate feedback from survivors and the community into future planning, ensuring that services continuously improve. Furthermore, community involvement in the design and delivery of services, through coordination with local organizations and training, has contributed to a more responsive and adaptive approach to SGBV care.

iii. Survivors Experience on Access to Information and SGBV Services

How many SGBV survivors have been reached in the past year?

Service Provider	Number of SGBV Survivors Served (Past Year)
FHI 360	149 women received psychosocial support at Woldia OSC
Plan International	200+ women served with free legal aid, psychosocial, and financial assistance
Zonal Justice Bureau	159 reports of SGBV
Prosecutor's Office	47 successful prosecutions
Police	37 survivors approached for reporting (6 adults, 25 children)
Court	6 entertained cases-3 got convictions successfully

The findings from the FGD[142] with five and interview with two SGBV survivors reveal significant gaps in access to various services. In terms of psychosocial support**,** 5 survivors were unaware of the services available, while only 2 survivors were aware and had received support. Regarding

[142] FGD with Survivors, December 15th, 2024, Woldia Town.

health care services**,** all survivors were able to access the care they needed, while there is a difference in the information they have and the types of health services they seek. For legal services**,** just 1 survivor was informed about their legal options and received support, leaving 6 survivors without the necessary information or assistance. In terms of safe houses**,** none of the survivors had access to shelter or protection services, while 6 have no information about the service at all. Moreover, the service centers are distant or difficult to reach for survivors, as service centers are concentrated at Woldia town. The survivors mentioned that they accessed health services, such as medical care, HIV testing, and pregnancy checks. However, they did not pursue other services like legal support, psychosocial care, or shelter, indicating that there is limited integration of services across sectors (health, legal, psychosocial, and safety).

a. Psychosocial Support Services

A significant number[143] of survivors (around 71.43%) reported a lack of awareness regarding the availability of psychosocial support services. Many survivors only learned about such services after receiving medical care at hospitals, indicating a significant gap in information dissemination. The frequency of survivors accessing psychosocial support services was low, with about 28.57% of those who were aware of the services actually utilizing them. These survivors who accessed the services reported mixed experiences, with some mentioning that the support was beneficial, but inadequate availability and lack of local access were recurring concerns.

b. Health Care Services

The availability of health information seemed slightly more accessible than psychosocial support, with approximately 57.14% of survivors[144] being aware of and 100% receiving health-related services such as pregnancy care and HIV testing. However, differences remain in the types of services and the time they seek health services. Whereas a significant portion of survivors[145] 42.86% still reported barriers to accessing health care services due to fear, stigma, and embarrassment. While many of those who did seek medical care received immediate attention and assistance, only about 5 survivors reported receiving follow-up care or long-term medical support.

[143] Out of 7 survivors 5 survivors reported.
[144] 4 out of 7 survivors.
[145]3 survivors out of 7.

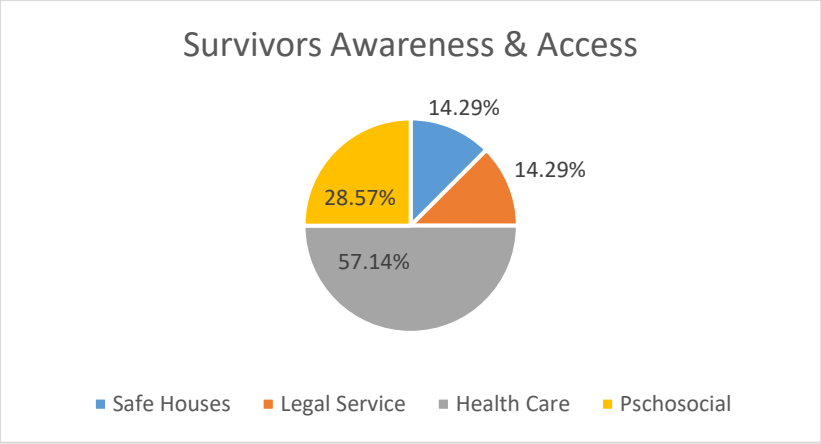
This suggests that while health services are more widely accessed, there is still a room for improvement in ensuring continuous care for survivors.

c. Legal Services

Access to legal services was considerably more limited, with about 85.71% of survivors[146] reporting knowledge of legal rights. Among these, even fewer around 14.29% actually have information on the and available legal assistance and sought legal support, as many survivors were deterred by fear of retaliation and cultural stigma. A common theme was the uncertainty about legal processes, with many survivors not knowing where or how to report their cases. This indicates a severe gap in both awareness and access to legal services for SGBV survivors.

d. Support and Protection (Safe Houses)

Information on safe houses and shelters was reported by only about 14.29% of survivors[147], highlighting a severe shortage of protection services. Many survivors, 85.71% were completely unaware of the existence of such facilities, and even those who had heard of them often had no knowledge of how to access them. As reported by one survivor, even if awareness about the services is there, the limited availability and geographical inaccessibility of shelters could be a major barrier to seeking help. The general lack of safe spaces left many survivors feeling unprotected and unsupported.



[146] 1 survivors out of 7.
[147] 0 survivors out of 7.

e. Specific Challenges to access information and Services

Lack of Information was the most prevalent challenge. Survivors had limited access to information about available services, hindering their ability to seek help when needed. Social stigma surrounding SGBV was a significant obstacle. Survivors reported feelings of shame, fear of judgment, and cultural barriers that prevented them from accessing support. Economic difficulties were another major challenge, with survivors often unable to afford the costs associated with seeking help, such as transportation or medical care. Geographic and social isolation made it harder for survivors to reach support services, as well as to connect with others who could provide assistance. Survivors faced pressure from family or social circles to stay silent, report the violence, or avoid seeking legal and medical help. Legal services were perceived as difficult to access, whether due to lack of knowledge, fear of retaliation, or the complex nature of navigating legal systems.

iv. Key Trends on access to Information across Service Categories

Service Category	Information Dissemination	Barriers
WSAO/Social Services	- Community dialogues, meetings, and outreach by social service workers.	- Social isolation and intimidation of victims hinder access.
	- Awareness through community volunteers and peer education (e.g., women in the kebele,	- Limited exposure in rural areas and inconsistent, insufficient information dissemination.
	- Widespread awareness needed to enhance services' impact.	- Fear, shame, and lack of open communication prevent survivors from seeking help.
Health Services	- Local influencers and community outreach, local health extensions).	- Security concerns and lack of resources limit engagement.
	- Use of social networks for information sharing, although not comprehensive.	- Economic barriers (e.g., transport and medical costs) prevent access.
	- Health centers provide services but have limited resources for financial support.	- Social stigma surrounding SGBV continues to hinder help-seeking behavior.
Legal Services	- Police use social media and brochures for information dissemination.	- Limited collaboration with NGOs and outreach, especially in remote areas.
	- Prosecutor's office collaborates with NGOs for awareness campaigns and community education.	- Lack of resources, budget, and widespread outreach efforts, particularly for remote areas.
	- Courts provide limited information, without formal strategies or collaboration with external organizations.	- Security concerns and lack of engagement prevent effective outreach.
	- Lack of accessible information in user-friendly languages/formats.	- Community reluctance to report, societal pressure for private

		resolution, inadequate evidence gathering.
		- Mistrust in the legal system, fear of stigma/retaliation, and survivors' reluctance to testify.
		- Survivors influenced by families or communities not to pursue legal action.
Safe Houses and Protection	- No widespread dissemination about the availability of safe houses.	- Lack of safe houses and shelters for survivors.
		- Survivors are transferred to general hospital wards without adequate protection.
		- Health service centers cannot offer physical protection or relocation for survivors.
CSOs (FHI 360 & Plan International)	- Utilize community forums, health institutions, women's associations, and girls' clubs for raising awareness.	- Insecurity, insufficient resources, and limited manpower hinder effective reach.
	- FHI 360 uses international events and door-to-door visits to improve awareness, including accessibility for people with disabilities.	- Limited access to underserved areas due to logistical and security constraints.
	- Plan International focuses on community-based dissemination through educational and health institutions.	- Limited resources and security threats affecting the scope of service provision.
	- Information shared in Amharic and English, with FHI 360 ensuring accessibility for people with disabilities.	- Insufficient resources to reach all target populations in remote or high-risk areas.

Part II: Service Mapping Analysis for SGBV Survivors

a. Health Care Service Providers

The health care services available for survivors of SGBV in the Woldia area are primarily provided by Woldia Referral Hospital and Woldia Health Center. This institution offer a range of services including comprehensive post-rape care, treatment for sexually transmitted infections (STIs), emergency contraception, HIV/AIDS prevention, reproductive health care, and mental health services. However, the provision of these services faces several challenges, such as inadequate resources, including a lack of essential medicines, specialized professionals like psychiatrists, and shelter services for survivors. Both hospitals lack a structured environment for victim privacy and confidentiality, and there is a noticeable gap in the training of staff, particularly social workers specializing in SGBV. Despite these challenges, medical personnel have received some training on SGBV care, but gaps in capacity building remain.

b. Psychosocial Support Providers

Psychosocial support services for SGBV survivors are provided by Woldia Referral Hospital and Woldia Health Center. These services include case management, crisis counseling, individual and

group counseling, and emotional support. However, the availability of trained professionals is limited, with most psychosocial services being carried out by trained volunteers or partners, including NGOs like FHI360 and Plan International. The key challenge faced by these centers is the limited availability of specialized training for volunteers and social workers, resulting in a potential gap in the quality of care. Additionally, the reluctance of survivors to speak openly about their experiences due to fear or shame impedes effective support delivery.

c. Legal Service Providers

Legal services for SGBV survivors in Woldia are provided by the North Wollo Zone Police Department, the Woldia Court, and the Woldia Justice Office. These institutions handle complaints, referrals, and evidence collection for legal cases related to SGBV. However, they face significant challenges, including a lack of specialized staff and a lack of safe spaces for survivors to share their stories. Security issues further limit access to these services, and there is a notable absence of training on handling SGBV cases. Additionally, survivors often face challenges with evidence collection, witness testimony, and the fear of retaliation from perpetrators, which complicates legal proceedings.

d. Government and Social Affairs Support

The Women and Social Affairs Department in Woldia coordinates services for SGBV survivors through the One Stop Service Center (OSC). This center facilitates the provision of legal, health, psychosocial, and protection services. The department works closely with non-governmental organizations to ensure the availability of resources and services for survivors. Despite the coordination efforts, challenges related to resource allocation and security issues persist. There is also a lack of specific accommodations for survivors with disabilities, although priority is given to their support.

