CARE Rapid Gender Analysis

SNNP Region Ethiopia – Gedeo crisis response

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Contents

Abbreviations

EDHS: Ethiopia demographic health survey
EOC: Emergency operation centre
CEMOC: Comprehensive emergency obstetric care
CMR: Clinical management of rape
GBV: Gender-base violence
HH: Household
IDP: Internally displaced person
IGA: Income generating activities
MWOCA: Ministry of Women and Child Affairs
NFI: Non-food Items
PLW: Pregnant and lactating women
PSN: People with specific needs
RGA: Rapid gender analysis
SFNI: Shelter and non-food items
SGVB: Sexual and gender-basis violence
SNNPR: South Nation, Nationalities People Region
SRH: Sexual and reproductive health
UASC: Unaccompanied or separated children
WCFS: Women and child friendly spaces

Executive Summary

As of July 14, conflict between Guji Oromo and Gedeo communities displaced over 1 million people (82 per cent in Gedeo; 19 per cent West Guji zones). Internally displaced people (IDPs) stay in cramped public buildings and spontaneous IDP sites while other live with host communities. This massive and sudden population displacement prompted CARE Ethiopia to expand its emergency programme in the South Nation, Nationalities People Region (SNNPR). Consistent with its focus on gender equality, CARE initiated a rapid gender analysis (RGA) to provide gendered data on needs, power relations, access and controls, risks and coping strategies of displaced women, men, boys and girls affected by the conflict.

An RGA mission led by CARE International Rapid Response Team Gender Specialist took place in Dilla town, Gedeb and Yirgachafe *woredas* (administrative unit in Ethiopia) between 25 and 31 July.

Key findings

- Women and girls lack access of critical items and safe facilities for personal hygiene and sanitation.
- Lack of access to basic services, privacy, security, overcrowded shelter conditions and safety in accessing services raises the risk of sexual and gender-based violence (SGBV).
- There is no assistance or support for many unaccompanied minors, women head of households, pregnant and lactating mothers and elderly men and women.
- IDPs fleeing violence invest in negative coping mechanisms - women and girls invest in sex for survival; young men and men steal.
- No significant change in gendered roles and power relations; women are relegated to traditionally domestic tasks and challenged to cook dry grains in smoky makeshift kitchens without cooking utensils or food ingredients. With challenges in accessing water and healthcare in overcrowded camps, some men assist with domestic water collection and childcare.
- Women are not represented, nor do they participate in decision-making around assistance.

Recommendations

Overarching recommendation

- The RGA should be dynamic and revised as the crisis unfolds and relief efforts continue.
- Humanitarian actors to use findings of this RGA to fundraise and scale up the response in all sectors with the specific needs of all groups of sex and age and vulnerabilities.

Gender mainstreaming Recommendations

- The scale and magnitude of the Gedeo crisis, requires a full time gender technical expert in Dilla to provide technical guidance, capacity building and oversight on mainstreaming gender and protection in all sectors of the response. The role should also support the implementation of gender and protection specific programming where appropriate.
- Improve targeting practices with priority for people with specific needs (PSN), including identification and regular update of the PSN list according to agreed criteria.[1] Extend the categorization of vulnerable populations to include polygamous households.
- Develop and disseminate mainstream gender and protection tools to all response sectors in line with new international standards. IASC gender handbook (2018), GBV guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015), etc.

[1] Refer to the agreed definition and criteria by the Protection Cluster

- Promote and reinforce women's participation to decision making regarding the response activities though awareness among IDPs, camp and *kebele* (smallest administrative level in Ethiopia) leaders on the importance of women's participation into response management; creating spaces for women engagement with a Do No Harm approach.
- Set up gender sensitive and accessible complaint system in IDP camps and host communities.

Water, Hygiene and Sanitation

- Scale up the provision of contextually appropriate dignity kit for women and girls of reproductive age, as well as adult pads for the elderly.
- Improve access to safe drinking water for IDPs.
- Improve access to latrines in IDPs and host communities in accordance with international standards and the Global Wash Cluster with a three to one ratio in latrines for women (75 per cent for women and 25 per cent for men) with internal locks and lighting where feasible.
- Improve access to hygiene for IDPs women and men: hygiene kit, toilets and washing areas; include hygiene promotion activities.
- Improve women's participation in hygiene and water point management committees.

