



April 21st, 2021



**“It is the Darkness that Scares Us”
The Gendered Impact of Crisis in the Time of
COVID-19**

Results from a Rapid Gender Analysis in Tigray

Methodology and Approach

Sample:

186 clients engaged (49% women and girls; 51% men and boys; 18-35 years (57.8%); 36-55 (36.8%); 65+ (5.2%))

Desk review:

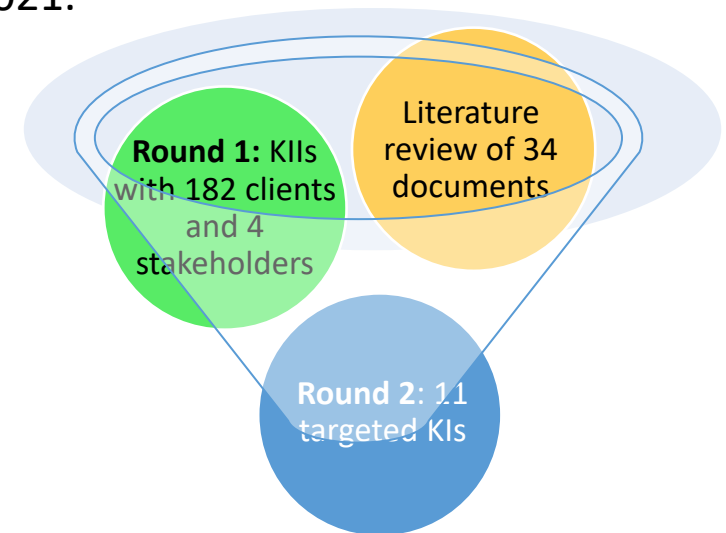
Analysis of 34 gender related news reports from news agencies, UN agencies and INGOs between 12th November to 31st March.

Validation:

- Round 2: 6 KIIs on specific topics
- 3 validation calls with the Tigray team
- Interviews with Sector Leads
- Validation webinar!

Timeline:

March 2020 – April 2021.

