



Tigray Conflict Rapid Gender Analysis

The Tigray conflict that began in November 2020 has culminated in widespread displacement of people, with some villages completely emptied. The conflict has resulted in the death of thousands of people as well as the displacement of over 417,152 people predominantly women and children. 4.5million people in Tigray are in need of humanitarian assistance. The conflict has also paralyzed the health system and most infrastructure. All of this comes in a context where Ethiopia is facing over 185,641 COVID-19 cases as of March 20, 2021, decreased food production because of a locust infestation, and a year of school closures due to COVID-19.

This Rapid Gender Analysis draws from focus group discussions and individual and key informant interviews with 94 people (67% of whom are women), secondary data sources, and CARE’s research in the region to understand the specific challenges people of all genders are facing. The RGA was conducted in the Northern Amhara region at sites for internally displaced people (IDPs) in Debarke and MayTsebri (Formerly under Tigray region).

Key Findings

- Shelter is one of the highest priority needs.** The housing situation in the IDP camps is dire, and many people raise it as their most urgent need. There are no separate places for families or for women and girls to sleep safely. Women and girls experience rape while they sleep, due to the collective and overcrowded living and sleeping arrangement. There is a huge need for accommodations that serve people with disabilities, the elderly, children without parents, and other people with specific needs.
- Gender-based violence is high,** with multiple contributing factors. Women and girls has been victims of multiple rapes and sexual violence when the conflict broke, as they fled the conflict and after they reached the safety of the camps. High rates of sexual and other violence, especially as they are outside of the camps searching for firewood or water; Women and girls are reporting trading sex for resources as they have no resources of their own. **The lack of safe spaces for women and girls** is continuing to exacerbate the problems of GBV. Women report having nowhere to go after they experience violence. At the same time, men are targeted for violence as part of the ongoing political conflict.
- Food and nutrition are immediate concerns.** While there are some food distributions in camps, they are not nearly enough. There is little access to therapeutic food to treat malnutrition. Malnutrition and food security were already high in the region, especially after the locust infestation and COVID-19 pandemic. Part of the conflict has been looting and burning crops and

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

“No one dared to stop them or said no. Those who refused, were shot right in front of us.”

“But the truth is, I am not even sure I will have something to eat tomorrow let alone worry about how nutritious it is.”

livestock, so there are few resources to fall back on. And women always eat last, so are eating less food than other family members.

- **Unpaid care work is falling most on women.** Women in IDP camps are spending an average of 11 hours a day on unpaid care work. People with disabilities are left out of care arrangements or were literally left behind as communities fled.
- **Access to health is limited.** Only 31 of 260 health centers in the region are functioning, and there are no health services in the camps, especially for sexual and maternal health or care for chronic illnesses. People in the camps cannot access the few health services that are available outside of the camps because they do not have the payment cash. Women are experiencing high levels of miscarriages because of the toll of the journeys, the violence they are experiencing, and the poor conditions in the camps, but there are no services for them. Young people are asking for condoms in order to protect themselves from disease and unwanted pregnancies.
- **Mental health is a critical need:** Women and men, boys, and girls all report trauma, terror, and continual anxiety. This is compounded by feelings of worthlessness as they can no longer provide for themselves or have productive livelihoods. The issue of mental health is much worse for women and girls who has gone through multiple rapes and other forms of degrading sexual violence.
- **Gender inequality puts women at a disadvantage.** Women are facing a system that traditionally puts decision-making power at all levels in the hands of men, and where they do not control assets even as they are expected to provide for the family's immediate food needs. Women have little access to decision-making.
- **Water and sanitation are critical gaps.** There is little clean water available in camps, and women must travel 50-60 minutes to get water. There are also few resources for women to access sanitation and menstrual hygiene management—with no separate latrines for women and few dignity kits available. Especially in MayTsebri there are not enough latrines, and people are forced to use the fields.

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

Recommendations

- **Improve shelter in the camps with input from people with the highest need.** Shelter is one peril that is putting women and girls at risk for rape and sexual violence, and must be built in consultation with women, girls, boys, and men.
- **Improve safe access to sanitation** that meet standards of privacy and safety using structures that are locally or culturally acceptable. WASH programing must be centered on GBV prevention, reduce the burden of access, improve hygiene, and provide dignified menstrual hygiene management (MHM).
- **Provide** complete, good quality and sufficient Dignity kits that include Sanitary napkins, soap, tooth paste and brush, underwear, detergent powder, flashlight, and comb.
- **Increase focus on health services,** especially Sexual and Reproductive Health Services for, antenatal and postnatal care, safe delivery, family planning and care for women who have had miscarriages.
- **Immediately address pressing issues of gender-based violence.**
- **Establish safe spaces** for women, girls, and children where they can voice their concerns in a safe and supporting environment.
- Build and **strengthen GBV referral pathways** to ensure GBV survivors receive a comprehensive package of support.
- Provide **training on the Prevention of Sexual Harassment, Exploitation, and Abuse** and hold strict accountability standards all staff working with and who have direct and indirect contact with IDPs.
- **Prioritize mental health.** Provide Psychosocial Support and First Aid services to all people in the camps, specifically to survivors of sexual violence and rape. In addition to mental health support training for all staff working with affected people.
- **Consider holistic needs.** Responders should provide comprehensive NFI kits like mattresses, blankets, plastic sheets, containers for water, cooking utensils, hygiene kits, clothing, and rechargeable torches.