Shelter

- Scale up and improve the provision of shelter to agreed camp management standards inclusive of IDP culture and custom (gathering areas, worship spaces and safe burial areas).
- Scale up the distribution of non-food items (NFIs) (blanket, clothes, cooking kits, etc)
- Consider temporary separate shelter for women and men to minimize GBV risks (in consultations with IDP women and men).

Food and Nutrition

- Scale up and improve food distribution targeting vulnerable groups and PSN (women at risk, pregnant and lactating women (PLW), children, the elderly)
- Scale up the distribution of supplementary food for PLW and children under-5 and people living with chronic disease (TB, HIV-AIDS).
- Consider a move from food to cash distribution or a combination of both to allow IDPs to buy the appropriate food and ingredient they require.
- Provide additional support for cooking utensils and cooking demonstrations alongside food distribution.

Sexual and Reproductive Health

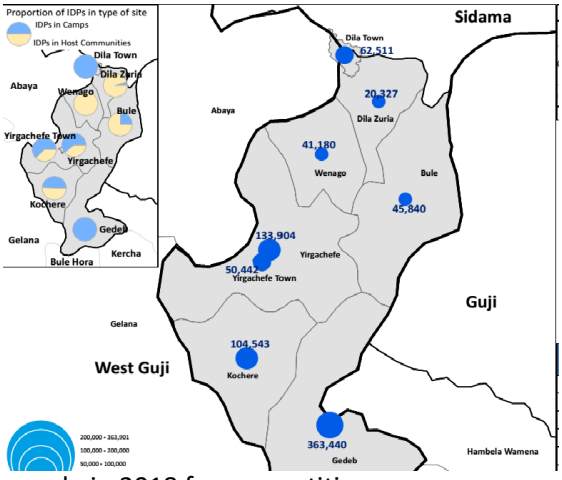
- Strengthen the capacity of health services and coordination to:
    - Provide basic obstetric, antenatal and postnatal care services to PLW and their newborns and referral for comprehensive emergency and obstetric care (CEMOC) services for complicated cases

    - Conduct community awareness raising and engagement of sexual and reproductive health (SRH) among IDP women of reproductive ages and men
    - Conduct HIV prevention, testing, counselling and life skill training to sexually active women and men.
- Provision of clean delivery kits to pregnant women

Gender specific programming recommendations

- Conduct a GBV assessment to help build comprehensive and contextually relevant GBV interventions, emphasizing the community role and contributions.
- Scale up the provision of dignity kits clearly targeting girls and women of reproductive age.
- Implement comprehensive and coordinated GBV prevention and responses, including psycho-social 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).
- Set up women and child friendly spaces and safe shelter.
- Provide material and livelihood support for GBV survivors in coordination with sectorial response (hygiene kit + dignity kit + cash for socio economic reintegration).
- Develop/strengthen GBV referral pathways.

Background on the Gedeo-Guji Oromo Conflict



On 13 April 2018, inter-communal violence along the borders of Gedeo (SNNPR) and West Guji (Oromia) zones led to large-scale displacement, loss of life and damage to property. This was followed by a second large-scale wave of violence in June and as of 14 July **over 1 million people are displaced** (822,187 in Gedeo and 190,000 in West Guji zones). IDPs reside in cramped public buildings and spontaneous IDP sites (130 collective sites in Gedeo zone alone hosts approximately 276,939 people).

Conflict also occurred in 1994, 1997 and 2005, but increasing tensions between the Guji and Gedeo people in 2018 for competition over resources, unresolved issues and ideologies led to waves of more intense conflict. The numbers of displaced increased resulting in a negative impact on people's lives, assets and livelihoods. The capacity of the hosting communities to absorb the new arrivals is strained in a region already vulnerable. The needs are massive and various, requiring urgent/immediate humanitarian assistance to cut across all sectors.

"The plastic sheeting is not enough to cover us from the cold floor. By night the kids cry because they are so cold. We change their position many times," commented Solomon Yaacob IDP father of two in Gedeb TVT camp.

CARE has a well-established presence in the area through its development programme. With so many people displaced in such a short space of time, CARE scaled up its response and currently provides immediate emergency assistance to the IDPs in Gedeo. An RGA is being conducted to provide understanding and practical recommendation of gender issues to be considered in the response.

