

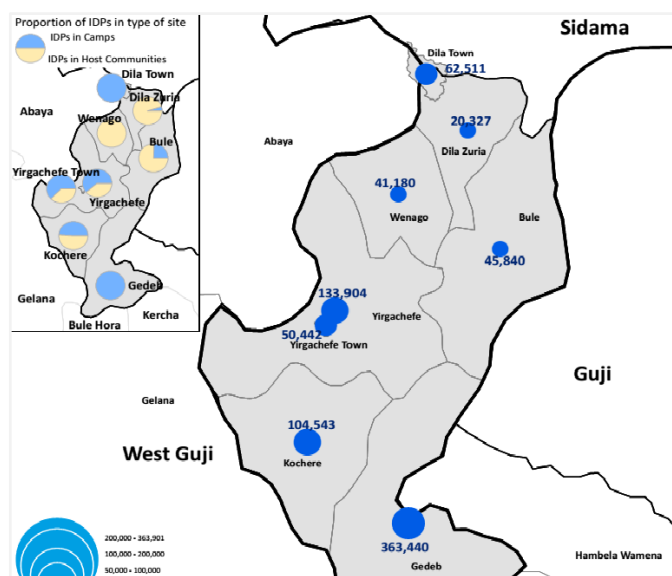
CARE Rapid Gender Analysis for Gedeo, Ethiopia Crisis Response

Background Gedeo-Guji – Oromo Conflict

On 13 April 2018 inter-communal violence along the border of Gedeo and West Guji zones led to large-scale displacements, loss of life and damage to property. The violence was as a result of competition for resources, differing ideologies and long-standing unresolved issues. This led to a second, large wave of violence in June, displacing over 1 million people from the region.

Up to 80 per cent of IDPs (442,029 men and 420,027 women) were recorded in collective site and host communities in the Gedeo Zone SNPP region.¹ Internally displaced people (IDPs) gathered in cramped public buildings and spontaneous IDP sites (130 collectives sites in Gedeo hosting approximately 276,939 individuals). The displacement had a negative impact on people's lives, assets and livelihoods and already vulnerable host communities are under great strain to absorb the new arrivals.

As the humanitarian community reaches out to serve the urgent and life-saving needs of the community, CARE with a well-established presence in the area has scaled up its response providing emergency assistance to the IDPs. A rapid gender analysis (RGA) was conducted to provide understanding and practical recommendations of gender issues for the response.



Key Findings

Women and girls lack access to critical items and safe facilities for personal hygiene and sanitation.

There is a high risk of sexual and gender-based violence due to a lack of basic services, over crowded shelter conditions and no security, privacy or safety in accessing services.

There is little support or services for women head of households, unaccompanied minors, pregnant and lactating women (PWL) and the elderly.

Women are engaging in sex for survival and males in theft as negative coping methods for survival.

There is no significant change in gendered roles and power relations with women relegated to traditional domestic tasks. Some men assist in water collection and childcare as access water and healthcare in the camps is a challenge.

Women are not part of decision-making processes in the response in the camps and host communities. This is in line with the decision-making and leadership system (*gaada*) with the Gedeo people.

¹ According to sex disaggregated data from the EOC in Dilla

Access to Services

While dignity kits for women, nutrition for children and PWL, there is no priority targeting for vulnerable people with specific needs in place.

Water: Many IDP women, girls and boys travel outside the camps to find water in rivers or other water sources in the mountains for hygiene and drinking needs. Water trucking provides water for 45 per cent of the needs in the camps.

Hygiene and sanitation: The situation is critical for IDPs what have no access to basic hygiene and sanitation services. They lack household and personal hygiene materials including water containers, soap, clothes and dignity, kits while the elderly can face physical limitations to access latrines.

Food and Nutrition: While the government distributes food in all IDP sites, it is frequently unsuitable and inappropriate. There is a lack of cooking utensils and condiments. Screening indicates there are 31,870 children under-5 and 31,113 PWL with severe and moderate malnutrition.

Shelter and NFIs: In some shelters there is anything from 85 to 130 people in the same place. Shelter and non-food item distribution is insufficient to meet the needs with warm clothes, blankets, mats and mattresses required.

Health Services: There are reports of acute respiratory infection, pneumonia, diarrhoea and skin disease affecting young children, the elderly and adults. While mobile clinics operate in camps, they are overwhelmed with the number of IDPs.

Reproductive Health Services: There are large numbers of pregnant women and men and women of reproductive age. With increased risk of SGBV there is a need of sexual and reproductive health services. Clean delivery kits and newborn care is required.



Recommendations

Priority for people with specific needs, including identification and regular updated lists. Expand the vulnerable population categorization to include polygamous households.

Develop and disseminate mainstream gender and protection tools to all response sectors in line with international standards.

Promote and reinforce women's participation to decision making regarding the response activities through awareness among IDPs, camp and village leaders.

Implement comprehensive and coordinated GBV prevention and responses, including psychosocial support, case management and clinical management of rape (CMR).

Strengthen the capacity of health centre staff in the *kebele* and *woreda* to provide health support and CMR to GBV survivors (training of health workers, provision of PEP kits and equipment).