I. Service Mapping Table for SGBV Survivors in North Wollo Zone/Woldia

Service Category	Institution	Services Provided	Challenges	Personnel/Trained Staff	Location/Access
Health Care Services	Woldia Referral Hospital	Comprehensive post-rape care (injury management), STI treatment, emergency contraception (EC), Post-exposure prophylaxis (PEP) for HIV/AIDS, Reproductive health care, HIV treatment, crisis counseling, mental health care	Lack of medicines, non-provision of legal services, absence of accommodation for survivors	Nurses (1), Doctors (3), Midwives (1), Gynecologists (1), Surgeons (1), Psychologists (1)	Woldia town
Woldia Health Center	Comprehensive post-rape care (injury management), STI treatment, emergency contraception (EC), Post-exposure prophylaxis (PEP), Reproductive health care, HIV treatment, crisis counseling, mental health care	Lack of medicines, insufficient space for survivors, absence of medical personnel for SGBV care	Nurses (2), Midwives (2)	Woldia town and 16 Woredas	
Psychosocial Support Services	Woldia Referral Hospital, Amhara Women Association	Basic emotional support, case management, group activities, crisis counseling, individual counseling	Lack of resources, lack of permanent follow-up sessions for social workers	Trained volunteers, staff, partners (NGOs: FHi360, Plan International)	Woldia town
Survivor support Organizations	Plan International, FHI 360, OXFAM, Save the Children	Safety and security, safe houses, food aid, non-food items, health care, psychological support, women-friendly spaces	Lack of resources, security problems, lack of solidarity between organizations	Various staff from Plan International	Woldia town
Legal Service Providers	North Wollo Zone Police Department	Legal services, handle complaints, investigation, and referrals	Lack of collaboration with NGOs, limited resources, Limited dissemination of information, lack of budget and resources to engage in widespread outreach; No dedicated special investigative unit for	No trained staff for SGBV cases, no special unit	Woldia town and 16 Woredas

			SGBV cases, Investigators not specialized in handling SGBV,		
	North Wollo Zone Justice Office	Free legal services, criminal case prosecution and judgment.	Limited collaboration with NGOs, and challenges in outreach due to security and mobility issues; Lack of dedicated staff for SGBV cases, Mistrust in the legal system, societal attitudes, and reluctance of survivors to testify due to stigma and retaliation; Inadequate media attention and government focus on SGBV, hindering public awareness.	No special staff; police assist with investigations	Woldia Town, and Woreda level
	North Wollo Zone Court	Criminal hearings, closed hearings for victims, case investigations.	No formal strategy or collaboration for information dissemination; Lack of dedicated staff or resources for SGBV cases, Security concerns preventing effective outreach and information dissemination, No dedicated unit or staff specialized in handling SGBV cases, affecting case processing and survivor support.	No specially trained staff	Dessie Town, and at each Woreda

Tigray Region, Mekelle-Special Zone and Capital City-Findings

Part I: Access to Information and SGBV Services in Mekelle

i. Access to Information

Mekelle Zone is one among the seven Zones in Tigray region comprising of seven sub-cities and 31 kebeles. As per recent reports, IDPs in Mekelle face significant challenges, including overcrowded shelters, inadequate food supplies, limited access to clean water, and poor sanitation. Despite efforts by NGOs and local authorities, resource constraints and the sheer scale of need have left many IDPs in the city underserved. Mekelle has been a significant host for displaced persons (IDPs) due to the conflict and humanitarian crises in the region. Recently, there are 27 IDP sites in the seven cities of Mekelle city. As of September 2024, data from the Mekelle City Administration's Bureau of Social Affairs and Rehabilitation (BoSAR) indicated that the city was accommodating approximately 29,668 HHs (136,411 people) across various sub-cities.

The WSAO is well-informed and coordinates the services available for survivors and victims of SGBV.[148] As co-leaders of the GBV Area of Responsibility (AoR)[149] in the region, they have comprehensive knowledge of the services offered and the networks involved in providing support. This leadership role ensures they have a strong grasp on the available services in their area. The WSAO disseminates information about SGBV services through multiple platforms to ensure the public aware. These platforms include community outreach programs, media broadcasts, and printed materials like brochures. Moreover, survivors and victims can obtain information about available services from a range of sources, including humanitarian organizations, local civil CSOs, and health institutions. These actors use various methods to share information, making it available to survivors in different ways and from multiple channels. Food distribution events and observances of international awareness days are also significant platforms to ensure the information reaches various segments of the population.[150]

[148] Interviewee A1 (Code), Women and Social Affairs Bureau, November 17, 2024, Mekelle City.
[149] It is under the framework of the Protection cluster to coordinate the response of Child Protection and GBV partners addressing the distinctive needs of emergency-affected, especially the most vulnerable women and children, in non-refugee contexts.
[150] Interviewee A1 (Code), Supra *note* 148.

The WSAO acknowledges that it is not always easy for survivors to access the services. Many survivors face multiple challenges that make it difficult for them to obtain the information they need, indicating that more effective strategies are needed to ensure accessibility. Several barriers prevent survivors from obtaining information about SGBV services. These include language barriers, low literacy rates, limited internet access, social stigma, cultural factors, and fear of retaliation. These obstacles significantly hinder the community's ability to access information and seek the help they need. The current information dissemination efforts have had some positive impact, but their effectiveness remains limited. While the information helps to an extent, it does not fully address the survivors' needs in terms of understanding and accessing the services available. During the conflict, many women and girls became victims of SGBV, and the information provided by NGOs played a crucial role in helping these survivors access the necessary services.[151]

ii. Access to SGBV Services

a. Health Services

The Zonal Health Bureau[152] provides essential services for SGBV survivors through a dual approach of physical and mental health services. This includes the clinical management of rape (CMR) and mental health support, which are delivered across seven OSCs in the region. The Bureau has trained 95 health centers to offer CMR services. In addition, seven OSCs have been established to provide a comprehensive range of services. These centers are designed to offer comprehensive care, including medical, psychosocial, and mental health services. However, challenges such as a shortage of mental health medications and an overwhelming demand for services, especially post-conflict, strain the capacity of these centers. Additionally, there is a lack of clear and uniform guidelines for handling SGBV cases, which creates gaps in survivor care.

Despite efforts to raise awareness through public gatherings, community health mobilization, and trained health extension workers, many survivors remain unaware of available services, often delaying their access to care until it becomes critical. Barriers such as stigma, low literacy, and limited communication channels further complicate access to services. There is also a general lack

[151] Ibid.
[152] Interview A2 (Code), Health Bureau, December 22, 2024, Mekelle City.

of understanding about how to properly address SGBV cases, both by survivors and healthcare providers. The Bureau acknowledges the need for more proactive outreach, improved NGO collaboration, and expanded communication strategies to better reach and serve survivors, especially in remote areas.[153]

The Bureau's communication strategies include raising awareness through community health mobilization campaigns, public gatherings, and food distribution events, which serve as accessible platforms for disseminating information about SGBV services. Health extension workers have been trained to guide survivors in managing disclosures and referring cases to appropriate services. Despite these efforts, challenges persist in reaching all survivors due to limited communication channels and collaboration, particularly those in remote or hard-to-reach areas. Several barriers impede survivors' ability to access critical information, including language differences, low literacy levels, lack of internet access, and social stigma. Cultural factors and fear of repercussions further discourage survivors from seeking or acting on the information. These interrelated factors create a complex barrier to accessing support services.[154]

b. Legal Services

One of the main issues reported by the police[155] is the reluctance of some survivors, particularly women and girls who have experienced sexual violence by relatives, to pursue legal action or bring their cases to court. Additionally, the judicial process tends to be slow, often resulting in delays that discourage survivors from seeking justice. The police department faces significant barriers such as a lack of a specialized investigation unit, insufficient training for staff on handling SGBV cases, and no designated safe space for survivors to feel comfortable and confident during the legal process. There is also a gap in the legal framework, where certain laws do not fully align with the severity of the crimes, further complicating the legal process. Despite these challenges, the police maintain a community-based approach to legal services, where survivors are typically informed about their legal rights and available services through local police networks.

[153] Ibid.
[154] Ibid.
[155] Interview A3 (Code), Police Directorate, December 22, 2024, Mekelle City.

Both the Prosecutor[156] and the Judiciary[157] report that there is no dedicated special investigation unit for SGBV survivors. The Prosecutor mentioned the establishment of an investigative department within the One-Stop Center in 2020, but this has not resulted in a specific team for SGBV cases. Similarly, the Judiciary highlighted that, prior to the Tigray conflict, there was a dedicated courtroom for sensitive cases, including SGBV, but this has been disrupted by the conflict, with resources such as cameras and social workers now unavailable. As a result, SGBV cases are handled alongside other criminal cases without specialized staff or facilities. Both institutions currently lack specific data on the number of SGBV survivors who received legal services in the past year. The Prosecutor noted that there is no tracking system in place for such cases, and the Judiciary echoed this sentiment, emphasizing the lack of designated staff or a separate system for handling SGBV cases. This indicates a significant gap in the ability to monitor and assess the reach of legal services for survivors.