Rapid Gender Analysis Objectives

The objective of the RGA is to better understand the gender dynamics at household and community level to design quality interventions that build on the strengths and capacities of conflict-affected households. The analysis aims to provide answer to the following key aspects:

- How women, men, boys and girls are affected by drought and conflict-induced displacement.
- Different coping strategies used by households' to cope with the situation.
- Who has access, and who has control over what resources and assistance?
- The impact of the displacement on gender dynamics.
- Emerging opportunities to shift rigid gender and social norms.
- The main GBV risks and main GBV services providers and actors on the ground and what type of service they provide? Do GBV survivors have access to comprehensive GBV services? What are main gaps in services?
- Formulate programmatic recommendations to guide CARE's decision and response.

Methodology

The RGA is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we Do No Harm. RGA uses the tools and approaches of a Gender Analysis Framework and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The primary data was collected in three IDP camps (Dilla town Hospital, Dumerso High School, and Gedeb TVT) and one host community (Worka Sekario Coffee Market) from 24 to 29 July. Two teams composed of four women, four men, two supervisors and two gender specialists conducted the field data collection using the following method:

- 16 focus group discussions with separate groups of adult women, adult men, boys and girls, comprising 201 people (98 women and 103 men).
- Key informant interviews with seven individual IDP leaders - four women and three men
- Safety audit tool (observation) in the four targeted sites and community
- GBV services mapping: data collection with 7 service providers from health services, women and child affairs, government officials, INGO at *woreda* (local authority area) and *kebele* levels.
- Individual stories collected from IDP women and men who volunteered to share their stories

The secondary data review consisted of reviewing existing resources and data to build understanding of the context, demographics statistics of IDPs and local population as well as existing gender dynamics before the conflict. This helps in the analysis of change brought by the conflict but also in the sex and age desegregation of the IDPs for planning purposes.

A qualitative data analysis process was used through a participatory workshop with all the teams members and leaders. It consisted of consolidation and discussion on the main findings with a comparative analysis between existing gender issues and changes occurring since the conflict. The report combines those primary qualitative data analysis with support of desk review analysis.

Limitation

The research limitations consist of short of staff with awareness on social and gender issues combined with the delay of the analysis did not allow individual perspectives to go deep into some sensitive issues for example, SGBV or social and gender norms affecting gender inequality.

Demographic Profile

Sex and age disaggregated data and demographic analysis

As of July 2018, a total of 860,056 individual IDPs (440,029 men and 420,027 women) were recorded in the Gedeo Zone, SNNP region[2]. The area was already one of the most densely populated in the country prior to the crisis, with approximately 1,000 people per square kilometre. The assessment took place in the *woredas* (local administrative areas) of Gedeb, Yirgachafe and Dilla town where many of the IDPs are staying. The average number of eight individuals per household is largely higher than the national average (4.6 per cent). IDP population in assessment sites is provided in table # 1.

Table#1: Repartition by sex and age of IDP population in the site of the assessment

Site Name	Total Indiv.	Men	Women	# HHs	Women HH %	Women HH #
Hospital Site	44,632	22,852	21,780	5,376	22%	1183
Worka Sakaro Coffee Market	457	237	220	42	29%	12
TVT college	18,345	9,503	8,842	2,310	29%	670
Damarisa High School	1,775	911	864	222	21%	47
TOTAL	**65209**	**33503**	**31706**	**7950**	**25%**	**1911**
%		51%	49%			

The proportion of woman head of households varies from 21 and 22 per cent in Yirgachafe and Dilla to 29 per cent in Gedeb - higher than the national average (26 per cent). The women are either widows or divorced but also part of polygamous households whose husbands live in other IDPs camps or elsewhere with other wives. Polygamy is a widely accepted practice in southern part of Ethiopia and prevalent among Gedeo community[3]. Up to 5 per cent of girls in their teens and 8 per cent of women between 20 and 24 years are married to men who have more than one wife[4]. According to the Ethiopian Demographic Health Survey (EDHS) Report 2011, 18.1 per cent of women and 9.4 per cent men are in polygamous relationships in SNNPR, the third highest position after Somali, Afar and Benishangul-Gumuz regions. There is a large visible component of PLW and children among IDPs in all visited sites, which is not only due to displacement but the high fertility rate of 4.9 children per woman in the SNNP region is one of the highest in Ethiopia.