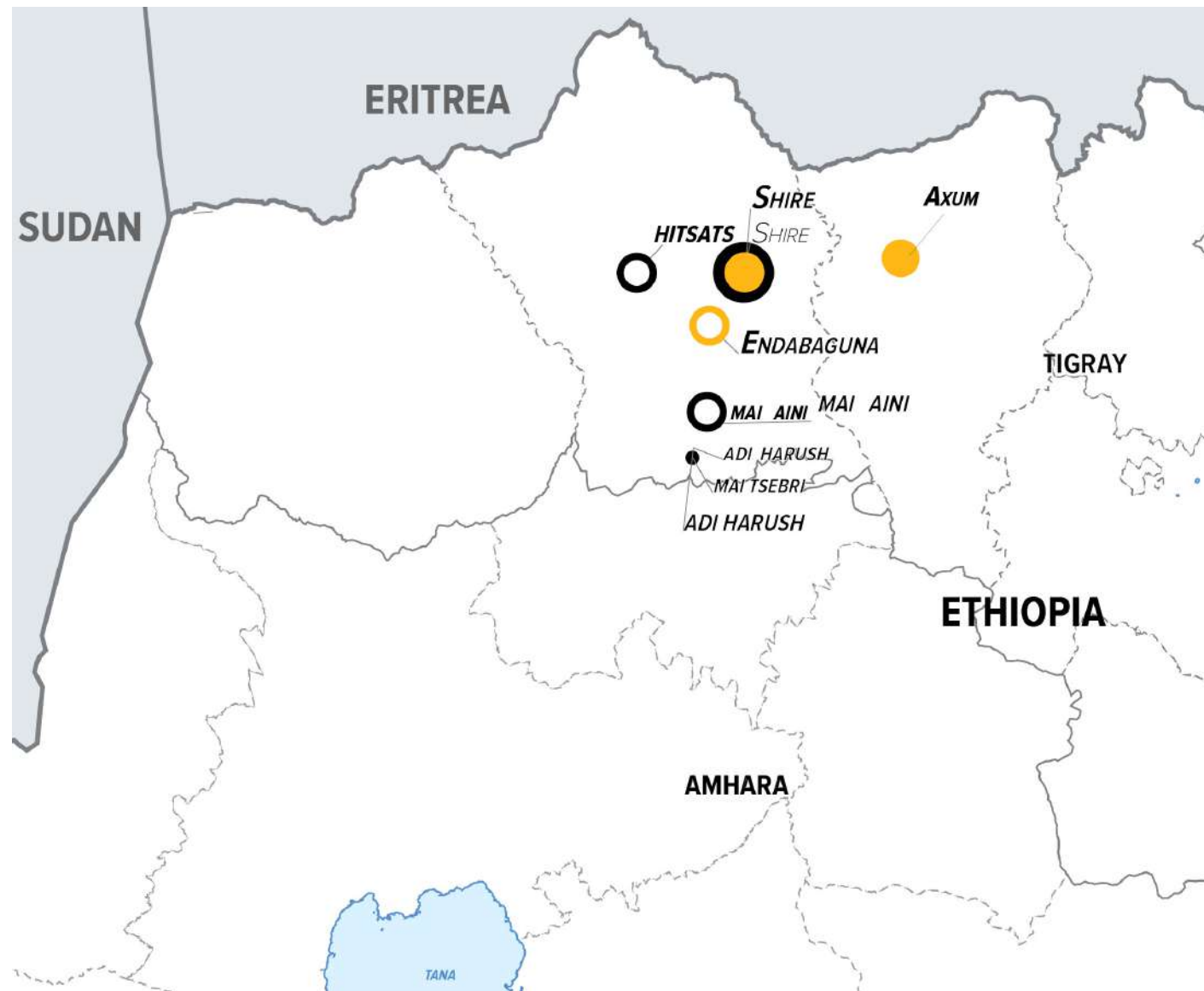


Limitations:

- Network coverage
- Competing priorities of project teams.
- Urgent need for report - Round 2 on specific topics called off

Locations: Seven sites and three main locations across Tigray (Shire, Shimelba, Hitsats, Mai-Aini, Adi Harush, Embadanso, Mai Tsebrii)

1. Shire - Axum University, IDP camp
2. Shire - Embadanso, IDP camp
3. Shire – school, IDP camp
4. Hitsats, Refugee camp
5. Mai-Ayni Refugee Camp
6. Adi-Harush Refugee Camp
7. Mai Tsebri. IDP camp



Objectives



- 1) To understand how the crisis is affecting diverse groups
- 1) To ensure that IRC's emergency programming is responsive to the unique needs, priorities and constraints of different client groups

Findings:

1. Livelihoods
2. Gender-Based Violence (GBV) and client safety
3. Gender dynamics and social norms
4. Access to aid (Food, shelter, WASH, health)

Trends in GBV – Conflict – Related

- **Low reporting of GBV in media. Only 18% of articles on Tigray mentioned GBV; 6% discuss ongoing GBV.** (Desk review of 34 articles / reports from 12th November to 31st March.)
- **Majority of cases reported to IRC involved gang rape of women and girls.**
Insights Report:
 - 50% of reported cases involved gang rape with more than 5 men.
 - **Perpetrators:** Eritrean and Ethiopian soldiers; Amhara special forces implicated but not frequently mentioned.
 - **Locations:** home (39%), military camp (21%), walking on road (18%), hospital (11%), open area (11%), convent (4%).

‘What they are telling us is that the Eritrean Military have been sexually abusing them including gang raping them. In one household a father was forced to rape his daughter.’

KII with Protection staff based in Tigray

Trends in GBV – Ongoing

Insight #21: *GBV in community continues and is more common than pre-conflict because of breakdown* in social structures, sanctions for perpetrators, fear of retaliation, increase in alcoholism, lack of food/cash, exposure during conflict, disagreement between couples, lack of reporting mechanisms and services.

Insight #22: *More social stigma against reporting than before, when” more pressing concerns ” like hunger, food and shelter.*

Insight #23: *Lack of medical services for GBV survivors.* Only Suhul hospital has PEP. Health workers not trained to receive cases. Survivors being turned away.



Recommendations

Donors:

- **Treat GBV prevention and response as an emergency issue** and make immediate investments to improve quality of care and referrals. Address attitudes that downgrade the importance of GBV.
- Given that a lack of livelihoods is contributing to women and girls being exploited in exchange for money to buy food, make **immediate investments to improve their livelihoods.**

Donors and Service Providers:

- **Fund and provide GBV case management and clinical care** to sexual assault survivors. Integrate GBV case management in health response.
- **Fund and establish women's and girls' safe spaces**, where women, girls and GBV survivors can access basic emotional support, accurate information about services and referrals to the required services.

Service Providers:

- Provide all staff involved in the Tigray response with **mandatory training on the humanitarian principles** and their organization's code of conduct.