Information dissemination is another area where both the Prosecutor and the Judiciary face challenges. The Prosecutor's office conducts awareness-raising campaigns twice a year, primarily through public gatherings at the Woreda level. These sessions are led by prosecutors and specialists, and involve coordination with local police and government bodies. However, the Prosecutor also pointed out the cultural and social barriers that prevent survivors from attending these gatherings, especially women who may avoid public events.[158] In contrast, the Judiciary noted[159] that survivors generally prefer to seek assistance from women's associations or the community rather than through formal legal channels. They also reported the lack of structured dissemination strategies, compounded by the recent conflict and ongoing security challenges and the absence of collaboration with NGOs. On the other hand, the Judiciary noted the absence of dedicated staff, such as public relations officers, to facilitate information dissemination. They also identified a lack of media engagement and insufficient attention given to SGBV cases as contributing factors to the challenge.

Both the Prosecutor and the Judiciary identified significant social and cultural barriers preventing survivors from seeking legal support. These include stigma within the community and families,

[156] Interview A4 (Code), Justice Bureau, November 17, 2024, Mekelle City.
[157] Interview A5 (Code), Woreda Court, December 22, 2024, Mekelle City.
[158] Interview A4 (Code), Supra *note* 156.
[159] Ibid.

fear of retaliation by the perpetrator, and the preference to resolve issues within the family. The Prosecutor highlighted that many survivors do not pursue legal action due to these cultural pressures, while the Judiciary noted that the community's general attitude towards SGBV cases does not provide adequate protection for survivors, making them reluctant to take legal steps.

Additionally, the Judiciary pointed out that the judicial system itself can be intimidating for survivors, with fear of court procedures and the lack of sensitivity in handling SGBV cases contributing to this reluctance. The Prosecutor's office primarily uses the region's working language for dissemination and employs translators during court hearings to accommodate survivors who speak different languages. Similarly, the Judiciary noted that information is disseminated in Tigrigna, but there is no capacity to provide materials in additional languages or formats.

c. CSOs Support to SGBV Services

NGOs such as EOC-DICAC[160] focuses on psychosocial support for SGBV survivors, reflecting its emphasis on emotional and psychological well-being. Similarly, Food for the Hungary/FH provides psychosocial support but complements it with broader community-based programs, including Boys and Men Engagement and Girls Shine, which focus on gender norm change and longer-term behavioral shifts. EOC-DICAC utilizes community outreach programs**,** awareness sessions**,** and service mapping as key platforms to inform the public about available services. The organization also partners with local structures lik**e** women associations of Tigray and WSAO for referrals, ensuring a coordinated approach. FH[161], on the other hand, integrates information dissemination into food distribution events and public gatherings**.** They also leverage coordination meetings with various government and NGO actors, which enhances their ability to engage stakeholders at different levels. Additionally, FH conducts long-term community programs such

[160] Interview with EOC-DICAC, GBV Prevention and Response officer, November 16, 2024, Mekelle city.

[161] Interview with FH WGSS Project Manager, December 21, 2024, Mekelle City.

as SASA[162] and psychological support programs that involve survivors actively in information dissemination.

EOC-DICAC faces significant budgetary constraints and human resource limitations**,** which hinder their ability to reach wider communities. They also point out a lack of focus on male survivors and challenges in addressing community expectations for more tangible interventions. FH mentions cultural barriers**,** particularly resistance from the community, which initially viewed the organization as a religious entity. Community expectations for material incentives also hinder participation. Moreover, FH faces issues with culturally sensitive practices**,** particularly regarding the role of women in certain community contexts.

EOC-DICAC disseminates information primarily in Tigrigna but is flexible in providing services in Amharic when needed. The organization is conscious of the cultural sensitivities of the community, ensuring that the content is aligned with local norms and values. EOC-DICAC collaborates with the Persons with Disabilities Association to facilitate community outreach, but challenges remain, especially in providing sign language interpreters and fully accessible services for SGBV survivors with disabilities.

FH also provides information in Tigrigna and Amharic**,** especially for beneficiaries near the border areas. The organization emphasizes cultural sensitivity by aligning their strategies with the local context**,** ensuring that their interventions respect cultural norms. FH employs door-to-door mechanisms for information dissemination and designs their safe spaces to be disability-friendly**.** However, challenges remain regarding sign language accessibility, and they primarily use brochures for communication.

EOC-DICAC reported that 9 new survivors accessed their services in the past year, reflecting a decrease in incidents over time, which could be attributed to the relative peace in the region. FH reported approximately 100 survivors accessing services in the last year, which indicates a relatively higher level of engagement compared to EOC-DICAC**.** This difference could reflect the

[162] SASA is an approach to prevent violence against women and children that stands for "Start, Awareness, Support, and Action.

greater outreach capacity of FH**,** which also benefits from being part of a larger international network.

d. Feedback Mechanisms on Access to Information and Services for SGBV Survivors

Across the service sectors involved in supporting SGBV survivors, feedback mechanisms vary significantly in terms of effectiveness and inclusivity. The WSAO has established some feedback mechanisms for survivors, but these systems face challenges in documenting and following up on feedback, which limits their effectiveness in improving service inclusivity and responsiveness. The OSCs collect feedback, but the systems in place to utilize this input for service improvement remain underdeveloped. Similarly, the Prosecutor's Office and Judiciary report that they do not have formal feedback mechanisms, making it difficult to assess the quality of services or to implement improvements based on survivor input.

In contrast, CSOs such as EOC-DICAC and FH have more structured and active feedback mechanisms. EOC-DICAC measures effectiveness through the participation and inclusiveness of persons with disabilities (PwDs) and regularly assesses programs through community feedback. FH, with its community-based feedback mechanisms, involves local Woreda gender focal persons and uses satisfaction surveys to assess service delivery. FH's approach, including the use of programs like SASA**,** emphasizes active community engagement in designing and disseminating awareness campaigns, ensuring a more community-driven and contextually appropriate approach.

The significant gaps remain in formalizing and utilizing survivor feedback, especially within government institutions. CSOs, on the other hand, tend to have more inclusive, community-driven feedback loops that are integral to their service design and delivery. Strengthening feedback mechanisms, particularly within government and justice sectors, could lead to more responsive and effective services for SGBV survivors.

iii. Survivors' Experience on Access to Information and SGBV Services

a. Awareness and Access to Information

Both Survivor 1 and Survivor 2 became aware of SGBV services primarily through friends, showing the importance of peer networks in spreading information about available support. However, the ways in which they accessed further information differed. Survivor 1[163] first learned

[163]Survivor 1 (Code), age 38, December 21, 2024, Mekelle City.

about the services through a friend, and later received detailed information from the OSC. Survivor 2, similarly, was informed by a friend and also relied on NGOs to get more information on the available services. While information was disseminated regularly by various actors during the Tigray conflict, both survivors found it challenging to seek help due to several challenges. Survivor 1's challenges were compounded by a fear of safety and retaliation during the conflict, where disclosing their case could lead to further harm, particularly from military forces. This situation made it even harder for her to seek help despite the availability of information. Similarly, Survivor 2[164] faced challenges primarily related to confidentiality and preserving family unity. These psychological and social barriers delayed their ability to seek help. Survivor 2 took over two years to receive medical support, primarily due to fears of societal judgment and fear for breach of confidentiality.

The clarity and usefulness of the information provided to the two survivors were somewhat mixed. Survivor 1 expressed dissatisfaction with the information, finding it often unclear and not particularly helpful or offering concrete guidance on accessing SGBV services. In contrast, Survivor 2 found the information to be very useful, especially in obtaining medical support. This survivor felt that the information was presented in a clear and accessible way, which helped her understand the available services and ultimately led to receiving the necessary medical and psycho-social support. This difference in experience underscores the variability in how information is communicated and how it resonates with survivors' immediate needs.

Key Trends on Access to Information across Services for SGBV Survivors

Service Category	Information Dissemination	Barriers
Women and Social Affairs Office (WSAO)	Disseminates information via community outreach, media broadcasts, and printed materials (brochures). Provides multiple platforms such as food distribution events and awareness days.	Language barriers, low literacy, limited internet access, social stigma, cultural factors, fear of retaliation.
Health Services (Zonal Health Bureau)	Uses community health mobilization campaigns, public gatherings, and food distribution events. Health	Limited communication channels, language differences, stigma, low

[164] Survivor 2 (Code), age 35, December 21, 2024, Mekelle City.

	extension workers guide survivors in accessing services.	literacy, cultural factors, lack of outreach in remote areas.
Legal Services (Prosecutor & Judiciary)	Conducts awareness campaigns at the Woreda level through public gatherings and coordination with local police and government bodies.	Social stigma, fear of retaliation, cultural pressures to resolve cases within the family, slow judicial process, lack of specialized staff.
Civil Society Organizations (EOC-DICAC & FH)	EOC-DICAC uses community outreach programs, awareness sessions, and service mapping. FH integrates information dissemination into food distribution events and public gatherings.	Budgetary constraints, human resource limitations, cultural resistance, community expectations for material incentives, limited accessibility for people with disabilities.

Part II: Service Mapping Analysis

a. Health Care Services

Ayder Hospital, a key provider of health care services for SGBV survivors in Mekelle, offers a comprehensive range of essential medical services. The hospital provides post-rape care, including injury management, STI treatment, emergency contraception (EC), post-exposure prophylaxis (PEP) for HIV/AIDS, and forensic services.[165] They also provide treatment for chronic physical health outcomes, reproductive health care, and fistula repair. While these services are available on a regular basis, the hospital faces several challenges in ensuring their optimal delivery. Notably, they report issues such as limited space that compromises confidentiality, a lack of private consultation rooms, and insufficient medical supplies and personnel. The absence of a secure and confidential space for survivors also poses a barrier to effective care. Furthermore, the shortage of specialized staff in certain areas, such as, security for survivor privacy and the absence of adequate transportation (e.g., ambulance services), limits the hospital's capacity to fully meet survivors' needs.