[2] According to sex disaggregated Data from the EOC in Dilla

[3] http://www.aho.afro.who.int/profiles_information/index.php/Ethiopia:Analytical_summary_-_Gender_and_women%27s_health

[4] CARE: Ethiopia Gender in briefs, December 2015

Findings and Analysis

Gender roles and responsibilities

Division of labour

Traditionally, the role of Gedeo women and girls is domestic tasks (cooking, childcare, cleaning, water and wood collection). The worth of women is measured on how best she plays her role as a wife and mother. Men usually do not invest in these tasks except in specific situation when for example, the wife gives birth and in absence of other woman to support, a man will do laundry or other small domestic tasks.

Displacement brought some changes in the distribution of domestic tasks, especially in camps where men and boys now invest in water collection or childcare. This change can be explained by the competition and struggle to access limited resources such as water and healthcare not seen in host communities where there is greater access to basic services.

Income

Men and women rely on agriculture for food and cash crop production but more women than men invest in small scale cash crop production such as coffee, fruit and vegetable (*enset* (false banana) and cabbage). Men engage in more large-scale food production and cash crop (coffee). While men are more focussed on high cash value production, women take the large part of livestock production and rearing. Women and girls practice small income generation activities (IGA) such as is petty trade, selling coffee, transportation / selling water, house maid, collecting and selling firewood, selling vegetables (*ensete* and cabbage), daily labour/harvest coffee while men usually practice strategic and high value business activities.

Change in gender roles and Responsibilities

Although women are traditionally responsible for domestic tasks, in crowded IDP camps where access to basic services is a struggle, men are investing more in some domestic tasks such as collecting water, caring for children (for example seekina healthcare).

Both women and men access the markets. Women and girls purchase food for daily household consumption. It is socially unacceptable for a man to go to the market to buy vegetable/ food items. With the conflict and its related displacement, there are no livelihood opportunities for men and women, who rely assistance.

Control of resources

Traditionally men control the family strategic resources and assets of land and livestock. Socio cultural norms don't allow a woman to inherit or control agricultural resources. A woman can inherit land only from her husband, to prevent spoiling her parents' family resources.[5]

Household decision-making

[5] Takele Bekele Bayu, 2017:Expansion of Cash Cropping; implications on gender division of roles: A case study from Gedeo community – Southern Nation Nationalities and People Region, Ethiopia

Men and women do not share equal decision-making in household matters. Women are consulted for most decisions within the household but men make the final decision, especially on strategic decisions such as land, selling/buying animals or cash crop.

Figure 1 Solomon IDP family in Gedeb. Credit: CARE - Fatouma Soumana,

There is limited freedom of movement for many rural women in Ethiopia. They require permission from a husband or male household member for long distance travel, overnight stays outside the village, travel to health centres or markets, temple/mosque/church or to engage in business.[6]

Access to basic humanitarian services

All family members have access to basic needs including food, water and shelter, however the assistance targets only the head of households and not individuals. There is no systematic targeting or priority for vulnerable people or PSN, with the exception of women's dignity kits, food nutrient for children and PLW. Boys and girls needs are not specifically targeted for assistance. The table below provides a summary of assistance received to all groups of sex and age is very limited as to compare to the massive needs.

Services	Access
Water	There is limited access to water for IDP women, men, boys and girls and more especially those living in overcrowded camps. More than half of IDPs do not have access to drinking water in 45 per cent of camp sites. Water is delivered to the camps, through trucking but the storage capacity of the water tanks in the camps is insufficient to meet the needs and there is no regular delivery schedule. In host community, water is available but not free of charge and vulnerable IDPs cannot afford to buy water. IDPs mostly women, girls and boys travel outside the camps to collect water for hygiene and drinking needs from rivers or at water sources along mountains slopes.
Hygiene and Sanitation	There is no access to basic hygiene and sanitation services for IDPs. Overcrowding, a lack of clothes and inadequate shelter conditions result in critical hygiene conditions. There are insufficient household and personal hygiene materials for IDPs including water containers, soap, clothes, dignity kits for menstrual hygiene– while the elderly with physical disabilities, face isolation with limited access to latrines. Less than half of people access functioning latrines in 49 per cent of IDP sites. Where latrines exist, there is insufficient water and cleaning materials for maintenance and un safe for women and girls with no internal locks, insufficient light and no sex separation. *"By night, I always wake my husband to accompany me to the latrine, otherwise I can not go,"* reports an IDP woman in Gedeb TVT college camp. Toilet and washing areas are non-existent in all sites visited. Immediate action is required to prevent the risk of communicable diseases including acute watery diahhorea taking hold.
Food and Nutrition	In the IDP sites, the government distributes food including dry grain (maize, rice), oil and processed maize powder as well as nutrient food (CSB++) for children under-5 and PLW. However, food assistance is insufficient, especially in host communities, and inappropriate for IDP needs and the specific needs of the elderly. Dry grain is difficult to cook and not appropriate for PLW and children under-5. There is also with a lack of cooking utensils and ingredients. There is a worrying trend in increasing malnutrition among IDPs; screening

[6] CARE: Ethiopia Gender in Briefs, December 2015

	indicates a total of 31,870 children under 5-year and 31,113 PLW suffer severe and moderate acute malnutrition.
Shelter and NFI	IDP women, men, girls and boys live in overcrowded conditions with anything from 85 to 130 people in the same shelter. Shelters consist of collective building, schools, places of worship and in some instances, unfinished buildings. Efforts are ongoing for example to create a separate shelter for lactating women in Dilla hospital; newly and less crowed shelters built by IOM in Gedeb TVT College or specific shelter and non-food items (SNFI) kits for women giving birth. However, compared to the needs, NFI kits distribution is insufficient. IDPs lack cooking equipment (plates and cups for 20 households reported in Dumerso High School), lack warm clothes, blankets, mats and mattresses to cope with highlands cold temperatures and rain. In addition there is lack of awareness of culturally appropriate gathering spaces for worship areas, or burial ground. In TVT camps graves are located just few meters from shelters.
Health Services	There are health facilities in the *kebele* and *woredas* hosting IDPs and partners (Medicine sans Frontière (MSF) in TVT camp), providing health services through mobile health clinics but the increasing number of IDP is overwhelming capacity. IDPs report cases of acute respiratory infection, pneumonia, diarrhoeal disease and skin disease mostly affecting young children, but also affecting infants, the elderly and adults. Most diseases are closely associated with poor living conditions, inadequate access to water, hygiene, and sanitation facilities.
Reproductive Health Services	There is a high risk of SGBV for a considerable number of new mothers, pregnant women, girls and women of reproductive age and sexually active women and men in camps. Sexual and reproductive health services are not available in the visited sites. Some women reported giving birth with the support of health workers while other did not receive a service. Clean delivery kits as well as other newborn care, is required in the camps. In the Dilla Hospital site, a HIV test is accessible for IDPs and many young IDPs men refer to this service.

Capacity and coping mechanisms

The resources, assets and belongings of the IDPs were mainly destroyed or burnt, leaving them dependent on assistance to cover basic needs in the camps. The IDPs continuously develop various coping mechanisms to adapt to insufficient, poorly adapted or non-existent assistance, including:

- Boiling dry maize and then grilling it, in the absence of cooking utensils, or ingredients for the family's main meal. This is problematic as dry maize grain is not a common staple food among the Gedeo community. Some IDPs reported eating wild leaves because of a lack of cabbage.
- Several IDPs families are sharing and or lending cooking utensils as well as using non-sustainable disposable plates
- Women use mini traditional reusable underwear or disposable sanitary napkins for those who can afford it.
- Some IDPs refer to support and remittances from families. Others develop small IGA for example selling fresh, grilled or boiled maize; ingredients and vegetables - chilli and ensete. Assessors noticed a small market was set up in front of Gedeb TVT College Camp.
- Among the negative coping mechanisms girls practice sex for survival while men and younger men engage in theft. Male coping strategy can be seen in rape and sexual violence as a result of a lack of privacy with spouses/ partners.

Participation

In rural Gedeo the *Abbagada*[7] and a committee for arbitration take all decisions relating to the community, according to the tradition of *Gadaa* system. The *Gadaa* is an outstanding democratic socio-political system dating prior to the 16th century, under which men are elected for a period of eight years for various judicial, political, ritual and religious leadership roles. After an eight-year term, retirement is compulsory to pass to a new office holder in the next age set at a ceremony also known as *baalle*. The *Abbadagaa* is the leader of the *Shengo*[8]. Women and people belonging to lower castes were excluded from the *Gadda* system[9]. Socio traditional norms do not encourage women to be vocal at the collective forum, neither do women take part to *Shengo* unless to express complaints.