[165] Interview A6 (Code), Ayder Hosptal, December 21, 2024, Mekelle City.

b. Psychosocial Support Services

DICAC[166], provides psychosocial support services to SGBV survivors, focusing on emotional support, case management, crisis counseling, and both individual and group counseling. These services are offered in a safe, confidential environment, such as their designated Women and Girls Safe Space, where they provide a range of GBV-related activities. DICAC works in collaboration with local NGOs, CBOs, and women's associations to enhance their service delivery. The organization focuses on ensuring that their volunteers and social workers receive comprehensive training, covering topics such as case management, GBV, and Protection from Sexual Exploitation and Abuse (PSEA). Despite this, DICAC faces challenges related to beneficiaries' expectations, such as requests for cash or material items like food, which can complicate the provision of services. However, their volunteer and community engagement model helps to mitigate these challenges by ensuring better communication and support within the community.

c. Legal Services

The police in Mekelle provide essential legal services to survivors of SGBV, focusing on thorough investigations and legal action to hold perpetrators accountable. The police prioritize the survivor's preferences and well-being, ensuring that their needs are taken into account throughout the process. Although the police work closely with women's associations for legal representation and holistic support, there are challenges that impede the effectiveness of their services. The justice office, the public prosecutor and the court continue to provide legal services for SGBV survivors as per their mandates irrespective of challenges in the region.

d. Coordination of SGBV services

The WSAO in Mekelle has established policies, including Standard Operating Procedures (SoPs) and guidelines for SGBV service provision centers within the region.[167] These policies aim to ensure the availability and coordination of critical services for survivors. SGBV survivors can access legal, psychosocial, health, and protection services through humanitarian organizations and

[166] Interview with EOC-DICAC, Supra *note* 160.
[167] Interview with Alemat Amare, Deputy Head, Women and Social Affairs Bureau, November 17, 2024, Mekelle City.

OSCs, which are set up in seven hospitals within the region. The office actively coordinates with both governmental and non-governmental organizations through the GBV AoR to enhance service delivery. In the Mekelle AoR, there are multiple service providers, including 4 OSC and various NGOs that provide services such as MHPSS, legal assistance, and child protection. Despite these efforts, the office faces challenges in terms of resource allocation and the integration of survivor feedback into the development of policies and services. The office provides services across all administrative levels, including woreda and kebele levels, to ensure broad accessibility.

I. Service Mapping table for SGBV Survivors in Mekelle

Service Category	Institution/Organization	Services Provided	Challenges	Available Personnel/Trained Staff	Location/Access
Health Care	Ayder Hospital (OSC)	Comprehensive post-rape care (injury management, STI treatment, EC, PEP for HIV), forensic services, chronic health care Reproductive health care, HIV treatment and care, crisis counseling, mental health assessment	Limited space for privacy, lack of private rooms, inadequate medical supplies, lack of security, no ambulance services, no advanced diagnosis equipment such as CT scan and MRI,	3 Nurses, 1 GP, 2 Midwives, 1 Gynecologist, 1 On-call Surgeon, 1 Psychologist, 1 Psychiatrist (on-call)	Mekelle, Main Hospital
			Inadequate staff numbers, lack of sanitary materials for survivors, no reliable water supply	Trained personnel in SGBV care	
	Zonal Health Bureau	Physical and mental health services, Clinical Management of Rape (CMR), psychosocial support, One-Stop Centers	Shortage of mental health medications, overwhelming demand for services, lack of clear guidelines for handling cases	95 health centers trained in CMR, health extension workers	Seven One-Stop Centers, health centers across the region
Psychosocial Support	EOC-DICAC	Emotional support, case management, crisis counseling, individual/group counseling, psychosocial group activities	Expectations for cash/materials from beneficiaries, lack of materials like tissues, water, and snacks	Social workers trained in case management, PSEA, GBV, ITI Volunteers from CBOs, PWD and Women's Associations	Mekelle, Women and Girls Safe Space At the community level
Legal Services	Police	Investigations, legal action, case presentations to court, collaboration with women's associations for legal representation	Reluctance of survivors to pursue legal action, slow judicial process, lack of specialized investigation unit, absence of safe spaces for survivors, inadequate staff training, gaps in legal framework	No special investigation unit, gender department staff handling SGBV cases, community police structures providing support	Mekelle, Available at all levels (woreda, kebele)
Legal Services	Prosecutor Office	Legal support, awareness-raising campaigns, coordination with police and local government bodies	No special investigation unit, lack of tracking system for cases, social/cultural barriers, lack of coordination	Prosecutors, specialists	Mekelle, and Woreda level,
Legal Services	Judiciary	Legal services, court proceedings for SGBV cases, general legal support	Lack of dedicated staff for SGBV, lack of structured dissemination strategies for information on the services, cultural and social barriers	Judiciary staff, no designated PR staff	Mekelle, and Woreda level
SGBV Service Provision Coordination	Women and Social Affairs Office	Policies, SoPs, coordination of OSC and NGOs for SGBV services (health, legal, psychosocial, protection)	Lack of survivor feedback integration, limited information on resource allocation, gaps in documentation	Not specified	Mekelle, Available at all levels (woreda, kebele, etc.)

Rehabilitation, Livelihood and Economic Empowerment	International Organizations and Women Association of Tigray, WSAO	Providing financial support for IGA and livelihood Protection monitoring activities including awareness raising, identification of protection concerns, information dissemination and referrals Case Management, PSS, Livelihood, awareness raising and information dissemination Organizing various IGA activities where women can develop their skills such as handicrafts			

Tigray Region, Eastern Zone, Adigrat-Findings

Part I: Access to Information and SGBV Services in Adigrat

i. Accessibility of Services and Information

The Eastern Zone is one of the seven zonal administration of Tigray regional state. This zone is bordered by Eritrea to the north, Afar region to the east, and the central zone to the west and south east zone to south. The Eastern Zone city Adigrat as its capital located approximately 120 km away from Mekelle. The Zone constituted 18 Woredas. Since the conflict's outbreak, over 200,000 people, including many children, have been displaced, creating chronic protection concerns. Humanitarian actors face significant challenges due to security issues and resource shortages, limiting their ability to respond effectively. The presence of Eritrean Defense Forces have imposed restrictions that hinder access to markets and humanitarian assistance, exacerbating the situation for IDPs in areas like *Zalanbessa*, *GuloMekeda* and *Erob*.[168] Recently, there are three IDPs sites namely *Myda-Agame*, *old airport* and *commission*. There are HH= 8782/3502 F, and individuals=36,062/19780F in two active IDPs sites. There are also HH=172, Individuals=935(448 F) relocated from different schools to old airport IDPs site. In addition, HH=22, Individuals=43(24F) relocated to Commission IDPs site which they have reported that it is very congested and increased vulnerability for SGBV.

The Zonal WSAO reported that the key services available for SGBV survivors in the region include MHPSS services. Awareness of available services is generally limited among SGBV survivors. However, survivors who seek medical assistance from health centers are often informed about the services. Additionally, survivors who have already accessed services share information with others, helping to spread awareness within the community. Nevertheless, many survivors are unaware of the available services, which hinders their ability to access them in a timely manner.[169] Despite the availability of services, accessing them remains a challenge. Factors such as the remoteness of some areas, transportation barriers, and limited communication channels prevent many survivors from seeking care. Public gatherings and health extension workers are key mechanisms for sharing information, but there are still significant barriers in reaching all survivors,

[168] Interview with Mehari Abay Aregay, Social Affairs Advisor, Eastern Zone Women and Social Affairs Office, Adigrat City, December 18, 2024.
[169] Ibid.

especially in hard-to-reach areas. Social stigma, cultural norms, and a lack of trust in formal systems further impede access to services, particularly for those from marginalized or rural communities.

The services available appear to cater to a wide range of survivors, but some groups, such as those with disabilities, may not be fully included in the current communication strategies. Language barriers, limited literacy, and the general lack of materials in multiple languages or accessible formats exacerbate these inclusivity issues. Efforts to improve the outreach are needed to ensure that all survivors, regardless of their background, can access vital information. While awareness-raising campaigns through public gatherings have shown some success in disseminating information about SGBV services, the effectiveness of these efforts is still limited. The cultural and social barriers that prevent survivors from attending these gatherings, particularly women, reduce the overall impact. Additionally, the absence of structured dissemination strategies and lack of collaboration with local NGOs further complicates the reach and effectiveness of the information. Expanding communication channels, engaging community leaders, and incorporating more inclusive and culturally sensitive approaches would improve the overall effectiveness.[170]

a. Health Services

Adigrat Hospital, noted that approximately 10-15 new SGBV cases are received daily at the center, indicating a significant number of individuals seeking help. [171] Information about the services provided at the OSC is disseminated primarily through awareness-raising activities, brochures, and posters. These materials aim to inform both survivors directly and the broader community about available services. While the SGBV Coordinator believes that the center has sufficient resources (e.g., brochures and posters), the main challenge is a lack of adequate staffing to effectively manage and implement information dissemination activities.

Moreover, there are barriers such as survivors' concerns about safety, fear of judgment, and lack of transportation, which prevent some from accessing the information and seeking help. Several barriers affect survivors' ability to access information about SGBV services, including concerns about personal safety and security, a lack of awareness about available services, and

[170] Ibid.
[171] Interview with Kahsa Hagos, SGBV Coordinator and Focal Person, Adigrat Hospital, One Stop Center (OSC), Adigrat city, December 20, 2024.

transportation challenges. Additionally, stigma and fear of discrimination discourage survivors from reaching out for help. On the other hand, there are gaps in inclusivity for people with disabilities, particularly those with hearing impairments, as there is no sign language expert available at the facility. The information provided is considered clear and useful. It is presented in simple language during community meetings, which helps ensure that survivors can understand and act on the information shared. The center believes the information provided has led to an increase in the utilization of SGBV services. The OSC suggested that awareness efforts are effective in encouraging people to seek assistance.