Figure 2 A water point at Gedeb TVT IDP camp. Credit: CARE – Fatouma Soumana

Similarly in an IDP camp setting, camp related decision-making is made by a male dominated decision system consisting of camp leaders and/or *kebele* leaders. IDP women do not take part at any decision making level; neither do they part0take in any activity management committee. Water point and distribution committees are male only except in one site where women are represented in hygiene and security committees

Protection

Child protection

There are critical protection issues among IDPs including child protection with 1,360 unaccompanied or separated children registered by UNICEF. Boys of school ages report trauma through physical violence and the death of parents and friends during the conflict. Boys of school grade 8 to 12 are also concerned because they did not complete their end year examination due to conflict and displacement.

In addition there is an increasing number of people with specific needs including the elderly and women headed households among IDPs, who fall through the net for assistance.

Gender-based Violence

An analysis of living conditions and existing prevalence reveals a higher risk of GBV among IDPs and IDPs also report a higher prevalence. This includes but not limited to the following:

Physical violence

At the time of conflict, men faced serious physical violence including indiscriminate killing, with some IDPs reporting the killing of pregnant women as well. Men and boys are traumatised by this violence. IDPs report that domestic violence is happening against mostly women and girls. In general, women face also high risk of physical violence with about 49 per cent of Ethiopian women experiencing physical violence.

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[7] Abbagadaa: father of the Gadaa in Ahmharic/Oromo which means leader of the Gadaa

[8] Shengo is the public place of the community where all collective decision or arbitration are done under the leadership of Abbagana

[9] Asebe Regassa Debelo, 2007: Ethnicity and Inter-ethnic Relations: the 'Ethiopian Experiment' and the case of the Guji and Gedeo

Sexual violence and rape

> **Protection**
>
> "*Adults men are accusing us of bad behaviour by night with girls*" report young men in a focus group discussion

IDPs have not reported any cases of sexual violence and rape in camps, however there are tangible indicators of a heightened risk of violence. All IDPs - women, men, girls and boys live in the same shelter in crowded conditions. There is a sensitivity and stigma around SGBV that prevents survivors' from disclosing abuse. The traditional customary system of *shengo* does not always show respect to the survivors' interests and being labeled a survivor presents its own challenges with women frequently stigmatized by society if they are abused. The high prevalence of sexual violence face by Ethiopian women is about 59 per cent.

Child marriages

It is too early to identify child marriage cases as a result of conflict, although child marriage is prevalent in rural Gedeo communities where girls can be married as young as 15 or 16 years or earlier in some areas. About 41 per cent of Ethiopian girls marry before they reach their 18 birthday.[10] Generally girls are not provided with the opportunity to reach high education grades and many drop out due sexual harassment and assault, household work, or education fees that parents are not able, or willing to pay. The girls are then forced into early marriages, some as young as 10 years, where they too often experience domestic violence in their marriages as well as vulnerability to HIV.

Exploitation and abuse

- IDPs reported clearly that there are cases of **sex for survival** practised by girls. When girls are not directly targeted by assistance, they can resort survival sex as a means to meet their basic and specific needs.
- Denial of access of resource includes
-
    - Neglect of women and children by husbands, especially those in polygamous marriages. This leaves many women head of household without their husband's support when he lives elsewhere with other wives.
    - Women don't inherit from their parents because a woman is perceived to belong to another family when married and should she inherit from her own family, would spoil the family resources by taking the resources to the marital home.
    - A lack of higher education opportunity for girls due to gendered practices including domestic work at home, parents unable or willing to pay fees.

[10] https://rainbowftf.ngo/destitute-people/gender-inequality-discrimination-ethiopia

Safety and Security

Safety and security is still an issue in IDPs camps. There is no visible security in camps and IDPs fear for their safety. The Dumerso reported that the Oromo people cross the border and throw stones on their shelter. There is no GBV prevention and response activities, or safe space for women.
IDP key informants and men's groups report that the government decided to organise their return in 10 days and this is a cause of concern. The government engaged in peace and reconciliation efforts led by traditional elders who reached an agreement however, there is a need for mass communication for the two communities before the return.

GBV service mapping

The service mapping has reached out to seven services providers consisting of The Ministry of Women and Child Affairs (MWOCA) zonal and Yirgachafe *woreda*, four health centres (regional, zonal and *woreda* levels) and one INGO (MSF Spain). So far, there is human resource capacity at the health centres and MWOCA services, but insufficient training in CMR, case management and psychosocial support of survivor adults and children. The only NGO with a complete PEP kit available is MSF, while some health centres reported incomplete kit (sexually transmitted infection medicines and emergency contraception). Two actors have listening rooms and safe spaces.
Although the mapping is not exhaustive as services provides and actors are in set up phase or not yet present in the areas, this result shows the need to strengthen the capacity of health centres (training and materials) as well as a greater number of actors. Details can be found in annex of this report.

Needs and aspirations

The main priority needs expressed by IDPS include, immediate assistance of basic reliefs items including shelter, food, cash and hygiene and sanitation. Mostly men and boys request support to recover livelihoods through employment, job opportunity, and agricultural tools but also a pressing need of peace and return. Detail priority needs are provided below for each group by sex and age.

Women seek food (ingredients and nutritious food for children), shelter materials (cooking set, clothes, blankets), personal hygiene items (soap, dignity kits, skin creams), female latrines, cash and sustainable peace

Men seek food, shelter kits, agriculture material (as they can access land through rent), job opportunity, cash and sustainable peace

Girls require personal hygiene items (sanitary pads, underwear, soap, skin cream), shelter kits (clothes, blankets, mattress, shoes) and female latrines.

Boys require peace and security, education, employment - they want to go back home; shelter (clothes, shoes, blankets, cash and food ingredients (sugar, oil, salt,).

Annexes

Annex 1: GBV services Mapping

Structure	Regional Health Office	Health center	Health center	Health center	MSF-Spain	TOTAL
Geographic area covered	Dilla town camps	Woreka Sekario	Gedeb Woreda	Chito, Tutit, Chelba, Dumerso,	MSF sites in Gedeb and Kochere	
# Nurse	8	5	90	12		**115**
Doctor	0	0	5	0		**5**
Midwives	1	2	6	2		**11**
Gynaecologist	0	0	0	0		**0**
Surgeon	0	0	2	0		**2**
CHW	15	16	40	13		**84**
Other	2 staff + basic PSS	6		0		
GBV Focal point	No	No	No	No	Yes	
Training on CMR	No	No	No	No	Yes	
Training on CP GBV	No	No	No	No	Yes	
PEP kit	No	Yes	No	No	Yes	
Challenge	only STI mecedines,	only STI medecines and ER contracption				
Comment	Refferral					
Trained Social work	No	No	No	No	Yes	
Safe spaces	No	Yes	No	No	Yes	
Contact person	Netsamed Mola	Getachew Kebede	Tenellen Mariam	Zinachew Tessenia	DENNIS HABAASA	
Address	946966331	916404184	916158859	916510140	978815810	

Psycho social services providers - Dilla, Gede and Yirgachafe woredas

Structure	MWOCA	MWOCA	Health center	Health center	MSF Spain
PSS/case maangement	yes	yes	Yes	yes	yes
Coverage	Dilla zone	Yirgachafe Woreda	Gedeb Woreda	Chito, Tutit, Chelba, Dumerso,	MSF sites in Gedeb and Kochere
Services					
Basic PSS	yes	yes	No	No	yes
Emotional support	yes	yes	yes	yes	yes
Case Management	yes	yes	yes	No	yes
Group activities	N	N	N	N	N
Other service offered	referral/legal				Sensitisation /Awareness on existing legal frameworks regarding GBV
Safe space	yes	N	N	N	yes
Listening room	yes	N	N	N	Yes
Age group targeted	Children, adult	All	All	All	All
PSS service by	Staff	Staff	Staff	Staff	Staff
Partners (UN, local NGO,..)	Balaya, Merry Joy	None	UNICEF, WHO, MSF,	None	None
Training provided	Child right	No	No	No	Yes
Trained social workers		No	No	No	Yes
Challenge	capaciy of staff	financial, staff # and capacity,	Staff capacity	Medecines, staff capacity	
Contact person	Molla Glanna	Tigist Yaya	Tenellen Mariam	Zinachew Tessenia	DENNIS HABAASA
Address	913195222	913482490	916158859	916510140	978815810

Annex 2: Tools and Resources Used

All the tools and guidance sued for this Rapid Gender Analysis are available on the following link.

http://gender.care2share.wikispaces.net/CARE+Rapid+Gender+Analysis+Toolkit