The information dissemination through health centers is seen as effective but requires better coordination and the active involvement of various stakeholders, including community and legal structures. Improved engagement and coordination can enhance the reach and impact of the information shared. The Eastern Zone Social Affairs office has a strong coordination mechanism within the sub-regional cluster, particularly through protection cluster coordination meetings. This helps in disseminating information about SGBV services, although there are still gaps in the overall coordination between service providers.

b. Legal Services

The Justice Office[172] has designated special investigation staff for handling SGBV cases. However, when the number of cases is high, other staff members are also involved to assist with case management. This highlights a capacity challenge, where the volume of cases might overwhelm the available resources. While the Justice Office is unable to disclose specific numbers of SGBV survivors they have assisted over the past year due to confidentiality concerns, it is clear that efforts are made to provide legal services to survivors through the specialized staff.

Information about legal services is disseminated through legal training and capacity-building programs that are held twice a year in schools, Kebeles, and IDPs camps.[173] These sessions aim to raise awareness and share information about legal resources available for SGBV survivors. Collaboration with NGOs or community organizations for further dissemination is not explicitly

[172] Interview with Selam Fiseha Haftay, Prosecutor and SGBV Focal Person, Justice Office, Adigrat City, December 20, 2024.
[173] Ibid.

mentioned, suggesting a potential gap in community-wide information sharing. Social stigma and cultural sensitivity are major barriers preventing survivors from accessing legal services.[174] In addition, the limited channels for information dissemination and the lack of extensive outreach further compound the problem. These barriers create a hostile environment for survivors to seek the help they need. The Justice Office[175] faces several challenges in disseminating information to survivors, including fear of retaliation, pressure from families, and resource limitations.[176] These challenges indicate that survivors might hesitate to seek legal help due to fear of repercussions, and there may not be enough resources to adequately spread information to all those in need. The primary language used for information dissemination is Tigrigna, with occasional use of English and Amharic. While this approach caters to the local population, it may exclude those with different language needs. The lack of other languages or accessible formats (such as for persons with disabilities) may limit the reach of the information.

c. CSOs Role in Access to Information and SGBV Services

International organizations such as Care Ethiopia primarily offers psychosocial support (PSS) to survivors of SGBV. This is an essential service for survivors, helping them cope with the emotional and mental aftermath of violence. Information about the available services is disseminated through awareness-raising campaigns and brochures**.**[177] These efforts aim to educate both the survivors and the broader community about the services available to them. The key platforms for this information distribution include awareness-raising sessions and workshops**.** The officer highlighted that cultural beliefs and community norms pose significant challenges to effectively disseminating information. These deeply ingrained beliefs can prevent survivors from seeking help and may also hinder the community's willingness to engage with the services provided. Over the past year, 101 SGBV survivors have accessed the psychosocial support services provided by Care Ethiopia. This figure suggests a steady demand for PSS services, though the number could potentially increase with more effective outreach.

[174] Interview with Merhawit Welearegay, Police officer/Detective, Police, Adigrat City, December 18, 2024
[175] Interview with Selam Fiseha Haftay, Supra *note* 172.
[176] Ibid.
[177] Interview with, Rezenet Hagos, GBV and PSS Officer, Care Ethiopia, Adigrat City, December 19, 2024

The information about the services is available in three languages**:** Tigrigna**,** English**,** and Amharic**.** This multilingual approach helps ensure the information is accessible to a larger segment of the population. Additionally, Care Ethiopia has made efforts to ensure that the information is culturally sensitive, which is crucial for engaging survivors from different backgrounds. To make services more accessible to people with disabilities (PwD), Care Ethiopia organizes PwD and inclusiveness workshops and engages in community mobilization efforts. These initiatives are vital for ensuring that survivors with disabilities can access the support they need and are included in the community's response to SGBV.[178]

d. Feedback Mechanisms on Access to Information and Services to SGBV

Feedback mechanisms for access to information and services for SGBV survivors vary across different sectors, with some systems in place but others lacking structure or effectiveness. The One-Stop Center has established a feedback system through suggestion boxes and direct communication with focal points, allowing for survivor input to improve service inclusivity. However, many service providers, including the Justice Office, currently lack formal mechanisms to collect survivor feedback, limiting the ability to assess or enhance the effectiveness of the information shared. On the other hand, organizations like Care Ethiopia have implemented feedback channels, such as suggestion boxes and community dialogues, which help continuously improve service delivery and ensure that survivor needs are being met. These community-based feedback systems are crucial for ensuring that information remains relevant and accessible. Additionally, community engagement plays a vital role in the design and dissemination of information, as community leaders help spread awareness, fostering trust and collaboration.

The Zonal WSAO recognizes the importance of survivor feedback but faces challenges in systematizing the process. Feedback is incorporated through direct consultations with survivors, empowering them to represent their communities in advocacy and service delivery, and through collaboration with international NGOs, local NGOs, and community-based organizations. While the office relies on the One-Stop Center for much of the feedback, a more structured approach is hindered by the lack of a dedicated budget. To improve the effectiveness of information delivery,

[178] Ibid.

ongoing awareness-raising efforts, including meetings with host communities and internally displaced persons, are conducted, ensuring that more survivors are reached and informed.

ii. Survivors Experience on access to Information and SGBV Services

Both survivors[179] learned about available services primarily through other survivors who had already accessed help, as well as through community centers. Additional sources included women's associations, government agencies, and NGOs, indicating a reliance on community-based channels rather than formal or online resources. Information about SGBV services is reported to be limited in the community. Survivors mentioned that information was not easily available, primarily due to insufficient outreach efforts, low levels of awareness campaigns, and the lack of multiple platforms for dissemination. As a result, accessing information was very difficult for them, particularly due to social stigma and the sensitive nature of the issue. One significant barrier to accessing information was the fear of stigma and discrimination. The survivor initially struggled to ask for help because of cultural and social barriers. The survivors found the information they received to be clear and easily understandable, and it empowered them to seek help. Despite the challenges in accessing information, once they had the necessary details, the information was seen as useful in facilitating their access to services.

iii. Key Trends on access to Information across Services

Service Category	Information Dissemination	Challenges/Barriers
Healthcare Services	- Awareness through hospitals, health extension workers, and health centers - Brochures and posters at OSCs - Community outreach and referrals by survivors who have accessed services	- Social stigma and fear of judgment - Limited access due to remote areas and transportation barriers - Cultural norms and lack of trust in formal systems - Language barriers and lack of accessible formats for people with disabilities - Insufficient staffing for effective outreach
Psychosocial Support Services	- Information disseminated through awareness-raising campaigns and community workshops - Materials in multiple languages (Tigrigna, English, Amharic) - Community-based organizations (e.g., Care Ethiopia) for outreach	- Cultural and social barriers prevent engagement, particularly for women - Low awareness among survivors about available services - Stigma and discrimination deter survivors from seeking help - Limited inclusion of survivors with disabilities - Lack of collaboration with local NGOs and communities

[179] Interview with Survivor 1, Code SAOSC-age 37, Adigrat City, December 20, 2024 and Interview with Survivor 2, Code SAOSC-age 25, Adigrat City, December 20, 2024.

Legal Services (Justice Bureau & Court)	- Legal awareness campaigns through schools, kebelles, and IDPs camps - Legal training sessions for communities and survivors - Brochures and other written materials in local languages (Tigrigna, English, Amharic)	- Fear of retaliation or family pressure - Limited resources and inadequate coordination between service providers - Low outreach in remote areas - Language barriers and lack of accessible formats for survivors with disabilities - Social stigma surrounding legal processes
Police Legal Services	- Public awareness campaigns, community meetings, and health outreach centers - Posters and brochures shared in public spaces	- Weak law enforcement and inadequate response - Fear of retaliation - Cultural pressures to resolve cases informally - Lack of referral pathways and coordination with NGOs
Zonal WSAO	- Protection cluster meetings to disseminate information - Coordination with local health centers and NGOs for outreach - Community-based awareness programs	- Insufficient coordination between service providers - Limited resources for awareness campaigns - Gaps in the inclusivity of communication strategies for marginalized groups
CSOs	- Care Ethiopia conducts awareness-raising campaigns and workshops in multiple languages - Community mobilization efforts for people with disabilities - Feedback mechanisms to assess the effectiveness of information dissemination	- Cultural beliefs and community norms hinder outreach effectiveness - Limited capacity for outreach in remote areas - Low awareness of services among marginalized groups, including people with disabilities - Lack of structured coordination with legal systems and health services

Part II: Service Mapping Analysis

a. Health Care Services

Adigrat Hospital's OSC offers a comprehensive range of services for SGBV. These services include healthcare and psychosocial support**,** aiming to address both the immediate physical health needs and long-term mental health challenges faced by survivors. Specifically, the services include:

- **Comprehensive post-rape care**, which encompasses injury management.
- **STI treatment** for sexually transmitted infections.
- **Emergency contraception** to prevent pregnancy resulting from rape.
- **Post-exposure prophylaxis (PEP)** for HIV/AIDS, providing survivors with vital treatment to reduce the likelihood of HIV transmission.
- **Forensic services**, which are crucial for documenting evidence in legal proceedings.
- **Reproductive healthcare**, including treatment for fistula and care related to sexual health.
- **Voluntary Counseling and Testing (VCT)** for HIV, providing an essential service for survivors to assess and manage their HIV status.
- **Mental health assessment and crisis counseling**, addressing the psychological toll of SGBV and offering emotional support.

These services are provided on a regular basis, ensuring that survivors have consistent access to necessary care. The post-rape kits**,** including emergency contraception**,** and STI medicines, are all

available at the OSC, which further facilitates the immediate care survivors require after an assault.[180]

Adigrat Hospital's OSC offers a safe and confidential space for SGBV survivors, ensuring that privacy and security are maintained during the care process. This is a critical element in building trust with survivors, as the nature of SGBV often involves feelings of shame, fear of judgment, and concerns about their safety. The availability of a dedicated, confidential space helps to mitigate these concerns and encourage survivors to seek support. A multidisciplinary team of medical and mental health professionals work at the OSC. This team includes:

- **2 nurses**
- **4 doctors** (working on a rotating basis each month)
- **3 midwives**
- **1 gynecologist**
- **1 psychiatrist**
- **1 psychologist** who works as both a caseworker and a psychologist

In addition, there is a GBV focal point and a trained social worker on staff, both of whom are specialized in providing care for SGBV survivors. The medical personnel have received specialized training on the provision of care for SGBV survivors, although the demand for trained professionals is higher than the available staff, given the increasing number of survivors.

Despite the extensive range of services offered at Adigrat Hospital, several challenges hinder the effectiveness and accessibility of these services:

- **Legal and Law Enforcement Challenges:** The ineffective implementation of laws and lack of accountability in law enforcement are major obstacles. Survivors often do not receive the legal support they need, which can discourage them from seeking help.
- **Insufficient Funding and Budget Constraints:** There is inadequate funding for SGBV services, limiting the availability and quality of care provided. This can result in service interruptions or gaps in care.
- **Limited Accessibility for Survivors in Remote Areas:** While Adigrat Hospital provides a relatively comprehensive service, survivors from remote areas face significant barriers in accessing care. These barriers include **transportation costs**, lack of infrastructure, and the presence of **military occupation** in some areas, which restrict survivors' ability to travel freely.
- **Lack of Adequate Professional Staffing:** The number of trained counselors, medical personnel, social workers, and legal advocates is insufficient to meet the growing demand for services. The increasing number of SGBV survivors is putting a strain on the available workforce.
- **Re-traumatization of Survivors:** Survivors often experience re-traumatization during various stages of the process, including medical care, psychosocial support, legal proceedings, and even during data collection and interviews for researches**.** This issue can further harm survivors and deter them from seeking help. However, for this assessment,

[180] Interview with Kahsa Hagos, Supra *note* 171.

the presence of a psychologist during data collection has helped mitigate this risk, ensuring that interviews are conducted in a sensitive and supportive manner.[181]

b. Psychosocial Support Services

Care Ethiopia offers and supports a wide range of psychosocial support services to survivors of SGBV. These services include:

- **Basic Emotional Support:** This includes offering initial emotional care and empathy to survivors as they navigate the trauma of SGBV.
- **Case Management:** While Care Ethiopia provides case management, it is important to note that due to a recent phase out of some partners, there is currently no SGBV case management being provided by any organization in Adigrat.
- **Psychosocial Support Group Activities:** These are group sessions designed to foster peer support and mutual healing among survivors.
- **Crisis Counseling and Support:** Immediate psychological care is provided to survivors in crisis situations.
- **Individual Counseling/Support:** One-on-one counseling sessions are conducted to address the unique psychological needs of survivors.
- **Group Counseling/Support:** Group counseling is offered as a way for survivors to connect with others facing similar challenges.
- **Women's Empowerment and Rehabilitation Programs:** These programs aim to help women heal, rebuild their lives, and regain independence through empowerment initiatives.

These services are focused on providing both immediate and ongoing psychosocial care, aiming to assist survivors in managing the emotional and psychological impact of their trauma.[182] Care Ethiopia ensures that survivors are able to access a safe and confidential space for psychosocial support. This is critical for ensuring that survivors feel secure when seeking help and that their privacy is respected throughout the process. The Adigrat hospital's OSC plays a key role in offering a confidential setting for these services. The organization's trained professionals, including social workers and volunteers, are responsible for delivering these essential services to survivors. These staff members have received specialized training in emotional support, case management, safeguarding, and other related fields. Care Ethiopia's staff, including volunteers and social workers, receive various forms of training. These include:

- **EMAP** (Emergency Management and Psychosocial Support)
- **PSS** (Psychosocial Support)
- **Case Management**
- **Safeguarding**

These trainings are designed to ensure that the personnel are equipped with the necessary skills to effectively support survivors. However, there is no detailed follow-up or evaluation system to

[181] Ibid.
[182] Interview with Danait Tesfay, Counselor, Eastern Zone Women Association of Tigray (WAT), Adigrat City, December 19, 2024.

assess the effectiveness of the training, and follow-up sessions for the staff are not consistently conducted.

The primary language of communication at Care Ethiopia is Tigrigna, and there are generally no major language barriers in communication between survivors and the staff. However, challenges arise when survivors have hearing impairments**,** as there is no trained personnel to assist with sign language**.** This can create a significant barrier for effective communication and support for survivors with hearing disabilities. Several challenges affect the provision of psychosocial support services to SGBV survivors:

- **Stigma, Discrimination, and Victim Blaming:** Many survivors avoid seeking psychosocial support due to societal stigma and the fear of being blamed for the violence they experienced. This not only deters survivors from accessing services but also perpetuates the cycle of trauma.
- **Lack of Awareness:** Many survivors are unaware of the available psychosocial services, and there is limited outreach or campaign efforts to inform them about these services.
- **Inaccessibility of Support Services:** Some survivors face challenges in physically accessing the services, either due to geographical constraints or lack of transportation.
- **Lack of Trained Counselors:** There is a shortage of specialized counselors who are trained to deal with severe trauma, depression, and other psychological issues that survivors may face. This highlights the need for more capacity building for service providers.
- **Coordination and Referral Pathway Gaps:** There is a lack of coordination and referral **pathways** between different organizations, including humanitarian and government partners. This makes it difficult for survivors to receive holistic care and for service providers to ensure that all survivors are connected to the appropriate resources.
- **Political Challenges:** Political instability and challenges further complicate the provision of services, particularly in certain areas where access is restricted or unstable.

c. Legal Services

The Justice office in Adigrat offers a range of legal services to survivors of SGBV, focusing on both legal aid and procedural support.[183] These services include:

- **Legal Aid**: Survivors are provided legal aid in both criminal and civil procedures in collaboration with Adigrat University law school. This includes representation and guidance through the legal system, including how to navigate court proceedings.
- **Referral to Medical/Health Services**: The office facilitates survivors' access to medical care by linking them with health services for medical examination and treatment, including collecting **medico-legal evidence**.
- **Documentation and Preservation of Evidence**: Efforts are made to preserve critical evidence, including medical records and witness statements, which are important for the legal process.

[183] Interview with Selam Fiseha Haftay, Supra *note* 172.

- **Court Proceedings**: Once a case file is opened by the prosecutor, survivors are informed of their rights, and the steps ahead are outlined, including court proceedings.

The Justice Office has a special investigation unit to handle cases of SGBV, ensuring that investigations are thorough. However, the specialized SGBV desks/units are limited; not available at every police station and the justice office, which further complicates the handling of such sensitive cases. Additionally, various challenges hinder the provision of effective legal services for SGBV survivors:

- **Lengthy Processes**: Survivors are discouraged from seeking justice due to delays in investigations and court proceedings. This delay is a significant barrier that discourages many from following through with their cases.
- **Medico-Legal Evidence**: The availability and preservation of medico-legal evidence are often inadequate, which weakens legal cases.
- **Fear of Retaliation**: Survivors fear retaliation from perpetrators, especially when the perpetrator has influence or power within the community.
- **Resource Barriers**: Limited access to resources, such as transport or legal aid, makes it difficult for survivors to pursue legal action.
- **Communication Barriers**: Survivors with hearing impairments face challenges due to the lack of assigned professionals for sign language interpretation. The inability to communicate effectively hinders the legal process and further isolates survivors.
- **Family Pressure**: Some survivors face pressure from their families to withdraw complaints or resolve cases informally, undermining their access to justice.
- **Inadequate Staffing and Training**: Limited staff, limited resources and overburdened courts lead to delays in the justice system. Furthermore, training in trauma-informed care for legal personnel is insufficient, which affects the quality of care provided to survivors.
- **Weak Coordination**: There is a lack of coordination between police, prosecutors, and other service providers, which hampers the effectiveness of the legal process.[184]

The legal staff received training on handling SGBV cases, though it is limited. Training is provided once or twice a year, primarily to focal persons within the justice office. The training includes topics such as SGBV, MHPSS, and referral linkages**.** However, this training is not enough to equip all staff to effectively handle SGBV cases.

While legal services are provided at all levels (woreda, kebele, and lower administrative levels), the availability of these services is often hampered by challenges like lack of trained personnel, inadequate facilities and local structures, and poor coordination between service providers. Survivors learn about available legal services mainly through hospitals and social affairs offices, but there are no effective measures in place to ensure these services are accessible to marginalized communities, such as those with disabilities or living in remote areas.

The police in Adigrat offers legal services to SGBV survivors, primarily focusing on recording survivor incident reports**,** collecting and documenting evidence, and providing law enforcement support.[185] However, police do not have a specialized investigation unit or safe spaces for survivors

[184] Ibid.
[185] Interview with Merhawit Welearegay, Supra *note* 174.

to feel comfortable sharing their experiences. As a result, survivors may not feel confident seeking help from the police, especially if the perpetrator is in a position of power (e.g., military personnel). The challenges identified by the police are:-

- **Perpetrator Impunity**: Many perpetrators, particularly those from the Eritrean forces, are not held accountable, which undermines trust in the legal system.
- **Cultural Tolerance**: There is a lack of awareness and understanding of SGBV in the community, which prevents survivors from seeking help from the police.
- **Social Pressures**: Survivors are often pressured by family or community members to settle their cases informally, which discourages them from pursuing formal legal action.
- **Weak Law Enforcement**: Police often struggle with enforcing the law effectively due to insufficient resources and training.
- **Inadequate Referral Mechanisms**: The police lack proper referral pathways to other support services, such as healthcare or psychosocial support, which limits the support available to survivors.
- **Limited Staff and Training**: Police personnel have received minimal training on handling SGBV cases, with only one staff member trained in 2023. This lack of training reduces the effectiveness of police responses to SGBV cases.[186]

d. Coordination of SGBV Services

SGBV survivors in Adigrat can access a variety of services, including legal, psychosocial, health, and safety and protection services**,** through several key institutions, both governmental and NGOs. The WSAO plays an active role in coordinating with NGOs to enhance SGBV service provision. They hold zonal humanitarian cluster meetings and more specific sub-regional protection cluster meetings in Adigrat. These meetings facilitate resource mobilization**,** advocacy efforts, and coordination between governmental bodies and NGOs. This collaboration helps ensure that resources are effectively used to support SGBV survivors.

Several NGOs are providing SGBV-related services in the area, although the number fluctuates due to short-term project cycles and service terminations. Notable NGOs providing services include: Care Ethiopia, FHI360, Imagine 1 Day, Women Association of Tigray (WAT). While the number of NGOs can be difficult to quantify, these organizations play an essential role in providing legal, psychosocial, health, and protection services.

The WSAO faces budget constraints and, as a result, is unable to allocate dedicated resources specifically for SGBV service provision. Despite these financial challenges, the office continues to coordinate with various stakeholders to ensure that services are delivered to SGBV survivors.

[186] Ibid.

I. Service Mapping Table for SGBV Survivors in Adigrat

Service Category	Institution	Services Provided	Challenges	Personnel/Trained Staff	Location/Access
Health Care Services	Adigrat Hospital One Stop Center (OSC)	- Comprehensive post-rape care (injury management) - STI treatment - Emergency contraception - PEP for HIV/AIDS -Hepatitis B vaccination, Forensic services - Reproductive health care - Fistula repair - VCT for HIV - HIV care and support - Crisis counseling and support - Mental health assessment and management -safety and security planning, safe house, community solutions	- Legal issues and poor law enforcement - Insufficient funding - Limited accessibility for survivors in remote areas - Lack of professionals - Re-traumatization of survivors during the process - Limited accessibility for survivors from remote areas due to transportation and infrastructure barriers, particularly in areas controlled by military forces.	- 2 Nurses - 4 Doctors (Rotating monthly) - 3 Midwives - 1 Gynecologist - 1 Psychiatrist - 1 Psychologist - GBV focal point - Social worker	01 kebele, Adigrat hospital OSC
Psychosocial Support	Care Ethiopia Women Association of Tigray	Basic emotional support, Case management (currently unavailable), Psychosocial support group activities, Crisis counseling and support, Individual and group counseling, Women's empowerment and rehabilitation programs	Stigma, discrimination, lack of awareness, inaccessible services, shortage of trained counselors, lack of coordination, political challenges	Staff, Volunteers, Social Workers (trained in EMAP, PSS, Case management, and safeguarding)	Woreda level (Adigrat)
Women's Empowerment ,Recovery and Rehabilitation Programs	Care Ethiopia FHI360 Imagine 1 Day	These programs aim to help women heal, rebuild their lives, and regain independence through empowerment initiatives.			
Legal Services	Justice Office	Legal aid, Survivor-friendly reporting mechanisms, Referral to health services, Medico-legal evidence collection, Court proceedings Basic emotional support, case management, psychosocial support	Lengthy processes, fear of retaliation, resource barriers, communication barriers, family pressure, lack of specialized units, weak coordination	Focal person (SGBV, MHPSS, referral training)	Available at all levels

Legal Services	Police	Incident report, Evidence collection, Law enforcement, Verification Safety and security planning for survivors' community solution	Perpetrator impunity, social pressures, lack of training, weak law enforcement, inadequate referral pathways, lack of specialized units	Limited staff, minimal training on SGBV (1 trained staff in 2023)	Available at all levels
Coordination of SGBV Services	Women and Social Affairs Office	Coordination with NGOs, resource mobilization, advocacy, survivor consultations, empowerment, feedback from survivors	Limited budget, no structured system for feedback incorporation due to financial constraints	Coordination staff, engaged in cluster meetings, advocacy	Available at all levels (woreda, kebele, lower administration levels)
Survivors Support	Women Association of Tigray (WAT)	Basic emotional support, case management, psychosocial support, Economic support, Sensitization and prevention			

Conclusions and Recommendations

Conclusions

Addressing the challenges faced by survivors of SGBV requires a multifaceted and collaborative approach at the policy, community, and service delivery levels. The survivors' perspectives on confidentiality, accessibility, and information dissemination reflect the pressing need for survivor-centered approaches. Both short-term and long-term measures need to be implemented to ensure that survivors receive timely, effective, and holistic support. Effective communication strategies, community involvement, infrastructure improvements and ensuring sustainability are key to achieving these objectives. The information dissemination and service access gaps that service providers identified highlights the urgency of reforming existing strategies and expanding resources. Addressing the gaps identified by the service providers in the current systems; such as the limited access to services in remote areas, inadequate integration between sectors, and insufficient resource allocation; will significantly enhance the delivery of services. The following key conclusions were drawn based on the key findings of the study.

The information and SGBV services are deeply interconnected and require coordinated, comprehensive solutions. Survivors' access to services must not only focus on healthcare but must also incorporate legal aid, psychosocial support, and community-based outreach. Bridging these sectors ensures survivors are provided holistic, and survivor-centered care. While the need for immediate intervention is paramount, long-term sustainability is equally critical. It is essential that multi sectoral interventions are structured to ensure the ongoing availability of services, including adequate resource allocation, continuous training, and the integration of survivor feedback into service improvements. Long-term planning should ensure that government takes ownership of all services to ensure survivors can continue receiving care without disruptions, particularly in remote and conflict-affected areas. Cultural barriers and stigma surrounding SGBV are major obstacles preventing survivors from seeking assistance. Addressing harmful traditional practices and increasing the involvement of community leaders, including religious and traditional figures in Afar, Chifra, is crucial to breaking down these barriers. Traditional authorities such as religious, clan and community leaders have an influence in societal structures of Tigray and Amhara regions as well. Tailored education campaigns can promote cultural shifts and encourage a supportive environment for survivors. Last but not least, expanding services beyond major cities, particularly

to rural and remote areas, is critical for equitable service delivery. This requires strengthening infrastructure, including mobile services, safe houses, and community-based initiatives.

Recommendations

a. Policy/Higher Level Advocacy

1. **National Guidelines for Information Dissemination:** Advocate for the development and inclusion of national standards that ensure uniformity and effectiveness in information dissemination strategies on SGBV services. These guidelines should include diverse communication channels and address language and accessibility barriers, ensuring all populations including disabled, low literacy, and rural communities are reached. The new SOPs and GBV case management guidelines, along with existing sexual and reproductive health services policies and guidelines, present an opportunity to integrate these standards in a practical and impactful way.
2. **Funding and Resource Allocation for SGBV Services:** Lobby for increased budget allocation to support infrastructure development, including the expansion of one-stop centers, mobile units, and safe houses. Funding should also be directed towards legal aid, vocational training and social integration programs to enhance survivors' legal, economic and social empowerment.
3. **Integration of SGBV Services across Sectors:** Advocate and support the implementation of existing policies that promote stronger collaboration among health, legal, and social service sectors; formal referral linkages. Advocate for creating multidisciplinary teams at service centers and developing specialized units for handling SGBV cases within police stations, prosecutors and courts to streamline the response to SGBV incidents.

b. Post-Conflict Reconstruction and Infrastructure

1. **Expansion of Safe Houses and One-Stop Centers:** Link and prioritize SGBV service infrastructures in post conflict reconstructions. Sustained advocacy and investments are crucial in rebuilding hospitals, health centers, roads, legal service institutions, and expanding safe houses and one-stop centers, especially in conflict-affected and rural areas.

Focus on constructing these facilities where infrastructure is weak, improving survivors' access to necessary services.

2. **Mobile Legal and Psychosocial Support:** Integrate access to information and psychosocial support into existing mobile services such as health extension workers to reach survivors in remote areas, particularly those who face transportation barriers. Mobile units should be supported to offer information and services including legal aid, healthcare, and psychosocial support to ensure no survivor is left behind.
3. **Community-Based Infrastructure and Support Systems:** Strengthen and engage local communities in building supportive infrastructures such as community-based safe spaces and local service networks. Community committees, women's groups, and volunteers should be supported to enhance their role in identifying needs, distributing information, and offering support services.

c. Short-Term and Long-Term Initiatives at the Community Level

1. **Community Outreach and Sensitization:** Support sustained awareness campaigns to raise understanding of SGBV issues, legal rights, and available services. These campaigns should involve local leaders, religious figures, and community elders to challenge harmful traditional norms and reduce stigma. Utilizing multiple platforms, including radio, SMS, and local community meetings, will help reach diverse groups, especially in rural areas.
2. **Training for Service Providers:** Train healthcare providers, social workers, law enforcement officers, and judges on trauma-informed, gender-sensitive care. This training should be mandatory for staff working in rural and underserved areas to ensure survivors receive the best possible care. Training should focus on confidentiality, survivor-centered approaches, and culturally sensitive practices.
3. **Feedback Mechanisms for Continuous Improvement:** Establish formalized feedback systems, to gather survivor input on the quality of services provided. These systems will allow service providers to monitor trends, identify gaps, and refine service delivery. Engaging survivors in the evaluation process will ensure that services meet their needs and improve over time.
4. **Strengthening Community-Based Legal and Vocational Services:** Promote the development of legal aid services and vocational training programs tailored to survivors.

Legal aid services should be expanded in rural areas, and income generation and vocational programs should empower survivors economically, helping them regain independence and rebuild their lives.

Bibliography
Research and Publications

- Ethiopia - Situation Report, 1 Mar 2024 https://www.unocha.org/publications/report/ethiopia/ethiopia-situation-report-1-mar-2024
- Ethiopia ES/NFI Cluster Monthly Tigray Response Monitoring Dashboard, May 2023 https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/Emergency%20Sheleter%20and%20NFI%20Cluster%20Monthly%20Response%20Monitoring%20Dashboard%20for%20Tigray%20as%20of%2031%20May%202023_0.pdf?VersionId=yHlmncTZKNOOQhfMrebAzCjZEGhDKB2F
- https://ehrc.org/afar-and-amhara-regions-report-on-violations-of-human-rights-and-international-humanitarian-law-in-afar-and-amhara-regions-of-ethiopia-published/
- https://ehrc.org/amhara-region-concerning-human-rights-violations-in-the-context-of-the-armed-conflict/
- https://ehrc.org/the-human-rights-impact-of-the-armed-conflict-on-civilians-in-amhara-regional-state/
- Manandhar, Mary, Hawkes, Sarah, Buse, Kent, Nosrati, Elias & Magar, Veronica. (2018). Gender, health and the 2030 agenda for sustainable development. Bulletin of the World Health Organization, 96 (9), 644 - 653. World Health Organization. http://dx.doi.org/10.2471/BLT.18.211607
- Report of the Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR) Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia, P. 3, available at https://www.ohchr.org/sites/default/files/2021-11/OHCHR-EHRC-Tigray-Report.pdf
- Rift Valley Institute, Conflict Trends Report December 2022 - December 2023 Afar Region By Dawud Mohammed, page 4 https://riftvalley.net/wp-content/uploads/2024/02/PRF-Conflict-Trend-Report_-Afar-Region_FINAL.pdf
- UN Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health), 1999, A/54/38/Rev.1, chap. I, available at: https://www.refworld.org/docid/453882a73.html
- UN General Assembly, Declaration on the Elimination of Violence against Women, 20 December 1993, A/RES/48/104, available at: https://www.refworld.org/docid/3b00f25d2c.html [accessed 30 October 2022]
- UNFPA Protection Cluster, Situational Analysis: Gender-Based Violence in Northern Ethiopia (Afar, Amhara, and Tigray Regions), 21 Mar 2021 https://reliefweb.int/report/ethiopia/situational-analysis-gender-based-violence-northern-ethiopia-afar-amhara-and-tigray-regions
- UNHCR Ethiopia | Mental Health And Psychosocial Support (MHPSS) Factsheet | June 2024, https://reliefweb.int/attachments/cb75d635-f96d-45c3-8122-179c0c1f95b1/UNHCR%20Ethiopia%20MHPSS%20Factsheet%20June%202024.%2C.pdf
- UNHCR, ETHIOPIA | PROTECTION MONITORING AND SOLUTIONS (PMS) Report #10 |Tigray Region August 2023 file:///C:/Users/hp/Downloads/Protection%20Monitoring%20and%20Solutions%20Report%20%2310%20Tigray%20region%20August%202023.pdf

Primary Data Sources

Adigrat

- Interview with Kahsa Hagos, SGBV Coordinator and Focal Person, Adigrat Hospital One Stop Center (OSC), Adigrat, December 20, 2024.
- Interview with Rezenet Hagos, GBV and PSS Officer, Care Ethiopia, Adigrat, December 19, 2024.
- Interview with Selam Fiseha Haftay, Prosecutor and SGBV Focal Person, Justice Office, Adigrat, December 20, 2024.
- Interview with Merhawit Welearegay, Police Officer/Detective, Police, Adigrat, December 18, 2024.
- Interview with Mehari Abay Aregay, Social Affairs Advisor, Eastern Zone Women and Social Affairs Office, Adigrat, December 18, 2024.
- Interview with Danait Tesfay, Counselor, Eastern Zone Women Association of Tigray (WAT), Adigrat, December 19, 2024.
- Interview with Survivor 1, Code SAOSC, 37 years old, Adigrat, December 20, 2024.
- Interview with Survivor 2, Code SAOSC, 25 years old, Adigrat, December 20, 2024.

Chifra

- Interview with Alebachew Adem, CP and EIE Officer, Imagine 1 Day (Protection and Education Services), Chifra, December 11, 2024.
- Interview with Aynalem Getachew, Protection Expert, Women and Social Affairs Office, Chifra, December 12, 2024.
- Interview with Abdu Wolea, Chifra Woreda Justice Bureau, Head of Office, Chifra, December 12, 2024.
- Interview with Hawa Dawud, Chifra Woreda Police, Police Officer, Chifra, December 16, 2024.
- Interview with Henok Sitotaw, Woreda Health Bureau, MCH Focal, Chifra, December 16, 2024.
- Interview with Gobena Melakie, Chifra Woreda Hospital, Integrated Emergency Medical Support, Chifra, December 16, 2024.
- Interview with Bethelhem Mesfin, SGBV Response/Officer, Plan International, Chifra, December 16, 2024.
- Interview with Mussa Bullo, Zonal Justice Bureau, Legal Expert, Semera, December 13, 2024.
- Interview with Survivor P001/ምብሽ1 (Code), 24-year-old Female, Kebele 01, Chifra, December 15, 2024.
- Interview with Survivor P002/ዘሀአ2 (Code), 37-year-old Female, Aschoma Kebele, Chifra, December 15, 2024.
- FGD with Survivors, December 15th, 2024, Chifra Town.

Dessie

- Interview with Ayalew Ahmed, Gender Mainstreaming Coordinator, South Wollo Zone Women, Child and Social Affairs Office, Dessie, October 31, 2024.
- Interview with Solomon Belete, Nutrition Technical Assistant, South Wollo Zone Health Office, Dessie, November 01, 2024.
- Interview with Sewunet Mekonen, Women and Girls Health Coordinator, South Wollo Zone Health Office, Dessie, November 01, 2024.
- Interview with Commander Abaynesh Kebede, South Wollo Zone Police Office, Dessie, November 02, 2024.
- Interview with Baheru Dessie, Women and Children Focal Person, South Wollo Zone Justice Office, Dessie, November 03, 2024.
- Interview with Ali Getahun, Criminal Division Coordinator, South Wollo Zone High Court, Dessie, November 04, 2024.
- Interview with Haymanot Seifemichael, Gender Coordinator, Plan International Ethiopia, Dessie, November 05, 2024.
- Interview with Azeb Biset, GBV/PSSD, FRC/Finnish Refugees Council and Women Empowerment Action /WE-Action, Dessie, November 06, 2024.
- Interview with Haylu Tadese, Committee Secretariat, Coalition Committee for the Prevention and Elimination of Harmful Traditional Practice, Dessie, November 06, 2024.
- Interview with Sister Aberash Ayalew, Nurse, Dessie Hospital One Stop Center, Dessie, November 08, 2024.
- Interview with Meseret Shimels, Psychologist, Dessie Hospital One Stop Center, Dessie, November 08, 2024.
- Interview with Fatuma Fentaw, Legal Services, Dessie Hospital One Stop Center, Dessie.
- Interview with Abebaw Ayele, Child Protection and Gender Coordinator, Save the Children, Dessie, November 24, 2024.
- Interview with Melkam Tesema, Child Protection and Gender Coordinator, Save the Children, Dessie, November 12, 2024.
- Interview with Azeb Shiferaw, Social Worker, AWSAD, Dessie, December 19, 2024.
- Interview with Survivor 1, 36-year-old Housewife, Dessie, November 09, 2024.
- Interview with Survivor 2, Student, Dessie, November 09, 2024.
- FGD with Survivors, November 9, 2024, Dessie.

Mekelle

- Interviewee A1 (Code), Women and Social Affairs Bureau, November 17, 2024, Mekelle City.

- Interview A2 (Code), Health Bureau, December 22, 2024, Mekelle City.
- Interview A3 (Code), Police Directorate, December 22, 2024, Mekelle City.
- Interview A4 (Code), Justice Bureau, November 17, 2024, Mekelle City.
- Interview A5 (Code), Woreda Court, December 22, 2024, Mekelle City.
- Interview with EOC-DICAC, GBV Prevention and Response Officer, November 16, 2024, Mekelle.
- Interview with FH WGSS Project Manager, December 21, 2024, Mekelle City.
- Interview with Survivor 1 (Code), age 38, December 21, 2024, Mekelle.
- Interview with Survivor 2 (Code), age 35, December 21, 2024, Mekelle.
- Interview A6 (Code), Ayder Hospital, December 21, 2024, Mekelle.
- Interview with Alemat Amare, Deputy Head, Women and Social Affairs Bureau, November 17, 2024, Mekelle City.

Woldia

- Interview with Survivor 1 (Code), 17-year-old, from Mehal Amba (መሃል አምባ) Kebele, Habru (ሃብሩ) Woreda, Woldia Hospital, Tuesday, October 29, 2024.
- Interview with Survivor 2 (Code), 15-year-old, from Wetek (ወጤቅ) Kebele, Gubalafto (ጉባ ላፍቶ) Woreda, Woldia Hospital, Tuesday, November 02, 2024.
- Interview with Mulu Tesema, Protection Cluster Focal and Team Leader, Women Children and Social Affairs Office, Woldia, Tuesday, October 29, 2024.
- Interview with Sister Melkam, One Stop Center Service Coordinator, Woldia Hospital One Window Service, Woldia Hospital, Tuesday, October 29, 2024.
- Interview with Jemal Mohammed, RH and SGBV Focal, North Wolo Zone Health Office, Woldia, October 26, 2024.
- Interview with Maritu Belay, Gubalafto Woreda Court, Woldia, October 26, 2024.
- Interview with Yemer Abate, North Wolo Zone Justice Department, Woldia, October 26, 2024.
- Interview with Commander Bethelhem Gashaw, Women's and Children's Representative, North Wolo Zone Police Department, Woldia, October 26, 2024.
- Interview with Lemlem Eshetu, Protection Specialist, FHI 360, Woldia, October 31, 2024.
- Interview with Getahun Desalegn, CPIE and SGBV Office, Plan International Ethiopia, Woldia, October 30, 2024.
- FGD with Survivors, December 15, 2024, Woldia Town.

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